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Bulgaria

EARLY CHILDHOOD DEVELOPMENT

SABER Country Report
2013

Policy Goals	Status
1. Establishing an Enabling Environment The Government of Bulgaria has established national laws and regulations to protect children and their families and promote the provision of high quality early childhood development (ECD) services. The establishment of the National Council for Child Protection (NCCP) shows the commitment of the government to effectively coordinate ECD activities across sectors. Improved coordination and comprehensive multi-sectoral ECD policy framework that equally address education, health, and nutrition, as well as children's social inclusion, should be put in place to meet the holistic developmental needs of young children. Financing for ECD, while adequate in some sectors, could be better coordinated with measures to ensure tailored and sustainable levels of investment. While the government mandates the provision of compulsory free pre-primary preparatory education for children, municipalities lack the necessary fiscal resources to provide pre-primary education free of charge.	Emerging
2. Implementing Widely Bulgaria has established a wide scope of ECD programs in most essential sectors of ECD addressing the needs of all target beneficiaries. Coverage for most health programs is adequate, but provision of certain essential nutrition and pre-primary interventions could be expanded to reach all young children and pregnant mothers. While the pre-primary enrollment rate continues to increase, young children that need early childhood care and education (ECCE) most are excluded from the system, predominantly disadvantaged Roma children. The government should carefully review this equity challenge that has far greater negative impacts later in life. Official data are not available to comprehensively assess the coverage level by socioeconomic status of children and their families, but survey data show that poverty-related challenges of vulnerable families negatively affect ECD. ECD service delivery should be expanded to all young children to ensure they reach their full potential in life.	Emerging
3. Monitoring and Assuring Quality Administrative and survey data exist to differentiate access to essential ECD interventions in Bulgaria, but the availability of such data could be further improved. While quality standards and requirements are established for ECD service provision, compliance mechanisms could still be enforced. Developing a comprehensive child development tracking system across sectors could enable inclusive and responsive monitoring of children's development.	Emerging

This report presents an analysis of the early childhood development (ECD) programs and policies that affect young children in Bulgaria and recommendations to move forward. This report is part of a series of reports prepared by the World Bank using the SABER-ECD framework[1] and includes analysis of early learning, health, nutrition, and social and child protection policies and interventions in Bulgaria, along with regional and international comparisons.

Bulgaria and Early Childhood Development

Bulgaria is an upper-middle-income country located in Southeastern Europe. In 2007, Bulgaria became a member of the European Union (EU) and is Europe's 14th-largest country with a total population of 7.3 million and a GDP per capita (PPP) of US$ 7,283 (2011). Bulgaria is the poorest EU member state with the highest share of population in risk of poverty. Poverty in Bulgaria is disproportionately concentrated in two ethnic minority groups: Roma and Turkish minority groups. According to the latest population census, the groups represent the two largest ethnic minorities in the country. The Turkish minority comprises approximately 590,000 citizens (or 8.8 percent of all people who responded to the question of ethnic self-identification). The number of Roma population based on self-identification is approximately 325,000[2] (or 4.9 percent of the citizens who answered to the question of ethnic belonging). But it is known from surveys that many Roma identify themselves as Bulgarians and Turks. According to the Council of Europe estimations[3] (2010), Bulgaria has up to 800,000 Roma citizens, the EU's largest share of Roma population – approximately 10 percent.

Bulgaria is ranked 57th in the UNDP Human Development Index and has a gross national income of US$ 6,870 per capita (World Bank, 2012). In 2011, Bulgaria had 28.4 percent of its young population aged 0-17 years living below the national poverty line (Eurostat, 2010). Eurostat further indicates that 51.8 percent of young children aged 0-17 years, including 49 percent of children less than 6 years old, are at risk of poverty or social exclusion (2011).

The Government of Bulgaria (GoB) recognizes the critical importance of ECD through the range of national laws and regulations in place to promote the provision of adequate early childhood interventions. Responsibilities are shared amongst several ministries and agencies, including: Ministries of Education, Health, and Labour and Social Policy, as well as the State Agency for Child Protection. The National Council for Child Protection (NCCP) has a consultative mandate to oversee the establishment and implementation of all child development policies. Yet essential ECD services are still delivered in a fragmented manner, requiring improved mechanisms for effective coordination both at the national and service delivery levels.

The present SABER-ECD analysis is intended to identify achievements, as well as gaps, in Bulgarian ECD policies and programs in hopes of informing the improvement of the existing ECD system. Table 1 presents a comparison of selected ECD indicators in Bulgaria and select European countries.

Table 1: Snapshot of ECD indicators in Bulgaria and other European countries

	Bulgaria	Denmark	France	Hungary	Romania
Infant Mortality (deaths per 1,000 live births, 2011)	8.5	3	3	5	11
Below 5 Mortality (deaths per 1,000 live births, 2011)	10	4	4	6	13
Gross Pre-primary Enrollment Rate (3-6 years, 2012)	85%	100%	100%	87%	77%

Source: UNICEF Country Statistics, 2010; UNESCO Institute for Statistics; National Statistics Institute.

[1] SABER-ECD is one domain within the World Bank initiative, Systems Approach for Better Education Results (SABER), which is designed to provide comparable and comprehensive assessments of country policies.
[2] NSI, Census 2011, http://censusresults.nsi.bg/Census/Reports/1/2/R7.aspx.
[3] The Commission's Communication, *An EU Framework for National Roma Integration Strategies*, COM (2011) 173 final, 5.4.2011, p 15.

Systems Approach for Better Education Results – Early Childhood Development (SABER-ECD)

SABER–ECD collects, analyzes, and disseminates comprehensive information on ECD policies around the world. In each participating country, extensive multi-sectoral information is collected on ECD policies and programs through a desk review of available government documents, data and literature, and interviews with a range of ECD stakeholders, including government officials, service providers, civil society, development partners, and scholars. The SABER-ECD analytical framework presents a holistic and integrated assessment of how the overall policy environment in a country affects young children's development. This assessment can be used to identify how countries address the same policy challenges related to ECD, with the ultimate goal of designing effective policies for young children and their families.

Box 1 presents an abbreviated list of interventions and policies that the SABER-ECD approach looks for in countries when assessing the level of ECD policy development. This list is not exhaustive, but is meant to provide an initial checklist for countries to consider the key policies and interventions needed across sectors.

Three Key Policy Goals for Early Childhood Development

SABER-ECD identifies three core policy goals that countries should address to ensure optimal ECD outcomes: Establishing an Enabling Environment, Implementing Widely, and Monitoring and Assuring Quality. Improving ECD requires an integrated approach to address all three goals. As described in Figure 1, for each policy goal, a series of policy levers are identified, through which decision-makers can strengthen ECD. Strengthening ECD policies can be viewed as a continuum; as described in Table 2 on the following page, countries can range from a latent to advanced level of development within the different policy levers and goals.

Box 1: An initial checklist to consider how well ECD is promoted at the country level

What should be in place at the country level to promote coordinated and integrated ECD interventions for young children and their families?
Health Care
• Standard health screenings for pregnant women • Skilled attendants at delivery • Childhood immunizations • Well-child visits
Nutrition
• Breastfeeding promotion • Salt iodization • Iron fortification
Early Learning
• Parenting programs (during pregnancy, after delivery, and throughout early childhood) • High quality child care for working parents • Free pre-primary school (preferably at least two years with developmentally appropriate curriculum and classrooms, and quality assurance mechanisms)
Social Protection
• Services for orphans and vulnerable children • Policies to protect rights of children with special needs and promote their participation/access to ECD services • Appropriate housing conditions for quality ECD provision • Financial transfer mechanisms or income supports to reach the most vulnerable families (could include cash transfers, social welfare, etc.)
Child Protection
• Mandated birth registration • Job protection and breastfeeding breaks for new mothers • Specific provisions in judicial system for young children • Guaranteed paid parental leave of least six months • Domestic violence laws and enforcement • Tracking of child abuse (especially for young children) • Training for law enforcement officers in regards to the particular needs of young children

Figure 1: Three core ECD policy goals

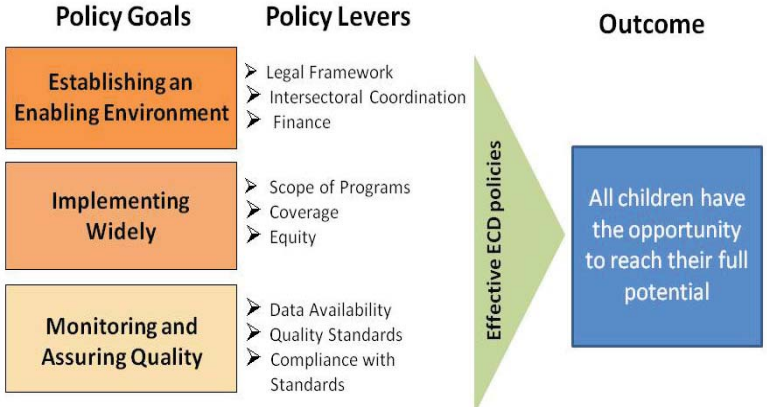


Table 2: ECD policy goals and levels of development

ECD Policy Goal	Level of Development			
	Latent ●○○○	Emerging ●●○○	Established ●●●○	Advanced ●●●●
Establishing an Enabling Environment	Non-existent legal framework; ad-hoc financing; low inter-sectoral coordination.	Minimal legal framework; some programs with sustained financing; some inter-sectoral coordination.	Regulations in some sectors; functioning inter-sectoral coordination; sustained financing.	Developed legal framework; robust inter-institutional coordination; sustained financing.
Implementing Widely	Low coverage; pilot programs in some sectors; high inequality in access and outcomes.	Coverage expanding but gaps remain; programs established in a few sectors; inequality in access and outcomes.	Near-universal coverage in some sectors; established programs in most sectors; low inequality in access.	Universal coverage; comprehensive strategies across sectors; integrated services for all, some tailored and targeted.
Monitoring and Assuring Quality	Minimal survey data available; limited standards for provision of ECD services; no enforcement.	Information on outcomes at national level; standards for services exist in some sectors; no system to monitor compliance.	Information on outcomes at national, regional and local levels; standards for services exist for most sectors; system in place to regularly monitor compliance.	Information on outcomes from national to individual levels; standards exist for all sectors; system in place to regularly monitor and enforce compliance.

Policy Goal 1: Establishing an Enabling Environment

➢ Policy Levers: Legal Framework • Inter-sectoral Coordination • Finance

An Enabling Environment is the foundation for the design and implementation of effective ECD policies.[4] *An enabling environment consists of the following: the existence of an adequate legal and regulatory framework to support ECD; coordination within sectors and across institutions to deliver services effectively; and sufficient fiscal resources with transparent and efficient allocation mechanisms.*

Policy Lever 1.1: Legal Framework

Established ●●●○

The legal framework comprises all of the laws and regulations which can affect the development of young children in a country. The laws and regulations that impact ECD are diverse due to the array of sectors influencing ECD and because of the different constituencies that ECD policy can and should target, including pregnant women, young children, parents, and caregivers.

National laws and regulations in Bulgaria promote equitable preschool education. The *Public Education Act* (1991) registers pre-primary education as the first level of preparatory education. Early childhood care and education (ECCE) services are provided by the public sector. The Act further mandates the provision of a two-year compulsory free pre-primary preparatory education for children of 5-7 years of age in preparation for formal schooling.

The scope of this law includes not only early learning opportunities for young children, but also health and protection of children. The Act commits to create conditions for proper physical and mental development of young children. According to the *Health Act* (2005), the state and the municipalities work in close collaboration with the Ministry of Health (MoH) to create conditions for healthy living environment and normal physical and psychic development of children. Medical specialists and others implement complementary services to support the upbringing, stimulation, education, and healthy feeding of young children up to 3 years of age.

Pre-primary education in Bulgaria caters to children aged 3-7 and is provided in state, municipal, and private kindergartens. Pre-primary education aims to 1) develop children's skills and motivation to learn, 2) ensure a smooth transition into the primary educational process, and 3) prepare them for lifelong learning by developing their full potential.

For children up to 3 years of age, day-care nursery services are provided. The purpose of this establishment is to support families in bringing up their

[4] Brinkerhoff, 2009; Britto, Yoshikawa & Boller, 2011; Vargas-Baron, 2005.

children and ensure a healthy living environment for young children's physical and mental development. It is regulated that the day-care nursery provides organized educational services through a comprehensive regime and activities defined according to the specific age of the children. However, nurseries are not part of the pre-primary education system in Bulgaria. They are regulated by the MoH and the services are provided by medical professionals like nurses. Nursery groups may exist in kindergartens.

The government endeavors to ensure access to education and improve the quality of education for young children and pupils from vulnerable ethnic communities. The strategy adopted to reduce the share of early school leavers (2013-2020) states that kindergartens and schools should implement policies to overcome separation by ethnicity of children and pupils in groups and classes, provide orientation training to facilitate work in a multicultural group and class, while improving intercultural competence of all stakeholders in the education service delivery chain.

National laws and regulations in Bulgaria promote health care for young children and pregnant women. The *Health Act* (2005) guarantees the provision of free public health services for young children and pregnant women. In addition, *Ordinance № 40* determines the basic package of health services guaranteed by the National Health Insurance Fund (NHIF). *Ordinance № 38* further specifies the list of diseases for home treatment of which the NHIF pays drugs, medical devices, and dietary foods for special medical purposes wholly or partially. Under the *Ordinance for Immunizations in Bulgaria* (*Ordinance № 15*, 2005), young children are required to receive a complete course of immunizations.[5] Similarly, *Ordinance № 39* (2004) *for preventive examinations and dispensary activities* regulates the conduct of regular[6] check-ups for children. The ordinance regulates also the type and frequency of the preventive check-ups for pregnant women for normal course of pregnancy and for at-risk pregnancy. Referral systems are in place to direct young children and parents to additional services as necessary.

