REPORT

Progress review of the implementation of the Declaration and the Action Plan
As per the World Fit for Children Final Document
Of the UN Special Session on Children,
May 2002

Republic of Bulgaria

2006
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INTRODUCTION

The international initiative and the commitments of the Republic of Bulgaria

By participating in the Special UN Session on Children in May 2002 and by the adoption of the World Fit for Children Final Document Bulgaria and the Bulgarian Government declare their commitment to improvement of children welfare in our country. The priorities outlined in this document are completely in line with the changes underway in Bulgaria and follow the natural path of our country’s development on its way to accession to the European and worldwide values.

The Final Document specifies the following four priorities:
1. Ensuring healthy life for children
2. Providing good quality education
3. Protection against abuse, exploitation and abuse
4. Fighting HIV/AIDS

In compliance with the thus stated priorities:

The Republic of Bulgaria reaffirms its obligation to support, expand and protect the observance of every child’s rights.

We undertake the commitment to respect the dignity of all children and ensure their welfare.

We recognize that the Convention on the Rights of the Child, the most widely adopted international legal instrument in history, as well as the protocols to it, contain the full set of international legal standards for children’s protection and wellbeing.

We recognize and support parents and families, or guardians/trustees as being the main caregivers for children and will work for upgrading their ability to deliver the best possible care, food and protection.

We call for all members of society to join us in a global movement, which will facilitate the building of a world fit for children, abiding by our obligations and pursuing the following principles and objectives:

1. To put children in the forefront: In all actions relating to children the child’s best interest will be considered.

2. To eradicate poverty: to invest in children. We restate our firm intention to discontinue the poverty cycle for one generation, in our
being united around the conviction that investment in children and the exercising of their rights is the most efficient way for eliminating poverty. Immediate actions should be undertaken to deal away with the most severe forms of exploitation of child labor.

3. **Not a single child to be abandoned:** Every girl and boy is born free and equal in dignity and rights, therefore all forms of discrimination affecting children should be terminated.

4. **Care for every child:** Children should receive the best possible start in life. Their survival, protection, growing up and development in good health and with proper nutrition are the basis of human development. We will input concerted effort to fight infectious diseases, to bring up the children in a safe environment enabling them to grow up physically healthy, smart, emotionally stable, sociable and able to learn.

5. **To give education to every child:** All girls and boys should have access to complete primary education, which is free of charge, mandatory and of good quality, because it is the foundation of their overall education.

6. **Protection of children against abuse and exploitation:** Children should be protected against abuse, exploitation and discrimination, as well as against any form of terrorism or hostage-taking.

7. **Protection of children against war:** Children should be protected against the horrors of armed conflicts. In case of foreign occupation children should enjoy the protection as specified in the international humanitarian laws.

8. **Fighting AIDS:** Children and their families should be protected against the devastating effect of AIDS.

9. **Children’s right to an opinion:** Children and adolescents are creative citizens, who may help in building a better future for all. We have to respect their right to express their opinion and to building involved according to their age and stage of maturity in everything that concerns them.

10. **To preserve the Earth for children:** We have to conserve nature and bio-diversity, natural beauty and resources, which improve the quality of life of the current and future generations. We will do our best to protect children and decrease the consequences of natural disasters and the distortion of the environment on children.
CHAPTER I
Priority 1: Ensuring healthy life for children

1. The actual situation in Bulgaria

1.1. Legal framework

- Convention for the right of the child – ratified by the Republic of Bulgaria in 1991
- Constitution of the Republic of Bulgaria
- Child Protection Act – 2000, latest amendments and supplements of 1 April 2005
- Health Act – in force since 01.01.2005
- Health Insurance Act - 1998, latest amendments and supplements of 2004
- Act on Control of Drugs and Precursors – 1999, latest amendments and supplements of 2003
- Ordinance No. 2 of 27.04.2000 on the type of immunizations in the Republic of Bulgaria and the schedule for their administration
- Ordinance No. 2 of 4.02.2003 on organization and carrying out of medical check-ups of persons of age 0 to 18 years and dispensary observation of persons with mandatory health insurance
- Foods Act-1999
- Ordinance No. 15 on the Immunizations in the Republic of Bulgaria 2005
- Ordinance No. 34 on the procedure for payment from the republican budget of treatment of Bulgarian citizens for diseases beyond the coverage of the mandatory health insurance -2005
- Ordinance No. 39 on medical check-ups and dispensarization, 2005
- Ordinance No. 40 on determining the basic package of healthcare activities guaranteed from the National Health Insurance Fund (NHIF) budget, 2005
- Ordinance No. 38 on determining the list of diseases, the home treatment of which is paid by the National Health Insurance Fund either completely, or partially, for medicines, medical items and dietary foods for specific medical purposes, in force since 01.01.2005
- Ordinance No. 5 of 25 May 2006 on food safety.
- National Health Strategy 2007-2012
- Ordinance No. 3 of 27.04.2000 on medical doctor studies in children establishments and schools
- Ordinance No. 26 of 21.11.2000 on students' healthy nutrition
- National Program for Suicide Prevention
- National Program for the Mental Health of the Citizens of the Republic of Bulgaria 2001-2005
- Strategy of the Republic of Bulgaria on Food Safety – 2000
- National Program for fighting cardio-vascular diseases 2001 – 2005
- National Program for prevention of inherited diseases, predispositions and inborn anomalies 2000-2005
- National Program for prevention, early diagnosing and treatment of tuberculosis in the period 2000-2003 in the Republic of Bulgaria
- National Program for control over tuberculosis in the period 2004-2006
- Epidemiological monitoring of tuberculosis in Europe – WHO program
- National Program for prevention and control of in-hospital infections
- National Immunizations Program
- National Program for eradication of measles and inborn rubeola, 2005-2010
- Healthy Cities Program of the WHO
- Bulgarian National Action Plan for Environment and Health
- WHO Project European/National Network of Health Promotion Schools
- National Program for restricting tobacco smoking, 2002-2005
- National Program for prevention, treatment and rehabilitation of drug addictions in the Republic of Bulgaria – 2001-2005
- National Program for development of invasive cardiology 2002 – 2008
- Program for sustainable elimination of iodine-deficiency diseases
- Project “Upgrading the sexual and reproductive health of young people in Bulgaria”
- National Action Plan “Foods and nutrition” – currently being developed
1.2. Data about Bulgaria

1.2.1. Birth rate

One of the factors for the decreasing number of the population is the persisting low birth rate, which was 8.5 % in 2002. Compared to 1993 it decreased by 15 %. In 2003 and 2004 a slight increase to 8.6 and 9.0 % respectively was observed. In cities the birth rate is 8.7 %, and in villages it is 7.8 %.

The trend of decrease in the birth rate was generated in the preceding decades (since 1950); however its pace has been on the increase in the last decade. The birth rate level is affected by the decreasing contingent of women in fertility age and the changes in their age structure. Of significance is also the reduced fertility in women, the average rate of which in 2002 (1.21) was considerably lower than required for ensuring a simple reproduction of the nation (2.1). The occurring persisting trend of low birth rate is associated with the negative impact of the social-economic conditions and the changes in the reproduction attitudes of the population resulting from those conditions, as well as with emigration, although to a smaller extent. Substantial impact on the birth rate level is exerted also by the decreasing contingent of women in child-bearing age and their fertility.

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<tbody>
<tr>
<td>Birth rate %</td>
<td>9.4</td>
<td>8.6</td>
<td>8.6</td>
<td>7.7</td>
<td>7.9</td>
<td>8.8</td>
<td>9.0</td>
<td>8.6</td>
<td>8.5</td>
<td>8.6</td>
<td>9.0</td>
<td>9.2</td>
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</table>

In 2003 67,908 children were born in Bulgaria, out of whom 67,359, or 99.2%, were live-born. Compared to the preceding year 2002 the number of live-born children marked an increase by 860.

It should be noted that in 2004 the number of children born was 70,433, of whom 69,886, or 99.2%, were live-born. Compared to the preceding year the number of live-born children marked an increase of 2,527 children. In 2005 in Bulgaria 71,640 children were born, of whom 71,075, or 99.2%, were live-born. Compared to the preceding year the number of live-born marked an increase of 1,189 children.

The overall demographic characteristic shows that the trend of decreasing number of the population, which was typical for the past 10 years, is maintained. The population number in Bulgaria decreased from 8,190,900 million in 1999 to

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1 Source: Report on the health of the nation in the beginning of 21 century. Analysis of the healthcare reform being implemented in healthcare, August 2004

2 Source: National Center for Health Information, 2004
7,801,273 in 2003. According to the estimates of the National Statistics Institute (NSI) Bulgaria's population was 7,761,049 as of the end of 2004. Over one year, as a result of the number of deaths being larger than the number of births, the population decreased by 40,224, which is a decrease by 0.5 %. (The number of the population is affected also by external migration, which has not been taken into account here). As of the end of 2005 the estimated permanent population of Bulgaria was 7,718,750. Over one year, as a result of the number of deaths being larger than the number of births, the population decreased by 42,299, which is by 0.5% 

Another trend characteristic of the last decade is the sharp increase of the relative share of out-of-wedlock births -- from 12.4 % in 1990 to 38 % in 2000 and 42.1 % in 2001. In 2003 their number was 31,072, which is 46.13% of the total live born children, and 48.7% in 2004. Compared to the preceding year the increase of the out-of-wedlock births was 2.6%. In 2005 the number of live-born children born out of wedlock was 34,858, which is 49.0%. In the case of approximately 60.0% of these births data about the father is available, which means that the birth rate of children born out of wedlock is due to a large extent to the increasing number of couples living in partnership without having concluded a marriage. In the case of only 20.3% of the live-born children the father is "unknown". A substantial impact is caused also by a phenomenon, which is relatively recent for Bulgaria -- increasing incidence of living in partnership without having a formal marriage concluded (according to NSI data for 2001 13.1 % of the individuals live in such an “union”). The latter increases unrealistically the number of children born out of wedlock, while actually such children live in a family environment.

According to the data available at the State Agency for Child Protection the children in single-parent families were 401,879 in 2001. Out of them 329,541 are children of single mothers, which means that one out of five families having children is a single-mother family. The data for 2002 show that only 23 % of the children born to single mothers are raised by their mothers, while 77% are placed in specialized institutions. The distribution of the single-parent families on the basis of the number of children shows that 72.5% of such families have one child; 24% have two children, and 3.5% have three or more children.

Another significant problem is the early-births rate (at an age below 20 years), in spite of the emerging positive trend of decrease in this early-births rate -- from 25 % in 1993 to 19 % in 1999 and to 17 % in 2000. In 2003 10,473 children were born to mothers of age lower than 20 years, and out of them 1,083 are children of less than 16 year-old mothers. This problem is assessed in two aspects -- medical and social-economic. The physical immaturity of mothers, the attempts to have an abortion and the problems related to giving birth to the child all cause various distortions in the physical and mental development of the children. The mothers of age less than 20 years, who gave birth and left their children to be raised in HMSCC, comprise the largest relative share of all others -- 32 %. The results of the survey conducted by the SACP show that 15.5 % of the children placed in HMSCC, have body underweight and a varying extent of premature-birth consequences. Over one third of all children in such homes have different diseases and disabilities.
The birth rate has been on the decrease in the recent decades throughout the whole European region; however there is a definite extent of maintaining the same birthrate levels - between 8 – 11%. In the newly acceded EU Member-states the birth rate is higher than that in Bulgaria, with the exception of Latvia, where it is 8.3%. In Poland, Slovakia and Hungary the birth rate is 9.5%, and in Romania it is 9.8%.

1.2.2. Child mortality

- Children up to 1 year of age:

The changes in child mortality are a sensitive indicator of the economic and cultural development of society. There is a persistent unfavorable trend of absolute and relative decrease of the child population in Bulgaria, which is an indication of a permanently settled process of aging of the nation. While in 1989 the relative portion of the child population was 25%, in 2002 it reduced to 19.8%, i.e. 1,565,317 children of age up to 18 years. The main reasons for the foregoing are the decreasing birth rate and the persisting relatively high child mortality. After child mortality in 1997 had its peak for the past ten years in our country (17.5% live-born), in 2000 it dropped down to 14.1% live-born, in 2002 - 13.3% live-born (Figure 1), in 2003 - 12.3%, and in 2004 it dropped down to 11.6%, while in 2005 it was 10.4% compared to 4.7% in the European countries, this percentage being twice higher than that in the EU member-states, including Poland (7.7 per 1,000 in 2001) and Hungary (8.2 per 1,000 in 2001). About fifteen years ago these countries had considerably higher child mortality than that in our country.

<table>
<thead>
<tr>
<th>Year</th>
<th>Child mortality per % live-born children</th>
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<tbody>
<tr>
<td>2001</td>
<td>14.4</td>
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<td>2002</td>
<td>13.3</td>
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<td>2003</td>
<td>12.3</td>
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<td>2004</td>
<td>11.6</td>
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In terms of the child mortality structure in Bulgaria, there are conditions occurring in the prenatal period, and they constitute a significant portion. This is also the area, where this important indicator can potentially be improved.

A favorable trend in the neonatal and post-neonatal child mortality is observed:

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<th>2001</th>
<th>2002</th>
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Figure 1

Figure 2

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3 Source: UNDP, Millennium Development Objectives for Bulgaria, 2003
The child mortality structure in 2002 – 2004 demonstrates a decrease in the number of children diseased due to conditions occurring in the prenatal period; this is an indirect indicator of improved care for pregnant women and neonates. The top ranking conditions are some occurring in the prenatal period (398.5 %00 live-born, and in 2004 – 362.0 %00). Endogenous reasons prevail – prematurely born or full-term babies but with low weight at birth, and also complications in pregnancy and birth, which cause damage to the fetus and the neonate. These reasons maintain the high level of endogen mortality (compared to other countries).

The foregoing is followed in ranking by inborn anomalies (2002 -282.7%00, and in 2005 -233.6%00) and respiratory system diseases (in 2002 - 243.6 %00 compared to 170.2%00 in 2005), including pneumonia and flu, which are responsible for over 80-85% of the deaths in this group. There is a trend of decrease in the death rate due to diseases of the blood circulation organs (in 2002 -108.3 %00 compared to 81.6%000 in 2005); the death incidence due to infectious diseases and parasitoses (in 2002 - 69.2 %000 compared to 32.4%000 in 2005) and due to traumas and poisoning or external reasons of morbidity and mortality (in 2002 -46.6 %00, in 2005 - 33.8%00).

- **Children 0-4:**

The mortality rate of children in this age group demonstrates a trend of decrease from 1999 – 82.5 %000 population to 71.8%000 in 2004 and 55.6%000 in 2005. The mortality structure is also changed in this age. While in 1999 in terms of reasons the highest incidence of deaths belonged to the respiratory system diseases, in the years after 1999 the highest ranking were the external reasons for morbidity and mortality ( 2004 - 19.8 %000, 2005 -14,2%000). The most common reasons for death continue to be traumas and poisoning – conditions, which in many cases are preventable. The probability of death of Bulgarian children of age up to 5 years is higher than that of 60% in the countries in Europe.

- **Adolescents:**

![Figure 3](image)

**Mortality of children of age up to 5 years per 1,000 live-born**

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<th>Year</th>
<th>2001</th>
<th>2002</th>
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<tr>
<td>2001</td>
<td>17.0</td>
<td>16.0</td>
<td>14.7</td>
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In the last decade the mortality indicator for the age 5-19 years in our country has decreased (16.0 %000 in 2002), similarly to most European countries. The most frequent reason of death continues to be traumas and poisoning, or external reasons of morbidity and mortality.

1.2.3 Health of the children of age up to 17 years
The health status of children up to 17 years had the following characteristics in 2002:
- Higher total morbidity rate compared to 1993 (2461.8%o and 2770.9%o), whereby two thirds of the cases are due to respiratory system diseases;
- The incidence of newly registered cases of active tuberculosis has dropped slightly;
- 9.7%oo morbidity due to malignant formations, the highest being the incidence of diseases of the lymph and blood-producing organs (4.6%oo), followed by diseases of the bones, connecting tissue, skin and lacteal glands (2.0%oo). Since 2003 and 2004 there has been a slight decrease in the number of newly detected children suffering from malignant diseases, the highest ranking incidence of the diseases of the lymphatic and blood-producing organs (4.4%oo) being maintained, followed by these of unidentified localization (2.6%00), and of the connecting tissue.
- The morbidity rate due to microsporia and trichofitis decreased by almost one third in the period 2000 - 2005
- Increased incidence of hypertension, backbone bending, obesity and refractory anomalies, which are detected during the annual medical check-ups of children and students;
- accelerated physical development with delayed capacity.

The behavior of adolescents manifests certain negative trends, which are of substantial importance for their reproductive health in general and females in particular, namely:
- lower age of starting sex life - in the past 12 years there was a triple increase of the relative share of children, who had their first sexual contact at age of less than 16 years (41% in 2000);
- Increase in the registered cases of syphilis to 36.7%ooo in children of age up to 17 (2001), and every one out of four newly detected such patients is a child in this age group (25.7%);
- Over 95% of the registered cases of gonorrhea among adolescents are newly detected, too;
- High incidence of unwanted and unplanned pregnancy in adolescent girls, which may result in unsafe abortions with severe consequences for their health. Bulgaria ranks third in Europe after Ukraine and Russia in terms of number of births and voluntary abortions per 1,000 females of age 15-19
- low level of use of protection against unwanted pregnancy and sexually transmitted diseases - about one third of the individuals of age 15-19 do not or rarely use condoms;
- Unsatisfactory level of awareness and knowledge about the methods for protection against unwanted pregnancy and sexually transmitted diseases.

Since 1993 Bulgaria has participated in the WHO/Euro, European Commission and the European Union project “European Network of schools for health promotion” with 20 schools, under which project the supporting body is the National Center for Public Health. The schools’ participation is voluntary, and they develop and implement their projects independently. Deliverable of the work done so far are models of health promotion in school, adoption of new forms of methods of teaching in health education; implementation of local projects for mental health, limiting smoking, evaluation of activities etc.

In the past 6 years of the reform out-hospital care has manifested certain negative aspects in children healthcare, which had to be corrected in the course of the reform. At present a large number of children use the services of general practitioners, however parents have the opportunity to choose a pediatrician to be the physician of their children. There are still some difficulties with the access to specialized out-of-hospital pediatric healthcare, which is mostly due to the limited number of such specialists in some settlements. A new Health Map by regions of the country is being developed in order to satisfy completely the need of medical care, because there is a good availability of pediatricians – in our country the relevant indicator is 30.5%; this is 2 times higher compared to that availability in the EU Member States - 14.200%. There is room for improvement in medical check-ups, especially of children of higher age. The quality of dispensary activities has been improving in the recent years. A new Ordinance on Dispanserization has been adopted, which specifies the package of dispensary activities funded by the National Health Insurance Fund (NHIF).

The organization and functions of healthcare in school has been transformed.

1.2.4 Trends
The brief analysis of the data shows as follows:
- Low birth rate,
- Decreasing child mortality rate;
- Favorable trend in the indicators of neonatal and post neonatal child mortality:
  - Increasing infectious-diseases incidence,
  - Increasing incidence of overweight and obesity in children, more strongly manifested in boys (overweight – 17.5%, obesity – 4.7%), which is related to the low level of physical exercise and unhealthy nutrition. There are also some unfavorable changes in certain indicators of the physical development, such as chest circumference in held and exhaled position, and others.
- There is a constant increase in the permanent inability to work in the country, whereby primary disability in 2004 reached 20.2% in persons of age over 16 and 5% in children of age up to 16. Compared to 1995 this is an increase of almost 4 times, which is associated most of all to the changes in the legislation. The main reasons for disability are the following: illnesses of the blood-circulation organs (41.9%); illnesses of the skeleton-muscular system and connective tissue
(14.4%), illnesses of the nervous system and sense organs (10.2%); newly occurred formations (9.5%) and diseases of the endocrine glands, nutrition and metabolism (8.1%).

