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Network (ESPAN)

Access for children in need to the key services covered by the European Child Guarantee

Bulgaria

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Table of contents

Summary	5
Introduction.....	6
1. Early childhood education and care (ECEC).....	7
1.1 Mapping accessibility and affordability of ECEC	7
1.1.1 Conditions for qualifying as a “low-income child”	8
1.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)	8
1.2 Main barriers to effective and free access to ECEC for low-income children ..	8
1.2.1 Financial barriers	8
1.2.2 Non-financial barriers.....	9
1.3 Free meals provision for low-income children in ECEC	10
2. Education and school-based activities	10
2.1 Mapping the main school costs in public primary and secondary education ..	11
2.1.1 Conditions for qualifying as a “low-income child”	12
2.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)	12
2.2 Cash benefits whose specific purpose is to help meet educational costs	12
2.3 Main barriers to effective and free access to school-based activities for low-income children	13
2.3.1 Financial barriers	13
2.3.2 Non-financial barriers.....	13
3. Free meals at school	13
3.1 Mapping free provision of school meals	13
3.1.1 Conditions for qualifying as a “low-income child”	14
3.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)	14
3.2 Main barriers to effective and free access to school meals for low-income children	14
3.2.1 Financial barriers	14
3.2.2 Non-financial barriers.....	14
4. Healthcare	14
4.1 Mapping the provision of free healthcare services and products	14
4.1.1 Conditions for qualifying as a “low-income child”	15
4.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)	15
4.2 Cash benefits whose specific purpose is to help meet healthcare costs.....	15
4.3 Non-financial barriers to effective and free access to healthcare.....	15
5. Healthy nutrition	16

5.1	Main barriers to effective access to healthy nutrition	16
5.1.1	Financial barriers	16
5.1.2	Non-financial barriers.....	17
5.2	Publicly funded measures supporting access to healthy nutrition.....	17
6.	Adequate housing	18
6.1	Publicly funded measures supporting access to adequate housing – Housing allowances	18
6.2	Publicly funded measures supporting access to adequate housing – Social housing	18
6.2.1	Mapping the provision of social housing	18
6.2.2	Main barriers to effective access to social housing.....	19
6.3	Publicly funded measures supporting access to adequate housing – Other measures	20
	References	21
	Annex	24

Summary

On 14 June 2021, the Council of the European Union adopted a Recommendation establishing a “European Child Guarantee”, with a view to guaranteeing access to six key services for “children in need”:

- effective and free access to four services: high-quality early childhood education and care (ECEC); education and school-based activities; at least one healthy meal each school day; and healthcare; and
- effective access to two services: healthy nutrition and adequate housing.

The purpose of the present report is to assess the extent to which low-income children in Bulgaria do indeed have effective (or effective and free) access to these services.

Childcare and pre-school education in Bulgaria are based on a legal right for all children, with some receiving priority on the grounds of social care criteria. Since 1 April 2022, parents have not paid a fee for the use of kindergartens and nurseries, but it is too early to evaluate the effects of this measure. Apart from financial barriers, the capacity of nurseries and kindergartens, especially in bigger cities and towns (Sofia, Plovdiv, Varna and Burgas), hampers access for everyone, including children at risk of poverty or social exclusion. On the other hand, geographic access to nurseries is seriously hampered in rural areas (e.g. villages where the number of these childcare facilities is very low).

The Pre-school and School Education Act makes school education compulsory from the school year in which a child reaches 7 until they reach 16. Compulsory education is free of charge. Compulsory school materials (textbooks and notebooks) are provided free to all children by the state for the duration of their primary education (grades 1-4). Low-income children face real difficulties in securing the basic preconditions for equal access to education (almost the same as those for ECEC), including sufficient clothes and shoes, and money for school celebrations and trips. A forthcoming one-time grant measure for all pupils enrolled in grades 1-4 and 8 (as from the 2023/2024 school year) is supposed to help parents to purchase some of the basic supplies and clothing needed by pupils. Additionally, a financial measure concerning free travel for children up to age 10 is expected to have a positive impact on the accessibility of educational institutions.

In Bulgaria children are entitled to the basic benefits package of medical and dental services (primary, specialist out-patient, hospital and highly specialised services) paid for by the National Health Insurance Fund (NHIF), including prophylactic examinations and investigations. Children under 18 are also exempted from user fees. However, the statutory health insurance framework does not provide protection against additional financial burdens for meeting the medical needs of children at risk of poverty or social exclusion, including for the medicines that are not covered by the NHIF.

Bulgaria still faces a problem with poor and low-income households, where malnutrition and the consumption of low-quality food products prevail. In Bulgaria, there is no provision of free full meals at school (i.e. meals with protein or protein-like nutrients).

Adequate housing policies had not been established as of 2021, and there is no clarity on plans to establish such policies. For the time being there is targeted rental assistance, but in general social housing is insufficient and even non-existent in some regions.

Introduction

On 14 June 2021, the EU Member States unanimously adopted the Council Recommendation (EU) 2021/1004 establishing a “European Child Guarantee” (ECG).¹

The objective of the ECG is to offset the impact of poverty on children and to prevent and combat their social exclusion. To this end, it is recommended that Member States guarantee for “children in need” (defined as people **under 18** who are at risk of poverty or social exclusion – AROPE):

- effective and free access to four services: high-quality early childhood education and care (ECEC); education and school-based activities;² at least one healthy meal each school day; and healthcare; and
- effective access to two services: healthy nutrition and adequate housing.

According to the ECG Recommendation, **effective access** means “*a situation in which services are readily available, affordable, accessible, of good quality, provided in a timely manner, and where the potential users are aware of their existence, as well as of entitlements to use them*” (Article 3d). **Effective and free access** means “effective access” to the services, as well as free-of-charge provision – either by organising and supplying such services or by providing “*adequate benefits to cover the costs or the charges of the services, or in such a way that financial circumstances will not pose an obstacle to equal access*” (Article 3e).

The Recommendation directs the Member States to prepare action plans, covering the period until 2030, to explain how they will implement the Recommendation.³ These plans are to be submitted to the European Commission.