Under the *National Framework Agreement (NFA) for Medical Services* (2012) and the related legislation,[7] health services[8] for pregnant women, women in child-birth, and children are guaranteed. Uninsured expecting mothers, particularly from vulnerable groups, also benefit from guaranteed minimum prenatal visits and skilled delivery in accordance with *Ordinance № 26* (2007). The standard health screenings for HIV and sexually transmitted diseases (STDs) for pregnant women are free, and standard follow-up and referral procedures are provided. In accordance to *Article 87 of the Health Act* (2005), medical activities are performed only after informed consent from the patient. A pregnant woman who refuses an HIV test is constantly offered the opportunity for testing.

Under the framework of activities guaranteed by the NHIF budget, other key health services provided free of charge to young children and pregnant women include: growth monitoring and promotion; diarrhea treatment; upper respiratory tract infection treatment; antibiotic treatment for pneumonia; [9] treatment to prevent mother-to-child transmission of HIV/AIDS; anti-retroviral treatment for HIV/AIDS; and tuberculosis treatment.

National laws and regulations promote dietary consumption by pregnant women and young children, but this effort could be further improved. Bulgaria does not fully comply with the *International Code of Marketing of Breast Milk Substitutes* – an international health policy framework for breastfeeding promotion adopted by the World Health Organization (WHO) – which serves as a minimum requirement for all countries to protect infants and young children. The Code aims to ensure that parents receive evidence-based information and regulates the marketing of breast milk substitutes and feeding supplies. On the basis of this international code, the government has adopted the Global Strategy for Infant and Young Child Feeding and the related Ten Steps to Successful Breastfeeding, based on the UNICEF/WHO Baby-Friendly Hospital Initiative (BFHI). Nutrition activities

[5] The Expanded Program on Immunization (EPI) complete course of immunizations targets nine vaccine-preventable diseases: tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis, measles, hepatitis B, Haemophilus influenza type b, and yellow fever.

[6] *Ordinance № 39* (2004) requires periodic well-child visits in accordance with a well-established visit plan as follows: one visit within the first 24 hours of discharge from the maternity hospital, monthly preventive check-ups during the first year, four times a year (every three months) during the second year, twice a year (every six months) for children aged 2-7 years, and once a year for children 7-18 years old.

[7] *Ordinance № 39* for preventive examinations and dispensary activities and *Ordinance № 40* for basic package of health services.

[8] The NFA provides health services for hospital and out of hospital care, including preventive examinations, dispensary activities, laboratory examinations and consultancy in the specialist outpatient care, hospital care where hospitalization is needed, medicines for home treatment for children with chronic diseases, Children's Health Program, Maternal Health Program, and National Program Fund for Child Treatment.

[9] Health services for diarrhea treatment, upper respiratory tract infection treatment, and antibiotic treatment for pneumonia are only provided free of charge if hospitalization is needed.

targeting breastfeeding support and promotion are part of the health activities performed by the medical staff in maternal wards and general practices. Yet formula is still used widely to support mothers in the maternity hospital.

The MoH has recognized the need for increased emphasis on optimal infant and young child feeding practices. The GoB has established the National Plan for Food and Nutrition 2005-2010 to lead activities promoting breastfeeding practices and effective nutrition interventions in the country. While the National Plan focuses on breastfeeding promotion, followed by the creation of the National Breastfeeding Committee, breast milk substitutes and formula are widely promoted in the maternity hospitals, general practices, and by pediatricians. The National Breastfeeding Committee closely collaborates with UNICEF to continue to promote the Baby Friendly Hospitals Initiative. The next phase of the National Plan for Food and Nutrition (2011-2016) was not launched due to lack of resources. In 2013, a National Program for Prevention of Chronic Non-communicable Diseases (2014-2020) was adopted by *Decision of the Council of Ministers № 538,* which included breastfeeding promotion activities. Under the *Decree for Salt Iodization* (1994), the GoB mandates iodization of salt for human consumption. Regulations are not yet in place to encourage iron fortification of food staples in Bulgaria. Although there have been preliminary discussions based on dialogue with world producers of iron fortification staples, policies have not been established.

Policies guarantee job protection for pregnant women and opportunities for new parents to care for infants in their early years of life. The *Social Security Code* (2000) guarantees 48 weeks of maternity leave for biological or adopting mothers. Compensation for pregnancy and childbirth (*Article 49*) include: daily cash benefit at 90 percent of average daily gross salary or the average daily income. The Code further guarantees support for self-employed mothers, and contributions include financial assistance provided for sickness and maternity leave for the period of 18 calendar months preceding the month of occurrence of temporary disability due to pregnancy and childbirth. Leave is paid by the employer and the National Social Security Institute. In addition, supplementary paid leave is provided after the expiration of the benefit for pregnancy and childbirth (*Article 53 of the Social Security Code*): child-raising mothers are compensated with a monthly cash benefit determined by the Law on the Budget of the State Social Security.

Fathers are also guaranteed paid paternity leave. *Article 50 of the Social Security Code* stipulates that fathers, including adopting fathers, are entitled to a cash benefit for their childbirth and for 410 calendar days after the child turns 6 months old. The financing compensation amount is determined in accordance with *Article 48* and *49* of the same code.

The GoB encourages feeding practices in ECCE centers. As a result of surveys held in Bulgaria in the last 10 years, national programs for healthy nutrition practices were introduced by law. In 2011, the GoB adopted *Ordinance № 6* to promote healthy nutrition of children aged 3 to 7 years in child care centers. The Ordinance is targeted towards children attending organized children's groups; municipal, state, and private institutions; and preparatory preschools. The policy is currently under implementation, closely monitored by the regional structures of the MoH and the NCPHA. Most recently the government adopted similar *Ordinance № 2* (2013) for healthy nutrition of children aged from 0 to 3 years in child care centers and children's kitchens.

Bulgaria has ratified the *ILO Maternity Protection Convention*. The *Labor Code* includes special protection for women, and more specifically for pregnant and new mothers. The Code requires employers to provide breaks for nursing mothers (*Article 166*) and appropriate facilities for breastfeeding (*Article 308*) in cases where more than 20 women are hired in the respective entity. In addition, the Code protects against discriminatory dismissal of pregnant women (*Article 328* and *330*); employers are required to give employees the same job when they return from maternity leave (*Article 309*).

Table 3 provides a sample of leave policies from other Eastern European countries. Compared to Bulgaria and other countries in the region, high performing countries like Sweden, offer greater protection for parental leave and focus on enhanced economic and social planning. Sweden's approach, detailed in Box 2, is an advanced, flexible policy to ensure adequate care of the child.

Table 3: Comparison of maternity and paternity leave policies in selected countries in Eastern Europe

Bulgaria	Russia	Sweden	United Kingdom
48 weeks maternity, at 90 percent of wage, paid by the employer and the government. Limited paid paternity leave.	140 days birth and pregnancy leave at 100 percent wage; parental leave up to 36 months (40 percent of wage until 18 months of age, fixed amount for remaining 18 months)	480 days (60 days exclusively for mother and 60 days for father, remainder discretionary) at 80 percent of wage	273 days (30 days at 90 percent wage, remainder at fixed rate); 14 days paternity leave

Source: SABER-ECD Policy Instrument; ILO, 2012.

Box 2: Relevant lessons from Sweden: The Swedish Parental Insurance Benefit

Summary: The *Swedish Parental Insurance Benefit* is the international exemplar for parental leave policy. Parental insurance in Sweden is designed to benefit both men and women. In total, the leave includes 480 days of paid leave, 60 days of which are earmarked for the mother, 60 days for the father, and the remainder to be divided as the couple chooses. It commences up to seven weeks prior to the expected birth, and also is available for parents adopting a child. The compensation rate can vary; as a minimum, however, 80 percent of the employee's salary is provided during leave. In addition, each parent is legally entitled to take unpaid leave until a child is 18 months old. Additional benefits include: temporary parental leave, which entitles a parent to 120 days of parental leave annually to care for children under the age of 12 with illness or delay (child requires a doctor's certificate); a pregnancy benefit, payable for a maximum of 50 days to expectant mothers who are unable to work because of the physically demanding nature of their jobs; and, pension rights for child care years, which partially compensate the loss of future income during the period when the parent is at home with the child.

Key considerations for Bulgaria:

- ✓ Mandated parental leave for fathers
- ✓ Improved adequate and sustainable financial support to support families during early stage of child's life
- ✓ Additional benefits for families with children who have special needs

Child protection policies and services, including birth registration and protection from violence, are established in Bulgaria. The *Civil Registration Act* (1999) requires that each municipality maintains two sets of register: (i) Register of Population, and (ii) Register of Acts of Civil Status. The Register of Population contains information about every person – name, registration number, address, civil status data, and information about close relatives. The Register of Acts of Civil Status contains information about birth, marriage, and death of the population. The Act states that official representatives of medical entities (maternity ward, or state official in case the delivery was not in a health establishment) are required to report a child's birth in writing within five days to local registrars.

The Civil Registration policy is implemented at local level by a specialized department in the municipality to maintain a Unified System for Civil Registration and Administrative Service of the Population (USCRASP, *Article 100 of the Civil Registration Act*) – a national system for civil registration of individuals living in Bulgaria. Every maternity ward maintains an information system containing data on each delivery and the actual distribution of newborns by regions throughout the country in accordance with *Ordinance 32* (2008). The information system is maintained by the MoH. While the government's efforts to promote the registration of newborns are commendable, it should be noted that there is yet not an effective policy established for the registration of children born outside maternity hospitals.

The GoB promotes the reduction of family violence across relevant sectors. Bulgaria's *Law on Protection from Domestic Violence* (2009) and the *Child Protection Act* (2000) guarantee young children's protection from any act of violence. *Article 11 of the Child Protection Act* defines violence as any act of physical, psychological, or sexual abuse, neglect, commercial, or other exploitation at family, school, or social environment, which harms or brings potential harm to the child's health, life, and development. The State Agency for Child Protection, the government entity primarily responsible for Bulgaria's child protection system, has established a range of national programs and services to prevent violence against young children (discussed in detail under the Policy Goal 2 section). Every year, funds are allocated from the state budget through the Ministry of Justice (MoJ) in order to finance projects for the development and implementation of violence prevention activities. In addition, several key interventions are in place to protect children, including training for professionals of the justice system (judges, lawyers, and law enforcement officers) on children's rights.

Policies are established in Bulgaria to enable the provision of specialized services for disadvantaged young children. The GoB has established *Ordinance № 1* (2009) under the *Public Education Act* to meet the needs of children with special educational needs and/or with chronic diseases. Special needs are defined as various disabilities – sensory, physical, and mental; multiple disabilities; speech-language disorders; and learning difficulties. A range of programs and services are established to meet the special needs of some vulnerable children but adequate services are still not provided to all children in need.

The *National Child Strategy* (2008-2018)*, the Public Education Act* (1991)*, and the Law on Integration of People with Disabilities* (*Ordinance № 1*, 2009) promote inclusive education for children with disabilities. The MoE has the mandate to create learning opportunities for children who have special educational needs who are not integrated into the mainstream pre-primary education system. Based upon an assessment of a child, families are offered with possible education services targeting children with special needs. Special education services could be provided in special environments such as special kindergartens, special schools, or special health kindergartens for children with chronic disease only after opportunities for inclusive education are mainstreamed. An expert committee of the MoE should approve every case of a child's enrollment in special environment.

Article 36 of the Social Assistance Act promotes the social inclusion of children with disabilities. Community-based services including social rehabilitation and special day care centers are established to integrate children with disabilities. These centers are expected to provide a range of complex social services – rehabilitation, social and legal counseling, educational and vocational training and guidance, preparation and implementation of individual programs for social inclusion, and other services. According to independent monitoring reports, access and coverage of such services are insufficient. In most cases, children whose families live outside the administrative center have to travel to the municipal centers where most of the service providers are located. Furthermore, there is a lack of system to ensure adequate quality of service provision in different regions. A social inclusion project[10] is currently under implementation – aiming to prevent social exclusion and reduce child poverty through investments in early childhood programs. One of the major expected outcomes of the project is to improve the school readiness of vulnerable children from low income families and children with disabilities.

As a part of the government's ongoing efforts to ensuring quality care and development services for its youngest citizens, the government adopted a national strategy entitled "Vision for deinstitutionalization of children in Bulgaria" (2010-2025). The strategy aims at creating new opportunities for family support and community-based services, and providing support for the establishment of ECD programs and services. As described in *Article 36* of the regulation on the implementation of the *Social Assistance Act,* the strategy aims at promoting the following types of community-based social services and specialized institutions that can be used by children and their families: family type accommodation center/small group homes; "mother and baby" unit; shelters for homeless children; transitional home; temporary placement center; and observed house. According to data from the Third Monitoring Report of the National Strategy (July 2012–June 2013), 35 new community-based services targeting vulnerable children were established between June 2012 and June 2013. The report further indicates that the GoB is facing challenges in effectively implementing the De-institutionalization Strategy.

[10] The Ministry of Labour and Social Policy is the managing authority of the project, under a special agreement between the World Bank and the GoB.