The lasting persistence of these adverse trends has been the reason for review of the demographic policy, as well as Bulgaria’s policy for prevention, early diagnosing and treatment of the diseases, which are most burdensome for health, and also for taking urgent measures to find a way out of the quite worrying health status of the children.

1.2.5 Mother mortality and reproductive health

The indicators of mother mortality (for women in fertile age) were quite unsteady in the past 10 years. They show considerably higher rates in villages – 25.5 cases per 100,000 live-born compared to cities – 16.5 cases per 100,000 live-born. Mother mortality in our country is about 4 times higher compared to that in the EU member-states – 5.1 in 2000. This indicator was 11.1 per 100,000 in 2004, and in 2005 it was 10.4 per 100,000 compared to 6.1 in the European Union. This former rate meets the requirements to the targets set for the millennium.

In the course of the reform most of the activities for protection of the reproductive health have been transferred onto the general practitioners (GP), who did not have the required qualification. At present some of these activities (including the monitoring of pregnant women and the uterus cervix cancer screening) have been made again an obligation of the gynecologists-obstetricians in the specialized healthcare system. The patients have a free choice of a specialist. A patent is free to choose a specialist for her medical check-up.

Further on, no specialized and confidential units for young people are available. The joint program with the UNDP “Upgrading the national reproductive health program” has been completed; under this program training in family planning was conducted for GPs, students and teachers. A medical standard for obstetrics and gynecology and reproduction medicine has been developed, and it constitutes a good starting point for services quality improvement in this field.

Generally it may be said that the pursued policy for protection of reproductive health is not consistent, its scope is limited and focused on the medical aspect, and the involvement of women is actually missing.

The analysis of some of the afore-described main characteristics of the health status of Bulgarian women draws the attention to the following aspects of the healthcare reform: improvement of health promotion and prevention of female diseases both by the GPs, and in the Specialized Healthcare System; expanding and deepening the health awareness work with women with a focus on prevention in the field of reproductive health; further development of family planning, extending the network of state-of-the-art units for intensive care and treatment of pregnant women, young mothers and neonates at higher risk; expanding and improvement of post-graduate qualifications of medical specialists in these matters with attaching a priority to out-of-hospital care units, etc.
1.2.6 Immunizations

In the first 6 months of 2003 the immunizations coverage was quite good in the neonatal period and the first years of life of children – tuberculosis vaccine was administered to 96.53% of the neonates, hepatitis B immunization covered over 90%, and the coverage by diphtheria/tetanus/cocci (DTC) immunization was smaller - 88% (because of the whooping-cough component, which for a large number of children is postponed due to contraindications).

In 2005 the immunizations coverage was quite good - in the neonatal period and the first years of life of children – tuberculosis vaccine was administered to 97.9% of the neonates, and hepatitis B immunization – to over 98.6 %, DTC – to 96.8%.

Given the undisputed medical purposefulness of immunizations the immunization calendar schedule has been completed with an inactivated anti-polio vaccine and sufficient supplies for administering it have been ensured under centralized public procurement procedure. Such immunization prevents the occurrence of vaccine-related diseases of poliomyelitis, and the number of intakes of the poliomyelitis vaccine has been brought into compliance with the immunization practice of the EU member-states and the WHO recommendations. Thus it is possible to fulfill the immunization schedule also with patients, in whom the administration of live oral poliomyelitis vaccine is counter-indicated – children with transplantations and children on treatment with immune suppression preparations for systematic diseases.

The main difficulties, which used to impede the fulfillment of the immunizations schedule, have been overcome, namely: delays in the supply of vaccines and other bio-products for immunizations according to schedule; difficulties related to the immunizations coverage, especially with children in disadvantaged social position.

The main problem in ensuring centralized procurement of vaccines occurs due to the possibility of having the procurement procedure suspended for a long time in case a bidder that participated in the procedure lodges a claim. The Public Procurement Law allows for such a possibility, regardless of whether the claim is justified or not, therefore even in the cases, which are adjudicated in favor of the MH, the supply may be delayed by several months. The WHO recommendation for such cases is that the procurement procedures for vaccines should take into account the specificity of these products, and should not be conducted in compliance with the general rules applying to supplies and services. In the past two years owing to the amendments to the Public procurement Law and to the timely planning of this activity the above-mentioned impediments were overcome and there is no single report for 2005 by any of the RIPHPCs stating the lack of vaccine as a reason for failure to cover children with immunizations.

The problems in achieving a large coverage of the planned immunizations have to do mainly with the high-risk groups and are related mostly to the Roma ethnic group, children with no permanent residence address or with a changing address, and children having no GP (regardless of the reasons thereof). The shift from having a medical professional in charge of a certain area to having a free choice of a GP has been a profound and deep change, which resulted in a
considerable drop in the immunizations coverage. This necessitated assigning additional tasks and responsibilities to the epidemiological departments of the RIPHPCs to set up a second, complementary system for ensuring the planned free-of-charge immunizations. For this purpose Immunization Units have been set up in all the inspectorates, and these units ensure for every child and citizen access to the vaccinations according to the immunizations schedule, completely free of charge. The RIPHPC epidemiologists undertook also the major workload for detecting any children, who are not covered by the health insurance system; for this purpose they request and compare data from the Citizen Registration and Administrative Services units of municipalities, mayoralties, the Regional Health Insurance Funds and the lists maintained by the GPs. The difficulties in this activity have to do mainly with the fact that information is provided by the municipalities and the National Statistics Institute only against payment.

The situation, which necessitated setting up urgently the Immunization Units at the former Hygiene-epidemiological Institutes, has been already changed considerably, the lists of patients of the GPs have become steady, the number of children without a GP has decreased considerably, and there are practically no children without health insurance. The immunizations and the achieving of wide coverage with mandatory immunizations are in all cases a priority task not only for all the RIPHPC, but also for the MH and the overall national healthcare network. The specialists in the MH and the National Center for Healthcare and Diseases Prevention NCHDP, supported also by the Expert Council on Epidemiology and Immuno-prevention under the Minister of Health, work upon the development and upgrading of the National Immunizations Calendar. A change has been effected in the country’s Immunizations Schedule by replacing the live oral poliomyelitis vaccine by inactivated injected such vaccine in compliance with the requirement for using non-tiomersal containing vaccines up to the age of 6 months.

1.2.7 Epidemiological issues

The entering into force of the Health Act in the beginning of 2005 endorsed the new organizational structures for contagious diseases monitoring within the Regional Inspectorates for Public Health Protection and Control (RIPHPC). Highly qualified specialists are employed in the system. The reform in the pre-hospital sector of the healthcare system set new stricter requirements to the activity of the Anti-epidemiological Control Units of the RIPHPC. In implementing the daily planned controls they provide also organizational and methodological assistance and training for GPs in the immune-prevention and in the contagious diseases monitoring.

A new system has been introduced for allocation and providing vaccines, receiving reports for the conducted immunizations and control over the activity of the GPs. New procedure for registration, notification and reporting of contagious diseases has been put in place.

Due to the complex nature of the occurring epidemiological issues (epidemic burst outs and epidemics, in-hospital infections, occurrence of new and particularly dangerous infectious diseases) the work requires close coordination and interaction among various bodies: RIPHPC, Regional Health Centers (RHC), RHIF,
the municipalities and mayoralities, the National Veterinary Medical Service, the Ministry of Education and Science and the school boards of trustees, and others.

Substantial difficulties in the organization of emergency anti-epidemic measures in case of occurrence of epidemic burst outs and epidemics stem from the impossibility to ensure in a timely manner the funds required for the anti-epidemic activities. The WHO recommendation for having a specialized stand-alone fund for fast response in case of occurrence of events putting a risk for public health has not been implemented.

Among the major priorities in the group of infectious diseases, due to their social significance, are tuberculosis and AIDS.

- **Tuberculosis:**

  The epidemic situation regarding tuberculosis in Bulgaria abruptly changed in 1992 – 3,236 newly detected patients were registered then (38.1%000). In the period 1985-1991 the tuberculosis morbidity was steady at a relatively low rate of 25.1 to 28.6%000. During the period afterwards (1993-2003) the average morbidity rate was 42.9%000. From 2000 until 2003 there were 3,557 new cases occurring per year, of which an average of 275 per year were the new cases of tuberculosis in children of completed 0 to 17 years of age. In this period there were 18 newly detected cases per 100,000 children on average per year. In 2004 the number of new patients was 3,302, which is 41.7 %000, and the number of children was 22.6 per 100000. The data for 2005 confirmed the trend of restricting the morbidity – 3,101 cases, 40.1 %000, and in children - 16.63 per 100000.

  Compared to the European morbidity rate, which is between 12 and 80 %000, Bulgaria shows medium-level indicators. Compared to the average morbidity rate in the countries members of the European Union, the morbidity rate in our country is maintained at 3.5 times higher.

  Compared to 2000, the registered diseases in 2003 stemming from malignant new formations in children of age 0 to 17 completed years increased by 26 %. The newly detected malignant new formations increased from 135 in 2000 to 146 in 2003 – the increase in children being by 6%.

  To a large extent the National Tuberculosis Control Program has achieved its main objective – to seize the increase of morbidity compared to the maximum level of 1998. This was facilitated by the reinstating of the organizational-methodological assistance provided by prominent specialists in lung diseases, as well as by the progress made in ensuring uniform treatment of tuberculosis patients in compliance with the WHO recommendations, the adopted methodological guidance and the application of the DOTS system.

  In 2005 the Ministry of Health set up, equipped and staffed a National Reference Laboratory for Tuberculosis at the National Tuberculosis Center. This laboratory carries out external control on the quality of microbiological diagnostics of tuberculosis in the country, and also helps in the diagnostics of different cases throughout the whole country. The laboratory is equipped with modern diagnostics equipment for identification and isolation of tuberculosis micro bacteria and assessment of resistance to medicines.
Due to the lack of financial means, however, the following activities have not been implemented: restructuring and completing the equipment of the microbiological laboratories, complete coverage of the individuals of risk groups, replacement of the obsolete X-ray equipment (incl. purchasing of new fluorography installation), establishing a system for monitoring of newly detected patients, complete coverage of all contacted persons.

With a view to the implementation of the long-term tasks the Council of Ministers adopted a new National Tuberculosis Control Program for the period 2004-2006 (Decision No. 12/13.01.2004). Two thirds of the resources under the program are planned for ensuring the required medicines (for treatment and chemoprevention).

The available facilities (healthcare establishments and number of beds) are sufficient for meeting the needs of hospital treatment of tuberculosis patients. The facilities in some of these treatment establishments have been repairs, refurbished and meet the sanitary-hygiene requirements (e.g. the Tuberculosis Clinic of the Saint Sofia Specialized Hospital for Active Treatment of Lung Diseases). In some of them the facilities are obsolete and worn-out and in a poor sanitary-hygiene condition, with insufficient or missing modern equipment.

The main reason for the foregoing is the quite old buildings fund and the limited funds available (e.g. at the District Dispensary for pneumo-phtisiatric diseases in Sofia and a number of other healthcare establishments for tuberculosis patients in the country).

Besides the facilities, another problem in the hospital historical is providing funds for tests, maintenance and replacement of the diagnostics equipment (especially the equipment for bacteriological diagnostics). The funds allocated under the national program will help resolve this problem – in 2005 central procurement supplies were ensured providing consumables to some laboratories having a certain type of equipment for diagnostics of tuberculosis. Modern tuberculosis diagnostics methods are in place in a part of the specialized and university hospitals, but are not available to a sufficient extent throughout the entire network. This is particularly true about bacteriological diagnostics, where the application of rapid tests and sensitivity testing is considerably limited due to the lack of laboratory equipment.

The other problems relating to tuberculosis control include the following: medical doctors in the specialized doctor practices do not refer in a timely manner tuberculosis suspicious patients to the pneumo-phtisiatric units, do not report the tuberculosis cases to the RHC. All patients with proven tuberculosis are provided with tuberculostatics by the MH.

The achievements attained in restricting tuberculosis have been appreciated at international level and our country will be given financial grant by the Global Fund for Fighting AIDS, Tuberculosis and malaria; the grant will amount to 15,486,686 Euro for the implementation of the project “Improvement of Tuberculosis Control” over a five-year period.
1.2.8 Unhealthy nutrition

The social-economic changes in the period 1989-2002 affected the average daily intake of the main food products: the consumption of meat dropped from 100 grams to 62 grams; the consumption of meat products reduced from 78 grams to 30 grams; the consumption of sugar and confectionary decreased by 45%; that of milk - by 49%; that of dairy products – by 12%; of yoghurt - by 61%; of alcohol - by 52%; of added fats - by 19%, etc. The consumption of white beans and lentils increased by 30%, and that of fruits and vegetables - by 2%. There is a trend of early consumption of alcohol by children (7-9 years). The data shows also that in 40-60% of the population the intake of minerals and vitamins is 2/3 of the daily allowance. The exclusive breastfeeding of neonates is a problem, too - only 30% of the neonates are breastfed by their 6th month of age.

The comparison of some indicators, which outline the nutrition model in our country, compared to many European countries (Greece, Italy, Spain, Portugal, France, Belgium, England, Ireland and Norway), shows the following: lower consumption of added fats compared to that in the Mediterranean countries; the prevalent fat used is sunflower oil; Bulgaria ranks last in terms of consumption of meat and meat products; low percentage of poultry meat in consumption; Bulgaria ranks third in consumption of vegetables and fruits after Greece and Italy; Bulgaria has the lowest consumption of milk; and much smaller consumption of fish compared to these countries.

The existing misbalance in the population nutrition causes the possibility of:
- Occurrence of condition of malnutrition in certain groups of the population: children, elderly, pregnant women, unemployed;
- Quite a large increase of the number of overweight individuals and those with obesity – more than half of the Bulgarians, and since the young age at that;
- Aggravation of the combination of major risk factors for a number of diseases, nutrition being one of those factors.

An increase occurred in the following: the health risks from biological, chemical and radioactive pollutants of foods due to the liberalization of production, the unrestricted import of foods with suspicious properties, lack of strict enough norms of control and laws in this respect, lowered sanitary control of foods and lack of consistent monitoring of foods.

The sustainable supply of sufficient varied and healthy foods for the population, affordable for all, is a significant health factor.

It is considered that the amendments to the legislation in the recent years do not provide incentives for the food producers to manufacture products, which improve health. On the other hand it cannot be affirmed that the available healthy products are affordable for the public at large. All the foregoing has to do also with the lack of a national policy on nutrition and foods.

In the recent years the MH has implemented a number of activities for improvement of the nutrition of the population and food safety and quality: the Foods Act has been adopted, the EU Directives on food safety have been promulgated, a National Council on Food Safety has been established, a system has been introduced for monitoring of the residues of veterinary medical products and the environment pollution with animal products, monitoring is being conducted of
the food pollutants of non-animal origin and the additives, the food radiation monitoring has been launched, an information system and register of food products is underway, the physiological norms for the population nutrition have been updated, health-awareness activities are being implemented under some prevention programs, such as: for iodine deficiency conditions, the SINDI program, measures have been put in place for improvement of students’ nutrition, activities for promoting breastfeeding have been launched with the support of UNICEF and WHO. All the above activities are both beneficial and important; however they cannot contribute sufficiently for improvement in nutrition, unless a national policy is in place.

In conclusion it may be said that the nutrition of the population in the country still remains unbalanced and is a strong factor for health risk, alongside with other behavioral and biological factors. What is of importance is to have in place as soon as possible the National Action Plan “Foods and Nutrition”, which is currently being developed; this NAP aims to promote health and decrease the incidence of the major nutrition-related diseases. It is of substantial importance the NAP to include not only activities within the health system, but rather to set out the obligations and responsibilities of the government sectors dealing with food production and trade, of the private sector, of employers, of non-governmental organizations and the other partners, with a view to better health of the population.

1.2.9 Prevention of iodine-deficiency diseases

The prevention of iodine-deficiency diseases is implemented in Bulgaria in compliance with Decree of the Council of Ministers No. 96 of 1994.

A number of activities were conducted in 2003 for control and assessment of the efficiency of the pursued national policy in this respect. A national representative survey was carried out with the participation of 10 regions – 8 endemic and 2 non-endemic ones. The survey was a complex one and included the following: clinical and echigraph testing of the thyroid gland in students and pregnant women; test of the iodine-urea; measuring the iodine content in salt at household level and studying the awareness and knowledge of the population on this matter. The results of the survey have shown as follows:

- goiter has been eliminated as an endemic condition on the territory of the country. According to the echo-graph data goiter is only 2.1 % and at low diffuse level at that, while goiter incidence over 5 % is considered to be endemic;
- the parents’ level of awareness and knowledge about iodine-deficiency diseases is high and that of students is relatively high;
- Large relative portion of standard iodized salt at the household level. According to data of the laboratory analysis of salt for nutrition, which has been carried out by the Hygiene Epidemiological Institute in 2003, there has been an increase in the relative portion of standard iodized salt in the trading outlets, as well as at the level of manufacturers and importers (2003 – 86 %, 2002 – 79.07 %, 2001 – 76.43 %).

The results of the conducted national survey show that the pursued national policy for elimination of the iodine-deficiency diseases is highly efficient. It has resulted in

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5 Pursuant to Decree No. 96 of 1994
their considerable decrease and their elimination as a health and social problem in a number of endemic regions.

1.2.10 Children with permanent disabilities

The number of the persons recognized to be persons with disabilities is on the increase. According to the data from the 2001 Census there were 263,143 persons with medially proven level of disability. Out of them 92% were in working age. Almost 2/3 of the persons with disabilities (63%) have limited ability to perform routine household activities. As of now only 38% of the persons with disabilities receive any form of social assistance. The neurological and mental diseases are of the highest relative significance among the persons with disabilities (1/4 of all such cases), followed in importance by cardio-vascular diseases, and then rheumatologic, cancer and other progressing diseases. (Survey of the persons with disabilities in Bulgaria, NSI, 2005).

In 2002 they were 101,353 (that is almost 3 times more compared to 1994), which comprises 15.3% of the population of age over 16 years. This increase is preconditioned mainly by the changes in the legislation regarding the requirements and status of the individuals recognized to be persons with disabilities. Having said that, it should be noted that the available statistical information about the number of persons with disabilities is incomplete and imprecise.

Bulgaria ranks among the first in Europe (9th out of a total of 51 countries according to WHO/Europe for 2001) in terms of number of newly registered cases of persons with disabilities. In our country this indicator is about twice higher than the average in Europe - 955%ooo compared to 553%ooo respectively. The significance of this problem is evidenced also by the comparison made to the other Central and East European countries close to us, where these levels are 2 times lower - 412%ooo.

The most frequent reason for the occurrence of disability in 2002 were the diseases of the blood circulation organs, which are responsible for 36.8% of the total number of cases of individuals with newly occurred disabilities. They are followed by the diseases of the skeleton-muscular system and connecting tissue (13.6%), the diseases of the nervous system and sense organs (11.2%), new formations (10.6%), the diseases of the endocrine glands, of nutrition, of metabolism and immunity distortions (8.3%), etc.

Special attention should be attached also to the inborn deafness as a disease of social importance. It is assumed that 1:1000 neonates have genetically preconditioned severe hearing deficit. This is a real prerequisite for restricted opportunities for children’s social adaptation.

According to the National Strategy for Equal Opportunities of the Persons with Disabilities (adopted by the Council of Ministers in 2004), regardless of the good statutory framework, the expert evaluation of permanent inability to work is characterized by a number of gaps, which render the social rehabilitation and integration of persons with disabilities either difficult, or impossible. The resolving of this problem depends on reconsidering the institutional hierarchy of the committees, changing the evaluation model and the procedure for appeals lodged with the National Expert Medical Committee, etc.
No resolution has been found also of the issue of access to medical rehabilitation of persons with disabilities and chronic diseases – at present due to the missing clinical paths (except for infant cerebral palsy in 2003) such rehabilitation is not paid for by the NHIF. The NHIF pays only for some rehabilitation procedures for persons with temporary inability to work, and the social assistance system pays only partially for their treatment in sanatoria. There are no programs and bodies in place that can ensure the consistent implementation of the rehabilitation process components, namely the medical, professional and social components.