The purpose of the present report is to assess the extent to which children AROPE have effective and free access to four of the six services covered by the ECG and effective access to the other two (see above). Given that the eligibility criterion (or criteria) for accessing those services in individual Member States (at national and/or sub-national level, depending on how the service is organised) is/are not based on the EU definition of the risk of poverty or social exclusion,⁴ the report focuses on access for **low-income children** to each of these services, using the national low-income criterion (or criteria) that apply (e.g. having a household income below a certain threshold or receiving the minimum income). Throughout this report, “low-income children” is to be understood as children living in low-income households.

In Bulgaria, all six services covered by the ECG are solely regulated at national level. Therefore, the report seeks to provide a general picture of the (effective/free) access for low-income children in the country.

¹ The full text of the ECG Recommendation is available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L_.2021.223.01.0014.01.ENG&toc=OJ%3AL%3A2021%3A223%3ATOC.

² According to the Recommendation (Article 3f), “school-based activities” means “*learning by means of sport, leisure or cultural activities that take place within or outside of regular school hours or are organised by the school community*”.

³ Once they have been submitted to the European Commission, the plans are made publicly available online at: <https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>.

⁴ According to the EU definition, children are AROPE if they live in a household that is at risk of poverty (below 60% of median income; hereafter AROP) and/or severely materially and socially deprived, and/or (quasi-)jobless. For the detailed definition of this indicator and all other EU social indicators agreed to date, see: <https://ec.europa.eu/social/main.jsp?catId=756&langId=en>. In 2021, EU Member States agreed a target to be reached by 2030: a reduction in the number of people AROPE in the EU by at least 15 million, including at least **5 million children**.

The report is structured by service:

- effective and free access to high-quality ECEC;
- effective and free access to education and school-based activities;
- effective and free access to at least one healthy meal each school day;
- effective and free access to healthcare (e.g. free regular health examinations and follow-up treatment, and access to medicines, treatments and support);
- effective access to healthy nutrition;⁵ and
- effective access to adequate housing.⁶

1. Early childhood education and care (ECEC)

This section describes the situation regarding effective and free access for low-income children to ECEC services.

1.1 Mapping accessibility and affordability of ECEC

Table 1.1: Accessibility and affordability of ECEC

Childcare (usually under age 3)		Pre-school setting (usually age 3 to compulsory school age)	
Accessibility	Affordability	Accessibility	Affordability
ENT-ALL10months and PRIOR10months	FREE-ALL10months	ENT-ALL3years and PRIOR3years	FREE-ALL3years

Note: "ENT-ALLxxx" means a legal entitlement for all children from the age of xxx. "PRIORxxx" means priority access for low-income children from the age of xxx. "FREE-ALLxxx" means free for all children from the age of xxx. If the information differs between centre-based and home-based care, the information provided applies to centre-based care.

Childcare⁷ as well as pre-school education in Bulgaria are based on all children's legal rights, with some priority given to children eligible on social grounds. Regardless of the family's income (although all the factors listed are prerequisites for a low-income child), children who meet any of the following social criteria shall be admitted to kindergarten with priority over all other applicants: orphans; children with a single parent; children of whom at least one family member has a disability of 71-100%; children of an unknown parent or a parent whose parental rights have been terminated; children placed in foster care or being raised by a family of relatives or close relations under Article 26 of the Child Protection Act; adopted children; children from a large family with three or more children from one household; twin children; or children at risk, as defined in Section 1(11)(b) and (c) of the Child Protection Act – that is, a "child at risk" who: (a) is a victim of abuse, violence, exploitation or any other inhuman or degrading treatment or punishment within or outside their family; or (b) is at risk of harm to their physical, mental, moral, intellectual and social development (Sofia Municipality, 2022).

⁵ According to the Recommendation (Article 3g), "healthy meal" or "healthy nutrition" means "a balanced meal consumption, which provides children with nutrients necessary for their physical and mental development and for physical activity that complies with their physiological needs".

⁶ According to the Recommendation (Article 3h), "adequate housing" means "a dwelling that meets the current national technical standards, is in a reasonable state of repair, provides a reasonable degree of thermal comfort, and is available and accessible at an affordable cost".

⁷ Services for children aged 0-3 are the responsibility of the Ministry of Health; children aged 3 to the start of schooling are the responsibility of the Ministry of Education and Science in Bulgaria.

According to Article 24 (paragraph 3) of the Pre-school and School Education Act, nursery groups may be opened in kindergartens for the care of children between the ages of 10 months and 3 years. According to Article 8 (paragraph 1) of the Act, pre-school education is compulsory from the school year beginning in the year when the child reaches 4. The motive for the change of the age from 5 to 4 years in 2021 was the aspiration for fuller coverage of children in the education system from an early age, with a view to the acquisition of the Bulgarian language – including by children from households where it is not the primary language. This should help their integration and hence serve as prevention against early school-leaving (See Table 1.1).

Since 1 April 2022, parents have not paid a fee for the use of kindergartens and nurseries.⁸

1.1.1 Conditions for qualifying as a “low-income child”

According to the AROPE indicator, almost every third child in Bulgaria (32.4%) under 6 was AROPE in 2021, compared with 23.5% at EU level (see Annex, Table A.1).

Despite this, in Bulgaria there is no low-income criterion for children to have priority in access to ECEC. There is only a social criterion (described in Section 1.1) in force.

In spite of gradually expanding early childhood education coverage in Bulgaria, in 2021 Bulgarian children's enrolment in ECEC services was still below average for the EU-27, especially in those under 3 (BG 18.7%; EU-27 36.2%). Considering the country's AROPE status, the Bulgarian results regarding coverage are even more distressing (see Annex, Table A.2).

1.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

Not applicable: access is free for all children.

1.2 Main barriers to effective and free access to ECEC for low-income children

1.2.1 Financial barriers

Access to ECEC is free for all children in Bulgaria.