Box 3: ***Key Laws and Regulations Governing ECD in Bulgaria***

Key Laws Governing ECD in Bulgaria

- *Public Education Act* (1991)
- *Health Act* (2005)
- *Civil Registration Act* (1999)
- *Child Protection Act* (2000)
- *Health Insurance Act* (1999)
- *Social Security Code* (2000)
- *Labor Code* (1987)
- *Law on Protection from Domestic Violence* (2009)

Other Regulations Protecting Women & Children

- *Law on Integration of People with Disabilities* (2005)
- *Social Assistance Act* (1999)
- *National strategy – "Vision for deinstitutionalization of children in Bulgaria"* (2010-2025)
- *Family Allowances Act* (2002)
- *National Child Strategy* (2008-2018)

International Conventions on Women & Children

- *The UN Convention on the Rights of the Child* (1989)
- *The UN Convention for the Protection of Human Rights and Fundamental Freedoms* (1950)
- *ILO Maternity Protection Convention* (2002)
- *The UN Protocol on the Sale of Children and Child Prostitution and on Involvement of Children in Armed Conflict* (2002)
- *The ILO 182nd Convention on Child Labor* (1999)
- *The Hague Convention on Inter-Country Adoption* (2008)

Policy Lever 1.2: Inter-sectoral Coordination

Development in early childhood is a multi-dimensional process.[11] *In order to meet children's diverse needs during the early years, government coordination is essential, both horizontally across different sectors as well as vertically from the local to national levels. In many countries, non-state actors (either domestic or international) participate in ECD service delivery; for this reason, mechanisms to coordinate with non-state actors are also essential.*

The GoB has not yet developed an explicitly stated comprehensive multi-sectoral ECD strategy. A child's development requires a safe, stimulating environment, with access to a multitude of interventions in education, health, nutrition, and social and child protection that are delivered at different stages of development. The relevant government institutions engaged in policy making do not yet fully recognize the concept of the need for a comprehensive and integrated ECD system. It is also reported that there is currently no unified understanding of what ECD entails and what effective strategies should be put in place to ensure the provision of integrated ECD services to enable all young children develop to their full potential. Although various ministries and institutions provide a range of services targeting young children's development, the approach is rather fragmented. As described in earlier section, several laws and regulations have been developed including: the *Health Act*, the *Public Education Act*, the *Law on Child Protection,* among others. The current legal framework for ECD is not specifically tailored to ECD aged children, but rather to the age group 0 to 18 years.

A *National Child Strategy* (2008-2018) was developed in consultation with the various ECD stakeholders. Although the strategy refers to children 0-7 years of age, the strategy does not address the specific ECD activities related to this critical period of a child's development. As part of the GoB's efforts to improve the ECD system in Bulgaria, the Government is highly encouraged to review the ongoing national strategy and develop an explicitly stated comprehensive multi-sectoral ECD policy, complemented by a costed implementation plan. Box 5 provides relevant examples from Chile on the benefits of multi-sectoral design and implementation of ECD policy.

ECD policy development could be better coordinated to ensure the establishment of a comprehensive policy and improved coordination amongst the relevant government entities. The central government is responsible to create all the necessary conditions for the protection of the rights of children. Child development policies are developed at the national level by different ministries and agencies, including: the State Agency for Child Protection, the Ministry of Labour and Social Policy (MLSP), the Ministry of Education and Science (MoES), and the MoH. Several initiatives have been undertaken to consolidate the various efforts made in ECD policy design. In 2012, the State Agency for Child Protection proposed a new Child Law with the aim to consolidate the legislation around young children in Bulgaria. The proposed new law was developed and presented by an interagency working group chaired by the Minister of Labour and Social Policy and with the participation of all ECD stakeholders – relevant ministries, agencies, the National Association of

[11] Naudeau et al., 2011; UNESCO-OREALC, 2004; Neuman, 2007.

Municipalities, and a large number of non-governmental organizations. Its approval and consideration in parliament were delayed due to the dissatisfaction of parents and community organizations on its content. Similarly, the MLSP has included initiatives for ECD policy for social inclusion. Most recently, in 2013, the MoES proposed a draft law to regulate the provision of compulsory pre-primary education starting in the school year for children of the age of 4 years.

While the various efforts by the responsible bodies are highly commendable, the design of ECD policy could be improved through enhanced coordination amongst the different ECD stakeholders and the development of one holistic multi-sectoral ECD policy to cater the comprehensive developmental needs of all young children in Bulgaria.

The National Council for Child Protection (NCCP) is an ECD consultative body serving as an institutional anchor; however, improved cross-sectoral collaboration platforms need to be established to effectively coordinate ECD interventions across sectors. The GoB has not yet established a cross-sectoral institutional anchor to coordinate ECD activities, nor does a specialized ECD department, ministry, or agency exist yet. The State Agency for Child Protection is the responsible body for developing mainly child protection policies. It assists the relevant ministries, together with the European Union (EU), in the formulation and implementation of child protection policies, including: health, education and science, justice, foreign affairs, culture, and finance. In addition, the Chairperson of the Agency works jointly with the Governor of the National Insurance Institute, the Secretary of the Central Commission for combating juvenile delinquency of minors, the Council of Ministers, and the National Association of Municipalities of the Republic of Bulgaria to establish state policies on child protection. These ongoing collaboration efforts reiterate the inevitable needs for greater collaboration between relevant sectors for improved design and implementation of holistic ECD policies. The State Agency for Child Protection has further established a multi-sectoral consultative body – the NCCP – leading the establishment and implementation of any early childhood related policies. Operating under the State Agency for Child Protection, the NCCP is responsible for the formulation, planning, and implementation of any possible joint activities and policy actions that could arise from the EU partnership initiatives. As displayed in Figure 2, the NCCP is designed with representation from all relevant sectors. However, the latter has mainly consultative functions and coordination mechanisms with stakeholders are not clearly established.

The GoB is encouraged to further improve the ECD coordination mechanisms and strengthen the role of the NCCP to serve as a national cross-sectoral ECD institutional anchor to streamline ECD activities across relevant sectors.

Box 4 presents valuable examples from Australia on a participatory approach to achieve universal pre-primary education and develop ECD strategy.

Box 4: Relevant lessons from Australia: participatory approach to achieve universal pre-primary education and develop ECD strategy.

Summary: Early childhood development is embedded in a strong legal framework in Australia. The Council of Australian Governments (COAG) created the *National Partnership Agreement on Early Childhood Education,* which commits the Commonwealth and State and Territory Governments to ensure that all children have access to a quality early childhood education program in the year preceding formal schooling by 2013. The program is required to be delivered by a four-year university-trained early childhood teacher and be provided for a minimum of 15 hours a week, 40 weeks per year.

Developed under the auspices of the COAG in 2009, *Investing in the Early Years – A National Early Childhood Development Strategy* is a joint effort to ensure that by 2020 all children have the best start in life to create a better future for them and for the nation. The strategy is a comprehensive approach to ECD that focuses on a child's life cycle, across the four interrelated dimensions of ECD, from the prenatal period to age 8.

An important factor for emphasis in Australia's establishment of a comprehensive ECD system has been the effective participation, cooperation and policy development across all levels of government. The strategy acknowledges that families, community, organizations, workplace, and government all play critical roles in shaping children's development, and thus requires an effective ECD system with sufficient capacity and stakeholder synergy.

Mechanisms are in place for collaboration with non-state stakeholders. As displayed in Figure 2, representatives from 12 non-state ECD service providers have guaranteed seats at the NCCP on a rotational basis. The NCCP holds biannual coordination meetings involving all members of the national council and the existing three working groups – *"Coordination of Activities and Policies," "Prevention of Violence and Abuse of Children," and "Improvement of Care and Services for Children and Families."* The working groups meet on a more regular basis. In addition, activity feedback hotlines are established for non-state providers (including phone or email communication). Every year, non-state service providers are required to submit a report capturing the activities carried out to populate implementation data.

ECD goals have been established in all relevant sectors; however an integrated common plan of action is yet to be established. Each sector has put forth its own specific ECD goals. In the education sector, in the 2010/2011 school year a compulsory two-year preparation before entering first grade was introduced for 5-year-old children. According to *Article 20 of the Public Education Act* (2010) preschool preparation of children two years before they enter into first grade is mandatory, but not earlier than the year in which the child turns 5 years old. Its introduction aims to provide a fair start for every child, contributing to the development of skills required for entry into the first grade of primary school. This measure is a preventive step to decrease the number of children not reached and early school leavers. The implementation of the measure will help to achieve the national goal of reducing the share of early school leavers to under 11 percent by 2020. In addition, the MoES is a leading institution in the "priority education" initiative ensuring equal access to education through the implementation of measures of the National Strategy for Roma Integration in the Republic of Bulgaria (2012-2020). In the child and social protection sector, the recently adopted National Strategy "Vision for deinstitutionalization of children in Bulgaria" (2010) mainly focuses on preventing child abandonment and supporting families in raising their children in a child-friendly, family environment. An ordinance has been adopted for the terms and conditions for implementation of measures to prevent abandonment and placement of children in institutions and for their reintegration. Based on a needs assessment, an action plan has been developed to further expand the existing community-based social services – such as the Foster Care Programs – for placement of young children who cannot be reintegrated in their families. The National Children's Strategy (2008-2018) puts forth measures and actions for improving children's welfare in Bulgaria. It sets out a number of key areas in which actions should be taken, including: family environment, living standards and social support, alternative services, health care and nutrition, education, leisure and development of skills, and child participation. The Strategy recommends the adoption of standards for ECD and requires the adoption of measures for the prevention of child abandonment, as well as ensuring provision of appropriate community-based social services. Another key document worth noting is the new draft of the *Child's Law* (2011). This law is still in the process of public debate, but is expected to bring a considerable improvement to the existing Child Protection Law and will assist with the implementation of the de-institutionalization process. The law specifically stipulates the provision of early intervention services for children with disabilities. It also legislates against abandonment of children and the placement of children 0-3 in specialized institutions.

While the efforts of the different sectors in establishing sectoral ECD goals are commendable, the GoB should develop an integrated ECD policy and a common plan of action to effectively respond to the comprehensive needs of young children. The National Child's Strategy could serve as a basis to take further actions in this area.

Figure 2: Composition of the National Council for Child Protection

Box 5: The Chilean experience: benefits of multi-sectoral policy design and implementation

Summary: A multi-sectoral ECD policy is a comprehensive document that articulates the services provided to children and key stakeholders involved, including responsibilities of service providers and policy makers. The policy should also present the legal and regulatory framework in a country and address any possible gaps. Typically, a policy can include a set of goals or objectives and an implementation plan that outlines how they will be achieved. The benefits of doing so are manifold. The preparation process requires all stakeholders to contribute, which in turn promotes a more holistic, synergetic approach to ECD and identifies possible duplication of objectives by individual stakeholders. Another benefit is that the policy framework clarifies the boundaries within which all stakeholders are to operate and can create accountability mechanisms.

One such example is *Chile Crece Contigo* ("Chile Grows With You," CCC), an inter-sectoral policy introduced in 2005. The multidisciplinary approach is designed to achieve high quality ECD by protecting children from conception with relevant and timely services that provide opportunities for early stimulation and development. A core element of the system is that it provides differentiated support and guarantees children from the poorest 40 percent of households key services, including free access to pre-primary school. Furthermore, the CCC mandates provision of services for orphans and vulnerable children and children with special needs. The creation and implementation of the CCC has been accomplished through a multi-sectoral, highly synergistic approach at all levels of government. At the central level, the Presidential Council is responsible for the development, planning, and budgeting of the program. At each of the national, regional, provincial, and local levels, there are institutional bodies tasked with supervision and support, operative action, as well as development, planning, and budgeting for each respective level. The *Chile Crece Contigo Law* (№ 20.379) was created in 2009.

Key considerations for Bulgaria:

- ✓ Highly synergetic approach to service delivery, focusing on multi-sectoral nature of children's needs: Given the multidimensional nature of children's development needs, a cohesive approach in ECD service delivery is highly beneficial. It is important to establish a scheme for comprehensive ECD services that should be delivered to all young children, leveraging the respective competencies of each sector with a focus on achieving holistic child development.
- ✓ Guaranteed support to the poorest, most in need children and their families.

Policy Lever 1.3: Finance

Established

While legal frameworks and inter-sectoral coordination are crucial to establishing an enabling environment for ECD, adequate financial investment is key to ensure that resources are available to implement policies and achieve service provision goals. Investments in ECD can yield high public returns, but are often undersupplied without government support. Investments during the early years can yield greater returns than equivalent investments made later in a child's life cycle and can lead to long-lasting intergenerational benefits.[12] *Not only do investments in ECD generate high and persistent returns, they can also enhance the effectiveness of other social investments and help governments address multiple priorities with single investments.*

In all relevant sectors, explicit criteria are used to allocate ECD funding. In the education sector, allocation is based on specific criteria, including the number of children enrolled, attendance level, number of staff positions, and geographical location, as well as children's characteristics, such as gender, socioeconomic status, and special needs. Similarly, in the health sector, allocation of health funding for early childhood is based on criteria, including the number of children at the sub-national level, geographical location, usage, and children's characteristics. In the nutrition and child and social protection sectors, a similar set of criteria are used to allocate funding, including the number of children covered in the sub-region, children's characteristics, and historical precedent.

National laws and regulations have not established a minimum level of public funding for ECD services across sectors. The planning and determination of budget for ECD activities are not coordinated across sectors. There is no separate budget for ECD and financing for ECD services takes place in a fragmented way within each of the sectors, under the supervision of national ministries and agencies. Currently, there is no official policy instituting some level of minimum funding for ECD services to ensure sustainable investments of ECD in Bulgaria. Every year, the Council of Ministers determines the basic standards and financing for public services according to the *Law on Annual National Budget* based on the types of services provided. Bulgaria could learn valuable lessons from OECD countries, such as Australia, which ensure sustainable

[12] Valerio & Garcia, 2012; WHO, 2005; Hanushek & Kimko, 2000; Hanushek & Luque, 2003.

ECD financing with a more streamlined system. Box 6 explains Australia's system to ensure sustainable financing for ECD.[13]

Box 6: Relevant lessons from Australia: sustainable financial investments in ECD

Summary: In 2008, through the Council of Australian Governments, all state and territory governments in Australia jointly agreed to *the National Partnership Agreement on Early Childhood Education*. Prior to the National Partnership, Australia's investment in ECD was only 0.1 percent of GDP, which ranked 30th out of the 32 OECD countries. To achieve quality, universal coverage, all levels of government agreed to increased, sustained financial investment, which was partially aided though additional funding of $970 million (AUD) by the Commonwealth of Australia over a five-year period.