**Institutions for children with disabilities**

A. Within the system of the Ministry of Health /Table 2/:

**Home for Medical and Social Care for Children (HMSCC)** – It carries out its activity autonomously and in cooperation with the other treatment and healthcare establishments, as well as other bodies, organizations and institutions. It admits children of age 0 to 3 years. The children from the HMSCC are placed in other children homes once they complete 3 years of age and depending on their health condition, as follows:

- healthy children and children with a slight degree of physical and/or mental deficiencies and disabilities are moved to the homes within the MH structure;

According to the World Health Organization children, who stay in such institutions for a period longer than 3 months, often acquire permanent disabilities, which may be manifested throughout their whole lives. Therefore there is a pressing need of limiting the stay of young children in such institutions and placing them in a family environment.

After the entering into force of the Child Protection Act children may be placed in such institutions only:
- Pursuant to an Order issued by the Director of the Social Assistance Directorate (SAD) of the municipality, where the child has his/her current residence.
- By virtue of an effective Ruling of the District Court.

**Table 2**

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According to data of the SACP
Institutions under the MH Home for Medical and Social Care for Children (HMSCC)

<table>
<thead>
<tr>
<th>Institutions under the MH</th>
<th>Number of institutions in 2002</th>
<th>Total number of children for 2002</th>
<th>Number of institutions in 2003</th>
<th>Total number of children for 2003</th>
<th>Number of institutions in 2004</th>
<th>Total number of children for 2004</th>
<th>Number of institutions in 2005</th>
<th>Total number of children for 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home for Medical and Social Care for Children (HMSCC)</td>
<td>32</td>
<td>3 141</td>
<td>2 906</td>
<td>2 897</td>
<td>20</td>
<td>2 960</td>
<td>20</td>
<td>2 960</td>
</tr>
</tbody>
</table>

- Clinically healthy are 50.8% of the children in HMSCCs
- Out of the children with various diseases 22.1% have inborn malformations
- 20% have a varying degree of retarded neurological and mental development
- 20.4% are of low weight due to premature birth

In response to the pursued government policy for decreasing the number of children placed in medical and social care homes steps have been undertaken for gradual decentralization of these specialized institutions. Municipal governance makes it possible to offer services alternative to institutional care, which are needed by the community and ensure actual deinstitutionalization – e.g. services of the type of «day care», «weekly care» etc. The good available facilities in the HMSCC, their equipment and tools, and the availability of qualified specialists in these establishments offer opportunities for providing services to the community, thus attaining social effects for the parents and the mentally disabled children being raised in the families. Other community-targeted activities are about to be included (e.g. for children, who need rehabilitation).

Concerning the development of alternative forms of services, work is carried out in two aspects, namely:

- Opening new daycare centers with the HMSCC;
- Providing new types of services – diagnostics and rehabilitation of sight and hearing disabilities, logopedy exercises, rehabilitation by swimming, training for applicant-adoptive parents and parents of children with specific needs and chronic diseases. Setting up groups for weekly and hourly care for children with disabilities.
- Expanding the range of diagnostics and rehabilitation-recovery procedures in the cases of impaired development of motive system, water-treatment, rehabilitation of senses distortions, of chronic respiratory diseases, etc.
- Training of pregnant women with a view to prevention and promotion of physical and mental health, prevention of premature births, training in taking care of neonates and breastfed children, encouraging exclusive breastfeeding in the first 6 months.

- Counseling and training of parents of children with chronic diseases.

- Organization and conducting of training courses for future adoptive parents in the children’s health needs and protection, the psychological specificities of each age group related to institutionalization and methods for overcoming them, psychological and social support.

- Organization and conducting of training courses for foster parents in the medical and psychological specificities in raising and bringing up children in early and preschool age, providing emergency care, methods for conflicts management and psychological support in crisis situations.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of children that were in daycare centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>108</td>
</tr>
<tr>
<td>2002</td>
<td>204</td>
</tr>
<tr>
<td>2003</td>
<td>309</td>
</tr>
<tr>
<td>2004</td>
<td>461</td>
</tr>
<tr>
<td>2005</td>
<td>403</td>
</tr>
</tbody>
</table>

The capacity of the children institutions of the boarding house type is decreasing, while there is a growth in the services provided within the community. In the period from 1998 to 2006 1,066 beds were made redundant, as seen from the table below.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of HMSCC</th>
<th>Number of beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>31</td>
<td>5061</td>
</tr>
<tr>
<td>2000</td>
<td>32</td>
<td>4893</td>
</tr>
<tr>
<td>2001</td>
<td>32</td>
<td>4726</td>
</tr>
<tr>
<td>2002</td>
<td>32</td>
<td>4072</td>
</tr>
<tr>
<td>2003</td>
<td>32</td>
<td>4072</td>
</tr>
<tr>
<td>2004</td>
<td>32</td>
<td>4052</td>
</tr>
<tr>
<td>2005</td>
<td>32</td>
<td>4044</td>
</tr>
<tr>
<td>X</td>
<td>32</td>
<td>3995</td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1.2.11 Mental health

The surveys of children in nursing and early age, who are raised in the “Mother and Child” homes, show retardedness in their mental development (mainly in speech and emotional-social balance), which deteriorates with the extension of their stay in such homes. The reasons for the foregoing should be identified by means of targeted surveys, which are to be updated on a regular basis.
Some data about the mental development in child and adolescent age are of interest. Over the period of early school age there is a high incidence of behavioral distortions (mostly deficit-based distortion of concentration with hyper-activeness, most frequently in boys) and emotional distortions (mostly fear of separation and destime distortion), which are found in 49% of the children of age 7.5 – 8.5 years. There are no studies of the mental development in the junior-high and high-school age.

Most of the counseling and interventions within the Child-adolescent psychiatric network have to do with crises caused by adverse life events or psychological traumas, the incidence of seeking such counseling and interventions being relatively steady. At the same time, however, there is a considerable increase in seeking help by the parents of children with behavioral distortions, which illustrates the need of ensuring larger resources in this respect. The issues of mental development in the childhood and adolescence require special monitoring, targeted studies and analyses. Investments are required for development and putting into place of promotion and intervention programs, because this is a matter of the nation’s future.

1.2.12 Psychotropic substances/ drugs

Drug use causes severe inability to work, malnutrition, premature death or infection of hepatitis, AIDS, etc.

The available information in most general terms shows that the number of persons (mostly the young people) in Bulgaria, who have tried at least once in their lives some drug, continues increasing. Similar trend is observed also in the new EU Member-states (Central and Eastern Europe). The data from the European project for in-school studies of alcohol and other drugs (ESPAD) show that in 1999 approximately 14% of the students of age 15-16 years in Bulgaria had used a drug at least once in their lives. In terms of this indicator our country ranks 18th among the 30 countries participating in the study.

Bulgaria alongside with another three new EU Member-states of Central and Eastern Europe falls within the group with relatively low (not the lowest though) drug use – lower than the average in these countries.

The most commonly used substance in our country is cannabis (similarly to the other EU countries), and marihuana in particular. According to the above-mentioned ESPAD survey approximately 12% of the students of 15-16 years of age in Bulgaria have used at least once is their life either marihuana, or hashish. In terms of this indicator our country ranks 17th among the other participants in the survey.

The report on the 2002 situation in the Central and East European countries assesses at over 1% the problematic use of drugs by the population of age between 15 and 64 years in Estonia and Latvia, at approximately 0.5% (equal to the EU average) in the Czech Republic, Slovenia and Bulgaria and approximately 0.25% in Poland (lower that the EU Member-states, according to 1996 data).

Compared to many of the European countries Bulgaria has a low average age of drug users. In 2002 this age was 22.0 years.

The average age of the first drug use is also low – in 2002 those who sought treatment for the first time were of age 18.9% years. This same indicator totally for EU
Member-states in 2000 shows an average age of 27 years. At the same time the values in some non-EU countries are close to those in Bulgaria - in the late 1990-s in Bratislava this age was 18.5, and in Prague it was 18 and 17 in Gdansk.

In Bulgaria the substance causing the biggest problem is heroin — a main substance in the case of 90% of those who seek treatment in Sofia. Similar is the situation also in the European Union. In Bulgaria the number of the problematic heroin users continues increasing, although at a more moderate pace compared to the mid 1990s. According to expert evaluations the probable number of problematic heroin users in the country varies between 20,000 and 30,000. Heroin use in Bulgaria in the recent years has increased strongly.

The profile of drugs use is duly documented. It is considered that the number of injecting drug users in the capital city increased over a period of three years from 10 – 15,000 in 1995 to 15 – 20,000 in 1998, whereby 1/3 to half of them use drugs on a regular basis. According to estimates in Varna and other large cities there are another several thousand of drug users, who inject heroin. Alongside with that changes have been observed also in the method of drug use: most of the Roma, who used to smoke heroin, are now heroine IDUs, while some Bulgarians, who started as heroin IDUs now smoke heroin. Nevertheless, 70% of all, who sought treatment, are injecting drug users. According to the evidence in some Roma communities heroin injecting is spreading extremely fast, e.g. in several members of a family, or one “whole clan” in Varna. The amphetamines use in Bulgaria is on the increase, too, amphetamines being used mainly orally, and not by injecting.

It can be said that drugs use in the population of age between 15 and 64 years in Bulgaria is around the EU average (0.5%), however the number of persons, who have tried a drug, is increasing. This is a priority problem and should be resolved with the involvement of the government and the society.

Starting from the 2002-2003 school year The Ministry of Education and Science introduced health promotion lessons in school:

✓ Information modules have been introduced in the study curriculum in biology and in the class teacher’s plan in high school. They are carried out in the form of a study lesson and have the purpose to make the students aware /taking into account their age specific characteristics/ of the main drug substances, their impact and harmful consequences on the mental and physical health;

✓ Several programs have been introduced also in only some schools (at high-school or junior-high-school level): Working with youth and peer education are the methods used to reduce the use of psychotropic substances by the students and reducing the risk of starting such use.

✓ Extra-curricular programs are held such as theatre performances, concerts, happenings, competitions. Their purpose is to convey messages that deny drug use and promote healthy style of living.

The National Program for Prevention, Treatment and Rehabilitation of Drug Addictions in the Republic of Bulgaria 2001 – 2005 includes activities for limiting the distribution and abuse of narcotic substances, and promotion of healthy style of living.
The Strategy for the National Youth Policy 2003 - 2007 contains the 2004-2005 Program for youth activities, which was adopted by the Council of Ministers on 08.04.2004 as per minutes No. 14; its main objective is as follows: resolving of particular problems and satisfying the needs as identified by the young people by regions, by means of implementation of projects by youth and non-governmental organizations at national and regional level, preserving, development of and investment in youth as the social capital of the country.

The above-mentioned program is targeted to young people of age between 18 and 35 years, and also to minors in accordance with their specific needs.

The main sub-programs are:

- Sub-program “Youth in Action”
  1. Topic “Youth Zone”
  2. Topic “Youth initiatives for social involvement and healthy life styles”
- Sub-program “Informal education”
  Topic “Education through sport”
  Topic “Young creators today”
  Topic “Motivation for Employment”
  Topic “Citizen Education”
- Sub-program “Analysis and good practices”

1.2.13 Suicide prevention

Suicide mortality of the young people of age between 15 and 35 years (according to the criteria of the European Union) in 2000 in our country was 9.5 per 100,000 of the population. There is an increase of this indicator. Worrying is the trend of increase in suicide mortality in adolescents (15-19 years).

Suicide attempts not leading to death are many times more in number. About half of the registered para-suicidal persons (47%) are in young age. Attention should be paid in this context also to the fact that 165 children of age up to 14 years have made a suicide attempt, that is, every two days one child makes such an attempt.

The measures for suicides prevention in children are a part of the activities under the program “Prevention of suicides in Bulgaria”. Regional programs are operational in this regard and they are aimed at mental health promotion and prevention of suicidal behavior also in the higher-risk populations, which include students and adolescents with mental distortions. Health knowledge is disseminated among students. A data base of the registration of suicide actions has been established and is maintained; it includes suicide attempt and suicide death in all parts of the country, and is supported by the required documents.


2.1 Establishing conditions for reduction of child mortality.
2.2 Raising the quality of birth-giving and neonate care by means of: prevention of premature births by providing better services to pregnant women, ensuring high-quality care for prematurely born neonates on the basis of the
established standard, improvement of the qualification of the medical staff and modern health education of mothers-to-be.

2.3 Development of educational programs for healthy raising and nutrition of the neonates; increasing the mothers’ awareness of the healthy nutrition rules for neonates and young children, including promotion of exclusive breastfeeding in the first 6 months of life.

2.4 Development and implementation of educational programs for reduction of mother mortality and improvement of the population’s reproductive health; full coverage of all pregnant women with tests for genetic diseases initially in the larger cities, by means of establishing and strengthening of regional medical genetics centers.

2.5 Limiting the morbidity, mortality and disabilities stemming from socially significant diseases such as inherited diseases, obesity, hypertension, diabetes, blindness, deafness etc. by means of development and implementation of health programs for modern health education of children and parents, teachers and society, providing knowledge and formation of beliefs, skills and attitude of active attention to health, choice of healthy style of living, early diagnosing and treatment, as a part of the set of prevention and promotion measures for putting chronic non-infectious diseases under control.

2.6 Reduction of the health risk factors for people is disadvantaged position; introduction of new diagnostic genetic programs for the Roma population; expanding the network of daycare centers for rehabilitation and treatment of children with disabilities.

2.7 Improvement of the mental health of children by means of development of a suitable nation-wide network of child psychological and psychiatric units, where the social workers can refer the cases of children in need of such support and their families.

2.8 Improvement of the qualification of the general practitioners in the matters of child health; expansion and improvement of diagnostic activity; monitoring and treatment of children in the first 6 years of life by pediatricians, whenever possible; dispensary monitoring and treatment of children with chronic diseases exclusively by specialized pediatricians or specialists in the particular disease.

2.9 Adoption and application of standards for child diseases; payment by the NHIF for in-hospital stay of children in accordance with the principle of diagnostic related groups, in order to ensure real funding and sufficient resources for fulfillment of the standards.

2.10 Increasing the coverage with immunizations.

2.11 Expanded application of programs for prevention and treatment of the persons dependant on narcotic substances, prevention of drugs use in alcohol and cigarettes smoking by children; wide distribution and comprehensiveness of the National Strategy for Fighting Drugs; a second target group to be included in the prevention programs consisting of teachers, parents and the public.

2.12 The strategic objectives set out in the national health strategy “Better health for better future of Bulgaria” to be brought in line with a number of other strategies relating to health and social policy; setting up specialized standalone fund
for rapid response in case of occurrence of epidemics and epidemiological burst outs.

2.13 Development of programs for monitoring and evaluation of suicide prevention.

CHAPTER II
Priority 2: Providing good quality education

1. The actual situation in Bulgaria
   1.1. Legal framework

   - Constitution of the Republic of Bulgaria;
   - Public Literacy Act of 1991 – latest amendments and supplements of April 2005; Rules for the Application of the Public Literacy Act;
   - Act on the level of education, comprehensive education minimum and study syllabus
   - Vocational Education and Training Act;
   - Act on the Integration of Persons with Disabilities /in force since 01.01.2005 / Rules for the Application of the Act – in force from 01.01.2005, latest amendments and supplements of April 2005
   - National Program for development of physical training and sports in the Republic of Bulgaria over the period 1997 - 2000 ;
   - National strategy for development of physical training and sports in the Republic of Bulgaria over the period 2003 -2004, adopted by Decision No. 235 of the Council of Ministers dated 11 April 2003. The strategy sets out the government's major priorities in line with the political, economic and social changes in the society, and it is also compliant with the main documents of the EU, UNESCO, IOC and other international institutions in this field;
   - National Program for development of physical training and sport in the Republic of Bulgaria 2003 -2004, adopted by Decision No. 234 of the Council of Ministers dated 11 April 2003. It sets out priority tasks, which outline the main directions and the coverage of the activities in the different
areas: physical upbringing and sport for all; physical upbringing and sport for persons with permanent disabilities and in disadvantaged social position; physical upbringing and sport in schools; child-adolescent sports;

- National strategy and National Program for development of physical training and sport in the Republic of Bulgaria over the period 2005-2006;
- Strategy for development of the high-school education system in the Republic of Bulgaria;
- Strategy for educational integration of children and students of the ethnic minorities;
- National strategy for lifelong vocational training over the period 2005 – 2010;
- National Plan for integration of children with specific educational needs and/or with chronic diseases in the public literacy system;
- Strategy for equal opportunities for persons with disabilities - adopted by Decision of the Council of Ministers in June 2003;
- Strategy for the educational integration of children and students of the ethnic minorities - 2004, based on:
  - The International package for civil and political rights.
  - The International Convention for Eliminating All Forms of racial discrimination.
  - Convention for fighting discrimination in education.
  - Framework Convention for Protection of the National Minorities.
  - The Declaration on the Rights of Persons belonging to national or ethnic, religious and language minorities;
- Law on Protection against Discrimination;
- The Governance Program of the Bulgarian Government “The people are the wealth of Bulgaria”;
- The Framework Program for Equal Integration of the Roma in the Bulgarian society;
- The world program of UNESCO and UN “Education for All”;
- The objectives and tasks of the “Decade of the Roma Inclusion: 2005-2015”;
- World Bank project “Upgrading Education”;

The legal framework has been enriched with the National Program for development of preschool preparation and school education, which was adopted by the national Assembly; this program foresees drafting of a new Public Literacy Act, Rules for Public Literacy and upgrading some major statutory acts on education.

The National program for development of preschool preparation and school education suggests a change in the education structure.
The education structure includes the following:

- Preschool preparation for children of age from 3 to 6/7 years. Attending kindergarten is voluntary. Attending the preparatory group one year prior to enrolment in school is mandatory.
- School education.
- Tertiary education.

1.2. Data about Bulgaria

1.2.1 Structure of the education system

Education in Bulgaria is compulsory up to age of 16 years. The structure of the education system includes the following levels:

- **Preschool education** – Preschool education (ISCED’97, level 0) includes children of age from 3 to 6/7 years. Attending kindergartens is optional. Beside the state-owned kindergartens sector, which is the largest (over 95%); there is also the private sector, which is not substantial yet, but is growing.
- **School education** (primary and secondary):
  - Primary education in Bulgaria (from 1 to 8 grade ISCED’97 level 2A) includes: elementary school (from 1 to 4 grade) and junior-high training (from 5 to 8 grade). It may be obtained in state owned, municipal or private schools. Within this same education level further vocational qualification may be obtained under vocational-technical programs after completion of 6, 7 or 8 grade. In case of successful completion of 4 grade a Certificate of Elementary Education is issued. A Certificate of Primary Education is issued after successful completion of 9 grade.
  - The secondary education (ISCED’97 level 3A) may be divided into comprehensive secondary (with general comprehensive educational and specialized schools), and vocational.

The comprehensive secondary education is obtained in comprehensive schools (a study process of 3, 4 years) and specialized schools (study process of 4, 5 years). The students may be enrolled in specialized schools after graduating either from 7 or 8 grade, after passing admission exams that correspond to the specialized profile of the respective school (Bulgarian language and literature, mathematics, humanities, etc.).

Secondary education may be obtained also in technical high schools, after having graduated from 8 grade and 4 years training, or after having graduated from 7 grade and 5 years training. It is provided also by vocational technical schools, which offer three-year education curriculum.

Educational curricula for vocational technical schools (ISCED’ 97 level 3C) are offered after completion of primary education, and their duration is 2 years. The obtained vocational qualification gives access to the labor market.

Comprehensive secondary education (in the upper grades) is provided by:

- Comprehensive high schools (CHS), which include: elementary school level – from 1 to 4 years; junior high school level – from 5 to 8 years and secondary school level – from 9 to 11 years.