At the beginning of 2023, it is still too early to assess the impact of the measure introduced in 2022 for compensating parents for expenditure on the upbringing and education of children between the age of 10 months and the compulsory primary education age (7 for Bulgaria) who have not been admitted to childcare facilities due to their overcapacity. The measure is regulated within the “ordinance on the conditions and procedures for the provision and disbursement of funds from the state budget to compensate for the costs incurred by parents for the upbringing and education of children who are not enrolled in state or municipal kindergartens or schools due to lack of available places”. Since 1 April 2022, the monthly compensation has been BGN 372 (€190.20⁹). The measure originally introduced in 2021 only compensated families with children from age 3 until compulsory primary education age (7 for Bulgaria). The measure is not expected to be very successful, considering that the total amount

⁸ Pursuant to an amendment to the Corporate Income Tax Act [State Gazette No 17/2022], paragraph 5 of the Local Taxes and Fees Act, Section II Local Fees.

⁹ Bulgarian National Bank, fixed foreign exchange rates: 1 EUR = BGN 1.95583, <https://www.bnb.bg/?toLang=EN>.

for 2022 set in the state budget amounted to only BGN 600,000 (€306,775.13) (i.e. the measure will provide a place for hundreds of children when there are thousands of children in need¹⁰). Moreover, the compensation (BGN 372, or €190.20) is very low compared with the average monthly fee for a private kindergarten in the country, which is at least twice as high. And the fact that the compensation is paid on a monthly basis – and only after parents prove their expenses – is another financial barrier to accessing ECEC.

Nevertheless, it should be noted that besides fees there are other hidden components of financial barriers to ECEC access, in terms of expenditure on items such as clothing and shoes, age-appropriate books (excluding textbooks or teaching aids), and indoor games (educational games for toddlers, blocks, etc.) (Pamporov *et al.*, 2020: 125). According to Article 4 (paragraph 2, points 3 and 4) of Ordinance no 3 of 5 February 2007 on Health Requirements for Kindergartens, medical examinations are required for each child upon enrolment in a nursery/kindergarten and for their parent in cases where the child is attending for the first time. When a child is absent from nursery/kindergarten for more than 30 days, laboratory tests are again required. All these tests are at the parents' expense.

1.2.2 Non-financial barriers

Apart from financial barriers, a shortage of capacity in nurseries and kindergartens, especially in bigger cities and towns (Sofia, Plovdiv, Varna and Burgas), hampers the access of all children, including those AROPE (UNICEF, 2022: 58). For example, in the spring of 2022 during the first round of intake, almost half of the applications submitted in Sofia were rejected because of the lack of places. According to Sofia municipality, the shortage in the capital excluded over 7,000 children aged 3-6, resulting in a large number of these children going without access to pre-school education (European Commission, 2022). It should also be taken into account that private provision for pre-school education is quite limited. According to the National Statistical Institute (NSI), fewer than 3% of all children enrolled in 2021 were in private kindergartens. In addition, private nurseries and kindergartens exist primarily in big cities.

On the other hand, access to nurseries is seriously hampered in rural areas (e.g. villages where the number of these childcare facilities is very low). According to NSI data for 2021, in seven of the 28 NUTS3 regions (Veliko Tarnovo, Gabrovo, Dobrich, Sliven, Targovishte, Shumen and Haskovo) there was not a single nursery in the villages; and in three NUTS3 regions (Kardjali, Pernik and Smolyan) there was only one in the rural areas.

In addition to all of the above, it should be added that low-income children, including Roma, have lower enrolment rates in pre-schooling than their peers (especially in the 0-3 age group) for a number of social (in addition to economic) reasons stemming from attitudinal and structural barriers. Such barriers include preferences for care at home (especially given the low level of employment, and the fact that many Roma mothers live either with or near their relatives and can rely on support from older generations) and a lack of awareness in some families about the importance of pre-schooling for positive educational outcomes. Many Roma families experience difficulties in accessing existing services due to a lack of health insurance, address registration, etc. The widespread negative attitudes and discrimination faced by Roma (as well as children with disabilities) are another factor that further complicates the realisation and full development of the Roma community (Pamporov *et al.*, 2021: 34-35).

According to a UNICEF online survey¹¹ among staff members from the Social Assistance Agency system, regional departments of education, and the regional health inspectorate

¹⁰ <https://www.mediapool.bg/nad-10-000-detsa-otnovo-ostanaha-bez-gradina-v-sofiya-news335514.html>

¹¹ Data reflect the replies of a total of 682 respondents: 507 social workers from the Social Assistance Agency structures at regional and municipal level; 129 experts from the regional departments of education; 43 experts

regarding the extent to which different barriers affect access to ECEC for vulnerable groups, the strongest factor inhibiting ECEC access was staff shortages and insufficient awareness (UNICEF, 2022:60).

Another reported factor was the unwillingness of parents to use the services of the system – this factor was critical among four out of the five groups studied,¹² children in alternative care being an exception. It is notable that the experts identified the leading factor as unwillingness and lack of engagement on the part of parents, ahead of problems such as lack of data, gaps in the functioning of the system, and discriminatory practices. More important than these were the insufficient awareness of parents about the availability of services for homeless children or children experiencing severe housing deprivation, children with a minority background (with a particular focus on children from the Roma community) and children in precarious family situations (see Annex, Table A.3).

1.3 Free meals provision for low-income children in ECEC

Since 1 April 2022, free meals for all children aged between 10 months and the starting age for compulsory primary education (age 7 for Bulgaria) have been provided. The only eligibility condition is attendance at nurseries/kindergartens.

In Bulgaria, nutritional measures for low-income children are mostly reduced to the provision of food in childcare establishments and schools; however, this fails to cover all children and address healthy nutrition, especially in early childhood, mainly because of the requirement for attendance (UNICEF, 2022: 28).

2. Education and school-based activities

This section describes the situation regarding effective and free access for low-income children to education and school-based activities.