The Australian strategy calls for streamlined mechanism for management and finance at all levels. It requires effective accountability mechanisms, with clearly defined roles and responsibilities at each respective level. The Best Start Program in the State of Victoria is an example of a comprehensive ECD program with sustainable financing mechanisms. The program uses a decentralized approach and is co-financed by local governments and regional stakeholders. The program's multi-pronged funding approach is effective largely due to strategic mapping, constant monitoring, and extensive evaluation methods at the local level.

Key considerations for Bulgaria:

- ✓ Accountability measures for financing and allocating funding across sectors and between sectors and the national and provincial governments.
- ✓ Improved availability of expenditure data and a unified information system to monitor the NSP across ECD indicators in order to track and sustain adequate financing.

The level of public sector financial commitment to ECE is adequate. Approximately 11 percent of total government expenditures go towards education in Bulgaria (representing approximately 4 percent of GDP). Of the entire education budget, 22 percent is allocated to pre-primary education (UNESCO, 2010). Table 4 compares Bulgaria's distribution of pre-primary spending with select countries in Europe. As of 2009, Bulgaria had the highest proportion of its education spending allocated towards pre-primary education.

Table 4: Regional comparison of select education expenditure indicators, 2010

	Bulgaria	Denmark	France	Hungary	Romania
Share of public education expenditure on pre-primary	22%	11.5% (2009)	11.7% (2009)	14.6%	9.6% (2009)
Pre-primary expenditure as percentage of GDP	0.8%	0.9% (2009)	0.7% (2009)	0.7%	0.4% (2009)

Source: UNESCO Institute of Statistics, 2010.

The burden of finance for ECCE is distributed across various segments of society. State and municipal budgets cover the essential costs of ECCE provision. The state is primarily responsible for costs of staff salaries, training, medical prevention, and safe and healthy working conditions. The municipality covers the additional costs for maintenance of heating, lighting and other supplies, major repairs, medical care, and partly for children's food. While national law guarantees free pre-primary education, there is a chronic shortage of places in kindergartens, particularly in big cities including the capital city. In addition, state and local authorities expect parents who can afford to contribute financially for the provision of quality ECCE services to preschool-aged children. Each municipality autonomously determines and regulates the amount of fees collected from parents or legal guardians of children who attend kindergartens or nursery schools, based upon the type of services[14] provided. Parents do not pay tuition fees, but some of them have significantly high contributions, despite having to partially cover the daily needs of their children, including food and educational materials. According to the World Bank regional study on "Closing the Early Learning Gap" (2012), the average Roma parent with a child in preschool reports spending 15.4 euros per month on preschool related fees; a very substantial amount for poor Roma families. In comparison, Hungarian Roma report spending only 1.3 euros on average. These out-of-pocket expenses and huge variations in the costs for kindergartens are an important barrier to accessing preschools, which brings in the issue of why the Government is not considering universalizing free access to ECCE, as in Hungary for example, because of the inability of local governments to fully comply with

[13] For more information, see Australia's National Partnership Agreement on Early Childhood Education:http://www.deewr.gov.au/Earlychildhood/Policy_Agenda/ECUA/Pages/EarlyChildhoodEducationNationalPartnership.aspx.

[14] For example, in the Municipality of Sofia, parents contribute the following fees established according to the type of service: 72,00 lv per month for weekly use of nurseries and kindergartens; 60,00 lv per month for the whole day programs; 23,00 lv per month for the half day programs (with feeding services); and 15,00 lv per month for half day programs (excluding feeding services).

the mandate for free access to kindergartens. The Hungarian experience shows that free kindergartens, with a priority access to vulnerable children when places are insufficient, may lead to better alleviation of differences in cognitive outcomes—for example, between ethnic Hungarian children and ethnic Roma children in Hungary.

In addition, it is worth noting that the GoB's expenditure streams ease the burden of finance for some vulnerable children and their families. ECCE services are provided free of charge for orphans and vulnerable children (OVCs), children with parents with disabilities, children with severe chronic diseases, and for every third child and above in a single household.

The new *Draft Law for Preschool and School Education* introduces the idea of compulsory preschool enrollment of children aged 4. Since the academic year 2012/2013, the pre-primary education of children aged 5-7 years is compulsory. Furthermore, with the amendment of the *Law for Family Allowances* for children, the right to family benefits is bound by the mandatory enrollment of the child in pre-primary school. In order to implement this measure successfully, the GoB should consider making ECCE services free of charge for all eligible children. Additional policy measures related to social benefit services could ensure that vulnerable children enroll in kindergarten—such as developing some conditionality binding the access to social benefits (as income replacement in case of unemployment) with enrollment of children in preschools. Such actions would motivate those parents to enroll their children at least for the period of the social benefit programs, but attention should be given to vulnerable children in families that are outside of the labor market and social benefit system. A significant number of Roma children live in such families.

In the health sector, public sector financial commitment covers free health care for young children and mothers. The health care system in Bulgaria requires each citizen to have personal compulsory health insurance managed by the NHIF. It guarantees basic package of public health services as defined in Article 4 of the *Health Insurance Act*. These public services are provided by the health establishments under the delegation and supervision of the states. The MoH does not report ECD-specific expenditures. However, all ECD health services, including prenatal check-ups, labor and delivery, immunizations, growth-monitoring and promotion, well-child visits, emergency medical services, specific treatments for diarrhea and pneumonia are officially free (last two are free if hospitalization is needed). Yet patients are required to pay a certain amount for each medical visit, as defined by a Decree of the Council of Ministers, with exceptions guaranteed to vulnerable groups, including: people with diseases; minors and those underage; unemployed members of a family; war veterans; and military disabled officials. The *Health Insurance Act* further allows a large group of people to have access to medical care without payment of health insurance contributions. All young children and youth under 18 years of age and all persons up to 26 years of age who are full-time students, citizens who are eligible for receiving social assistance, parents who take care for persons with disabilities, and persons receiving unemployment benefits are guaranteed free health care services. Table 5 displays select health expenditure indicators in Bulgaria in comparison with other countries in the region.

Table 5: Regional comparison of select health expenditure indicators, 2011

	Bulgaria	Denmark	France	Hungary	Romania
Total health expenditure as a percentage of GDP	8% (2010)	11%	12%	8%	6% (2010)
Out-of-pocket expenditure[15] as percentage of private health expenditure	97% (2010)	89%	32%	74%	98% (2010)
General government expenditure on health per capita (adjusted for purchasing power parity)	US$ 589 (2010)	US$ 3,886	US$ 3,135	US$ 1,081	US$ 708
Routine EPI vaccines financed by government	100%	No data	No Data	100%	100%

Source: WHO Global Health Expenditure Database, 2011; UNICEF, 2011; Bulgaria's National Immunization Calendar.

At the household level, out-of-pocket health expenditures[16] account for 97 percent of all private health expenditures in Bulgaria. As demonstrated in Table 6, Bulgaria's out-of-pocket expenditures are significantly higher than other select European countries. Even though data are not specific to the ECD-

[16] An out-of-pocket expenditure is any direct outlay by households, including gratuities and in-kind payments, to health practitioners and suppliers of pharmaceuticals, therapeutic appliances, and other goods and services whose primary intent is to contribute to the restoration or enhancement of the health status of individuals or population groups. These expenditures are not ECD-specific.

aged population, this figure illustrates that despite the legislatively well-established health care policy guaranteeing free access to health services, beneficiaries continue to bear major costs to receive these services. The share of general government spending on health care is one of the lowest in the region (US$ 589) with 8 percent of GDP allocated for government expenditure on health.

The GoB compensates public ECCE professionals on the same salary scale as primary school teachers. Bulgarian legislation has introduced the concept of minimum wage. The *Labor Code* (*1987*) requires the Council of Ministers to establish a regularly updated standardized pay scale for the remuneration of the employees of the education system. Early childhood practitioners [17] receive a monthly salary of minimum BGN 500 based on the same salary scale as primary school teachers. Salaries are determined by qualifications and positions held and range from minimum BGN 500 to BGN 660 per month. In addition, community-based childcare workers are compensated by the government and fall under the category of pedagogical specialists in the nomenclature of the government payroll system. Table 6 displays the established minimum basic salary for ECCE professionals as of January 1, 2013. As highlighted in the SABER-Teacher report, the overall level of remuneration for teaching staff in Bulgaria is not conducive to attracting young and talented teaching professionals.

Table 6: Established minimum salary for ECCE professionals (2013)

Position	Minimum Monthly Salary (lv)
School principal, kindergarten service provision units	**660**
Deputy-principal	**610**
Head teacher, head educator	**570**
Senior educator, Senior teacher	**535**
Pedagogical specialists: speech therapist, psychologist, pedagogical counselor, accompanist, choreographer, pedagogue, resource teacher, teacher, and educator.	**500**

Source: MoES.

The GoB compensates community health workers; however, the level of remuneration could be improved. Community health mediators work in vulnerable communities (mainly Roma communities) and are appointed by the local municipal council. In accordance with *Decision of the Council of Ministers №* *327* (2012), community health workers are paid an annual salary of BGN 3788,00 per year by the government, funded by the national government through delegated budget for state activities to be performed by the municipalities.

Policy Options to Strengthen the Enabling Environment for ECD in Bulgaria

Legal framework:

➢ **Consider strengthening the legal framework for ECD.** The GoB has made great progress in adopting national laws and regulations and in ratifying international conventions and protocols to promote ECD. Yet, the current legal framework for ECD is not specifically tailored to ECD-aged children but rather to the age group 0 to 18 years. It is also reported that there is currently no unified understanding of what ECD entails and what effective strategies should be put in place to ensure the provision of integrated ECD services to enable all young children develop to their full potential. The crucial next step will be the development of a comprehensive ECD policy addressing the holistic needs of young children.

➢ **Create innovative mechanisms to promote adequate and sustainable nutritional policies in the country.** The WHO recommends food fortification with iron including folic acid, zinc, vitamin B12, and Vitamin A. In Bulgaria, regulations are not yet in place to encourage iron fortification of food staples. Although there have been preliminary discussions based on dialogue with world producers of iron fortification staples, policies have not been established. The GoB is encouraged to continue in this dialogue and establish mechanisms to promote iron fortification of food staples. In addition, the GoB should build upon existing efforts and ensure sustainable policies and improved implementation of programs that address nutrition, particularly breastfeeding promotion.

Inter-sectoral Coordination:

➢ **Ensure the development of an explicitly stated multi-sectoral ECD strategy.** Currently, the relevant government institutions engaged in policy making do not yet fully recognize the concept of the need for a comprehensive and integrated ECD system. Bulgaria should transform its ECD system from a single sector to a multi-sectoral approach, by converging interventions

[17] Teaching staff in nurseries and kindergartens include: principal, assistant director, teaching and pedagogical staff, speech therapist, psychologist, and counselor.

in education, health, nutrition, care stimulation, and protection. The establishment of a comprehensive multi-sectoral ECD policy, with clear roles and responsibilities assigned to each relevant government body, is a first step in designing an improved ECD system. The multi-sectoral policy should further be complemented by a costed implementation plan and the development of solid ECD information system that is capable of tracking beneficiaries, their needs, and the services provided to them across the different sectors and vertically (central authorities – local governments – service provision units) throughout the ECD age span, starting from pregnancy through completion of preschool and transition to primary.

➢ **Establish a common plan of action for ECD service delivery at the state level.** Given that essential ECD services are provided across multiple sectors, it is important to establish a common plan of action for effective service delivery. An important first step is to develop an agreed list of essential services that will translate into a common plan of action. Clear guidelines for leading roles, joint planning, resource mobilization, implementation and monitoring of services are required by all intervening sectors. Mechanisms to coordinate ECD service provision at the delivery level will be essential to guarantee that every child has access to all of the essential services. Coordination between the education, health, nutrition, and child protection sectors in state governments and municipalities will be crucial. This coordination could include sharing coverage data and collaborating to identify differentiated needs of young children and gaps in service delivery.

Finance:

➢ **Strengthen ECD budget coordination mechanisms between the different sectors involved.** Although the multi-sectoral nature of ECD makes it difficult to clearly disaggregate public financing of ECD, effective implementation of integrated ECD policy will necessitate a jointly coordinated budget planning process across ministries. The development of a common plan of action would lead towards more coordination and adequate levels of financial support necessary to effectively and efficiently implement the potential multi-sectoral policy. At the planning stage of this policy, a sustainable financial plan should be elaborated to secure its full-fledged implementation.

➢ **Ensure the level of ECE finance is adequate to meet the needs of the population.** The OECD recommends that a public investment of 1 percent of GDP is the minimum required to ensure provision of quality early childhood care and education services.[18] Bulgaria currently spends 0.8 percent of its GDP on preschool[19] and could consider a higher level of ECD financing to ensure the needs of young children are met.

➢ **Ensure that low-income and vulnerable children have access to key health and nutrition interventions.** Overall, out-of-pocket expenditure as a percentage of total health expenditures is high in Bulgaria. It should be a priority for the government to provide sufficient funding for the basic services, particularly targeting the poor and most vulnerable.

➢ **Ensure sustainable and adequate commitment to ECD spending.** It will be important for public institutions, both at the national, state, and municipal levels, to commit to sustained financial support of the effective implementation of ECD services across sectors. Box 6 provides an example from Australia, where all state and territorial governments have agreed to maintain sustainable financial investment in the preprimary education sector. The GoB should consider working across sectors and all levels to streamline Bulgaria's financial system for sustained and coordinated ECD financing. This will require improved accountability measures and clear and available expenditure data across sectors.

Policy Goal 2: Implementing Widely

➢ Policy Levers: Scope of Programs • Coverage • Equity

Implementing Widely refers to the scope of ECD programs available, the extent of coverage (as a share of the eligible population) and the degree of equity within ECD service provision. By definition, a focus on ECD involves (at a minimum) interventions in health, nutrition, education, and social and child protection, and should target pregnant women, young children, and their parents and caregivers. A robust ECD policy should include programs in all essential sectors, while providing comparable coverage and equitable access across regions and socioeconomic status – especially reaching the most disadvantaged young children and their families.