[7See.: http://www.minedu.gov.bg/info/struktura_obrazovanie.html]
Specialized schools with intensive teaching of foreign languages (language schools); admission to such schools is after completion of 7th grade on the basis of a competition. Such schools cover a period of 8 to 12 (13) years.

Specialized high-schools – the admission is after completion of 8th year (these are science schools for and/or mathematics schools, humanities schools, sports schools, art schools, etc.) They cover a period of 9 to 12 (13) years.

Specific education: there exists a network of schools – boarding schools, which are completely supported financially by the state; they are for children with physical and mental disabilities. The priorities in this field are mainly: preparation of a statutory framework for financial support, development of alternative forms of education, a system for general school preparation for these children with special needs to be accepted by the others and for their socialization, development of programs for integrated forms of education, individual training, etc.

Secondary education in the higher grades, but not as a next higher level (ISCED’97 level 4B) is obtained mostly within the high-school education system. Educational programs of duration of 2 years are carried out both in state owned and private schools. The state owned schools offer business training, as well as training in the field of the third sector, banking, accounting and financial services, industry, agriculture, electronics, transport. As far as the curricula in private schools are concerned, they are targeted mostly the services, tourism and banking. The qualification obtained in them ultimately enables the graduate to exercise his/her profession; however he/she is not in position to continue his/her education in a tertiary school.

Tertiary education – Colleges offer the opportunity of obtaining non-university education (ISCED’97 level 5B). College graduates obtain the qualification and education degree of “a specialist in ...”, which allows them to exercise their profession. Alternatively they may continue their education in a tertiary education establishment on the basis of the qualification they have obtained in the secondary school.

Tertiary education of university type may be obtained in the universities and in the specialized higher schools – academies and institutes. It includes the following degrees: Bachelor, Master, and Doctor.

1.2.2 Access to education

Attendance of schools is strongly affected by complex factors such as place of residence, household income, family type, parents' education and ethnic origin. A number of surveys in the recent years have shown that the education system in Bulgaria is undergoing a crisis. As the data shown in Table 4 shows, the network of schools is being diminished (mostly due to the decrease in the number of students). This trend is particularly strongly manifested in elementary schools (the number of schools from 1st to 4th grade has decreased by 20%) and affects primarily children living in small settlements.

---

Table 4

<table>
<thead>
<tr>
<th>Number of schools for all educational levels/grades</th>
<th>2000-2001</th>
<th>2001-2002</th>
<th>2002-2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools</td>
<td>3,497</td>
<td>3,454</td>
<td>3,356</td>
</tr>
<tr>
<td>Students</td>
<td>1,074</td>
<td>1,046</td>
<td>1,043</td>
</tr>
<tr>
<td></td>
<td>946</td>
<td>477</td>
<td>432</td>
</tr>
</tbody>
</table>

Source: NSI

The percentage of students covered is an indicator of the education system condition. In the 1995-1996 school year the percentage of school coverage of children in the age group between 7 and 14 years was 97.9%, while in the period 1995-1999 this indicator's value was steadily decreasing reaching 97.1% in the 1999-2000 school year. The percentage of coverage of the age group between 5 and 14 years in preschool establishments and elementary schools in 1999 was 93.8%. This is due to the smaller extent of coverage of children of age 5 and 6 years. The number of preschool establishments, as well as the student vacancies in these establishments, decreased in the 1990s, and especially so in the villages.

There exist data showing reduction of educational performance, particularly among the poor and the people of ethnic minorities. Information is available that the children in certain Roma suburbs and neighborhoods do not attend school at all. The Turkish minority is affected by similar problems, too. According to data of the National Statistical Institute about coverage by school broken down into regions, this indicator for the initial stage of elementary education in Kardzhali region – this is an area of considerable concentration of ethnic Turks, amounts to 76%. This indicator is considerably smaller at national level, where the coverage is 95.5%. The data from the survey of households in 1997 and 2001 shows that while generally for the country the coverage in primary education shows a slight increase, the levels of coverage of poor children have dropped by ten percentage points, namely from 84% in 1997 down to 74% in 2001 (Figure 2).

Varying reasons may be stated for such reduced school attendance, which has affected the school coverage indicator in the different levels of school education. According to data of the Ministry of Education and Science every year approximately 45,000 children drop out from school. (The school-drops-outs problem is presented in detail further below under 3.2.5). This is quite a worrying trend, and there are three major reasons for it: poverty, outdated study curricula and

---

family problems. It is a commonly known fact that parents are pressed to find some additional means to pay-up the costs for school education of their children, and in most cases such means are money contribution for maintenance of the school buildings apart from the costs for transportation, food in the school canteen, textbooks and clothes. This exerts a direct effect on school attendance of children coming from poor households.

Primary education, percentage of coverage, 1997 and 2001

![Primary education, percentage of coverage, 1997 and 2001](image)

Source: ИПДБ 2001

As a result of the extremely low birth rate in the reported period, the trend of reduction of the number of students in preschool, elementary and secondary education levels persists.

According to the estimates prepared by the National Statistical Institute (NSI) over the period 1999-2005 year, it is expected for 2005 the number of population in the age groups 5-14 and 15-24 years to reduce by 237 000 (24.7%) and 127 000 (10.7%) respectively, compared to 1999. This means that in the coming seven years the number of children in the age interval 5-14 years will be consequentially decreasing by 39 500 per year. It is expected that compared to the twenty nine countries members of the OECD, in 2005 Bulgaria will have the smallest relative portion (9.2% only) of the population in the age group from 5 to 14 years.

1.2.3 Education of the Roma children

The Constitution of the Republic of Bulgaria prohibits any restrictions whatsoever of rights, or any privileges, based on race, citizenship, gender, ethnic or social origin, religion and social standing. A Framework Program for Equal Integration of the Roam in the Bulgarian society was adopted by virtue of the agreement signed by 75 Roma organizations and a representative of the government on 7 April 1999 and was endorsed by a Decision of the Council of Ministers dated 22 April 1999; This Framework Program is the foundation of ensuring for the Roma children equal opportunities in all sectors, including education. Regretfully the
measures for the implementation of this Framework Program have not been efficient so far.

The low education level is only a partial explanation of the unequal position of the Roma minority in the Bulgarian society, and other factors pointed out include the non-efficient methods of teaching the children of the minority groups, widely spread negative attitudes to certain minorities and the failure to take into consideration their ethnic and cultural specificities.

A problem related to the above (which is at the same time also a consequence of it) is the high drop-out rate in Bulgarian schools. The Roma children constitute a considerable portion of the drop-outs; however it is not known how many of them continue their education in other forms of training. According to expert evaluations for the period 1990 – 2000 year almost 120 000 Roma children either dropped out from schools, or never started school at all (see also 3.2.5 regarding schools drop-outs).

The problem with the “Gypsy”, or segregated schools is significant, too. These schools have occurred from the formation of large consolidated Roma suburbs in some large and medium-size cities in Bulgaria. Given the ethnic composition of these suburbs, the schools in them are attended exclusively by Roma children. The quality of education and the studying conditions in these schools are considerably worse than the average.

According to the available data not more than 10% of the Roma children graduate from 8th grade. The average duration of these children’s education in school is up to 4th – 5th grade, however given the study process specificities and the structure of the schools they commonly attend, it may be said that their actual education level corresponds to 2nd – 3rd grade. A very small part of the Roma children pass into the further education levels and graduate from high-schools. Less than 1% of them continue in tertiary education.10

The traditionally used methods and indicators for defining the education structure (the number of completed grades or years of school education) are not sufficiently reliable, therefore a specialized study needs to be carried out to establish the actual education level of this population, which often is limited to basic algebra skills.

If the reviewed trends relating to the access to education for the Roma community remain in place for another 10 years, it is highly probable after this period somewhere between 30% and 40% of the members of this community to be illiterate; in such a situation this ethnic group will be responsible for 5 or more points of the illiteracy growth among the youth population as a whole.11

The national report on the measures taken on the basis of the resolutions of the Summit for Children states as particularly successful two projects targeted to the Roma children, who are school drop-outs. These projects are: “Back in school” – a joint project of the MES and the Foundation International Center on the Issues of Minorities and Cultural Interactions, and the project “Schools for all” being

11 Ibid.
implemented under the PHARE program. The Bulgarian national UNICEF Committee also provided support to a project for improving the awareness of the right of all children to education and educating the teachers, social workers, parents and children with the Convention on the Rights of the Child. The Open Society Foundation, Sofia provided funding to a current monitoring project in Bulgaria, under which large volume of documents has been collected about the number and location of the Roma schools in Bulgaria.\textsuperscript{12} The scientific research activity is aimed at setting up a database of the Roma schools in Bulgaria by regions, and monitoring of the trends in the schools, where the children from the Roma community are between 30\% and 50\% of the students, as well as determining on the basis of the qualitative and quantitative data the particular preconditions that may facilitate the development of a framework for education integration of the Roma community.\textsuperscript{13}

In September 2003 an Action Plan for the implementation of the Framework Program was adopted, for which budget support is ensured to a certain extent. The Action Plan includes a set of short-term measures in the field of the anti-discrimination policy, education policy, policy on culture, housing policy, employment and social protection. After the publication of the 2002 Regular Report the situation of the Roma minority has not experienced any substantial improvement. In general the Roma face severe living conditions, unequal social standing and quite high level of unemployment rates. The health status of the Roma is considerably worse compared to the majority of the country's population. It is due to poverty and poor hygiene conditions, as well as to poorly developed basic infrastructure in the Roma neighborhoods. The Roma children are a separate risk group in terms of health, and the mortality rate in this group is about 6 times higher than the average in the country.

Since the school dropout rate is the highest with the Roma children, the level of education in the Roma community is extremely low. Many Roma continue living in isolated suburbs, where the schools they attend are located, and thus they are rarely in contact with non-Roma. The statutory regulations regarding the above-mentioned aspects contain clear-cut anti-discrimination provisions (Law on Protection against Discrimination, in force since 01.01.2004r). There is no equal footing in ensuring access to the measures and activities stipulated by the Employment Encouragement Act and in providing social services pursuant to the Social Assistance Act and the Rules for its application.

In the period 2002 – 2003 certain progress was made, mostly in the field of education and healthcare. In 2003 a number of pilot projects were initiated in the Roma schools, which are aimed at integration of the Roma children into society. In 2002 the Ministry of Education and Science issued a new Ordinance on the Education of children with specific educational needs and/or chronic diseases. This Ordinance foresees stricter criteria for the allocation of children in the specialized schools and represents an attempt to discontinue the practice of uncontrolled admission of normally developed children in such schools due to grounds of social nature. In September 2002 new “Guidelines for the integration of children and students of the minority groups” were published; these Guidelines set out the

\textsuperscript{12} See: http://www.osi.hu/esp/rei/research.html
\textsuperscript{13} See: http://romaschools.osf.bg/en/objectives.html
strategy for integration by means of education. The main components of the strategy are integration, preservation of the Roma culture and facilitating the socialization of the young people of the different ethnic minorities. The amendments to the Public Literacy Act adopted in September 2002 introduced mandatory free-of-charge preschool preparation for children. This preparation is supposed to facilitate the integration of the Roma children in the overall education system.

In the beginning of February 2005 in Sofia the international initiative "Decade of the Roma inclusion" – 2005 – 2015 was launched; its objective is to improve the conditions for education, healthcare, employment and life of the Roma. The project is supported by eight European governments and the international community. The European standards regarding the four areas, which are the priority for the next decade, are being applied in all the 46 countries – members of the Council of Europe.

The Strategy for the Educational Integration of Children and Students of the Ethnic Minorities is accompanied by the first five-year National Action Plan, which was developed and approved by the Minister of Education and Science in June 2005; this National Action Plan foresees concrete activities, persons in charge, required financial means, and estimated results.

In fulfillment of these two strategic documents the regional education inspectorates jointly with the municipalities and local non-governmental organizations have developed for the 2005/2006 school year one-year plans for the educational integration of children of the ethnic minorities. These plans set out concrete activities in this field, which are in compliance with the individual specificities of the different municipalities. The implementation of these one-year plans will make it possible to really ensure better conditions at local level for education of the children of the vulnerable groups by means of optimization of the schools network and preparation and organization of schools desegregation in the detached Roma living areas.

With a view to attracting sufficient financial means for the implementation of the Strategy the MES initiated, and the Council of Ministers by Decree No. 4 of 11.01.2005 established a Center for Educational Integration of Children and Students of Ethnic Minorities; this Center is a secondary budget-loans user under the Minister of Education and Science. After the Statute for the Structure and Operation of the Center in 2006 year and the recruitment of staff this entity started its operation.

Until the 2004/2005 school year the MES used to provide free textbooks and study aids for all children subject of compulsory education in the preparatory groups in kindergartens, the preparatory grade and first grade; starting from 2005/2006 school year free textbooks are provided also to all students in the second, third and fourth grade. All children in the elementary level of education are given free breakfast and a cup of hot milk.

The MES has completed the required preparation in connection with the nation-wide implementation of the policy for desegregation of kindergartens and schools in the detached Roma living areas.
A profound survey was carried out in order to identify the detached (segregated) kindergartens and schools in the Roma living areas. The regional education inspectorates in cooperation with the municipalities identified the potential receiving kindergartens and schools outside the Roma living areas. Information was collected about the available buildings, study facilities, working rooms, number of students in the receiving kindergartens and schools, and the number of children and students, who need to be integrated in the kindergartens and schools outside the detached Roma living areas.

Desegregation projects are being implemented in Vidin, Montana, Pleven, Sliven, Stara Zagora, Haskovo, Sofia, Plovdiv, Lom, Kyustendil, and Rakitovo. According to NGO data 3,500 students living in the detached Roma living areas have been integrated in comprehensive schools outside these living areas.

According to the Regional Education Inspectorates (REI) in the 2005/2006 school year 43,091 Roma children and students took school preparation and were educated in an integration environment. They were enrolled in 128 kindergartens in preparatory group and in 642 schools of various types. In 486 of these schools their percentage varies from 1% to 50%, while in the rest it is between 1% and 90%.

In 2003 the MES took the required steps for introducing the position of a “teacher assistant” in the preparatory group, preparatory grade and first grade in kindergartens and schools. Starting from the 2003/2004 school year teacher assistants are appointed in the municipal schools, which integrate Roma children. In the 2005/2006 school year 106 teacher assistants were helping for the educational integration of the Roma children in comprehensive schools.

The introduced Optional Subject “Folklore of ethnic groups – Roma folklore” not only offers the students an opportunity to get acquainted with the culture of the different ethnic groups and the Roma in particular, but also plays a positive role for keeping the Roma children in school. In 2005/2006 school year 5,000 students in 172 schools in the country studied the Optional Subject “Folklore of ethnic groups – Roma folklore”.

Continuous optimization of the schools network is underway and free transport is provided for the students, who study in area-central schools. In the 2005/2006 school year the municipalities were given 219 buses for ensuring free transport for the students from small settlements to go to the area-central schools.

Further qualification training is conducted for the persons working at different levels for the educational integration of children and students of the ethnic minorities. Until 2006 150 teacher assistants completed training in tertiary schools under PHARE projects, 360 elementary-school teachers completed training in working in a multi-ethnic environment under PHARE projects, 220 teachers completed
training in teaching “Folklore of ethnic groups – Roma folklore” in this Optional Subject.

1.2.4 Education of girls

There is no evidence of girls lagging-behind in terms of their coverage in the education system, school attendance rate and completion of education in regular schools.

On the basis of the published studies and references regarding the Roma community, however, the conclusion can be made that the traditional obligations in the households and the early marriage age are a serious impediment to the girls’ opportunities of this community to receive education. This model is illustrated by a qualitative survey conducted in 831 households in 8 Roma neighborhoods\(^1\) – the portion of girls attending school is quite small (29% of the girls have either never gone to school, or have dropped out prior to the completion of 4th grade) compared to only 11% of the boys). Further on, girls less often continue their education after completion of an initial level in education.

1.2.5 School drop-outs

The policy of limiting the number of children not covered by the education system and the school dropouts includes a wide range of measures, which are aimed at curbing the impact of various negative factors causing dropping out of children from school. With a view to the efficient application of these measures a system is being developed for data collection, evaluation, control and analysis of the children in mandatory education age and the movement of students by grades, stages and levels. Alongside with the measures for keeping children in mandatory school-education age also a system of measures will be devised for reintegration of school dropouts, including adaptation of the school curricula, alternative forms of education, opening pilot schools „Second Chance”. A mechanism is planned for daily providing of parents with information about their children’s being late and absent from school, including also by means of ICT and the functionality of the national education portal.

### School dropouts rates

<table>
<thead>
<tr>
<th>School year</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1999</td>
<td>2000</td>
<td>2001</td>
</tr>
<tr>
<td></td>
<td>1 095</td>
<td>747</td>
<td>1 046</td>
</tr>
<tr>
<td>Number of students</td>
<td>1 074</td>
<td>946</td>
<td>1 074</td>
</tr>
<tr>
<td>Number of students</td>
<td>747</td>
<td>946</td>
<td>477</td>
</tr>
</tbody>
</table>

\(^1\) Sofia (Hristo Botev suburb), Doganovo, Sliven, (2 urban communities), Gorno Alexandrovo, Topolchane, Sotirya and Kardzhali.
According to the summarized MES information about the 2002/2003 school year the number of the school dropouts is as follows:
- elementary school 5,506 students
- junior high school 5,480 students
- secondary education /9-12 grade/ 3,568 students

**Total: 14,554 students**

The main reasons for the increasing number of the school drop-outs include: social isolation, economic difficulties, unemployment, family disintegration, alcohol abuse and domestic abuse.

A/ social economic reasons:
- **poor interaction** and allocation of the responsibilities for children’s attending school among the school, family and society;
- some of the parents are indifferent to their own children’s’ education and development;
- **unfavorable family environment** for children of divorced parents and families in dire social economic situation may make the child feels uncomfortable and ashamed because he/she has no money for study aids, clothes and shoes;
- the change in the labor market and economic situation generates dynamic migration processes. Parents change jobs frequently and the children of families, which change their place of residence, fall within the risk group of children at risk of dropping out because of the discomfort they go through during the inevitable adaptation period in the new school;
- **social isolation**, which preconditions the occurrence of a language barrier when Roma children start the first grade in school; this barrier becomes a strong factor for multiple repetitions of one and the same grade and results in dropping out from school;
- **attracting the children** to work in a family or household business;

B/ health reasons:
- some students drop out from school due to problems in their physical and mental development, and alongside with that also there are no adequate and timely services and study curricula for them to enable them to take part in the study process in varying forms;
- due to health related reasons, which do not allow them to study in the common form of going to school on a daily basis;

C/ pedagogy related reasons:
- some students are not interested in the learning process and have no motivation to participate in the education and upbringing activities;
- some students are exposed to the potential risk of dropping out due to the fact that they do not see any opportunities for having a job and do not think that education will help them in the process of their realization in society;
- the different schools do not make an objective evaluation of the factors which affect the learning motivation and demotivation, namely the family environment, extent of knowledge of Bulgarian language, study content, study curricula, method of teaching, individual capacity of the students, the relations among students and the relations between students and teachers; The Ministry of Education and Science carries out various activities, which are aimed at covering and keeping in school the children, who are subject of mandatory education:
  ▪ introduction of mandatory enrolment of children in a preparatory kindergarten;
  ▪ preparatory grade /prior to first grade/ with intensive studying of Bulgarian language for children, who do not know Bulgarian language in order to overcome the language barrier;
  ▪ development of programs for education of children at higher age, who have not been covered by the school system so far;
  ▪ training of teachers in working with children who are drop-outs from the education system;
  ▪ free of charge forms of education for children in socially disadvantaged position in the Centers for Working with Children – computer operation, sports, fine-art activities;
  ▪ participation in the National Program “The Children of Bulgaria” with concrete commitments and responsibilities within set deadlines;
  ▪ Development of a strategy for integration of children and students of the ethnic minorities by means of education, and adoption of a three-year plan for implementation of such a strategy;
  ▪ introduction of a National Program for Children Health Protection.