Section 2.1 maps the main school costs in public primary and secondary education, distinguishing between the following:¹³

- compulsory basic school materials (schoolbag, pens, glue, scissors, etc.);
- compulsory school materials (textbooks, school supplies, notebooks, etc.);
- compulsory specific clothing (uniform, sports clothing);
- IT equipment requested by the school;
- sports equipment or musical instruments requested by the school;
- compulsory extramural activities (e.g. school trips, sport, culture) that are part of the curriculum;

from the regional health inspectorate; and three representatives of municipal administrations. The values in the table represent ranks. They are obtained by transforming primary percentage distributions of responses on the level of impact of each of the listed barriers for the specific group of children according to the following scale: “a significant barrier”, “a barrier to some extent”, “not a barrier at all”, “undecided”, and “have not worked with this group of children”. As a first step, the positive support (the first two answers) for each barrier is summed; then, ranks in reverse proportionality order are ascribed – the strongest support gets first rank, etc. As the objective of the instrument is to synthesise the impact of barriers at supra-group level, their order is determined on the basis of average ranks, obtained for each of the groups (the last column in Table 1.4).

¹² Homeless children or children experiencing severe housing deprivation; children with disabilities; children with minority racial or ethnic background (particularly Roma); children in alternative care; and children in precarious family situations.

¹³ Tuition fees charged by private schools are not covered.

- other compulsory fees or costs; and
- transport costs to or from school.

Section 2.2 briefly describes the cash benefits specifically intended to help meet educational costs.

Finally, Section 2.3 seeks to identify the main barriers that prevent low-income children from having effective and free access to “school-based activities” as defined in the Council Recommendation establishing the ECG (see "Introduction" section). Given that the distinction between these activities and some of the activities covered above – especially the “compulsory extramural activities (e.g. school trips, sport, culture) that are part of the curriculum” – may not always be clear-cut, the focus of Section 2.3 is specifically on school-based activities that are not part of the curriculum.

2.1 Mapping the main school costs in public primary and secondary education

Table 2.1a: School costs of primary education (free for all/low-income children)

Basic material	Books	Clothing	IT	Sports or music equipment	Extra-mural activities	Other fees or costs	Transport
NO	ALL	NO	NA	NA	NA	NA	NO

Note: “ALL” means that this category is free for all children “NO” means that most/all items in the category are not free for low-income children. “NA” (not applicable) means that this category is not requested/compulsory in the country.

According to Article 8 (paragraph 2) of the Pre-school and School Education Act, school education is compulsory from the school year in which a child reaches 7 until they reach 16. Compulsory education is free of charge.

In Bulgaria, compulsory school materials (textbooks and notebooks) are provided free to all children by the state for the duration of their primary education (see Table 2.1a).

Overall, school uniforms are not compulsory in Bulgaria. However, some public schools have introduced them. In the schools where uniforms are required, parents must purchase them themselves (see Table 2.1a).

At a regular meeting of the Council of Ministers on 25 January 2023, it was decided¹⁴ that from February 2023 all children up to 10 would be able to travel free of charge on urban public transport and intercity transport, and the discount on the price of pupil travel cards (for those over 10) was increased to 70% of the regular price. This measure will be in force until the end of 2023 (see Table 2.1a). The “NO” answer in the column “Transport” in Table 2.1 is due to the fact that up to age 12 children must be accompanied by a parent/adult when going to or from school.

According to Article 283 (paragraph 12 [2]) of the Pre-school and School Education Act, children of compulsory school age from settlements where there is no school must be given funds from the state budget for transport to and from the nearest school that provides education in the relevant grade.

¹⁴ <https://bnr.bg/horizont/post/101769473/slujebniat-kabinet-nasochva-dopalnitelni-73-mln-lv-v-podkrepa-na-obshtestvenia-transport>

Table 2.1b: School costs of secondary education (free for all/low-income children)

Basic material	Books	Clothing	IT	Sports or music equipment	Extra-mural activities	Other fees or costs	Transport
NO	NO	NO	NA	NA	NA	NA	NO

Note: "NO" means that most/all items in the category are not free for low-income children. "NA" (not applicable) means that this category is not requested/compulsory in the country.

Compulsory school materials (textbooks and notebooks, etc.) are currently not provided free in secondary education. However, starting in the 2024/2025 school year, these compulsory school materials, in paper and digital versions, are going to be provided free to all children by the state for the duration of their secondary education. Free textbooks will be provided only for general education subjects. This is because not all subjects in specialised and vocational secondary education have textbooks at all. Families should save about BGN 300 (€153.39) in average costs annually, which they can use for other needs of their children. This measure is expected to reduce school dropping-out due to poverty. According to UNICEF, the lack of free textbooks and "transport poverty" have a strong negative impact and hinder access to education (UNICEF, 2022) (see Table 2.1b).

Just as in primary education, school uniforms are not compulsory at secondary level. However, within the public schools where uniforms have been introduced, parents must purchase them by themselves (see Table 2.1b).

According to Article 283 (paragraph 12 [2]) of the Pre-school and School Education Act, state budget funds for transport are provided to pupils who travel daily to a school in another locality in the same or an adjacent administrative-territorial area where they are studying for a qualification in a profession; and, vice versa, if such training does not take place in the locality where the pupil lives, or if the pupil is studying in a protected specialty of a profession or for which there is an expected shortage of specialists on the labour market, and there is no organised training in the locality where the pupil lives (see Table 2.1b).

2.1.1 Conditions for qualifying as a "low-income child"

Not applicable.

2.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

Not applicable.

2.2 Cash benefits whose specific purpose is to help meet educational costs

A one-time grant of BGN 300 (€153.39) for all pupils enrolled in grades 1-4 and 8 will be allocated as from the 2023/2024 school year. This is for all pupils, regardless of whether they study in a state, municipal or private school (Article 2[6], Family Allowances for Children Act).

On 15 December 2022, parliament decided¹⁵ that this one-off assistance should be given to all pupils in primary education as well as in grade 8. This was done by adopting amendments to

¹⁵ <https://www.bta.bg/bg/news/bulgaria/377509-ednokratna-pomosht-shte-poluchavat-i-uchenitsi-zapisani-vav-vtori-treti-i-chet>

the Family Allowances for Children Act. Until the most recent school year (2022/2023), the grant was only given to children enrolled in grades 1 and 8. For the 2022/2023 school year, it was also BGN 300 (€153.39).