[18] OECD, 2011.
[19] UNESCO, 2010.

Policy Lever 2.1: Scope of Programs

Emerging

Effective ECD systems have programs established in all essential sectors and ensure that every child and expectant mothers have guaranteed access to the essential services and interventions they need to live healthfully. The scope of programs assesses the extent to which ECD programs across key sectors reach all relevant beneficiaries. Figure 3 presents a summary of the key interventions needed to support young children and their families via different sectors at different stages in a child's life.

Programs are established across all relevant sectors and cover a wide range of beneficiary groups. ECD Interventions exist in the education, health, nutrition, and child and social protection sectors and target a range of beneficiary groups in Bulgaria. Figure 4 presents select ECD interventions that exist in the country. The differentiated interventions target not only infants and young children, but also pregnant women and caregivers; these programs are designed to meet the multi-sectoral needs of young children.

For each sector, a series of specific interventions are essential to support young children's holistic developmental needs. As displayed in Figure 4, a wide range of interventions are available in the education sector: subsidized early childhood care and development programs are established to cater to the educational needs of young children through nurseries (for children up to 3 years old) and kindergartens (for children ages 3-6). In the health sector, expectant mothers and young children are provided with essential maternal and childhood health services including prenatal visits, skilled delivery, maternal depression screening, immunizations, and childhood wellness and growth monitoring. In the nutrition sector, breastfeeding and school feeding programs exist or are planned to be developed, as well as food and micronutrient supplementation activities as part of the overall services provided by general practices for pregnant women and young children. Finally, in child and social protection, a wide scope of tailored interventions exists to meet the specific needs of children with special needs and orphans and vulnerable children.

While Figure 4 displays some of the major ECD programs in Bulgaria, it does not portray the scale of programs. Table 7 shows that a range of ECD programs are established across sectors, including education, health, nutrition, parenting, and special needs and displays the scale of coverage of these select ECD programs in the country. While mostly all 28 districts in the country are covered, levels of access are not available consistently across sectors. Levels of coverage will be further discussed in Section 2.2.

Figure 3: Essential interventions during different periods of young children's development

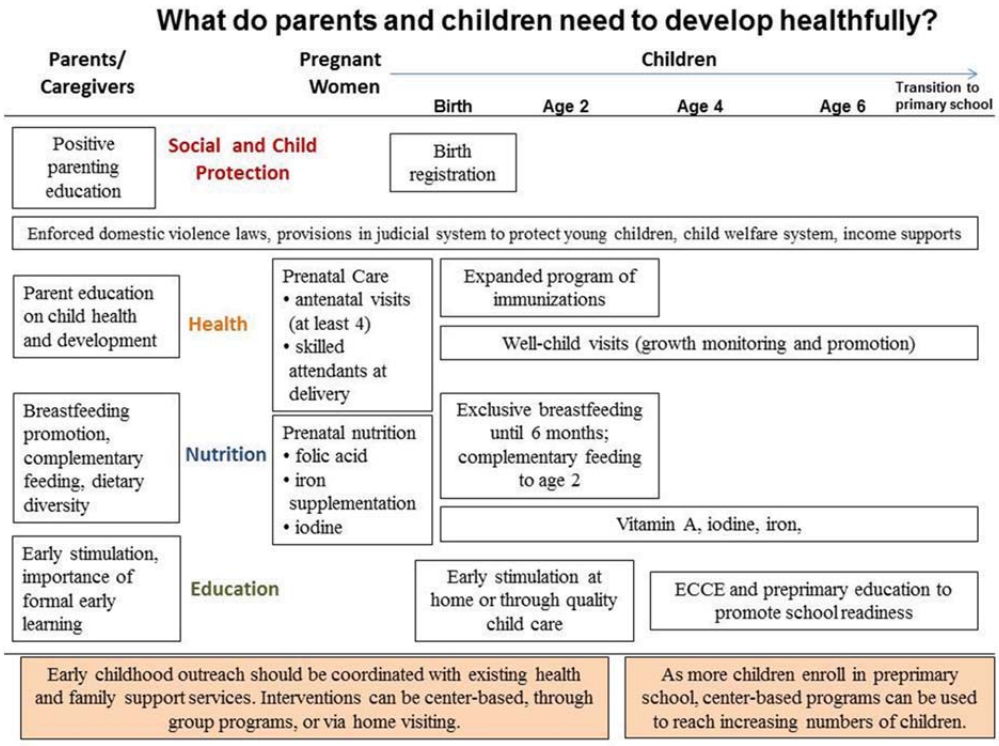


Figure 4: Scope of ECD interventions in Bulgaria by target population and sector

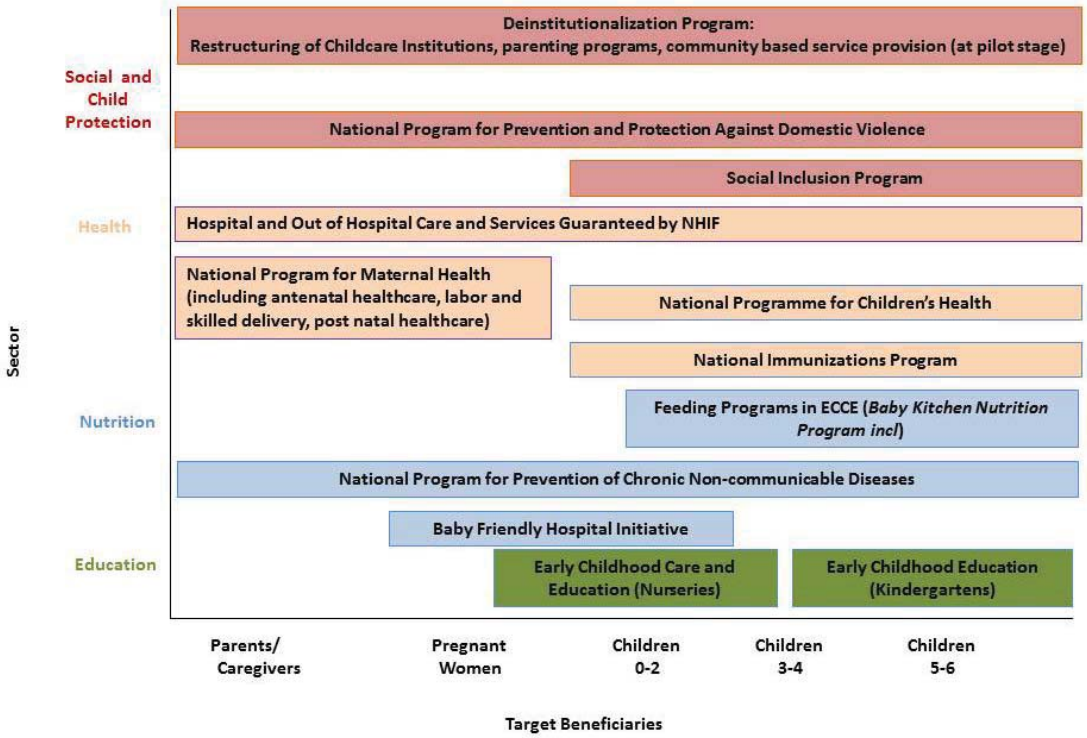


Table 7: ECD programs and coverage in Bulgaria

ECD Intervention	Scale	
	Number of Regions Covered (out of 28 districts)	Coverage (number of beneficiaries reached)
Education		
Government subsidized early childhood care and education *(nurseries and kindergartens)*	28	232,658
Privately provided early childhood education	28	2,357
Community-based early childhood education	28	235,015
Health		
Prenatal heath care for expectant mothers *National Program for Maternal Health (NHIF)*	28	95,918
National Programme for Prevention of Dental Disease Among Children (NHIF)	Not available	Not available
Children's Treatment Fund Center (NHIF)	Not available	Not available
Childhood wellness and growth monitoring *(NHIF)*	28	493,389
Immunizations *National Immunizations Program (NHIF)*	28	1,181,556
Maternal Depression screening program *(NHIF)*	28	Not available
Nutrition		
Micronutrient support for pregnant women	28	Not available
Food supplements for pregnant women	28	Not available
Micronutrient support for young children	28	Not available
Food supplements for young children	28	Not available
Breastfeeding promotion programs *National Programme for Maternal Health and Baby-Friendly Hospital Initiative* *National Program for prevention of Chronic Non-communicable Diseases*	28	Not available
Feeding programs in pre-primary schools	28	Not available
Parenting		
Parenting integrated into health and community programs	24	Not available
Home visiting programs to provide parenting and health messages		
- *Deinstitutionalization Program (*Pilot Program*)*	8	7,150
-Parenting messages through health mediators' activities	24	Not available
Special Needs		
Programs for OVCs		
- Restructuring of Homes for Medical and Social Care of Children ages 0-3	28	1,833
-'I Have a Family Too' Foster Care Development Program	28	2,330
-Homes for Children Deprived From Parental Care	28	3,852
Interventions for children with special needs		
--Childhood for Everyone Project for Deinstitunalization of Children with Disabilities	28	1,654
-Homes for Children with Physical and Mental Disabilities	24	1,185
Programs for HIV/AIDS Prevention	Not available	
Anti-poverty/Integrated Programs		
Social Inclusion Project to reduce child poverty through ECD Interventions	69 municipalities in select districts	100,000 (target)

Source: SABER-ECD Program and Policy Instruments.

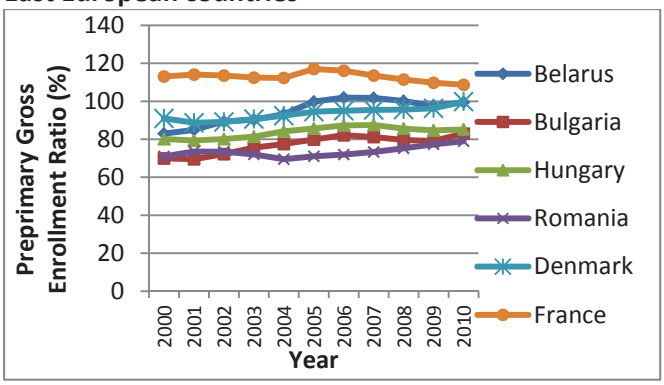
Policy Lever 2.2: Coverage

Established

A robust ECD policy should establish programs in all essential sectors, ensure high degrees of coverage and reach the entire population equitably – especially the most disadvantaged young children – so that every child and expectant mother have guaranteed access to essential ECD services.

Early childhood education coverage in Bulgaria is gradually expanding. Figure 5 displays the most recently reported gross pre-primary enrollment ratios for selected East European countries (UNESCO). In 2010, the gross pre-primary enrollment ratio in Bulgaria for children ages 3-6 years old was 83 percent. These data reflect the number of children enrolled in pre-primary (regardless of age) as a percent of the total ECCE age population. During the period 2007-2014, the percentage of all children ages 3-6 enrolled in kindergartens increased from 73 to 83.6 percent. Despite continuing to increase its enrollment rate, Bulgaria still falls behind in providing early childhood education compared to some European countries. In addition, in the Bulgarian context young children that are not enrolled in kindergartens are actually those that need ECCE most, predominantly young Roma children. Survey data suggest that only about 40 percent of the Roma children ages 3-6 are enrolled in kindergartens[20] . The GoB is encouraged to learn from countries in the sub-region and high-performing EU member countries that have reached universal access and should consider developing strategies to ensure universal coverage of quality pre-primary education. Compared with regional and international countries, the level of enrollment in preschool is low in Bulgaria. Although Bulgaria has experienced improvements in enrollment over the past decade (see Figure 5), this level trails other countries. Belarus and Hungary are amongst the top performers in the sub-region, with enrollment of 99 percent and 85 percent, respectively. Internationally, countries such as Denmark, France, and Sweden achieve near universal coverage.

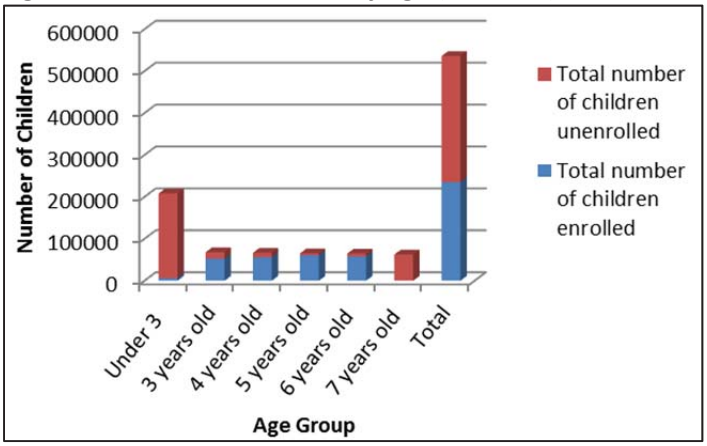
Figure 5: Gross enrollment rate (ages 3-6) in selected East European countries



Source: UNESCO Institute of Statistics, National Statistics Institute.

The GoB has recognized the need to reach out to all eligible children with ECCE services. Figure 6 reveals that level of coverage for ECCE by age group. As demonstrated in Figure 6, the enrollment rates in ECCE for children ages 3 to 6 years old are the highest. Yet, government efforts should further focus on targeting children ages 1-3.

Figure 6: Enrollment in ECCE by age (2012/13)

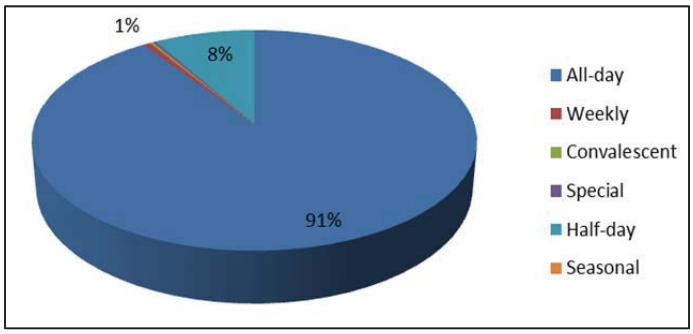


Source: National Statistical Institute of Bulgaria.