Over 50% of all school dropouts come from the Roma ethnic group. Dissatisfaction, mistrust and pessimism regarding schools and education are manifested in the behavior models in the Roma population respectively.**15** Further on, also there is an increase in the number of Roma children, who either have never been in school, or start school later than their peers.

According to teachers and experts one third of the children, who start school, drop out prior to their completion of third grade, another one third drop out between the completion of the 3rd and 4th grade, and about one fifth drop out prior to completion of the 7th grade. A total of about 80% of the students drop out between 1st and 7th grade. Given these data it may be concluded that average annual dropout rate between 1st and 7th grade is about 10-12%.

The statements made by parents interviewed prior to the beginning of the 2000-2001 school year lead to the conclusion that about one fourth of the children of age between 7 and 16 years will not attend school.**16**

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16 Ibid.
There are also other reasons for the schools’ not playing a substantial role as an integration factor: a large number of the Roma children have a poor knowledge of Bulgarian language and have no motivation to study it. This is understandable given the fact that hardly 14% of the Roma speak Bulgarian language at home. According to some surveys between 70 and 90% of the Roma children start their education in the 1st grade with quite limited vocabulary of Bulgarian language. Until their dropping out between 3rd and 5th grade they do not manage to acquire the average vocabulary volume that the Bulgarian children have, and to still lesser extent they master the skill to use the Bulgarian literature language.17

1.2.6 Organization of specialized education

Articles 21 and 27 of the Public Literacy Act (State Gazette No. 90 of 2002) stipulate integrated education of children with specific educational needs, as well as the right to a choice – when the parents express such desire and all options for integrated education have been exhausted, then the children have to be enrolled in specialized kindergartens and schools for children with specific educational needs and/or chronic diseases.

The Ministry of Education and Science has the Department “Integration of children with specific educational needs”; this Department is an administrative structure, which is in charge of education of children with specific educational needs and/or chronic diseases, with deviant behavior and children deprived of parental care.

The Rules for the Application of the Public Literacy Act specify the types of specialized schools.18 According to the data gathered by the SACP, the number of specialized institutions for children (homes for raising and upbringing children deprived of parental care), the number of specialized schools, as well as the number of children placed in the institutions and schools run by the Ministry of Education and Science /Table 6/, is as follows:

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17 Ibid.
18 See the Rules for the Application of the Public Literacy Act, Article 66, paragraph 1, State Gazette No. 68 of 1999, amendments in the SG No. 99 of 2003
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Home for raising and upbringing children deprived of parent care (HRUCDP)</td>
<td>102</td>
<td>6 920</td>
<td>102</td>
<td>6 151</td>
<td>101 Including 99 MES schools and 2 municipal schools</td>
<td>5 840</td>
<td>99</td>
<td>5 527</td>
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<td>5 286</td>
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<td>Social pedagogic boarding house (SPBh)</td>
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<td>1 988</td>
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<td>1 678</td>
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<td>Correctional school - boarding house (CSBH)</td>
<td>7</td>
<td>384</td>
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<td>348</td>
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<td>330</td>
<td>6</td>
<td>328</td>
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<tr>
<td>Auxiliary school (AS)</td>
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<td>9 694 /total/</td>
<td>72 AS + 4 comprehensive schools with auxiliary classes</td>
<td>9 529 /total/</td>
<td>73 AS + 4 comprehensive schools with auxiliary classes</td>
<td>9 323 /total/</td>
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<td>8 544 /total/</td>
<td>73+2 classes in comprehensive schools</td>
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<td>School at the Home for Boys and Girls (kindergarten and primary school in Loukovit city)</td>
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Note: In 2003 5 Sanatorium schools were transformed into 4 Hospital Schools and 1 Health-improvement school.
In 2004 1 HRUCDPC was closed down.

In 2006 15 HRUCDPC and 24 specialized schools were closed down.

Institutions with the MES system

A. Pursuant to the Child Protection Act:
- **Home for raising and upbringing children deprived of parental care (HRUCDPC)** – Such homes operate as units within the National Education System, and perform the social function for raising and education of children of age 2.5-18 years, who are deprived of parental care.
  
  The types of HRUCDPCs are:
  
  - Homes for children in preschool age – 2.5-7 years;
  - Homes for children from 1st to 12th grade;

  The homes for children are opened in settlements where conditions are in place for raising, education and optimum integration in society of the children.

  The content of the upbringing activities is elaborated in an education curriculum taking into consideration the age profile of children. The objective and goals of the learning process, the forms and methods of the mandatory and optional activities for each child are outlined in the curriculum. Each curriculum is designed for a period of one year and is approved by the pedagogy council. The upbringing activities are organized in three different forms: in groups, individual or team activities.

- **Specialized schools** - Children, who need special care, assistance and protection by the government and society, are educated in specialized schools. The study curricula for these schools are approved by the Minister of Education and Science and take into account the health status or the social position of the students. The following students study in such schools:
  
  - **Students with chronic diseases** – the selection, referral, enrolment and education of children with chronic diseases are carried out in compliance with the state educational requirements to education of children with chronic diseases. The schools are of the following types:
    - **Health-improvement school** – these schools are boarding houses and take care of students from the 1st to 12th grade. The education and health-improvement activities are designed only for students suffering from respiratory and cardio-vascular diseases and diseases of the digestion, bone, muscular, endocrine systems and metabolism problems.
    - **Sanatorium school** – these schools are designed for students from 1st to 8th grade and are organized as sanatoria.
    - **Hospital school** – these are organized at hospitals and train students from 1st to 12th grade, whose stay in the hospital is not less than 30 days.
With sense-related disabilities:
✓ School for children with vision distortions — schools of boarding-house type for students from 1st to 12th grade with sight distortions.
✓ School for children with hearing problems — schools of boarding-house type for students from 1st to 12th grade, who have impaired hearing.

With speech and talk difficulties:
✓ Logopedic school — these schools are of boarding-house type, too, and educate students from 1st to 12th grade. Logopedic studies can be opened in them for diagnostic, correctional and study activities aimed at the speech and talk development of children in preschool age and students from 1st to 12th grade.

Mentally retarded children:
✓ Relief school — these schools teach students from 1st to 8th grade, who have mental retardation. Such schools are either of semi-boarding-house type, or of boarding-house type and they can conduct also vocational training.

B. Pursuant to the Act for Curbing Antisocial Behavior of Juveniles and Minors:

- Correctional schools — boarding-houses (CSBH)

These are state-owned schools for juveniles of age up to 14 years and minors of age from 14 to 18 years, who have committed anti-social acts.

Students placed in care at a correctional school-boarding-house live at a hostel at the school. During their stay they are provided with food, clothes, medicinal preparations, textbooks and study aids.

The correctional schools-boarding-houses offer opportunities for completion of primary or secondary education, as well as for obtaining vocational qualification. The study activities are conducted in compliance with a standard study curriculum for the correctional schools-boarding-houses and a standard study curriculum for a correctional school-boarding-house for children with a slight mental retardation; such curricula are approved by the Minister of Education and Science. The organization of the learning process and obtaining vocational qualification is carried out pursuant to the Public Literacy Act, the Rules for the Application of the Public Literacy Act, the Act on Education Level, Comprehensive Education Minimum and Study Syllabus, and the Vocational Education and Training Act. Vocational qualification training is organized in compliance with study syllabuses for vocational education or vocational training, which are adjusted to the conditions in the correctional schools-boarding-houses.

The allocation and placement of juveniles and minors in the correctional schools-boarding-houses is done by the Ministry of Education and Science.

- Social-pedagogic boarding-house (SPBh)

The Social-pedagogic boarding-houses are state-owned schools for juveniles of age over 7 years and minors, who have no suitable living conditions in
their families or are deprived of parental care and supervision, and have committed or preconditions are in place for them to commit antisocial acts.

The social-pedagogic boarding-houses, besides creating prerequisites for completion of primary education and obtaining vocational qualification, conduct both individual and group social-prevention and correctional-upbringing activities in order to overcome the impact of the risk factors in students' development.

Placing students in a social-pedagogic boarding-house is done by virtue of a Decision passed by the local-level committees for fighting antisocial behavior of juveniles and minors, the district courts, and the regional prosecutor's offices.

The social-pedagogic boarding-houses do not admit students only on the grounds of social reasons, financial difficulties in their family, or students with severe chronic diseases, severe mental and behavior distortions (schizophrenia, frequent epilepsy fits), which are a contraindication for placing them at a social-pedagogic boarding-house.

1.2.7 Integrated education in Bulgaria

Integrated education in Bulgaria is stipulated by the Public Literacy Act, The Rules for the application of the Public Literacy Act, Act on the Level of Education, Comprehensive Education Minimum and Study Curriculum, and Law on Vocational Education and Training, National Plan for integration of children with specific educational needs in the public literacy system, Act on the Integration of Persons with Disabilities.

The comprehensive and vocational schools set up a supportive environment – physical accessibility, resource teachers and other specialists, individual-oriented programs for children with specific educational needs.

In 2006 the Law on Amendments and Supplements to the PLA was adopted; it was drafted in fulfillment of the National Program for Development of School Education and Preschool Upbringing and Preparation (2006 – 2015), the National Program for Protection of the Child for 2006, The Concept Paper for Deinstitutionalization of the Specialized Institutions for Children and the Social Institutions for Elderly with Disabilities, the Plan for Reducing the Number of Children in Specialized Institutions in the Republic of Bulgaria in 2003 – 2005, as well as the Program for Implementation of the Decentralization Strategy (2006 – 2009). The above-mentioned drafted is aimed to respond to the recommendations in the monitoring reports and peer reviews with a view to the accession of the Republic of Bulgaria to the European Union (EU), which have to do with the undertaking of urgent measures in the field of social inclusion and anti-discrimination, as well as the need of having the Bulgarian legislation harmonized as of the accession date with Directive 77/486 EEC on the education of children of working migrants.

The above-mention Law on Amendments and Supplements foresees amendments in the following aspects:

- Decentralization of the homes for raising and upbringing of children deprived of parental care, and their transformation from service units within the public literacy system, which provide only institutional care that
detaches the child permanently from the family environment, into specialized institutions for providing social services (Homes for Children) as construed by the Social Assistance Act and the bylaws for its application. The foregoing will allow the local governments for devise and pursue an efficient local policy, which corresponds to the specific situation and meets to the maximum possible extent the needs of the local community, and will further on strengthen their commitment to providing care for children in disadvantaged social position and for children at risk.

- The thus approved Law on Amendments and Supplements to the PLA will fulfill also the commitments undertaken by the Republic of Bulgaria towards the European Union, which are related to the transposing into the Bulgarian legislation of the provisions of Directive 77/486 on the education of the children of working migrants.

- The approved amendments create conditions for faster adaptation and integration in the Bulgarian education system of the students in mandatory school age, whose parents are citizens of European Union Member-states, the European Economic Area or of Switzerland and who work in our country. These children will be able to study free of charge in the Bulgarian schools, study Bulgarian language free of charge, as well as study their mother tongue and the culture of their country of origin.

Integrated education started in the 2004/5 school year.

By virtue of an order of the Minister of Education and Science on 13.09.2006 28 district resource centers were opened to support the integrated education of children with specific educational needs.

<table>
<thead>
<tr>
<th>School year</th>
<th>Number of integrated children</th>
<th>Number of resource teachers</th>
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<tbody>
<tr>
<td>2004/5</td>
<td>717 children and students</td>
<td>129 resource teachers</td>
</tr>
<tr>
<td>2005/6</td>
<td>1 child and 538 students</td>
<td>227 resource teachers</td>
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<tr>
<td>2006/7</td>
<td>3865 children and students</td>
<td>685 resource teachers</td>
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55 other specialists
1.2.8 Quality of teaching and learning in the elementary and secondary schools.

- The National Program for Development of Preschool Preparation and School Education has been adopted; its main objectives are aimed at equal access to education and ensuring education quality.
- Mandatory school preparation for children in preschool age has been introduced; such preparation is carried out one year prior to the children’s entering school and ensures for them an equal chance in the school education process.
- Sociological surveys are conducted regarding the prevention of signing children out from schools for various reasons, including because of starting work. Under a project of the MES and UNICEF measures for prevention of dropping out of children from school are being developed.
- In order to meet everybody’s need the MES is devising a Life-long Learning Strategy.
- Ensuring friendly education environment is guaranteed by means of educational curricula and materials targeted to strengthening and protection of human rights and the value of peace, tolerance and gender equality. These aspects of citizen education are included in the study curricula for 1st through to 12th grade.
- Care for children in younger age and their education by means of providing family friendly services includes provision of free of charge study aids and textbooks for children in the age for mandatory preparatory training and students from 1st to 4th grade.
- The Strategy and National Plan for introduction of Information and Communication Technology are implemented in the school education. Opportunities are ensured for studying ICT as a mandatory optional subject at an early stage, as well as mandatory subject in junior high school and high school. In the early stage IT is used also as a study tool and is integrated in the studying of school subjects comprising the mandatory learning set. By means of setting up computer rooms in each school and the development of state educational requirements to the study content on ICT and study curricula for mandatory optional subjects in 1 – 4 grade and mandatory subjects in 5 – 8 grade the necessary preconditions have been established for expanding the opportunities for applying ICT also for distance learning.
- The new study curricula for the subject of Man and Nature (1 - 6 grade) and Biology and Health Education (7 – 11 grade) include integrated knowledge about the harmful effects of tobacco and alcohol use and detection, curbing and prevention of the traffic and use of narcotic substances and psychotropic substances. The MES, jointly with the Ministry of Health (MH) is developing a project funded by the UN Population Fund (UNFPA) titled „Improvement of the sexual and reproductive health of young people in Bulgaria“. The MES and UNICEF are working upon the project „Development of a School Health Policy”.
• The number of school subjects, in which students will be able to sit for state matriculation exams has been decreased. There will be state matriculation exams for the school subjects, which are studied in all types of schools for several years with a large total number of lessons. And these are also the subject, in which admission exams are to be passed for a large number of the tertiary education establishments. This approach responds to a higher extent to the future challenge of having the state matriculation exams not only the exit test in one education level, but also to be the entry test for tertiary education. Further on, this approach creates conditions also for better equality of the students upon their completion of the high school level of education and comparability of their achievements. Last but not least, the changes are in line with the practice in many of the European Union Member-states.

• In fulfillment of the measures under the National Program for Development of School Education and Preschool Upbringing and Preparation (2006 - 2015) for overall introduction of tests as the major form of the students’ knowledge and skills assessment the legislation provides for testing the capacity of students for their admission to state owned and municipal schools after 7th grade by means of exams, which are conducted in the form of a test. The approved supplements to the Public Literacy Act do not change the conditions and order for admission of students, but establish preconditions for steady relations and consistency in the policy with a view to efficient fulfillment of the National Program adopted by the National Assembly.

Improvement of the teaching and learning quality in the elementary and secondary schools is a major objective of the modernization of the Bulgarian education. The upgrading of the Bulgarian education paradigm is carried out by the introduction of State Educational Requirements to the study contents, a new study plan and study curricula for mandatory preparation and textbook, which are all aimed at improvement of education efficiency. The modernization of the Bulgarian education necessitated a change in the pedagogic interactions and placing the student’s personality in the focus of the education process. By means of integration of the study subjects in the culture educational field opportunities have been created to use universal approaches to comprehension and realization of the information, for expansion of the students’ cognitive scope and for their more successful realization in modern society. Conditions are ensured for studying a first foreign language starting in the earliest school age, by means of including such foreign language in the study plan from the 2nd grade on, and training and qualification of primary school teachers, so that they can teach such a language efficiently.

For improving the teaching quality qualification courses and trainings for the teachers in using and teaching ICT are organized with priority.

For assessment of the education quality at the end an external assessment will be made of the knowledge and skills of the students, who have been educated on the basis of the new study plans and curricula and who complete the initial stage in the 2006/7 school year.
1.2.9 Education efficiency; schools network.

In the context of the need of schools network consolidation and education efficiency, in spite of the larger number of schools and service units, which were closed down in 2006 compared to previous years, still the schools network in Bulgaria may be defined as insufficiently optimized in several aspects.

The total number of schools does not take into account the objective demographic process of considerable decrease in the number of children in school age in the recent years. The maintaining artificially of a relative large number of schools results in lack of cost efficiency and causes a still further delay in the process of investing in upgrading the education quality. On the other hand, in numerous places around the country the types of schools do not mirror the needs of the labor market in the respective region, train specialists in vocations and profiles, which do not ensure an opportunity for them to find realization in society.

For the purpose of implementing an efficient optimization of the schools network the Ministry of Education and Science plans to introduce national criteria for schools network optimization, as well as a delegated budgets system in all schools.

The National Program for Development of School Education and Preschool Upbringing and Preparation (2006 – 2015) foresees that by the end of 2008, depending on the outputs of the pilot projects in the ten municipalities, all schools regardless of whether they are funded by the municipalities or the government, should shift towards delegated budgets; the National Program foresees also introduction of financial incentives for efficient management.

The schools that meet certain qualitative and quantitative characteristics (lack of undersized classes, optimum number of students in a class, optimized staff structure and composition, applying new teaching methods, development of extra-curricular and external school activity, etc.) will receive additional financial incentives.

The Ministry of Education and Science, jointly with other government and non-governmental organization, is working upon upgrading of the subsistence standards per student, for upgrading the standards for determining the number of the teaching staff, the introduction of a system of results-based remuneration to teachers.

1.2.10 Teaching and learning quality in the tertiary education.

- A major policy trend taken on board not only by the Bulgarian government, but also by all European countries, which are parties to the Bologna Process, is the ensuring of equal access to tertiary education and making it available to the public at large;
- In this connection the National Agency for Assessment and Accreditation has been set up as a safeguard for ensuring high quality tertiary education. By means of the institutional and curricula accreditations carried out in all tertiary education establishments in the country, as well as in those, which are presently included in the schedule for accreditation by vocational profiles, each tertiary educational establishment proves its own capacity to conduct good quality
education. At this stage there are tertiary education establishment closed down for reason of proven poor quality either at the institutional level, or at the level of „vocational profile”;

- The accreditation procedures include both internal and external assessment. In all tertiary education establishments internal university quality assurance systems have been set up. The external assessment panels include also international assessors, which a safeguard for independent expert assessment;
- The tertiary education establishments may conduct training and issue tertiary education diplomas only provided that they have an institutional accreditation relevant to their vocational profile(s). In order to conduct training in the regulated professions and for the purpose of giving the education and scientific degree Doctor of Science they are required to have curriculum accreditation.
- The government has undertaken a number of measures for regulating the admission of students in case it is not ensured with an education quality assurance. In this connection tuition fees for education have been eliminated. Currently the number of admitted students with state funding depends on the proven and accredited capacity of each tertiary school;
- All existing state requirements (for admission of students, research fellows and post-graduate specializing students, for obtaining tertiary education in education-qualification levels or levels for the regulated professions) are the major tool and prerequisite for guaranteeing the main quality requirements;
- There is also a clearly manifested trend alongside with particular examples of optimization of the internal university structure making it more consolidated;

1.2.11 Institutions

Pursuant to the Public Literacy Act the government policy for literacy is implemented by the Council of Ministers. The specialized body managing the public literacy system is the Minister of Education and Science.

The state specialized regional bodies for the management of the public literacy system in the different administrative districts are the Regional Ed Inspectorates. Their main functions are to manage and exercise control over the operation of the schools and the study process in their relevant districts.

The Education Departments of the municipal administrations and local government bodies in general are responsible for the management of educational establishments on the territory of the respective municipality.