The amount of this one-off allowance is set annually in the state budget law for the relevant year but may not be less than the previous year. The allowance is paid in two instalments, 50% being paid after the order granting the allowance comes into force; the balance is paid at the beginning of the second school term if the child continues to attend school. During the most recent school year (2022/2023), one-time assistance was granted to 49,879 families for 50,933 children in grade 1, and to 48,595 families for 49,464 children in grade 8.

It may be assumed that this financial support helps parents to purchase some of the basic supplies and clothing needed by pupils. The child must live permanently in the country and must not be raised outside the family. The support is also granted to pupils cared for by relatives or foster families, as well as by a guardian/carer. There is no national representative survey that indicates whether the benefit adequately covers educational costs, especially for low-income children.

2.3 Main barriers to effective and free access to school-based activities for low-income children

2.3.1 Financial barriers

School-based activities that are outside regular school hours or are organised by the school community are paid for by the parents of all children.

2.3.2 Non-financial barriers

The main non-financial barriers to accessing school-based activities outside regular school hours are the lack of availability (especially in schools in smaller cities, and segregated schools) and the fact that some of the activities are offered mainly in primary school and/or are more attractive to boys than girls (e.g. team sports such as football). Examples could be given of both the latter two situations.¹⁶

3. Free meals at school

This section describes the situation regarding effective and free access for low-income children to at least one free healthy meal each school day.

3.1 Mapping free provision of school meals

In Bulgaria, there is no provision of free full meals (i.e. with protein or protein-like nutrients) in schools. All children have free access to only one afternoon snack (i.e. fruit/vegetables/milk/milk products) in all schools (Ministry of Agriculture and Food, 2016). Although the entire 2020/2021 school year was affected by the COVID-19 pandemic, the scheme has covered nearly 93% of the total planned number of target groups. This proportion is close to the pre-pandemic figure of 95%. It is noteworthy that kindergartens have been able to adapt to the situation more quickly than schools. In the 2020/2021 school year, 97% of the number of children in kindergartens planned in the national strategy participated in the scheme,

¹⁶ <https://prepodavame.bg/za-roditeli-kak-da-pomognete-na-deteto-si/>

while this proportion in schools (children aged 6-10) was 89%, or 4 percentage points less than in the 2017/2018 school year (Ministry of Agriculture and Food *et al.*, 2023).

3.1.1 Conditions for qualifying as a “low-income child”

Not applicable.

3.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

Not applicable.

3.2 Main barriers to effective and free access to school meals for low-income children

3.2.1 Financial barriers

All children must purchase a full meal at their own expense.

3.2.2 Non-financial barriers

Not every school has a canteen where children can have the access to full meals (in most cases schools only have a kiosk). Children under 12 are not allowed to leave the school grounds to buy from anywhere nearby. In these cases, parents usually prepare food in lunch boxes.

4. Healthcare

This section describes the situation regarding effective and free access for low-income children to healthcare, focusing on vaccinations, care from a general practitioner (GP) or infant nurses, specialist care, dental care (not orthodontics) and prescribed medicines.

4.1 Mapping the provision of free healthcare services and products

Table 4.1: Healthcare costs (free for all/low-income children)

Vaccination	GP	Infant nurses	Specialist care	Dental care (not orthodontics)	Prescribed medicines
ALL	ALL	ALL	ALL	ALL	NO

Note: “ALL” means that all services/products in the category are free for all children. “NO” means that most/all services/products are not free for low-income children.

In Bulgaria children are entitled to the basic benefits package of medical and dental services (primary, specialist out-patient, hospital and highly specialised services) paid for by the National Health Insurance Fund (NHIF), including prophylactic examinations and investigations. Children under 18 are also exempted from user fees. Access to health services is mostly governed by the Health Act, in force since 2005, and the Health Insurance Act, in force since 1998. As underlined by UNICEF: “*the former guarantees equitable use of health services, provision of affordable and quality healthcare with priority for children, pregnant*”

women and mothers of children aged under 1, and special health protection for children, pregnant women, mothers of children aged under 1 and people with physical disabilities and mental disorders” (UNICEF, 2022).

The health insurance of children under 18 or until the completion of secondary education, as well as of parents/adoptive parents of children with a disability level of 50% or higher, is paid for from the central budget of the Republic of Bulgaria.

Prescribed medicines should be purchased by the child’s household (see Table 4.1).

However, according to a UNICEF report, the statutory health insurance framework does not provide protection from additional financial burdens for meeting the medical needs of children AROPE (UNICEF, 2022: 11).

4.1.1 Conditions for qualifying as a “low-income child”

Not applicable.

4.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

Not applicable: access is free for all children, with the exception of prescribed medicines – for which there are no groups of children who have free access. There are no groups of children who are excluded.

4.2 Cash benefits whose specific purpose is to help meet healthcare costs

Medical care for children also includes state-funded coverage of the costs of certain medical appliances, equipment for personal use, dietary foods and medicinal products (UNICEF, 2022: 25-26). Cash benefits are not needed because some of the services and products above are free. These benefits do not specifically target low-income children.

There has been no particular analysis of the adequacy of coverage of low-income children. However, there is evidence that: “*direct payments from households account for 37.8% of health expenditure in 2019 – the highest share in the EU and about 2.5 times the share for the EU as a whole. The key drivers of the high share of direct payments include services outside the scope of the health insurance package and the co-payment for some services included in the package, especially medicines*” (European Commission, 2021).

4.3 Non-financial barriers to effective and free access to healthcare

The “national strategy for poverty reduction and promotion of social inclusion 2030” considers poverty and social exclusion to be general barriers to healthcare access (Ministry of Labour and Social Policy of the Republic of Bulgaria, 2021). It is recognised that the problem has a negative effect on immunisation coverage among children. Measures in that regard include the work of health mediators in vulnerable communities (such as Roma) aimed at expanding immunisation coverage, and preparation of a national health strategy. The measures planned for 2021-2022 were not sufficient to overcome the main barriers to healthcare access among children living in poverty (UNICEF, 2022).