Figure 7 displays the proportion of children covered by the different types of ECCE services offered to all eligible young children. Amongst the young children benefiting from preschool education, the majority of them attend full day kindergartens. The existing differentiated types of ECCE services demonstrate the GoB's efforts to respond to the tailored needs of young children and their families. The GoB also reports that only approximately 1 percent of these services are provided by private service providers.

[20] UNDP/WB/European Commission regional Roma survey, 2011.

Figure 7: Coverage of ECCE by type of services (2012/13)

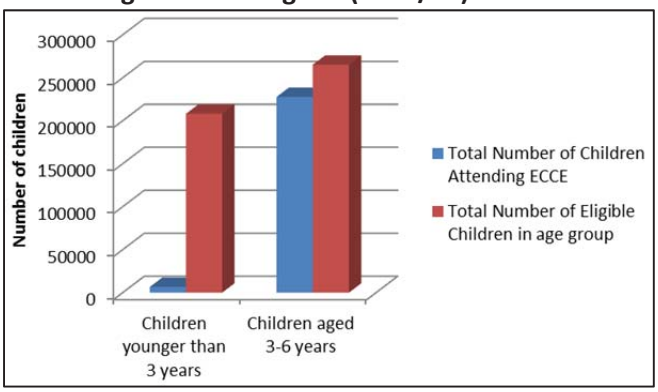


Source: National Statistical Institute of Bulgaria.

Policies and measures to prevent dropping out of school and early school leaving should also focus on early childhood care and education. In 2013, a strategy was adopted to reduce the share of early school leavers (2013-2020). Policies and key measures were introduced to prevent early school leaving and a coordination mechanism has been put in place to improve control of all sectoral policies related to the provision of adequate access and retention of pupils in school until school completion. In pursuance of the objectives of the strategy, it is expected to achieve results such as: increased coverage in kindergartens and schools by encouraging enrollment and regular attendance, offering inter-sectoral services for educational and social support, improved learning outcomes, and improved provision of appropriate educational support for the development of every child and pupil.

The GoB provides ECCE services to children younger than 3 years old; however coverage level for this specific age group could be further improved. Figure 8 compares the level of coverage for children younger than 3 with that for children ages 3-6. As displayed below, while children 3 years and older have adequate access to ECCE, only 20 percent of children younger than 3 have access to early childhood care. As the majority of Bulgaria's youngest children do not have access to ECCE interventions, government efforts should further focus on targeting children ages 1-3.

Figure 8: Levels of coverage for children under 3 versus children ages 3-6 in Bulgaria (2012/13)



Source: National Statistical Institute of Bulgaria.

Bulgarian mothers have adequate access to some ECD health interventions, but it is unclear whether they have adequate access to all essential interventions. Table 8 displays selected indicators for heath interventions for pregnant women in Bulgaria and other European countries. UNICEF country statistics reveal that pregnant women in Bulgaria have universal access to skilled delivery during birth of their child. The MoH reports that, in 2011, 95,918 expecting mothers have benefitted from prenatal health care services. While coverage data are not available, maternal depression screening services are provided by general practices under the Maternal Health program in all 28 districts around the country. According to a UNICEF and NCPHP Survey on breastfeeding and nutrition of children and mothers (2009), 29 percent of mothers of young children ages 0-6 months are anemic. The prevalence is higher for Roma mothers: a medium and severe form of anemia is over 6 percent, which is more than two times higher than the average for the country (2.8 percent). The MoH is encouraged to continue in its efforts to provide universal access to essential health interventions around the country.

Table 8: Regional comparison of level of access to essential health interventions for pregnant women

	Bulgaria	Denmark	France	Hungary	Romania
Skilled attendant at birth	99%	98.5%	98%	99%	99%

Source: WHO Countries Statistics, 2013; WHO Global Database on Anemia; UNICEF and NCPHP Survey, 2009.

Young children in Bulgaria have adequate access to health interventions. Table 9 displays UNICEF country statistics[21] of selected indicators for access to essential health interventions for young children. Access to

[21] UNICEF, *State of the World's Children,* 2013.

comprehensive immunization is 95 percent in Bulgaria. The MoH reports a wide coverage for essential health interventions, including growth monitoring and childhood wellness, and specific illnesses requiring adequate medical attention, such as diarrhea, respiratory tract infection, and pneumonia. While available data show adequate access to health interventions, Bulgaria's health care system faces a challenge: while the *National Health Insurance Law* requires every citizen to participate in NHIF, health services delivered through the NHIF are underfunded. The financial instability of the national fund negatively affects the coverage and quality of health care services provided. Vulnerable children's access to these essential health services should be carefully studied. The MoH is encouraged to develop new strategies to ensure that NHIF provides universal access to essential health care and maintain the quality of services provided.

Table 9: Regional comparison of level access to essential health interventions for ECD-aged children

	Bulgaria	Denmark	France	Hungary	Romania
1-year-old children immunized against DPT (corresponding vaccines: DPT3ß)	95%	91%	99%	99%	89%

Source: UNICEF Country Statistics, 2007-2012.

The level of access to essential nutrition interventions for young children could be better expanded. Table 10 presents a regional comparison of selected nutrition indicators for young children. National legislation mandates salt iodization resulting in universal consumption of iodized salt in Bulgaria. Breast milk is considered to be the best method to ensure an infant's intake of all the nutrients and calories for proper growth and development. Yet, while the MoH reports the provision of breastfeeding support activities in the maternal hospitals across the country, data on coverage level for exclusive breastfeeding are not available. Fragmented services for breastfeeding support and promotion are provided by several NGOs and maternity wards, but the state doesn't collect information about those activities. The national funding for breastfeeding promotion is not adequate and sustainable.

Data on the coverage of general nutrition interventions provided by General Practitioner (GP) in all 28 districts in the country, including adequate micronutrients and food supplements for young children's proper development, are not reported. A UNICEF and NCPHP Survey on breastfeeding and nutrition of children and mothers (2007) reported that in 2007 (latest year for which data are available), 31 percent of young children ages 6 months to 4 years were anemic. Stunting affects 7 percent of children ages 0-5 and 12 percent of children ages 0-6 months. In addition, as shown in Table 10, Bulgaria has the highest percentage of infants with low birth weight compared to other countries. The GoB is encouraged to properly monitor access to essential nutrition interventions and expand the provision of adequate essential nutrition interventions, as well as the promotion of exclusive breastfeeding and anemia prevention and treatment programs.

Table 10: Regional comparison of level access to essential nutrition interventions for ECD-age children

	Bulgaria	Denmark	Hungary	Romania
Children below 5 with moderate or severe stunting	7%[22]	No data	No data	13%
Infants exclusively breastfed until 6 months of age	13.3% (0- 2 months) 6% (2-3 months) 2% (4-5 months)	No data	No data	16%
Infants with low birth weight	9%	5%	9%	8%
Percentage of households consuming iodized salt	100%	No data	No data	74%

Source: UNICEF Country Statistics, 2007-2012.

The MoH effectively maintains a birth registration information system. Each delivery is captured through an information system, available at every maternity ward. The MoH reports that the birth registration rate in the country is nearly universal.

Policy Lever 2.3: Equity

Emerging

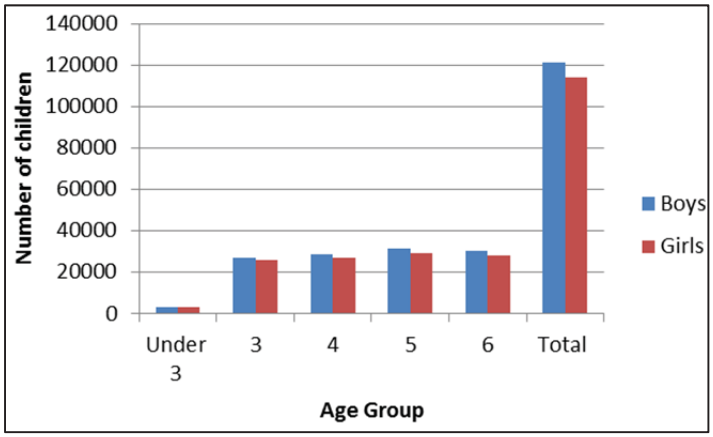
Based on the robust evidence of the positive effects ECD interventions can have for children from disadvantaged backgrounds, every government should pay special attention to equitable provision of ECD services.[23] One of the fundamental goals of any ECD policy should be to provide equitable opportunities to all young children and their families.

ECCE services are equitably provided to young children regardless of their gender. Figure 9 below displays the number of children enrolled in ECCE by age group and gender. Girls and boys have equitable access to pre-primary education throughout the ECD age range, with marginally more males than females enrolled. Yet, data

[22] This percentage is much higher (11.6 percent) for Roma children ages 0-5.
[23] Engle et al, 2011; Naudeau et al., 2011.

are not available to show if there are major differences in enrollment rates by wealth quintile. The GoB is encouraged to collect further information on the socioeconomic status of young children to be able to provide universal access to all children, especially the most vulnerable children from lower-income families.

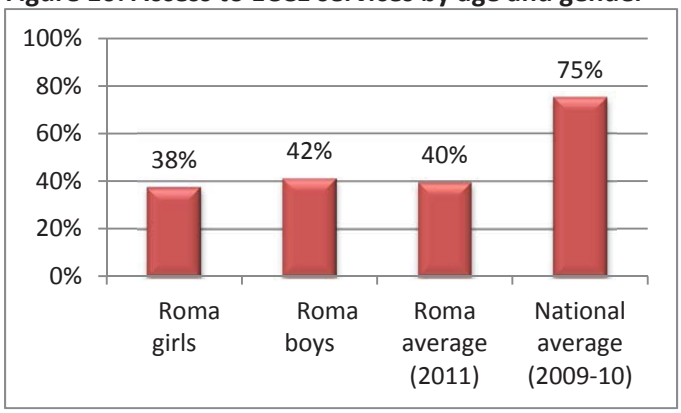
Figure 9: Access to ECCE services by age and gender



Source: National Statistical Institute of Bulgaria, 2012.

Preschool enrollment among Roma children is low, and much lower than the overall population. As shown in Figure 10, among Roma children ages 3-6, 38 percent of girls and 42 percent of boys are reported to be enrolled in preschool, compared with an overall average of 75 percent for the general population. These enrollment rates compare favorably with Roma in the Czech Republic (21.8 percent), Slovakia (17.8 percent), and Romania (32.2 percent). Only Hungary is a notable exception, with 66 percent of Roma in this age group enrolled in preschool.[24]

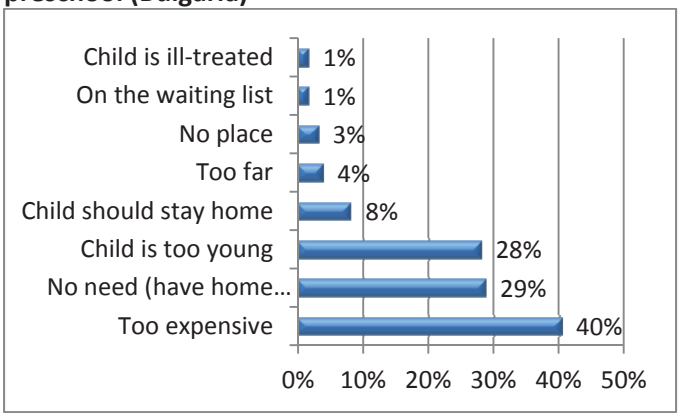
Figure 10: Access to ECCE services by age and gender



Source: UNDP/WB/EC regional Roma survey, 2011. To make comparison with national data, authors relied on UNICEF's TransMONEE database, 2011. The age group for both data sets is 3-6 years.

Preschool enrollment gap in Bulgaria is highly linked to issues of affordability, preference for home care, and lack of knowledge on the importance of preschool for subsequent education outcomes. According to the World Bank regional study on "Closing the Early Learning Gap" (2012), out-of-pocket expenses is an important barrier for many poor households in expanding access to preschool. The study also indicates that a preference for home care is an important reason for not enrolling children in pre-school. Figure 11 highlights self-reported parental reasons in Bulgaria for not enrolling a child into preschool.[25] These responses indicate the need to educate parents on the importance of early learning opportunities and perhaps consider compulsory preschool which may eventually increase enrollment rates among children whose parents currently express a preference to keep their children at home.

Figure 11: Reason for not sending child (aged 3-6) to preschool (Bulgaria)



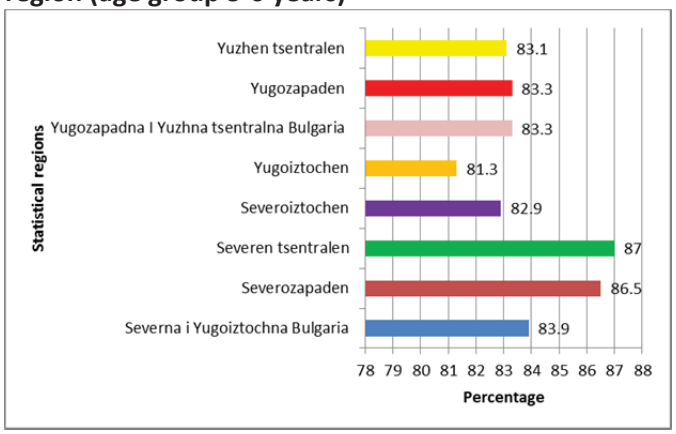
Source: UNDP/WB/EC regional Roma survey, 2011.

Access to ECCE varies across the regions. Figure 12 displays the net enrollment rates in ECCE by statistical regions in the country. Access to ECCE varies across the regions. While the North Central region (*Severen tsentralen*) has the highest net enrollment rate of 86.6 percent, young children living in the South East region (*Yugoiztochen*) have only a 78 percent net enrollment ratio. As discussed in earlier sections, data are not available to differentiate access by children's socioeconomic status. Thus, it is difficult to assess whether poor children have the same opportunities to early learning and other essential health and nutrition interventions as children from the richer families. The GoB is highly encouraged to monitor access data based on socioeconomic status of young children and their families.