School headmasters and the teacher councils have the responsibility for the management of the daily activities of a school. In all schools student councils (parliaments) are in place. The capacity of these councils to contribute to the school management depends on the initiative of the students, teachers, the local NGOs and the municipal administration. The studying of the report of the OSCE/UNICEF published in 2001 regarding the survey “Voices of Youth Poll Report” has shown that most of the children do not find it difficult to discuss their problems at school, with the exception of 17%.
1.2.12 Training for upgrading the teachers’ qualification

- Teachers qualification training is carried out by means of the offered forms of continuous formal and non-formal training. A National Strategy on the Qualification of the Teaching Staff is being developed and it is tied up to their career development.
- Similarly to most of the European countries Bulgaria too is in the process of development and application of methods and systems for validation of informal learning.
- Strategies for meeting the education needs for introduction of Information Technology, foreign language skills, working in multicultural environment and others have been developed.
- With a view to raising the level of professionalism and authority of teachers an Ordinance on Teachers’ Career Development is under preparation.
- The currently applicable Ordinance No. 5 of 29. 12. 1996 on the conditions for upgrading the qualification of the teaching staff in the public literacy system and the order for obtaining vocational-qualification levels allows only to the tertiary education establishments, and their departments, to train pedagogic staff. The activities of such departments until 2003 used to be financed by the Ministry of Education and Science, and afterwards the funding was granted by the tertiary schools, which these departments belong to. The National Strategy for Qualification of Teaching Staff will provide the vision for development of qualification in Bulgaria in the trend of continuous formal and validated non-formal education.

1.2.13 Scientific research and teaching work

The tertiary education system is concentrated in universities and tertiary education establishments. In most universities the initial part of education is provided, while research work is common. An assumption that still continues to exist is that there is a differentiation between scientific research and teaching, in terms of the availability of resources for them. There is a strong need of integration of these two activities.

Most of the scientific-research institutes operate within the system of the Bulgarian Academy of Sciences. The scientific research institutes lack sufficient available funds and with very few exceptions they work separately from the tertiary education establishments. Similarly, the three institutes for upgrading the teachers’ qualification, which used to be separate from the tertiary education establishments in the past, while now they operate under the auspices of the universities, also pursue a clear-cut distinction between scientific research and practical work in education – an approach, which not quite common in the other European countries.

1.2.14 Funding

Kindergartens and schools are state owned, municipal or private. The state owned kindergartens and schools are funded from the state budget through the Ministry of Education and Science or other ministries or authorities. The
kindergartens and schools, which receive their funding from municipal budgets, are called “municipal”.

The funds for literacy subsistence and development are determined under the state budget passed by the National Assembly and in the municipalities' budgets. The subsistence amount per child for each year and per student in the state owned and municipal kindergartens and schools and service units respectively is set by the Ministry of Education and Science, in coordination with the Ministry of Finance, in compliance with the state educational requirements to the annual subsistence per child and per student in the state owned and municipal kindergartens, schools and service units. The portion of public expenditures for education compared to the GDP decreased from 5% to approximately 4.4% in the period between 1989 and 1999\(^9\), and to 4.1% in 2002\(^10\).

Substantial opportunities are in place for raising the efficiency of allocation of the funds for the schools at municipal level. Considerable results may be achieved through optimization of the existing inefficient average number of students per class. According to the assessments made about 20% of the total costs may be saved by means of 20-percent increase in the number of students per class. In most cases the difficulties occurring at municipality level are financial in nature – insufficient funds for equipment and furnishing, repairs, heating of school buildings and electric power.

Under the project "Financial Management of Secondary Education" developed by the Ministry of Education and Science and funded under the PHARE Program 100 schools are implementing a policy of decentralized management by means of application of delegated budgets system. In essence a delegated budget means the following: the subsidies from the state and municipal budget are granted to the school according to a special formula based on several criteria, such as number of students, size of the school building and costs for repair and maintenance. The school headmaster has larger freedom and opportunities for flexible management of the funds at his/her discretion. The remaining part of the subsidy or any accrued fund are not sent back to the Ministry of Education and Science or the municipalities, but are used purposefully during the next fiscal year, whereby the subsidy for the respective period is not reduced.

1.2.15 Problems and trends

A characteristic feature of Bulgaria’s education system today is the varying consequences of the considerable reduction of the number of children in education. The children of age between 9 and 14 years comprise only 9.2% of the total population in the country, which is the smallest number for this age group in the countries-members of the Organization for Economic Cooperation and Development (OECD). The trends related to the number of children at the level of preschool education reflect the sharp diminishing in the number of child establishments, decreasing population fertility and transfer of ownership form the

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\(^10\) See www.news.pari.bg/cgi-pari/pari.news.
central to the local administration. The demand for kindergarten services is decreasing as a result of the increased fees, lowered income or limited employment of women. The closing down of a large number performance elementary, primary and secondary schools of all types is the reason for the occurrence of problems with transport and unemployment.

Alongside with the shrinking of the schools network there is also an increasing number of drop-outs and students absent from school, which indicates the existence of social problems, as well as lack of satisfaction of the education quality offered by the schools. These trends are quite strongly manifested among the Roma and children of separated families. There is also data about reduction of the learning outcomes of children, who remain in school until they complete 8th grade.

For children with specific educational needs special education establishments have been set up, however there are contradictory evaluations about them. Integrated education in Bulgaria is stipulated by law, however in practice it is not applied consistently, and this is due mainly to the lack of bylaws and the insufficient level of preparation of the teachers; these are the factors that maintain the trend for placing children in specialized schools even in the cases when this is neither an appropriate, nor a required solution.

In the past Bulgaria used to be known for its education at the worldwide level, however nowadays our country does not have it any longer. The traditionally high standard of teaching in Bulgarian schools has been substituted presently with outdated methodology, which does not allow for active involvement of the students in the learning process and needs to be upgraded in terms of both study syllabuses content and pedagogic approaches, and requires these to be adapted to the new direction of the country’s development, as well as to the needs of the minorities in the country.

The tertiary education system differs from the other levels of education, because in the last decade the number of students in tertiary education establishments doubled owing to the paid and extramural forms of education. However, the tertiary education, which in past also used to a source of pride for the Bulgarian education system, is suffering nowadays due to its obsolete facilities and inadequately upgraded pedagogic approaches.

Alongside with the larger capital investments in the upgrading of the education system and the introduction of delegated budgets, some major impediments persist, such as inefficient and inadequate management skills for the new situation, and most of all, a severe need of modern training level of the teachers.

2. Action Plan aimed at providing good quality education

2.1 Urgent developments regarding the issue of dropping out from school, which affects the children throughout the country and in particular, the Roma children. Establishing opportunities for individual education and vocational training of children, who dropped out form the comprehensive education system, through amendments to the statutory acts of the MES.
2.2 Implementation of the Framework Agreement between the Government and the Roma community for integration of the children in school, thus eliminating the segregation or the so-called “Gypsy schools”. Devising a strategy for communication among the different communities, including children and parents, specialized training for teachers, development performance network for mutual support of children.

2.3 Reform of the study syllabuses mainly regarding the life-skills education for all children in accordance with their age.

2.4 Further elaboration and upgrading of the National Policy for joining children with disabilities to the healthy children in the regular schools.

2.5 Expansion of the support for children in rural communities, minority groups and families at risk in order for them to be enrolled and to complete primary and secondary education.

2.6 Ensuring competitiveness of education both on the Bulgarian and foreign markets by means of devising and application of an efficient system of modern study methods, models and alternative forms of education oriented to practice, in order to bring the labor market and the education system closer to each other.

2.7 Mitigating the financial issues in tertiary education.

2.8 Cooperation between the official bodies and NGOs on matters regarding education, control and financing, respectively; continuous support for the reforms at national and especially at municipal level, including relevant budget provisions equivalent to the standards in the European Union Member-states.

The Youth Program of the European Commission is accessible for the young people of the Republic of Bulgaria, who are of age between 15 and 25 years and includes 5 major activities. The initial cycle of this program is known under the name “The Youth for Europe”, and since 2001 the Ministry of Youth and Sports is the national coordinator of this program for Bulgaria.

CHAPTER 3
Priority 3. Protection against abuse, exploitation and abuse

1. The actual situation in Bulgaria

1.1. Legal framework
- Constitution of the Republic of Bulgaria;
- Labor Code;
- Penal Code;
- Act on amendments and supplements to the Labor Code – in force since 01.08.2004;
- Law on Protection of the Child and the bylaws to it;
- Act on Protection against Domestic Abuse (Promulgated in the State Gazette No. 27 of 2005);
- Law on Protection against Discrimination – in force since 01.01.2004;
- Aliens in the Republic of Bulgaria Act;
- Law on Asylum and Refugees;
- Act on Fighting Trafficking of Human Beings – in force since 20.05.2003;
- Law on Ratification of the 1980 Hague Convention for the Civilian Aspects of International kidnapping;
- Ordinance No. 1 /07.03.2005 on the operation of the Central Body as per the Hague Convention for the Civilian Aspects of International kidnapping and European Convention for Recognition and Enforcement of Rulings on Parental Rights and Reinstating of the Exercising of Parental Rights;
- National Action Plan for restricting the most severe forms of child labor;
- National strategy for prevention and curbing antisocial behavior and offences of juveniles and minors and National Action Plan 2003 – 2006;
- National strategy for Fighting Crime;
- Ordinance No. 1-51 of 12.03.2001 on the conditions and order for providing police protection of the child, amended in State Gazette No. 92/17.10.2003;
- Ordinance on the conditions and order for carrying out measures for prevention of child abandonment and their placing in institutions, as well as for their reintegration; adopted by Decree of the Council of Ministers No. 181 of 11.08.2003, promulgated in the State Gazette No. 74 of 22.08.2003, in force since 22.08.2003;
- Ordinance on specialized protection of children in public places, adopted by Decree of the Council of Ministers No. 165 of 25.07.2003, promulgated in the State Gazette No. 68 of 01.08.2003;
- 1951 Convention relating to the status of refugees;
- 1967 Protocol on the status of refugees;
- European Social Charter (revised);
- Convention No. 182 for Prohibition and Immediate Action for Elimination of the Most severe Forms of Child Labor;
- Convention on the Rights of the Child;
- Optional Protocol to the Convention on the Rights of the Child regarding children’s involvement in an armed conflict;
- Recommendation Rec (2001) 16 of the Ministerial Committee of the Member-states for protection of children against sexual exploitation;
- The Hague Convention on the Civilian Aspects of International kidnapping;
- European Convention for Recognition and Enforcement of Rulings on Parental Rights and Reinstating of the Exercising of Parental Rights;
- Ordinance No. 1/07.03.2005 on the operation of the Central Body as per the Hague Convention for the Civilian Aspects of International kidnapping and European Convention for Recognition and Enforcement of Rulings on Parental Rights and Reinstating of the Exercising of Parental Rights;
- Sarajevo Declaration – 15 May 2004;
- National programs for Prevention and Curbing Trafficking of Human Beings and Protection of its Victims (2005 and 2006);
- Guidelines No 1-3 207/15.02.2006 on the application of Article 76a of the Law on the Bulgarian Identity Documents

1.2. Data about Bulgaria

1.2.1. Protection against armed conflicts

The Republic of Bulgaria is a signatory to the Optional Protocol to the Convention on the Rights of the Child regarding the Children’s Involvement in an Armed Conflict. It should be noted that there has been no cases of involvement of Bulgarian children in armed conflicts. The legislation provides neither involvement in the armed forces, nor recruitment of the children in the army. Pursuant to Article 97, paragraph 1 of the Law on Defense and Armed Forces of the Republic of Bulgaria the minimum army conscript age is 18 years, and the maximum age for calling conscripts is 27 years. The Bulgarian legislation foresees also an option for alternative army service (Article 84, paragraph 1 of the above mentioned Law).

The Republic of Bulgaria implements its obligations pursuant to the 1951 Convention Relating to the Status of Refugees and the 1967 Protocol on the status of Refugees through the State Agency for Refugees and the other government bodies in cooperation with the UN High Commissioner for Refugees.

The Law on Asylum and Refugees (LAR) stipulates the conditions and order for providing specific protection (including asylum, refugee status, humanitarian status and temporary protection) to aliens on the territory of the Republic of Bulgaria, as well as their rights and obligations.

According to the LAR:
- Asylum is the protection given by the Republic of Bulgaria to aliens who are subject of persecution due to their beliefs or activity in protection for internationally recognized rights and freedoms;
- Refugee status in the Republic of Bulgaria is granted to an alien, who has a well-founded fear of persecution due to race, religion, nationality, belonging to a certain social group or political opinion and/or conviction, resides outside of country of his/her citizenship, or if a stateless person, is outside the country of his/her permanent residence and for these reasons cannot or is not willing to use the protection of this country or return to it;
Humanitarian status is granted to an alien, who is forced to leave or remain outside the country of his/her origin or residence on the ground of threat to his/her life, safety or freedom, due to abuse occurring in situation such as an armed conflict, as well as when he/she is at risk of torture or other forms of inhuman or degrading treatment or punishment and for these reasons cannot or is not willing to return to his/her country of origin or residence.

3.2.2. Curbing child labor

Bulgaria is a signatory to ILO Convention 138 on determining a minimum age for employment and under the ILO Convention 182 regarding the prohibition and immediate action for elimination of the most severe forms of child labor. In 2005 the Government signed a Memorandum of Understanding and Joint Action with the ILO – International Program for Elimination of Child Labor.

Data from conducted national surveys show that “child labor” problem exists in Bulgaria. In the period of social transformation in society the living standard of the population is low and preconditions occur for child labor in our country. The main issues relating to child labor in Bulgaria have to do with the application of the legislation, which in general meets the international standards, as well as with the regulation of child labor in the shadow economy.

The main provisions, which prohibit severe forms of child labor and stipulate protection for children at risk, are contained in the following: Labor Code, Penal Code, Law on Protection of the Child, Social Assistance Act, Public Literacy Act, Vocational Training and Education Act, Family Children Allowances Act, and others.

There exists a prohibition in Bulgaria for hiring children at hard, harmful and hazardous jobs specified in lists attached to Ordinance No. 6 of 24 July 2006 regulating the conditions and order for giving work permits to persons of age less than 18 complete years. As of now there is no information available from the supervision bodies for the compliance with the labor legislation, which are in charge of registering cases of children of age between 15 and 18 years, hired to work in the economy sectors listed in the Ordinance. According to a report of the General Labor Inspectorate Executive Agency (GLI)\(^21\), a substantial tool for implementation of the legislation regarding child labor is the preventive control, which includes issuing permits for hiring to work persons of age less than 18 years. From 1999 until the end of 2003 the GLI issued 14,448 permits, thus satisfying approximately 95% of the requests submitted to it from the regional labor inspectorates. There are an increasing number of children, who work in compliance with the provisions of the labor legislation. In 2006 (until September) the GLI EA reported the issuing of 8,096 permits for hiring minors, while requests were filed for 8,310, which is by 2,609 more compared to 2005 and twice more than the requests for permits filed in 2003\(^22\). It may be concluded that an increasing number of employers are aware of this labor requirements and strictly comply with it.

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\(^21\) Reports of the General Labor Inspectorate Executive Agency, Government labor control as a form of reducing the “demand” for child labor in its most severe forms; paper presented at a planning workshop in Sofia, June 2004.

\(^22\) See Reports of the GLI EA at: http://git.mlsp.government.bg/
According to the GLI EA child labor in the official economy in our country is concentrated mainly in the following economic sectors: hotel and catering, production of clothes, trade, construction and agriculture. The data show that minors’ labor is not forced. The economically active children work in the private sector, mostly in small and medium-size enterprises, often without a labor contract, which is a further prerequisite for abuse by the employers. There are grounds to expect, however, that abuses will be decreasing steadily due to criminalization of the violations related to labor of minors as specified in the Penal Code, Convention 182 and the European Social Charter (revised).

Other forms of control applied by the inspectors of the General Labor Inspectorate Executive Agency are conducting mandatory inspections regarding the issued permits, i.e. there is a follow-up control on the compliance with the provisions, which protect minors’ labor, random inspections included. During the summer campaign in 2006 the labor inspectors found a total of 2,433 violations towards employed minors, which is 10 % of all violations established during that campaign. The most severe were 168 cases of employment of persons of age less than 18 years without obtaining in advance a work permit from the Inspectorate. Pursuant to Article 407 of the Labor Code each one of these cases was referred to the respective district prosecutor’s office. Other violations include: night work and overtime work by children, failure to comply with the working hours, violations related to ensuring labor health and safety, and their number is 1,311, which comprises 8.16 % of all established violations related to ensuring labor health and safety.

The only profound survey of child labor in Bulgaria was conducted in 2000 with technical and financial support from the International Labor Organization, however there exist also other sources, which describe the characteristics of child labor in Bulgaria. In summary they are the following:

1. **The most severe forms of child labor** are more common in the family farms and in the shadow economy.

2. **The factors for offering child labor** are of complex nature: poverty and exclusion from the labor market of the families in some communities (rural, ethnic – Roma), dropping out from the formal education system, including form the system of vocational orientation and vocational training, group customs or family tradition, dysfunctional families (abuse).

3. **The factors for demand for child labor** are: low pay, small investments in labor safety, inefficient control.

According to data of the State Agency for Child Protection (SACP), in 2004 the SACP and the Departments for Child Protection worked upon 625 cases of children working in the street in the large cities.

Dropping out from school is a definite indicator of the involvement of children in child labor. The data of the NSI show that 23% of the children of age from 9th to 12th grade are outside the education system, and in the junior high school from 5th to 8th grade 16 % of the children subject of mandatory education do not attend school. Another survey points out that the portion of school drop-outs varies

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among the different ethnic groups. It is the largest in the group of the Roma-Muslims – 18.1%, followed by the Roma Christians – 12.8%, Turks – 8.3% and Bulgarians – 2%. The situation is the most critical with the Roma-Muslims living in villages – 25.6%.

On the basis of the national survey a National Action Plan against the Most Severe Forms of Child Labor has been developed. This Plan identifies the problems and activities for these forms, as well the institutions bearing the responsibility for their fulfillment, the deadlines, funding and the estimated results. The Plan foresees measures for the following:

- Elimination of hard physical labor of children and labor under conditions harmful to their health;
- Elimination of the most severe forms of child labor (prostitution, drug trafficking, begging, etc.);
- Rehabilitation of children sex-workers, children victims of trafficking, children involved in drug trafficking, begging, etc.;
- Control of the compliance with the provisions of the Bulgarian legislation regulating the labor of minors.

In fulfillment of the Memorandum between the Bulgarian government and the ILO, the Bulgarian institutions receive technical and financial support for setting up a Child Labor Monitoring System. Under the Ministry of Labor and Social Policy on a tripartite basis has been established a National Council against Child Labor. It comprises representatives of the ministries of education, interior, foreign affairs, SACP, Social Assistance Agency, GLI EA, trade unions, employers' organizations and NGOs. In 2005 the Council approved a pilot project „Establishing a Child Labor Monitoring System in Four Municipalities in Bulgaria”. The following are the project's main objectives:

- setting up an institutional framework for pilot activities in the child labor monitoring system by means of coordinated efforts of all institutions responsible for the control of the compliance with the labor legislation, children protection and education;
- strengthening the capacity of all involved bodies for child labor monitoring and setting up teams for workplaces monitoring;
- referral of each particular case of a child, who is involved in most severe form of labor, to services aimed at withdrawing the child and at his/her reintegration in education and social rehabilitation;
- approval of the developed model for child labor monitoring with a view to its application in other areas.

The child labor monitoring system is tied up to the National Mechanism for Referral of Cases of Children Victims of Trafficking and is an element of the 2006 National Program for Protection of the Child.

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1.2.3. Elimination of the children trafficking and sexual exploitation

The problem of children traffic has a complicated structure and is complex in nature, therefore a multidisciplinary approach should be evoked for overcoming it. In order to make it possible to gather representatives of all involved institutions, international and non-governmental organizations to share their experience, to identify the difficulties and outline legislative and administrative measures for Fighting the Trafficking of Children, as early as in 2001 and 2003 SACP organized two national conferences with international participation devoted to “Sexual Exploitation of Children for Profit and Children Trafficking”, with the support of Ecpat International and UNICEF.