Access to healthcare for children from the Roma community is included as a goal in the national strategy for Roma inclusion and participation for 2021-2030, and includes maternal

and child healthcare, overcoming the stigmatisation against vulnerable groups, and health prevention and promotion (Council of Ministers of the Republic of Bulgaria, 2022).

Access to medicines is also a challenge in some municipalities or districts. In 2018, about half of pharmacies had contracts with the NHIF, and not all of them worked with the full list of pharmaceuticals reimbursed by the NHIF (Zahariev & Georgieva, 2018).

The UNICEF survey provided a ranking (see Annex, Table A.4) based on data from an online consultation with staff members from the Social Assistance Agency system and the regional health inspectorate across the country about barriers to healthcare access for children from vulnerable groups. According to this ranking, the most important non-financial barrier was parents' negligence or lack of awareness about children's health needs (UNICEF, 2022).

In addition, access to healthcare services for children with disabilities has been found to incur extra financial costs due to the limited public funds available for out-patient treatment, tests, special foods and consumables covered by the state budget (UNICEF, 2018). The lack of specialised staff and the long waiting lines represent an additional non-financial barrier, but there are no available data or publications discussing those barriers.

5. Healthy nutrition

This section describes the situation regarding effective access for low-income children to healthy nutrition.

5.1 Main barriers to effective access to healthy nutrition

5.1.1 Financial barriers

Bulgaria still faces a problem with poor and low-income households, where malnutrition and the consumption of low-quality food products prevail. The main source of available information is UNICEF, according to which: *“Malnutrition and the consumption of low-quality food products prevail in poor households. Due to the lack of specialised national programmes for healthy nutrition outside childcare establishments and schools, children from vulnerable groups (especially aged 0-3), are in a more disadvantaged position, because a large part of them do not attend nursery or kindergarten. There is no comprehensive framework to promote healthy nutrition that also takes into account the difficulties faced by families living at risk of poverty”* UNICEF (2022: 10).

The same report concluded that measures targeting the nutrition of children living in poverty were mainly limited to the provision of food within childcare establishments and schools, which however failed to cover all children or address healthy nutrition, especially in early childhood.

Minority groups represent a significant part of low-income households in Bulgaria. According to UNICEF: *“52.3% of Roma children cannot get a meal with meat, chicken or fish every second day due to financial reasons compared with 9.7% of children from the Bulgarian ethnic group”* (UNICEF, 2022).

According to the special UNICEF survey, the main factor hampering the healthy nutrition of children in Bulgaria was undoubtedly the high prices of healthy food products relative to parents' income. 81.5% of respondents from the social sector identified this as the major barrier – except in Roma communities, where the lack of awareness about children's healthy nutrition was considered a greater factor (UNICEF, 2022).

During 2022, inflation had a negative effect on this type of barrier. In total, from the beginning of the year to 14 October 2022, wholesale food prices rose by 31.19%; compared with a year earlier, the market price index increased by 20.35% (from 1,779 points), according to data from the bulletins of the State Commission on Commodity Exchanges and Markets (Vulov, 2022). In Bulgaria, according to Eurostat data cited in an online newspaper, Bulgarians recently spent 20% of their income on food, while in Germany (for example) this percentage was around 11% (Ivanova, 2022).

5.1.2 Non-financial barriers

A non-financial factor that affects the healthy nutrition of low-income children is the low level of education of parents. The aforementioned UNICEF report claimed that “*limited or incorrect knowledge are observed among Roma mothers*” (UNICEF, 2022).

This factor also leads to insufficient awareness of available public services for tackling food poverty, as educational institutions are most openly used for distributing and promoting such information in support of parents and care-givers. The lack of specialised national programmes for healthy nutrition outside childcare establishments and schools leads to an even more disadvantaged position for children aged 0-3 from different minorities because they often do not attend them.

The second-highest answer chosen by social partners in the UNICEF survey was the lack or limited scope of social services for support in cases of food poverty.

5.2 Publicly funded measures supporting access to healthy nutrition

The “national programme for prevention of chronic non-communicable diseases 2021-2025” includes specific targets for reducing the risk of nutrition-related, chronic, non-communicable diseases. As part of the measures in support of early childhood development, the food and/or basic material assistance programme 2021-2027, co-financed through the European Social Fund, envisages support for the youngest children in the form of packages of essential products for new-borns, and catering services for babies and toddlers to provide healthy and varied nutrition to children from age 10 months to 3 years. Facilities for providing specific nutrition to children are available in all districts across the country, enabling wide territorial coverage for this support. Children’s kitchen vouchers are provided.

Despite EU programmes, and some additional (sporadic) measures, the general policy landscape has not been able to properly address the issues of healthy nutrition among children in low-income households. The national strategy for poverty reduction and promotion of social inclusion 2030 lacks a comprehensive policy framework that would promote healthy nutrition by taking into account families who are AROPE.

6. Adequate housing

This section describes the situation regarding effective access for low-income children to adequate housing.

6.1 Publicly funded measures supporting access to adequate housing – Housing allowances

The UNICEF report stated that adequate housing policies had not been established in Bulgaria as of 2021, and there is no clarity on plans to establish such policies. There is a lack of legislation, and of a strategic framework and mechanisms to ensure access to adequate housing conditions for people and families from vulnerable groups (UNICEF, 2022: 11).

People with permanent disabilities are entitled to targeted rental assistance for municipal housing if they are single parents or have a permanently disabled child and they have a signed rental contract, and similarly where children have been placed under full legal guardianship and a rental contract has been concluded with their legal representatives. No income criterion applies here in the case of children with disabilities.¹⁷

Bulgaria has been late in implementing housing allowances for poor families (targeted rental assistance), and there still are no such policies in Bulgaria. According to UNICEF: “*the state provides targeted housing allowances for children with disabilities and parents of children with disabilities, but there is no data on what needs these allowances meet and what proportion of parents of children with disabilities receive them*” (UNICEF, 2022: 88). In addition, there are no research studies or data on the housing conditions of children with disabilities.