[24] UNDP/WB/European Commission regional Roma survey, 2011.

[25] UNDP/WB/European Commission regional Roma survey, 2011.

Figure 12: ECCE Net enrollment rate[26] by statistical region (age group 3-6 years)



Source: National Statistical Institute of Bulgaria, 2014.

Policy Options to Implement ECD Widely in Bulgaria

Coverage

➢ **Establish sustainable mechanisms to promote, expand, and report the provision of adequate nutrition interventions to young children and expectant mothers.** Exclusive breastfeeding until 6 months can reduce infant mortality and promote healthy development. The new National Program for Prevention of Chronic and Non-communicable Diseases envisages breastfeeding promotion. The MoH is encouraged to establish mechanisms to ensure the provision of adequate nutrition interventions during this critical age of a child's development. As discussed in previous sections, the GoB should promote iron fortification of food staples. Reducing anemia prevalence in pregnant women can prevent intellectual and physical impairment in children. It will also be essential to seek out updated data on anemia in pregnant women and preschool-age children to determine whether women and young children have adequate access to foods enriched with iron.

➢ **Consider providing additional early childhood care opportunities for children younger than 3 years.** Evidence suggests that the strongest cognitive benefits for center-based ECD programs are experienced by younger children (ranging from 9 months to <3 years).[27] While nursery services are in place for children under 3, access level is limited compared to the age range 3-7. The GoB is encouraged to further improve the provision of ECCE to ensure that children younger than 3 years old have also adequate opportunities for early stimulation and learning. While guaranteeing the health of children (under the leadership and responsibility of the MoH), the role of the educational entities (under the responsibility of the MoES) and more specifically, the early learning practices in Bulgaria, should be strengthened. A possible step is renewing the mission and functions of nurseries as institutions that set clear educational and developmental goals for children's early childhood, including through the appointment of pedagogical specialists in each nursery group. Furthermore, internationally recognized research from Jamaica has revealed that home visits and better parenting programs are both feasible and have the potential to impact the development of the youngest age cohort. Bulgaria should place increased emphasis on continuing to scale up ECD interventions for parents and their children from 0 to 2 years of age.

Equity

➢ **Ensure that essential ECD interventions are provided to poor children and to those who are hard to reach, mostly in the rural areas.** Data are not available to assess ECD provision in relation to children's socioeconomic status. Evidence suggests that lack of appropriate early learning and access to essential health and nutrition interventions place poor children at a disadvantage before they start school. The GoB should ensure access to education for all children regardless of ethnicity, gender and religion, economic status, or place of residence. According to *Article 26* of the *Public Education Act*, children and pupils who are subject to mandatory training for school and compulsory education in a settlement where there is not a kindergarten or a school, performing a preschool preparation in the relevant preparatory group or learning in the relevant grade, free transportation shall be provided to a kindergarten or school in the nearest settlement in the territory of the municipality or of a neighboring municipality. The GoB should further ensure expanded access to essential ECD services targeted at low-income and vulnerable children, as well as those in hard-to-reach areas. An effective strategy could be to enhance the capacity of local authorities to identify existing gaps and address the needs of the disadvantaged population. As discussed above, coordinating interventions at the point of service delivery is an effective strategy to track individual child's needs and to ensure that a comprehensive scope

[26] The rate is calculated as percentage of number of enrollments in pre-primary education for the age group 3-6 years within the total number of population in the same age group.
[27] Loeb et al, 2007; Armecin et al, 2006; NICHD, 2003.

of services is delivered. While national frameworks can promote increased coverage, efforts at the local and municipality levels are crucial. Municipal authorities will need to take an active role in expanding ECD coverage in their respective areas.

Policy Goal 3: Monitoring and Assuring Quality

➢ Policy Levers: Data Availability • Quality Standards • Compliance with Standards

Monitoring and Assuring Quality refers to the existence of information systems to monitor access to ECD services and outcomes across children, standards for ECD services and systems to monitor and enforce compliance with those standards. Ensuring the quality of ECD interventions is vital because evidence has shown that unless programs are of high quality, the impact on children can be negligible, or even detrimental.

Policy Lever 3.1: Data Availability

Accurate, comprehensive and timely data collection can promote more effective policy making. Well-developed information systems can improve decision-making. In particular, data can inform policy choices regarding the volume and allocation of public financing, staff recruitment and training, program quality, adherence to standards, and efforts to target children most in need.

Data are available to differentiate access to essential ECD interventions for special groups; however Bulgaria's availability of relevant administrative and survey data could be further improved. Table 11 displays Bulgaria's availability of common ECD indicators. The National Statistical Institute (NSI) of Bulgaria and other relevant government bodies collect data on differentiated access by the following special groups: gender; sub-national division; and rural and urban location. However, the data collection system does not track access by socioeconomic status nor capture children who do not attend early childhood education. These two indicators are particularly important in light of the growing inequality of families and the high number of children from lower-income families not attending early childhood education. Also, while efficient data are collected on service delivery, information is not disaggregated and presented to show the holistic development of the ECD age group. UNICEF MICS data is also a great source of information enriching the data set available regarding young children and mothers. The GoB is highly encouraged to participate in MICS and further improve the data collection system. Box 7 highlights some valuable lessons from Chile on a comprehensive child development tracking system.

Table 11: Availability of data to monitor ECD in Bulgaria

Administrative Data:	
Indicator	**Tracked**
ECCE enrollment by region	✓
Children enrolled in ECCE by sub-national region (#)	✓
Children enrolled in ECCE by socioeconomic status (%)	X
Special needs children enrolled in ECCE (#)	X
Children attending well-child visits (#)[28]	X
Children benefitting from public nutrition interventions (#)	X
Women receiving prenatal nutrition interventions (#)	✓
Average per student-to-teacher ratio in public ECCE	✓
Is ECCE spending differentiated within education budget?	✓
Is ECD spending differentiated within health budget?[29]	X
Survey Data	
Indicator	**Tracked**
Population consuming iodized salt (%)	✓
Vitamin A Supplementation rate for children 6 -59 mo. (%)	✓[30]
Anemia prevalence amongst pregnant women (%)	✓
Anemia prevalence amongst preschool-aged children (%)	✓
Children below the age of 5 registered at birth (%)	✓
Children immunized against DPT3 at age 12 months (%)	✓
Pregnant women who attend four antenatal visits (%)	X

Child development outcome indicators are collected to measure child development. During a child's early years, new capacities emerge continuously and sequentially – development in one domain often affects development in another. For example, children who are slow in one domain (i.e., language development) may have limited capacity to show the skills that they possess in other domains (i.e., cognitive tasks that require language skills). Therefore, development in young children should be assessed as comprehensively as possible. When measuring a child's development, it is also important to look closely at which indicators are expected to change as a result of a specific intervention.

[28] The MoH plans to collect this for 2012-2013 (Service level agreement indicator).
[29] The MoH did not provide in the SABER-ECD Policy Instrument.
[30] Data is only available for children aged up to 24 months - according to a UNICEF and NCPHP Survey on breastfeeding and nutrition of children and mothers (2009).

Box 7: Relevant Lessons from International Experiences in Monitoring and Assuring Quality

Example from Chile: Online Registration, Monitoring, and Referral System

The "Chile Grows with You" initiative-CCC-*(Chile Crece Contigo)* is a comprehensive child protection system to prove inter-sectoral support to children from 0 to 4 years. One innovative component of CCC is an online monitoring system that follows each child through the CCC system. The system tracks each child's eligibility for and receipt of services, as well as his or her developmental outcomes. It allows service providers and policymakers to monitor the delivery of benefits, as well as evaluate program impact.

Key considerations for Bulgaria

- ✓ This system could support better monitoring of compliance with standards, as it tracks which children receive specific benefits and services.
- ✓ This tracking system is particularly beneficial for improved inter-sectoral coordination at the point of delivery, as it provides an accessible platform for health, education, and child protection service providers to be on the same page about child's needs and receipt of services.
- ✓ An improved online system could improve targeting and triggers for at-risk children.

Such data enable the full assessing of the efficacy of service delivery and investments. Bulgaria's preschool education curriculum has established specific age-appropriate learning outcomes for each educational field. Children attending kindergartens are expected to acquire a certain level of knowledge, skills, and, attitudes. In order to assess the achievement of these expected learning milestones, specific child development outcome indicators are collected to capture the developmental competencies and readiness, for children ages 3-7 years.

Child development indicators are also collected to capture the development of children ages 0 to 36 months attending nursery schools. Caregivers collect data to monitor individual child development, including mental, motor, sensory, emotional, linguistic, and social development. Detailed data are recorded in individual medical record card in accordance with a well-established data collection schedule: monthly data collection for children ages 0 to 12 months; every three months for children 13 to 24 months; and biannually for children ages 25 to 36 months. However, the data collection tools need to be updated. The use of child development data for the purposes of analysis, development, and implementation of local and national early childhood development policies should be improved. Furthermore, the information collected on early learning achievements of children enrolled in nursery are not sufficiently used to ensure optimal continuity between nursery and kindergarten.

Policy Lever 3.2: Quality Standards

Ensuring quality ECD service provision is essential. A focus on access – without a commensurate focus on ensuring quality – jeopardizes the very benefits that policymakers hope children will gain through ECD interventions. The quality of ECD programs is directly related to better cognitive and social development in children.[31]

Clear learning standards are established for ECCE in Bulgaria. Age-appropriate learning standards are established for the provision of ECCE services. The Ministry of Education and the Ministry of Health have jointly developed evidence-based learning framework for the provision of ECCE. The framework is mainly designed for young children ages 24-83 months. The Bulgarian Academy of Science and UNICEF are currently developing development and learning standards for the youngest children attending nurseries (0-24 months). In accordance with the cultural and educational areas under Article 10 of the *Law on the Level of Education, the General Education Minimum and Curriculum*, the content of the preschool education comprises feasible knowledge, skills, and attitudes to be acquired by young children. The learning framework includes a range of important topics for the effective cognitive development of a child including: Bulgarian language and literature; mathematics; social world; nature; art; physical culture; music; constructive industrial and household activities; and game culture. A wide range of programs exist to be used by the professionals in ECCE centers including: program for the education of children from 2 to 7 years old (*Програма за възпитание на детето от две до седемгодишна възраст*, 1993); the activity of a child in kindergarten (*Активността на детето в детската градина*, 1993); program for children of preschool age and their families - "Program Step by Step" (*Програма за децата от*

[31] Taylor & Bennett, 2008; Bryce et al, 2003; Naudeau et al, 2011V; Victoria et al, 2003.

предучилищна възраст и техните семейства – Фондация Стъпка по стъпка"); "Hand in Hand" (*Програмна система "Ръка за ръка*, 2003); Program "Friends" (*Програмна система "Приятели",* 2002); "I am in kindergarten" (*Програмна система "Аз съм в детската градина"*, 2004); teaching aids "Molivko" (*Дидактична система "Моливко"*, 2003); "Fairy paths" (*Програмна система*, 2009); program of upbringing for children up to 3 years old called "Impact through interaction" (*Програма за възпитателна работа с деца до 3-годишна възраст "Въздействие чрез взаимодействие"*, 1995); and "I'm in the nursery" ("*Аз съм в детската ясла*", 2004). Most of these modern programs are based on a child-centered conceptual model approach to child development and pedagogical interaction as the main essential feature of the educational process in the kindergartens and nurseries. In order to ensure coherence and continuum of the curriculum into primary education, the learning framework for ECCE is designed to prepare young children for formal school (especially the curricula for the mandatory one-year preschool education before entering primary school.

ECCE professionals are required to meet well-established pre-service minimum training standards. Under the *Decree № 125 of the Council of Ministers* (2002), the GoB has established well-defined pre-service requirements for the occupation of teaching positions in ECCE. ECCE professionals are required to acquire the necessary educational and professional qualifications and competences. Teaching positions in ECCE are qualified as "Junior Teacher", "Teacher," "Senior Teacher," "Head Teacher," and "Teacher-Mentor." "Qualified" teachers are required to possess a teaching certificate issued by a recognized tertiary education institution, as determined by state educational requirements for teacher certification and qualifications. Kindergarten and nursery teachers (from junior to head teacher) are qualified to occupy these positions only after acquiring the proper education, training, and higher education bachelor or master degrees in the following domains: Education; Preschool Education and Foreign language; and Preschool and Primary School Education in universities that train students in these disciplines. The positions of "Senior Teacher," "Head Teacher," and "Teacher-Mentor" require additional work experience.

Pre-service training standards require that students that are going to be ECCE professionals receive special training in the areas of developmental stages of young children; methods of teaching pre-literacy and pre-numeracy skills; and methods of remediation for learners at risk of failing in the early grades. In addition, students studying to become teachers are required to complete a mandatory fieldwork practicum as part of their education in the university. The requirements include minimum hours of practical training as follows: 60 hours of learning by attending teaching lessons in ECCE centers – to carefully observe the lessons delivered and other forms of the teaching process; 60 hours of educational practice, including participation in the organization of educational process under the supervision of a professor from the university; and 100 hours of internship training in teaching, which provides the opportunity for students to independently take part in the educational process under direct guidance of a school teacher and lecturer at the university. Practical trainings are organized by the universities in agreement with state or municipal schools or kindergartens.

In Bulgaria, nurseries are regulated by the MoH and the main staff members in the nurseries are nurses with very limited pedagogical staff. While the special training in areas of ECD for pedagogical staff is clearly defined, additional focus should be given to curriculum for nurses that are going to be ECCE professionals. The training currently provided to nurses is predominantly concentrated on ECD milestones from a medical point of view and focuses on treatment approaches. Education and pedagogical training is lacking or limited. According to kindergarten principals that have nursery groups (1-2), the nurses need additional training and skills to address the learning goals of ECD. The appropriate next step would be to introduce a legislative regulation to include obligatory training in nursing curriculum that provides psycho-pedagogical knowledge and skills in the field of early childhood development. As a result, the nurses will hold pedagogical degrees (license in Bulgarian) and qualification for pedagogical practice.