After the ratification of the Optional Protocol to the CPC regarding children trade, child prostitution and child pornography, the chairman of the SACP initiated amendments to the Penal Code (2002), by virtue of which new incriminating provisions were adopted and the sanctions were increased for persons involved in sexual exploitation of children and who have committed sexual abuse to children – section “Molestation”.

SACP has developed also the Start-up Report of responsibility to the UN on the measures taken and the progress made for fulfillment of the stipulations of the Optional Protocol to the Convention for the Rights of the Child concerning children trade, child prostitution and child pornography.

In 2002 a new section Trafficking of Human Beings was adopted in the Penal Code of the Republic of Bulgaria. Further on, the Act on Combating Human Trafficking was adopted (2003), which contains specific provisions regarding children – victims of trafficking (Article 21 and the following). The Act on Combating Trafficking of Human Beings regulates the following:

- the interaction, powers and tasks of the state bodies conducting the fight with Trafficking of Human Beings;
- the standing and tasks of shelters, centers and committees pursuant to the above-mentioned Act with regard to providing protection and assistance to the victims of Trafficking of Human Beings;
- the measures for prevention and counteraction to Trafficking of Human Beings;
- the measures for protection and assistance to the victims of Trafficking of Human Beings, women and children in particular;
- Granting a status of special protection to the victims of Trafficking of Human Beings, who cooperate in the investigation.

By-laws further to the Act on Combating the Trafficking of Human Beings were adopted as well, namely: Rules for the shelters for temporary placement and protection and assistance centers for the victims of Trafficking of Human Beings, and Rules for the Organization and Activities of the National Committee for Combating Trafficking of Human Beings (2004). According to the former Rules the suppliers of social services for children – victims of traffic are to be licensed by the Chairman of the SACP pursuant to the Law on Protection of the Child.

Pursuant to the Act on Combating the Trafficking of Human Beings a National Program for Prevention and Curbing the Trafficking of Human Beings and
Protection of the Victims of Trafficking should be adopted on an annual basis. The 2006 National Program sets out activities in the following main sectors:

- Institutional and organizational measures;
- Prevention;
- Training and qualification of staff;
- Protection, rehabilitation and reintegration of the victims of human trafficking;
- International cooperation;
- Legislative measures.

For the prevention of the phenomenon of children trafficking the SACP has fulfilled and continues working upon a large number of projects and programs for raising the public awareness, including both among the professionals in this field and the children about the issue of children trafficking and the measures for curbing it. Some of those projects are: the National Action Plan against Sexual Exploitation of Children for Profit 2003 - 2005, the “Code of Ethics for Prevention of the Trafficking and Sexual Exploitation of Children in Tourism” project (2003), the “Child in the Net – You Do not Know Who Is on the Other End” project (2006), the establishing of specialized web-sites on the issue with an option for on-line reporting.

In the past several years the SACP has been working actively in cooperation with the competent Bulgarian and international institutions for referral and providing care in specific cases of children – Bulgarian citizens, who reside abroad unaccompanied on territory of Austria, the Czech Republic, Spain, Italy, Greece, France, Germany, Belgium and Slovakia. The phenomenon of “children residing abroad unaccompanied” became topical for Bulgaria after the elimination of the visa restrictions for traveling abroad and intensification of the migration processes. An unfavorable aspect of this phenomenon is the involvement of juveniles and minors in various forms of exploitation, begging and pick-pocketing during their stay in a foreign country.

Meetings with representatives of the Chamber of Notary Publics have been conducted to create awareness in the notary publics regarding the trafficking problems and for establishing a mechanism for counteraction against children trafficking and taking children out of the country by third persons for the purpose of exploitation.

The SACP with the cooperation of the International Migration Organization initiated the development of a Coordination Mechanism for Referral and Care in Cases of Unaccompanied Bulgarian Children and Children – Victims of Trafficking, who are coming back from abroad. By means of signing this Coordination Mechanism (in November 2005) the competent Bulgarian institutions (SACP, Mol, the Agency for Social Assistance, the Ministry of Labor and Social Policy, the Ministry of Foreign Affairs) have united their efforts for achieving uniform practices and working standards for the cases of unaccompanied children, as well as for cooperation with making a clear distinction of responsibilities and timely reporting with a view to taking measures for protection of children in their best interest.
With a view to taking effective measures against repeated children trafficking, the most recent amendments to the Act on the Bulgarian Identity Documents (ABID) (in force since 31.10.2005) stipulate administrative measures for prohibition on leaving the country, not issuing of passports and passport-substituting documents and withdrawal of passports issued to persons below full age, about which data have been submitted by a Bulgarian or foreign competent body that during their stay abroad such persons were involved in or were used for activities as per Article 11 of the Law on Protection of the Child. Pursuant to the Instruction on Application of the Measures as per Article 76a, paragraph 1 of the ABID (promulgated in the State Gazette on 07.03.06) the Chairman of the SACP, after studying the facts and circumstances, should prepare a grounded proposal or opinion on the application of the measures under the above-mentioned Article, address to the Minister of the Interior.

Since the entering into force of the Instruction (on 7 March 2006) until now over 110 grounded proposals have been issued for imposing forceful administrative measures pursuant to Article 76a of the ABID.

Over the period 2003 - May 2006 the SACP referred over 160 cases of unaccompanied children abroad. For them protection measures are applied in compliance with the Law on Protection of the Child. Since the beginning of 2006 until the present moment the SACP coordinated the repatriation of 27 children - victims of trafficking.

Currently an Instruction on the Conditions and Order for Providing Financial Assistance to Stranded Bulgarian Citizens Temporarily Residing Abroad is being developed. According to this Instruction financial means will be ensured for repatriation of children - victims of trafficking, which problems had not been resolved so far.

Another problem, which found its solution in 2006, is the ensuring of opportunities for social inclusion of children - victims of trafficking. Three crisis management centers for accommodation of children and social work with them have been opened.

The National Action Plan against Sexual Exploitation of Children for Profit 2003 – 2005, which was adopted by the Council of Ministers, had been developed in fulfillment of the Declarations and the Action Plan passed by the two world congresses for protection of children against commercial sexual exploitation, as well as Recommendation 16 of the Council of Europe. It foresees measures for prevention, protection, rehabilitation and reintegration, involvement of the children, information support for the victims and international cooperation. The main objectives of the National Plan are the following:

- Raising the awareness of the children about the “sexual exploitation” issue and establishing prevention mechanisms;
- Upgrading the qualification of the professionals working with children;
- Media policy of the institutions aimed at raising the awareness of the society about the sexual exploitation of children and promoting a “zero tolerance” behavior to abuse and exploitation of children;
- Bringing the national legislation in compliance with the international standards, improvement of the protection of the rights of children - victims;
• Setting up a system of measures regarding the perpetrators;
• Rehabilitation and reintegration of the victims of sexual exploitation;
• Involvement of the children in the development of suitable strategies and measures, and in the conducting of all actions against the sexual exploitation of children;
• Establishing a National Mechanism for information exchange among the involved institutions and organizations.

The Action Plan foresees specific measures for most at risk children: children of the minority communities, the school drop-outs, and homeless children.

In fulfillment of the Plan the state educational requirements for citizen education in all study curricula for all school subjects have been set out. These requirements include also knowledge of the international documents about human rights and right of the minorities.

A large number of international and national conferences and seminars relating to citizen education have been organized, an integral part of which is studying the Convention on the Rights of the Child. The Convention and the Optional Protocol were published several times and were distributed to all schools in Bulgaria. Beside a number of study aids relating to teaching human rights matters, which are disunited for elementary and secondary school.

The MES is developing study programs aimed to facilitate children's access to information about their rights and to acquaint them with various mechanisms for protection in risk situations.

The SACP, jointly with the MES organizes annually simultaneously in all schools in Bulgaria a lesson on the rights of the child.

Besides through the coverage in the education curricula, the publicizing of the measures foreseen in the two Optional Protocols is carried out also by means of distribution of leaflets, brochures; through the official newsletter of the SACP, which is issued every two months, and also by means of the three web-sites of the SACP.

The 6 information centers of the International Migration Organization - Sofia are located throughout Bulgaria (in Bourgas, Sliven, Rousse, Plovdiv, Blagoevgrad and Vidin), and through these centers the IMO - Sofia carries out continuous prevention activity in schools and specialized educational establishments. This activity is mainly concentrated on holding lectures and presentations on the topic of trafficking of human beings, showing educational films and documentaries, as well as organization of discussions with the young people, meetings and discussions with girls - victims of trafficking.

The Agency is implementing a project “Internet and the rights of the children”, whereby most of the activities were related to prevention of abuse in the Internet; curbing and prevention of abuse and crime on children in the net. Rules on the Safety Work of students in the schools network and in the Internet were developed and were adopted by virtue of an order of the Minister of Education and Science.

The SACP maintains specialized Internet web-sites on the topics of “Counteraction against the sexual exploitation of children for profit” and „Application of the Convention on the rights of the child”. The web-sites have an
information purpose and are designed for professionals working with and for children, for the public at large, as well as for the children themselves. The first web-site /www.stopech.sacp.government.bg/ contains information about all international and national legislative instruments, which refer to children trade, child prostitution and child pornography. The web-site allows for reporting of the following cases: harmful and illegal content on the Internet, unrestricted distribution and sale of pornography materials; sexual abuse etc. The second web-site is aimed to publicize the rights of the child; providing complete information about the progress made in the application of the Convention for the rights of the child; providing information about the monitoring system for the respect of the rights of the child.

A number of juridical not-for-profit persons implement projects for education about the rights of the child and prevention of sexual exploitation of children for profit; distribution of stickers, brochures, posters, advertising materials, videos.

Under the Action Plan, with a view to upgrading the qualification of professionals working with children training workshops were conducted for all professional groups. A Manual of Best Practice for Policemen and Investigators in conducting proceedings with children - victims of sexual exploitation was published and distributed, and it corresponds to the best practices in the EU.

The knowledge of the national and international legislative acts regarding the protection of the child is a component of the job descriptions of the professionals. Further actions are required for ensuring continuity of training about the measures foreseen under the Optional Protocol for all professional groups, working with and for children and all other relevant groups.

With a view to encouraging children to participate in the development of policies, which affect them, a Child Council under the SACP is operational. The children – members of the Child Council take part on a regular basis in the sessions of the National Council for Protection of the Child (NAP) as well as in the organized conferences, round tables and discussions. Suggestions put forward by the children are taken into consideration also for the maintenance of the specialized Internet web-site "Combating sexual exploitation of children for profit".

No official statistics are kept in Bulgaria about children – victims of sexual exploitation and trafficking. Information may be downloaded from the data of the Mol, Central Committee for Combating Anti-social Behavior of Minors and Juveniles, IMO and juridical not-for-profit entities. However, this information is incomplete and often there are discrepancies in the data. No comprehensive survey of the scale of the problem has been conducted.

1.2.4 Protection against abuse

Article 15 of the Law on Protection of the Child contains specialized provisions on the involvement of a child in administrative and court proceedings. In case of such involvement it is mandatory to ensure the child’s right to be heard, if he/she has completed 120 year s of age, and the child should be provided with the relevant information in advance so as for him/her to form his/her opinion, and the child should be informed also about the potential consequences of his/her wishes or
opinion and of the decisions passed by the respective government bodies; suitable environment should be ensured for hearing the child in the presence of social workers and other appropriate specialists, with mandatory involvement of a representative of the Social Assistance Directorate, which is the main body for protection of child as meant under Article 6 of the LPC. The child is entitled to legal assistance and complaint in all proceedings, which affect his/her rights or interests. The provisions of the Law on Protection of the Child are general and apply in all cases when the child’s rights or interests are affected. In this context they apply also for measures for drafting legislation and practices at central, regional and local level, in the case of any immigration procedures (including the cases of children asylum seekers) and in adoption procedures. In compliance with the Convention for the Rights of the Child specific provisions have been made regarding children, who are witnesses in civil and penal lawsuits.

On 9 November 2004 the Law on Protection of Persons Exposed to Risk under Penal Proceedings was adopted. This Law stipulates the conditions and order for ensuring special protection by the government for persons who are exposed to risk in connection with penal proceedings for severe premeditated crimes (including also crimes related to sexual exploitation) and to persons directly connected to them, whose life, health or property are actually at risk in connection with the proceedings and cannot be protected with the means stipulated in the Penal Procedure Code.

Further on, Article 20 of the Act on Combating the Trafficking of Human Beings (promulgated in the State Gazette No. 46 of 20 May 2003) stipulates that anonymity should be ensured for the victims of trafficking of human beings and protection should be provided of the personal data of the victims of trafficking for sexual exploitation.


The Law on Protection of the Child regulates the rights, principles and measures for protection of the child, the state and municipal bodies and their interaction in conducting the activities for protection of the child, as well as the participation of not-for-profit juridical entities and natural persons in such activities. Pursuant to the Law a child is any natural persons until completion of the age of 18 years. One of the principles in the Law is the special protection of children at risk, which includes also the cases when a child is a victim of abuse, abuse, exploitation or any other inhuman or degrading treatment or punishment either inside or outside the child’s family. Article 11, paragraph 3 of the LPC stipulates the right of every child to protection against being used for begging, prostitution, distribution of pornography materials and acquiring unlawful income, as well as against sexual abuse.

The measures for protection of a child at risk are specified under Article 4: help, support and services in a family environment; placement in the family of relations or relatives; adoption – in compliance with the Family Code; placement in a foster family; placement in a specialized institution; police protection; specialized
protection in public places; getting informed about the children and parents rights and obligations; ensuring prevention measures for safety and protection of the child; ensuring legal aid by the state.

Pursuant to the Law on Protection of the Child, it is within the powers of the Chairman of the SACP to establish and maintain a National Information System containing data about child protection.

With a view to the efficient application of the LPC a number of bylaws have been issued. Among these are the Ordinance on specialized protection of children in public places (State Gazette No. 86 of 2003), the Ordinance on the conditions and order for implementation of measures for preventing the abandoning of children and placement of children in institutions, as well as on their reintegration (State Gazette No. 74 of 2004), and Ordinance No. 1-51 of 12.03.2001 on the conditions and order for providing police protection for children (State Gazette No. 30 of 2001), Ordinance on the criteria and standards of social services for children (State Gazette No. 102 of 2003), and others.

The number of children, to whom the urgent measure “police protection” was granted in 2004 is 528 (in 333 of them the request was placed by the police body, and in 98 by a social worker). In 2005 police protection was granted to 677 children (for 478 by the request of the police body and in 96 of the cases by a social worker). For the first 9 months of 2006 police protection was granted to 538 children.

**Abuse analysis - 2003 – 2005 comparison**

In the recent years the child abuse cases evoke public debate, where the participants are not only the specialists working with children, but the whole society. The issue of ensuring the safety, health and life of the children in Bulgaria is acquiring increasing importance. The development of efficient methods for working with children victims of abuse, is a long process, which necessitates profound studying and knowledge of the reasons and factors due to which a child becomes such victim.

The international legal instrument on the protection of the child is the Convention for the Rights of the Child, which was ratified by Bulgaria in 1991. B Article 19 of the Convention guarantees the right of every child to protection against any form of abuse.

Pursuant to the Rules for the application of the Law on Protection of the Child (adopted on 25.07.2003), “abuse over a child is any act of physical, mental or sexual abuse, neglect, commercial or other exploitation causing actual or potential harm to the health, life, development and dignity of the child, which may be inflicted in the family, school or social environment”.

Since the establishing of the State Agency for Child Protection in 2001 information has been gathered about the number and profile of children, who have undergone abuse; this information allows to monitor the processes of their development, to outline trends and take accordingly the adequate measures for prevention of abuse/abuse and protection of the children.
A major tool used for information gathering is the specifically developed information map, which is filled in by all heads of child protection departments, which carry out the child protection activities at municipal level. The questions in this map include main indicators of the child abuse cases, which the social workers work upon during the reported period, namely:

- number of cases of child abuse
- type of abuse
- place of committing the abuse
- age and family status of the children victims of abuse
- profile of the person, who reported the case.

**TOTAL NUMBER OF CASES OF ABUSE**

In terms of social work “a case file” is to be opened for any child, for whom it is established that he/she is in need of protection. The case file is opened after detailed study and assessment of the referred case. The social practice in our country has shown that as of the end of 2005 approximately 70% of the referred cases turn into working case files, which the social workers process.

In 2005 a total of 1,429 cases of child abuse were registered at the child protection departments. The distribution of this number of cases of child abuse by years is shown in Figure 1:

In 2001 the State Agency for Child Protection and the Child Protection Departments under the Agency for Social Assistance were established, and also the beginning of a structured system for child protection was laid down. Again in 2001 the social workers worked upon 75 cases of abuse over child.

The strong increase in the total number of registered cases from 2001 to 2004 may be explained with the strengthening of the position of the child protection system in Bulgaria and its publicizing, as well as with the development of the operation of the Child Protection Departments.

In 2003 the registered cases of abuse increase more than 26 times compared to 2001. In 2004, although at a slower pace, the abuse cases worked upon by the child protection departments in the country continued increasing. In the course of one year they increased by 186 cases, which is 9.3% compared to the preceding year. This trend may be explained with the entering into force of the Rules for the application of the Law on Protection of the Child in July 2003. The Rules for the
Application of the LPC defines neglect as a type of abuse, whereby the parents, guardian or the person taking care of the child fails to ensure the child’s development in one of the following aspects: “health, education, emotional development, nutrition, ensuring a home and safety, provided that this person is in position to do so”.

In the above-mentioned period the SACP conducted a number of trainings and initiatives targeted to upgrading the competencies of various groups of professionals, as well as initiatives for publicizing the rights of the child, increasing the awareness about the child protection system in Bulgaria and focusing the attention on the issue of “abuse”. Over 20,000 leaflets were published concerning the foregoing topics, a large number of training workshops for the social workers of the child protection departments were carried out jointly with an international consultant from Canada – Collin Bauer (a professor in Vancouver). The topics of the workshops covered different aspects of social work, such as: Abuse in the family; Receiving and assessment of reports on children harassment; Work of a social worker in court, etc. Other workshops conducted included as participants also nurses in the healthcare studies in the schools in Sofia, directors of kindergartens, pedagogues, pedagogic advisers, SOS – mothers and volunteers of the Bulgarian Youth Red Cross from all over the country.

Trainings were conducted also by state organizations; these trainings were targeted to the specialists working in the child protection system and their purpose was to help the specialists acquire skills for working with children, who have undergone abuse. Such trainings were conducted by the Association Animus Foundation, the Bulgarian Youth Red Cross, the Center for Mental Health Counseling and Psychotherapy Variant B, and others.

As a result of the conducted trainings and the accumulated practice experience the social workers are able to distinguish in a professional manner various accidents from the actual cases of abuse, when the child needs protection, and are developing their capacity to work with children and their families. This fact is the explanation for the decreased number of cases of abuse against children, which the Child Protection Departments work upon. In 2005 this number decreased by 752 cases, which comprises a decrease of 34.5% compared to the preceding year 2004.

**DISTRIBUTION OF THE CASES ACCORDING TO THE TYPE OF ABUSE**

According to the definitions set out in the Rules for the application of the Law on Protection of the Child:

1. "Physical abuse" is the causing of bodily harm, including causing pain or suffering without health distortion.

2. "Mental abuse" includes any actions that may have a harmful effect on the child’s mental health and development, such as underestimation, mocking attitude, threat, discrimination, rejection or any other forms of negative attitude, as well as the inability of the parent, guardian or trustee or the person taking care of to ensure suitable supportive environment.

3. "Sexual abuse" is using the child for satisfaction of sexual needs.
4. "Neglect" is the failure of the parent, guardian and trustee or the child's person taking care of to ensure the child's development in any of the following areas: health, education, emotional development, providing food, ensuring home and safety, when this person is in position to do so.