6.2 Publicly funded measures supporting access to adequate housing – Social housing

6.2.1 Mapping the provision of social housing

Access to municipal housing is governed by the Municipal Property Act. Two of the purposes of municipal housing are to rent out dwellings to: (a) members of the public with established housing needs; and (b) families with severe social and health problems (UNICEF, 2022: 28).

The requirements for receiving social assistance for targeted rent assistance are summarised below:¹⁸

- applicants must have no other home;
- the dwelling must be no larger than one room for people living alone, two rooms if the household of the applicant consists of two or three people, or three rooms if it consists of four people;
- the monthly income of the applicant must be less than indicated in the differentiated minimum income table;
- the applicant is unemployed and has been registered for at least six months at the unemployment office;

¹⁷ <http://asp.government.bg/bg/deynosti/sotsialno-podpomagane/podkrepa-na-horata-s-uvrezhdaniya/pravo-na-tselevi-pomoshti/>

¹⁸ <https://ec.europa.eu/social/main.jsp?catId=1103&intPagelD=4439&langId=en>

- the applicant has no contract for ownership in exchange for maintenance and care and has not sold real estate during the previous five years; and savings per family member do not exceed BGN 500 (€255.65).

Additional requirements include possession of Bulgarian citizenship (at least for one member of the family), as well as proof of a defined period of permanent residence (ranging between two and 10 years) in the city concerned (Gabova, 2020: 48).

Some municipalities have started to plan or even formulate the introduction of social housing, providing eligibility criteria. For example, in order to be eligible for social housing in the Ruse region of Bulgaria, people must first fall into one of three categories (Bulgaranov, 2021): “the homeless and those living in abhorrent conditions”; “parents with many children, under-age parents and families with children who have chronic health conditions”; or “people at risk of poverty and social exclusion.” In addition, there are additional income-based eligibility criteria. For example, people must “not be a property owner and have an income below the minimum wage – which is currently around €300” (per month). In effect, this allows the city to “*focus its efforts on the most disadvantaged groups. The municipality will grant approved people a one-year lease per flat with the possibility of extending it to a maximum of three years.*”

6.2.2 Main barriers to effective access to social housing

6.2.2.1 Financial barriers

There are no financial barriers.

6.2.2.2 Non-financial barriers

The lack of available social housing hinders the supply of alternative accommodation for households whose incomes fall below the national poverty line (BGN 363, or €185.60, monthly for 2020) and who have no access to the housing market for rent or purchase. The only solution remains self-made, non-standard and illegal housing, usually on the outskirts of settlements.

In addition, there are non-financial barriers related to refugees, but also to the local population living in non-regulated dwellings. There are legal and other obstacles that affect refugees, but also local vulnerable groups, namely that a number of documents are required that are difficult to fill in; these documents are available only in Bulgarian and are not always easy to understand (declarations, certificates, rental contracts, etc.). Some documents are hard to obtain; this takes time and, often, additional expenses. But the most pronounced barrier has been the number of places available for families in social housing.

Table A.6 in the Annex presents data from an online consultation with staff members from the Social Assistance Agency system on the level of impact that barriers have on access to adequate housing among children from vulnerable groups. According to this table, the most important non-financial barrier has been the lack of awareness by parents/care-givers of the need for better living conditions, followed by an insufficient number of social housing units for rent.

6.3 Publicly funded measures supporting access to adequate housing – Other measures

As explained in Section 6.2.1, the criteria for the targeted rent assistance include the following.¹⁹

- At least one member of the applicant's family must be Bulgarian and have a permanent address in the municipality.
- The applicant must not own any property in the municipality or in nearby settlements.
- The applicant must not have transferred the above types of property to other people in the previous 10 years. The exception to this rule is if the transfer of property was in the context of the termination of co-ownership, transfer of an interest to a third party, or a donation to the municipality.
- The applicant must not own property with a total value greater than half of the average market price of a dwelling corresponding to the needs of the family.
- A quarter of the family's total annual income is not sufficient to cover the cost of the average market rental price of a dwelling corresponding to the family's needs.
- The applicant has not lived in public housing in the previous two years and has not been removed from residency for failure to comply with the lease payment.

In addition, in Bulgaria, some projects have been implemented in order to support access to adequate housing for low-income families. In 2021, a project prepared by Housing Europe and UNECE summarised various measures taken by the state to improve housing for families experiencing financial difficulties.²⁰

¹⁹ <https://egov.bg/wps/portal/egov/dostavchitsi+na+uslugi/obshtinski+administratsii/unificirani+uslugi/2105>

²⁰ "Housing Development in Bulgaria. Lessons learned from the Operational Programme Regions in Growth (OPRG) 2014-2020 and recommendations for the Programme 'Development of the regions' PDR 2021-2027 and other relevant plans", <https://www.mrrb.bg/en/infrastructure-and-programmes/op-regions-in-growth/range/>.

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Annex

Table A.1: AROPE rates, 2021

Rate	Bulgaria		EU-27	
	N	%	N	%
Children under 6	114,000	32.4	5,801,000	23.5
Children aged 6-11	132,000	30.2	6,522,000	23.8
Children aged 12-17	153,000	36.5	7,312,000	25.8
Children under 18	400,000	33.0	19,634,000	24.4

Source: Eurostat, EU-SILC [[ILC PEPS01N](#)], downloaded on 17 January 2023.

Table A.2: Inclusion of children in ECEC services

	Bulgaria	EU-27
Participation in childcare, 2021: all children (<i>10 months to age 3</i>)	18.7%	36.2%
Participation in early childhood education, 2021: all children (<i>age 3 to the starting age of compulsory primary education – 7 for Bulgaria</i>)	80.1%	93.0%
Participation in early childhood education, 2019: according to AROPE status (<i>age 3 to the starting age of compulsory primary education – 7 for Bulgaria</i>)	76.7%	83.9%

Source: Eurostat, EPSR [TEPSR_SP210], downloaded on 14 February 2023; [EDUC_UOE_ENRA21], downloaded on 14 February 2023; European Commission, ESDE (2022).