Professional development opportunities for ECCE providers could be further strengthened. In-service training is not officially regulated through established standards and requirements. However, the *Law on Public Education* states that schools and kindergartens are mandated to create conditions for continuous professional development opportunities in an organized form of learning and self-study. Qualification enhancement relates to continuous training aiming to improve service delivery, and could be realized in three stages: at the school level, district level, and national

level. Qualification activities at the school level aim to improve professional skills of the teaching staff and to develop their professional values. The principal of the school facility could organize activities for rising qualification of the teaching staff. Qualification enhancement activities could also be implemented with the support of universities or specialized training institutions. In Bulgaria, the financial responsibility of such in-service training programs falls under the institution who demands training for its staff.

ECCE service delivery standards are well established. Regulations for the implementation of the *Law on Public Education* require that ECCE institutions operate for 60 hours a week (i.e., a total of 12 working hours for the teaching staff). Established standards outline rotational work schedule to the teaching staff – teachers are expected to work in groups of children and by alternating shifts. In addition, the required daily working hours of a teacher in a group of children aged from 3 to 7 years are minimum six hours. To complete the required minimum of an 8-hour working day, teaching staff are encouraged to undertake additional activities including: self-study, preparation of teaching materials and resources for different forms of pedagogical interaction, participation in new forms of training in the workplace, participation in pedagogical council's activities, and communication and consultation with parents.

The GoB has further established acceptable guidelines for teacher-to-child ratios (*Ordinance* №. *7,* 2000) in accordance with the type of service delivered. Nurseries are served by at least two nurses and two babysitters; and child care is provided by at least one nurse and a babysitter per shift. Table 12 displays the required number of children in a classroom by type of ECCE service.

Infrastructure standards for ECCE facilities are established. The Regulations provide specific guidelines to ensure that ECCE facilities have adequate infrastructure and play areas for young children. As stated in *Ordinance № 3* (2007) for healthy requirements for kindergartens, standards for physical space per child are application for all ECCE facilities in the country. Kindergartens and nurseries are required to have minimum area per child and to accommodate the premises for sleep and study. Kindergartens and nurseries are also required to have a landscaped garden and playgrounds. ECCE facilities are further required to have functional hygienic facilities, a potable water source, roof, floor, structural soundness, windows, building materials, and connection to electricity.

Table 12: Number of children required by type of ECCE service

	Required number of children in class/group	
Type of services	**Minimum**	**Maximum**
Whole day, half a day and seasonal kindergartens	12	22
Nursery groups - whole day services	8	18
Weekly services - kindergartens	12	18
Special kindergartens		
For children with special education needs	8	11
For children with stammer[32]	8	10
For children with alalia[33], rinolalia[34], and disartria[35]	6	8
For children with multiple disabilities	3	5
For children with chronic diseases -Remedial kindergarten -Children under medical treatment	 12 8	 16 10

Source: Ordinance №. 7, 2000.

Registration and accreditation procedures exist for ECCE centers. An annual accreditation process is established to ensure the quality of ECCE services. At the beginning of each new school calendar year, the director of the kindergarten presents and defends Form № 2 to the municipal education departments and all relevant government institutions (MoES and Regional Educational Inspectorates). Form № 2 contains up-to-date and detailed information on all key parameters and activities of the kindergarten including: enrollment data, groups and staff, curricula, programs and manuals in use, physical condition of the buildings, yard and grounds, staff qualifications, and the number of staff. The successful presentation and defense of the kindergarten's current operating structure and the level of quality standards met form the basis for obtaining

[32] A speech disorder in which the person repeats or prolongs words, syllables, or phrases.
[33] Impairment or loss of the ability to talk.
[34] A disorder that causes abnormal resonance in a human's voice due to increased airflow through the nose during speech.
[35] A motor speech disorder resulting from neurological injury and characterized by poor articulation of phonemes.

legally regulated subsidies from state and municipal structures.

Infrastructure and service delivery standards in the health sector ensure quality healthcare. Medical standards for General Medicine, Pediatrics, Neonatology, Obstetrics, and Gynecology are established to regulate the terms and conditions for carrying out medical activities in order to ensure the provision of quality medical services. In accordance with *Ordinance № 49* (2010) for the principal requirements for the construction, activity, and internal rules of the medical establishment, the system requires that health posts, health centers, and hospitals meet the established infrastructure standards to ensure quality of health care services. In addition, health care professionals (specifically doctors, nurses, and midwives) are required to complete training on ECD. The curriculum for undergraduate and graduate medical students includes special modules addressing child development but only focusing on medical care, knowledge, and skills. Students are required to acquire the necessary knowledge and skills on childhood developmental milestones, the factors and criteria for physical and mental development, disorders, and related treatment of children with health problems.

Policy Lever 3.3: Compliance with Standards

Establishing standards is essential to providing quality ECD services and to promoting the healthy development of children. Once standards have been established, it is critical that mechanisms are put in place to ensure compliance with standards.

ECCE institutions comply with established standard for child-to-teacher ratios. Table 13 displays average child-to-teacher ratios and average group size, as reported by the National Statistics Institute of Bulgaria. The average ECCE center has one teacher for every 11 children, which meets the international standards for best practice.

Table 13: Average teacher-to-child ratios and group size in ECCE centers

	Average teacher-to-child ratio
Average child-to-teacher ratio	1:11
Average group size/class size	24
Number of centers that meet construction standards	2112

Source: National Statistics Institute of Bulgaria, 2012.

ECCE professionals comply with pre-service training standards. The NSI reports that almost all ECCE practitioners comply with the required pre-service. Table 14 displays the reported number of qualified teachers by level of qualification. More than 70 percent of teachers have a specialized tertiary degree in ECD, and approximately 27 percent have vocational degrees in ECD. Yet it would be useful to gather information on what proportion of teachers with specialized degrees are "Junior Teacher" and "Teacher" versus "Head Teacher," "Senior Teacher" and "Teacher-Mentor."

Table 14: ECCE teachers by level of qualification

Level of qualification	Number of ECCE professionals
Upper-secondary school completion	158
ISCED 4A with vocational training in ECD	5330
Specialized tertiary degree in ECD	14241
Total number of public ECCE professionals	19729

Source: National Statistics Institute of Bulgaria, 2012.

The quality assurance system is not transparent; compliance with ECCE service provision standards could be better monitored. Despite established clear standards for ECCE service provision, the level of compliance with these standards is not clearly reported. While unannounced inspection visits are reported to take place, no rules and regulations are in place to establish the terms and frequency of inspections. Most centers are irregularly inspected for compliance with registration standards. Yet available data show that all existing centers meet infrastructure and service delivery standards and that all ECCE service providers are qualified. Thus, it is difficult to reflect the existing situation at the point of service delivery. The GoB is encouraged to strengthen the monitoring and analysis system to ensure compliance with established standards.

Policy Options to Monitor and Assure ECD Quality in Bulgaria

Data availability

➢ **Enhance coordination of sectors involved in data collection for ECD services.** Given the decentralized institutional arrangement in Bulgaria and recognizing that essential ECD data come from a variety of sources, mechanisms to connect this information are essential. Comprehensive data collection can promote effective policy-making, allowing for improved decision-making. Ensuring coordination and consistency of data from all sectors is crucial if the GoB is to measure the impact of its investments and guarantee that all children are provided with the essential and/or targeted services they need. In addition, data are not available to assess access by children's socio-economic status. Survey data are not also available consistently. The GoB could consider the establishment of an improved integrated monitoring and evaluation system that would help guarantee that eligible beneficiaries receive the appropriate services. Box 7 provides an example from Chile, where a comprehensive information system has already proven effective.

Quality Standards & Compliance with Standards

➢ **Improve qualifications of ECD caregivers for children ages 0-3 in nurseries.** Staff working in nurseries should have basic training on ECD milestones and pedagogy as a precondition to be enrolled for the position. The university training for nurses who are the predominant staff in 0-3 ECCE is not covering key aspects of child development, and the in-service training that is offered is insufficient to fill the knowledge gaps. In the context of serious health professional/nurse human resource outflows, Bulgarian nurseries should open to welcome pedagogical staff and the early learning and stimulation principles in addition to care.

➢ **Strengthen quality assurance mechanisms.** While minimum standards and requirements for quality assurance in health and education sectors are well developed in Bulgaria, it is highly recommended that monitoring and compliance mechanisms be strengthened. While unannounced inspection visits are reported to take place, no rules and regulations are in place to establish the terms and frequency of inspections. The GoB should regulate the inspection modalities of ECCE centers to ensure that all established standards are actually met. Increasing the capacity of local inspectorates to regularly monitor standards compliance is advisable to ensure that all existing ECCE centers are delivering quality learning opportunities to young children in Bulgaria.

Comparing Official Policies with Outcomes

The existence of laws and policies alone do not always guarantee a correlation with desired ECD outcomes. In many countries, policies on paper and the reality of access and service delivery on the ground are not aligned. Table 15 compares ECD policies in Bulgaria with ECD outcomes. Some policies reflect the reality for some ECD interventions, such as pre-primary education, immunizations, and birth registration. On the other hand, the low rate of exclusive breastfeeding and access to completely free pre-primary education do not seem to align with the respective policies.

Table 15: Comparing select ECD policies with outcomes in Bulgaria

ECD Policies	Outcomes
Policy guarantees the provision of pre-primary education →	Gross pre-primary school enrollment: **83 %**
Young children are required to receive a complete course of childhood immunizations →	Children with DPT3 (12-23 months): **95 %**
Policy mandates the registration of children at birth in Bulgaria →	Completeness of birth registration: **Almost universal (n/a)**

Preliminary Benchmarking and International Comparison of ECD in Bulgaria

On the following page, Table 16 presents the classification of ECD policy in Bulgaria within each of the nine policy levers and three policy goals. The SABER-ECD classification system does not rank countries according to any overall scoring; rather, it is intended to share information on how different ECD systems address the same policy challenges. Table 17 presents the status of ECD policy development in Bulgaria alongside a selection of OECD countries. Sweden is home to one of the world's most comprehensive and developed ECD policies and achieves a benchmarking of "Advanced" in all nine policy levers.

Table 16: Benchmarking Early Childhood Development Policy in Bulgaria

ECD Policy Goal	Level of Development	Policy Lever	Level of Development
Establishing an Enabling Environment	Emerging	Legal Framework	
		Inter-sectoral Coordination	
		Finance	
Implementing Widely	Emerging	Scope of Programs	
		Coverage	
		Equity	
Monitoring and Assuring Quality	Emerging	Data Availability	
		Quality Standards	
		Compliance with Standards	
Legend:	Latent	Emerging	Established / Advanced

Table 17: International Classification and Comparison of ECD Systems

ECD Policy Goal	Policy Lever	Level of Development					
		Bulgaria	Australia	Chile	Colombia	Sweden	Turkey
Establishing an Enabling Environment	Legal Framework						
	Coordination						
	Finance						
Implementing Widely	Scope of Programs						
	Coverage						
	Equity						
Monitoring and Assuring Quality	Data Availability						
	Quality Standards						
	Compliance with Standards						
Legend:	Latent	Emerging	Established	Advanced			

Conclusion

The SABER-ECD initiative is designed to enable ECD policy makers and development partners to identify opportunities for further development of effective ECD systems. This country report presents a framework to compare Bulgaria's ECD system with other countries in the region and internationally. Each of the nine policy levers are examined in detail and some policy options are identified to strengthen ECD are offered.

Table 18 summarizes the key policy options identified to inform policy dialogue and improve the provision of essential ECD services in Bulgaria.

Table 18: Summary of policy options to improve ECD in Bulgaria

Policy Dimension	Policy Options and Recommendations
Establishing an Enabling Environment	• Consider establishing an explicitly stated comprehensive multi-sectoral ECD Policy. • Create innovative mechanisms to promote iron fortification of food staples. • Establish a common plan of action for ECD service delivery at the state level. • Strengthen ECD budget coordination mechanisms between relevant sectors involved. • Ensure the level of ECD finance is adequate to meet the needs of all children and guarantee free compulsory preschool education.
Implementing Widely	• Establish mechanisms to promote and expand the provision of adequate nutrition interventions to young children and expectant mothers. • Consider expanding early childhood care opportunities for children younger than 3 years. • Ensure that essential ECD interventions are equitable provided to poor children. • Focusing on ECD, early stimulation, and learning in nurseries.
Monitoring and Assuring Quality	• Enhance coordination of sectors involved in data collection for ECD services. • Improve qualifications of ECD caregivers for children ages 0-3. • Strengthen quality assurance mechanisms.

Acknowledgements

This country report was prepared by the SABER-ECD team at the World Bank headquarters in Washington, D.C. The report presents country data collected using the SABER-ECD policy and program data collection instruments and data from external sources. The report was prepared in consultation with the World Bank Human Development Europe and Central Asia team and the Government of Bulgaria. For technical questions or comments about this report, please contact the SABER-ECD team (helpdeskecd@worldbank.org).

Acronyms

ECE	Early Childhood Education
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
EU	European Union
CCC	*Chile Crece Contigo* ("Chile Grows with you")
GDP	Gross Domestic Product
GoB	Government of Bulgaria
ILO	International Labor Organization
MoES	Ministry of Education and Science
MoF	Ministry of Finance
MoH	Ministry of Health
MoJ	Ministry of Justice
MoLSP	Ministry of Labour and Social Policy
NCCP	National Council for Child Protection
NHIF	National Health Insurance Fund
NSI	National Statistical Institute
OVC	Orphans and Vulnerable Children
STD	Sexually-transmitted Disease
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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This report focuses specifically on policies in the area of Early Childhood Development.

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