<table>
<thead>
<tr>
<th>Type of abuse</th>
<th>2003</th>
<th>2005</th>
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<tbody>
<tr>
<td>Mental</td>
<td>393 (20%)</td>
<td>257 (18%)</td>
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<tr>
<td>Physical</td>
<td>505 (25%)</td>
<td>486 (34%)</td>
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<tr>
<td>Sexual</td>
<td>108 (5%)</td>
<td>100 (7%)</td>
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<tr>
<td>Neglect</td>
<td>989 (50%)</td>
<td>586 (41%)</td>
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<tr>
<td>Total</td>
<td>1995</td>
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In 2005 the Child Protection Departments had a total of 1,429 cases of abuse registered with them, the largest number of them being cases of neglect as a type of abuse - 586 cases, which comprise 41 % of the total number of cases of abuse over that year. 46 % of the cases were in distorted families, of which 32 % of the children live only with the mother, and 14 % only with the father. Almost 36 % of the children victims of neglect live in families of two parents, 18 % of the children are raised in families of relatives or relations, 5 % come from families with numerous children, 4 % of the children are being raised in specialized institutions.

In 2005 the cases of neglect decreased by 403, which is 40.7 % compared to 2003. It should be noted that neglect as a type of abuse was defined in 2003 in the Rules for the application of the Law on Protection of the Child and further trainings and supervision exercises. It is only natural with the upgrading of the qualification of the social workers in Child Protection Departments and the accumulated practical experience for them to distinguish in professional manner neglect as a form of abuse form all the other types of cases referred to them.

In 2005 the CPDs had a total of 486 cases of physical abuse registered with them, which constitutes 34 % of all cases of abuse over the period. Compared to 2003 the number of children victims of physical abuse decreased by 19, which is 3.8 %. It should be noted, however, that international his period there was a decrease also of the total number of cases of abuse, which the social workers worked upon – a decrease by 566 cases, which is 28.4%. The relative share of physical abuse compared to the total number of cases of abuse in 2005 increased by 9 % compared to 2003.

The total number of registered cases of sexual abuse against children in 2005 was 100, which was 7 % of the total number of cases, in which abuse was the major risk. The children who were the victims of sexual abuse in 2005 were mostly children of distorted families – 45 %, followed by children being raised in families of two parents – 34 %. Almost 8 % of the children, who were the victim of sexual abuse, are being raised in specialized institutions. The other 13 % include children families with a large number of children, children placed for raising in families of
relatives and relations and homeless children. The number of children, who had undergone sexual abuse in 2005, decreased by 7.4% compared to 2003.

Almost 18% (257 children) of all cases of abuse processed by the CPDs in that year have to do with emotional abuse. The largest is the portion of the children raised in families of two parents – 54%, followed by the children raised in distorted families – 35%. 7% of the children victims of emotional abuse come from families with a large number of children, 2.3% are raised in the families of relatives and relations.

In 2003 the child protection departments had a total of 1,995 cases of abuse registered with them, whereby 1,614 cases were in the family, 206 were in an educational establishment, 59 were in a specialized institution, 80 were in the street, 36 of the cases were in public places. The most frequently registered cases of abuse against children occur in the family (in over 80% of the cases).

**DISTRIBUTION OF THE CASES DEPENDING ON THE PLACE OF ABUSE**

The place of abuse is a significant part of the analysis of the issue. The data about the period 2001 – 2005 show that abuse in the family was the most frequent type. Almost four out of every five cases of abuse against children in 2005 occurred in the family.

Out of the cases of abuse in the family registered throughout the year the prevailing number of cases belongs to neglect – 41% of abuse in the family, followed by physical abuse – 34%. About 18% of the cases of abuse in the family were of committed mental abuse against child, and 7% were cases of sexual abuse.

<table>
<thead>
<tr>
<th>Abuse against children – total:</th>
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<th>Abused in the street</th>
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<tr>
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In 2005 the cases of abuse in the family, which were registered with the CPDs, decreased by 511, i.e. a decrease by 31.7 % compared to 2003, and by 25 % compared to the preceding year. On the other hand, abuse in the family maintained its largest portion in the total number of cases over 2005.

In 2005 119 children were victims of abuse in the street. Compared to 2003 the number of children, who underwent abuse in the street, marked an increase by over 2 times.

In 2005 114 cases of abuse in an educational establishment were registered with the CPDs. Compared to 2003 the cases of abuse in an educational establishment decreased by 92 children, i.e. by 44.7 %. These cases as the subject of social work and application of protection measures decreased, because a large number of them were identified to be isolated acts of abuse and aggression, and the latter fall within the competences of the school and local government committees for fighting antisocial behavior of juveniles and minors.

In public places there were 43 cases of abuse against children registered. The cases of abuse at a public place decreased by 19.4 % compared to 2003. A total of 50 were the cases of abuse in a specialized institution.

2. Action Plan aimed at protection against abuse, abuse and exploitation in Bulgaria

2.1 To devise a mechanism for gathering information about children - victims of sexual exploitation for profit and follow-up the development in each particular case;
2.2 Joint actions to be undertaken by the government bodies for prevention, detection and taking measures for elimination of hidden child employment, in particular that in the shadow economy;
2.3 To develop programs for coverage of the children, who do not attend school and who are involved in begging, child prostitution and thefts; To continue the operation of the mobile team, set up in compliance with the government policy for protection of the rights of homeless children in the street and the devised Plan for Working with Children Who Beg, which teams conduct active operations for identifying homeless children. With a view to ensuring the normal physical, mental and morale development of the children the Child Protection Departments at the Social Assistance Directorates should continue implementing adequate protection measures.
2.4 To improve the awareness on the matters related to the rights of the children and they sue of their labor; this should be done by means of development of a wide database and distribution of this database through electronic channels, as well as by carrying out unrestricted Internet discussions, debates on problems related to child labor, referral of cases about violations, and upgrading the operation of the CPDs in partnership with the district labor inspectorates;
2.5 To organize discussions with parents on the risks and consequences of heavy physical labor in early childhood, to attract the public attention and NGOs to illegal child labor, strong intolerance to employers who hire children in an unlawful manner. The SACP, the GLI EA and the MES to device joint educational programs for creating a culture and prevention for protection of the children against economic exploitation and any labor that might cause physical, mental and morale harm to the children, as well as to their social development or opportunities for education; 
2.6 To draft and upgrade legislative framework for protection of the labor of minors; this should be achieved by means of updating the activities prohibited for persons of age between 15 and 18 years; to prepare an Ordinance regulating part-time child labor and seasonal work and bringing the national legislation into compliance with the norms and requirements of the international legislation in the EU; 
2.7 To strengthen the control by the GLI EA and the coordination among the concerned institutions for the purpose of joint solving of occurring problems. To maintain permanent contact with the CPDs in the cases of hiring children beyond the set norms, as well as in case of children performing heavy work in the family; this contact is required for taking immediate measures, which are the most favorable for the child in protection of his/her interests; 
2.8 To organize programs for reintegration of the children, for assistance and support of social, health and psychological nature, when the children are victims of unlawful labor. To organize creative and sports activities aimed at reinstating the normal childhood; 
2.9 To further elaborate and ensure the application of the developed mechanism of interaction among all stakeholder institutions, the so-called “case management” specialized in cases of children trafficking; 
2.10 To apply the measures for protection of the children against forceful and harmful Internet sites, computer software and games, which have a negative impact on the children’s psychological development, taking into consideration the responsibility of the family, parents, guardians and trustees.

CHAPTER IV
Priority 4: Fighting HIV/AIDS

1. The real situation in Bulgaria

1.1 Legal framework
- Public Health Act;
Decree No. 61 of the Council of Ministers of 26.03.1996 on the establishing of a National Committee for Prevention of the Acquired Immune Deficiency Syndrome and Sexually Transmitted Diseases;
- Rules for the operation of the National Committee for Prevention of AIDS and Sexually Transmitted Diseases;
- Ordinance No. 4 of the Ministry of Health (MH) of 2.04.1994 on the conditions and order for testing for infection with the virus of Acquired Immune Deficiency Syndrome;
- Ordinance No. 12 of the MH of 12 June 1996;
- Decree No. 72 of the Council of Ministers of 30 December 1986 (amendments in State Gazette No. 47 of 1990);
- Program “HIV/AIDS Prevention and Control” – funded by the Global Fund for Fighting AIDS, Tuberculosis and Malaria;

1.2 Data about Bulgaria

1.2.1 General background

The analysis of the data shows that Bulgaria continues being a country of low HIV/AIDS incidence. What is observed, however, is an annual increase in the number of newly detected cases. On the other hand, the countries of Eastern Europe and Central Asia register an epidemic incidence of AIDS.

The total number of registered cases in Bulgaria at the end of 2003 was 465, whereby 70% of the infected individuals are men, and 30% are women. The most strongly affected is the 20-29 age group, which amounts to relative portion of approximately 40%. The HIV/AIDS incidence in our country continues being relatively low – as of February 2006 a total of 605 cases had been registered, whereby 70% of the HIV infected are men, and the most strongly affected age group is that of 20-39 (71%).

The main way of transfer of the infection is sex (91% of the infected), followed by transfer through blood (8%) and vertical transfer of the infection (mother - child) responsible for 1%.

In the last 2-3 years in the country HIV tests were made to 240,000 – 260,000 individuals on average per year. In 2003 63 HIV-positive persons were found (i.e. one individual out of every 4,000 tested is found to be infected).

Epidemiological information is collected and summarized for each detected case, including: age, gender, settlement where the person was infected, risk category, method of infection, reason for diagnostics and the stage of development of the disease. Bulgaria is included in the European HIV/AIDS notification system.

Currently the National Program for AIDS and STDs Prevention and Control is being implemented for the period 2001-2007. All activities for its implementation

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26 The sources and data in this section are from the situation analysis, on the basis of which the National Strategy for Fighting HIV/AIDS has been developed; prepared by MES/UNDP in July 1999 and September 2000
are under the supervision of the National Committee for AIDS and STDs Prevention, which is a body under the Council of Ministers. The National Action Plan for HIV/AIDS control includes four main components:

- prevention of HIV/AIDS in adolescents and young people and the major vulnerable groups;
- epidemiological surveillance and policy of testing;
- health and social care for the people living with HIV/AIDS and STDs;
- treatment of the persons infected with HIV/AIDS and STDs.

In the last 2-3 years the MH allocated between 4 and 5 million BGL per year for the AIDS Program. The AIDS treatment per patient amounts to approximately 12,000 USD per year. Bulgaria is among the few countries in the region, which provide free of charge antiretroviral therapy to the AIDS patients.

In the beginning of 2002 a program for supporting the activities for AIDS prevention was launched at municipal level. A large number of specialists of different regional units for local strategic planning have been trained.

The Program for HIV/AIDS Prevention and Control is targeted to the most-at-risk groups - injecting drug users, sexual workers - women and men, Roma and young people. Health education is delivered to them on the matters of sexual health, safe sex behavior, as well as on the use of disposable sterile needles and syringes by injecting drug users. Campaigns are held on a regular basis regarding the use of condoms as a safe protection. In 2003 during such campaigns approximately 2 million condoms were distributed.

In Bulgaria 15 studies for anonymous and free of charge counseling and testing for HIV/AIDS have been opened up. They help both in early detection of cases of HIV infection and for acquiring knowledge, skills and motivation for safe sexual behavior. In Sofia 4 mobile medical units are in operation; they conduct field work with Roma, sex workers and drug users. They carry out free of charge counseling, examinations and tests and the cases of sexually transmitted diseases are referred for treatment to the dermatology-venereal diseases dispensary.

The National Committee for AIDS Prevention submitted a project proposal to the Global Fund for Fighting AIDS, Tuberculosis and Malaria, and pursuant to the Agreement concluded with the Ministry of Health the National Committee is to receive over the period 2004-2008 financial grant of approximately 16 million US dollars. These funds will be spent on marinating the low HIV/AIDS incidence in the country by means of implementation of prevention programs among the most-at-risk groups in society, delivery of health education in Bulgarian schools, psychological and social support to the AIDS patients, introduction of good practices and institutional strengthening of all bodies dealing with HIV/AIDS prevention and control in the country. (For more information on HIV/AIDS see CHAPTER IV. Fighting HIV/AIDS)

The HIV/AIDS epidemics aggravates many of the mutually related problems that affect children, including poverty, malnutrition, discrimination, lack of suitable access to basic social services and sexual exploitation of children and women. This epidemic also depletes and lays additional burden on the resources at
all levels – the government services, public organizations and families – which are the key players in ensuring protection and exercising of the rights of the child.27

The HIV/AIDS incidence, although small, is a phenomenon that causes concern. For the time being the HIV/AIDS incidence in Bulgaria relatively limited. As of November 2003 there were 458 officially registered HIV positive persons in the country. The data of the recent years, however, show a trend of rapid increase of this infection. According to the analysis of the situation there is still a chance to take measures for limiting the HIV/AIDS epidemic. The data analysis shows that 70% of the infected are men and 30% are women. The total number of persons tested for HIV in the first 9 months of 2002 was 192,000. Since the beginning of 2003 another 45 new HIV infected persons were registered. About 70% of the HIV infected persons are of age 20-39 years. According to the data the HIV infected persons belong to different social groups.28

The most common way of infection is sex - 91%, mostly in heterosexual contacts (approximately 70%); infection through blood transfusion - 8% (with blood infected prior to the introduction of mandatory HIV tests of the donated blood), and 1% infection from a mother to her child. In geographic terms the largest is the number of the registered HIV positive persons in the cities of Sofia, Bourgas, Varna, Gabrovo, Plovdiv and Stara Zagora.

Adolescents are one of the risk groups. According to statistics there is an increased risk behavior in young people accompanied by simultaneous lowering of the age of the members of this group – not attending school and dropping out from school, unemployment, youth crime, prostitution (mostly among 16-24 year olds), drug use behavior and in particular injecting drug use, alcohol use and tobacco smoking, risk sexual behavior. The average age of first pregnancy and the data about voluntary abortions are indicators, in terms of which Bulgaria ranks before most of the European countries. There is a considerable increase in the number of registered cases of sexually transmitted diseases /STDs/, syphilis included. Actually in most of the cases of HIV infection it happened prior to the completion of 24 years.

1.2.2 Vulnerable groups

- Adolescents and youth – Statistical data shows an obvious increase in the number of younger and younger persons, who demonstrate risk behavior – not attending school or school drop-outs, unemployed, involved in crime activity, sex workers, drug users, persons abusing of alcohol and smoking, as well as applying risk sex practices. The number of young girls with first pregnancy (mostly unwanted and/or unplanned pregnancy) and the number of abortions in Bulgaria are considerably higher than in the other European countries. As a matter of fact most of the registered cases of HIV infection are in persons of age below 24 years.

- Injecting drug users – in the recent years the number of injecting drug users has been more and more on the increase. At present the number of HIV-positive injecting drug users is relatively small. The specialists affirm, however, that soon the risk for this group will be enormous. One of the indicators is the incidence of

28 See www.ncaids.government.bg
Hepatitis B and C among the injecting drug users. Further on, a large portion of the injecting drug users have also risk sexual behavior.

- **Sex workers – female and male** – This is a non-homogeneous, difficult to assess group, strongly susceptible to infection with HIV/AIDS and other STDs. The Risk factors include also the criminal component in sexual services, sexual abuse and trafficking, marginalized social status, risk sexual practices and the rejection of such persons by the society.

- **Men having sex with men (MSM):** There exist three groups in the homosexual community: elite, where the access is strongly restricted; middle group, which is mobile and varied; and lower group, which includes the Roma. This latter sub-group is particularly vulnerable. It is mobile and has the lowest level of general knowledge, which makes it difficult to apply any of the types of measures. The homosexual men in general comprise a community, which is vulnerable in terms of several risk factors: irregular use of condoms, a large number of random and short-lasting sexual contacts.

- **Roma** – According to the available information the Roma group is the most vulnerable of all minority groups. This is due to a combination of numerous factors: rapidly degrading patriarchal system, which is not replaced by any new sustainable social structure; increasing social isolation, aggravated by the 90 percent unemployment; lack of economic culture; increasing prostitution, drug use, crime and mobility. Further on, health practitioners state that most of the Roma women have trivial STDs, which increase the risk of more severe diseases, such as HIV and hepatitis B.

### 1.2.3 Blood transfusion policy and general applicable procedures for patients with HIV/AIDS/STDs

The provisions and recommendations of the WHO and EU regarding the safety in working with blood are complied with. Each bank of donated blood is obligatory tested for syphilis, hepatitis B and C and HIV. The laboratories of the Centers for Transfusion Hematology in the country work using the state-of-the-art imported immunity and enzyme test kits.

All persons that have been proven to be HIV positive are obligatory admitted in the dermatology and venereal diseases clinics. Since the beginning of 1998 all patients, who had positive result from these tests, are referred to the Infectious Diseases Hospital, Sofia, for tests and examinations, on the basis of which a decision is made whether combined retroviral therapy is to be administered to them.

Any Bulgarian citizen may, either voluntarily, or by doctor’s recommendation, get HIV testing with complete observance of anonymity and confidentiality. Blood sample may be drawn in any healthcare establishment. The blood samples are tested in serology laboratories of the Hygiene Epidemiological Institute (HEI) and the dermatology-venereal diseases dispensary (DVD), and any positive results may be cross-confirmed only by the National HIV laboratory. In the recent years the number of voluntary HIV testing persons is on the increase. However, there is an insufficient understanding in society of the need of the offered opportunities for anonymous and voluntary HIV tests.
Counseling prior to and after a test is provided at the DVD, the dermatology and venereology counseling units, at the Infectious Diseases Hospital, Sofia and in the Sexual Health Center at the Orphanage in Sofia. Involving more medical doctors in this activity will necessitate additional up-to-date training.

All patients are treated only at the Infectious Diseases Hospital, Sofia. In 1999 anti-retroviral therapy was introduced for treatment.

Pregnant women are tested only after consulting an experienced gynecologist at the women healthcare counseling unit.

A system for diagnostics of HIV positive individuals is in place. The National Laboratory issues a certificate with the laboratory test results and copies of this certificate are sent as a special delivery to the Ministry of health and the local DVD. The results of all tests made in the HEI and DVD laboratories are summarized every quarter of the year and are submitted to the Ministry of health, where they are summarized and analyzed on a regular basis. Every six months the MH notifies the number of the newly registered cases of people living with HIV/AIDS to the European AIDS Control Center in Paris.

1.2.4 Funding

Considerable financial and material resources have been accumulated for testing and treatment of people living with HIV/AIDS and STDs. The treatment of one HIV positive patient costs 30,000 BGL per year. Approximately 5,000,000 BGL is the cost for treatment of hepatitis B and C patients.

The Bulgarian government has allocated a total of 35 million USD for the implementation of the National Action Plan. Additionally funds are granted under the Global Funds for Fighting AIDS, Tuberculosis and Malaria (15 million USD for 2003-2007), by various UN agencies, etc.


4.1 Strategic planning of the national-level actions against HIV/AIDS with a focus on youth; Bulgaria’s participation in the EU “Europe against AIDS” project; cooperation among the SACP, the MES and NGOs within the “Health Promotion in Schools” network; clear-cut awareness at government level about the economic and social benefits from resolving the “HIV/AIDS” problem prior to the wider spread of the epidemic.

4.2 Carrying out monitoring of the implementation of the different projects, plans and activities under the National Action Plan for HIV/AIDS Prevention and Control.

4.3 Meeting the needs of healthcare staff - Providing sufficient disposable protection instruments, consumables and tools for carrying out body-intervention manipulations, as well as training of the healthcare staff in safe work and behavior in emergency cases.

4.4 Ensuring availability and distribution of specialized information in the Roma communities.
4.5 Mobilizing the media, community programs, peer education networks and any other channels for providing information. Involvement of young people in designing the information texts and in the development of the method for conducting the activities.

4.6 Ensuring opportunities for young people participation in the designing and implementation of the programs and services targeted to them. This may include strengthening of the school and institute councils, youth government in the municipal councils, in the national advisory bodies, etc.