Table A.3: Level of impact of barriers to the access to ECEC in Bulgaria

Barriers to access/Target groups	Homeless children or children experiencing severe housing deprivation	Children with disabilities	Children with minority racial or ethnic background /particularly Roma/	Children in alternative care	Children in precarious family situations	Average
Unwillingness of parents/caregivers to have their children attend nursery and/or kindergarten	1	1	1	5	1	1.8
Financial barriers to the access (payment of fees and other costs)	2	3	2	10	2	3.8
Insufficient number of child care staff for children with special needs in the nurseries and/or kindergartens	5	2	5	1	6	3.8
Insufficient awareness of parents/caregivers of the availability of early childhood education services	3	4	3	7	3	4
Language and/or cultural barriers in working with the children and families	6	9	4	8	5	6.4
Administrative barriers to the access (e.g. setting requirements and criteria that are impossible to meet or too many that are hard to meet)	4	10	6	11	4	7
No flexible working hours of the childcare establishments	9	5	8	3	10	7
Lack of adequate support and inclusion measures (on the part of the professionals) in the nursery/kindergarten and of a specific approach to the children from this group	7	11	7	2	8	7
Remoteness and difficulties with transportation to nurseries and/or kindergartens	8	6	10	9	7	8
Large number of children the staff has to work with in one group at the nurseries and/or kindergartens	10	8	9	4	9	8
Inaccessible environment at the nurseries and/or kindergartens for persons with reduced mobility	11	7	12	6	12	9.6
Exclusion due to stigma and discrimination related to poverty, disability or minority status	12	13	11	12	11	11.8
Insufficient number of nurseries and/or kindergartens in the settlement	13	12	13	13	13	12.8

Source: UNICEF 2022, p. 60.

Table A.4: Level of impact of barriers to the access to healthcare

Barriers to access /Target groups	Homeless children or children experiencing severe housing deprivation	Children with disabilities	Children with minority racial or ethnic background /particularly Roma/	Children in alternative care	Children in precarious family situations	Average
Financial barriers to the access (need to pay for the services or for the transportation to the latter)	2	1	1	3	1	1,6
Parents' negligence or lack of awareness of children's health needs	1	2	2	4	2	2,2
Remoteness and difficulties with the transportation to the medical establishments	4	3	6	2	4	3,8
Lack of mobile services	5	4	5	1	6	4,2
Administrative barriers to the access to the services (e.g. due to lack of ID, setting of a great number of criteria, etc.)	3	5	4	8	3	4,6
Insufficient awareness of parents of the children's entitlement to social insurance	6	8	3	9	5	6,2
Inaccessible environment at the health services for persons with reduced mobility	9	7	9	5	8	7,6
Parents/caregivers having no health insurance	7	9	7	11	7	8,2
Insufficient number of medical establishments and healthcare services	10	6	10	6	10	8,4
Language and/or cultural barriers in working with children and families	8	10	8	10	9	9
Stigmatisation and discrimination related to poverty, disability or minority status	11	12	12	12	11	11,6

Source: UNICEF, 2022, p.79.

Table A.5: Level of impact of barriers to access to healthy nutrition

Barriers to access/Target groups	Homeless children or children experiencing severe housing deprivation	Children with disabilities	Children with minority racial or ethnic background /particularly	Children in alternative care	Children in precarious family situations	Average
High prices of healthy food products compared to parents/caregivers' income	1	1	2	1	1	1,2
Lack or limited scope of social services, providing assistance to persons affected by food poverty (soup kitchens, free food parcels, etc.)	3	2	3	2	3	2,6
Insufficient awareness of parents/caregivers of the availability of public modalities of support for food poverty	4	3	4	3	4	3,6
Insufficient parental/caregiver awareness about children's healthy nutrition	2	7	1	7	2	3,8
Insufficient attention given to the quality of food offered in childcare establishments (nurseries, kindergartens)	7	4	5	4	7	5,4
Insufficient attention given to the quality of lunchtime meals offered in the schools	6	5	6	5	6	5,6
Unwillingness on the part of the parents/caregivers to use the available public modalities of support for food poverty	5	6	7	6	5	5,8

Source: UNICEF, 2022, p.85.

Table A.6: Level of impact of barriers to the access to adequate housing

Barriers to access/Target groups	Homeless children or children experiencing severe housing deprivation	Children with disabilities	Children with minority racial or ethnic background /particularly Roma/	Children in alternative care	Children in precarious family situations	Medium
Parents'/caregivers' negligence of the needs for better living conditions	1	1	1	2	1	1,2
Insufficient number of housing units in the social housing stock for rent	2	3	2	3	2	2,4
Insufficient number of social services of temporary accommodation type	3	2	3	1	4	2,6
Insufficient housing subsidy (financial aid for renting, purchase or renovation)	4	4	4	5	3	4
Lack of a social fund for the purchase of housing at preferential rates for those in need	5	5	5	4	5	4,8
Residing in a neighbourhood with concentration of Roma population	6	6	6	7	6	6,2
Administrative barriers (setting requirements and criteria that are impossible to meet) to the access to housing assistance/benefits	7	8	7	6	7	7
Lack of clear regulation concerning the actions to be undertaken by the municipalities with respect to illegal housing	8	7	8	10	9	8,4
Poor living conditions in the housing units of the social housing stock for rent	9	9	9	9	8	8,8
Insufficient awareness of available assistance and services for people in need	10	10	10	8	10	9,6
Remoteness and difficulties with the transportation to housing assistance services	11	13	11	13	11	11,8
Inaccessible environment for persons with reduced mobility at the housing assistance services or at the social housing stock for rent	12	12	12	11	12	11,8
Excessive workload of services, understaffing compared to the number of those in need	13	11	13	12	13	12,4
Language and cultural barriers to the access to housing assistance	14	14	14	14	14	14
Exclusion as a result of stigma and discrimination related to poverty, disability or minority status	15	15	15	15	15	15

Source: UNICEF, 2022, p.90.

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