

ANNEX K: UNICEF Country Programme 2023-2027, Theory of Change for Outcomes 1 and 2

Medium Term Result

Outcome 1: Boys and girls, children and adolescents, including the most vulnerable, enjoy their rights to thrive and develop to their full potential and be protected from violence, exploitation and abuse, benefit from equitable access to cross-sectoral services and are supported to live in a safe and nurturing environment

<p>Output 1.1. By 2027, health, social and education systems better integrate legal and normative frameworks, standards and tools that empower mothers, fathers, and caregivers to provide nurturing care, ensure the detection of developmental risks and support for family-centered early intervention for children at risk of developmental difficulties.</p>	<p>Output 1.2. By 2027, national institutions, local authorities and other key stakeholders have strengthened capacity to provide accessible, equity sensitive, adequately funded, quality and inclusive early childhood education and care services for all young children 0-7, incl. most disadvantaged such as Roma children, poor children, children with disabilities, and children living in rural areas and refuge and migrant children.</p>	<p>Output 1.3. By 2027, girls, boys and adolescents, including the most vulnerable, are supported to realize their right to live in a family and have improved access to quality preventative and alternative care services and integrated support.</p>	<p>Output 1.4. By 2027, girls, boys and adolescents in Bulgaria, including the most vulnerable, are supported to realize their right to protection from violence, exploitation and abuse and benefit from strengthened capacities of child protection professionals and improved access to preventative and support programmes and services.</p>
<p>Nurturing Care and Access to Early Childhood Interventions</p> <ol style="list-style-type: none"> 1. A package of child health care services, including systematic monitoring of early child development and identification of developmental difficulties will be implemented as part of the national regulatory framework. 2. Health care practitioners' knowledge and skills for early identification of developmental difficulties respect for diversity will be strengthened. 3. Developmental difficulties will be identified early in life. 4. A national multi-sectoral system for ECI will be established. 5. Children with developmental difficulties will be timely referred by health care providers to family-centered, community-based ECI services. 6. Children with developmental difficulties will receive quality support for transition from ECI services and inclusion in preschool education. 7. ECI services will be available, and practitioners will be qualified to provide family-centered ECI service in the natural environment of the child with developmental difficulties 8. Families with children with disabilities will receive support in their natural environment from quality early childhood intervention services 9. Parenting support programs will be available to support caregivers. 10. Parents / caregivers will have access and will benefit from evidence-based parenting support programs which improve their ability to provide nurturing care for their children. 	<p>Quality Early Child Education and Care Services</p> <ol style="list-style-type: none"> 1. There will be a working legislative framework and standards across sectors for adequate funding allocation, quality professional development and enhanced cross-sectoral collaboration so that every child in Bulgaria, incl. the most vulnerable and excluded, will be able to access quality and inclusive ECEC services. 2. Parents and professionals will be able to more effectively and efficiently support learning and participation of children with disabilities through assistive technologies and children with special needs and particularly non-verbal children, will be given a voice and will be empowered to participate and learn 	<p>Prevention of Family Separation</p> <ol style="list-style-type: none"> 1. Legal preconditions will be ensured for the provision of quality services that prevent family separation and ensure quality alternative care and response for children separated from parents 2. Required policy framework will be established for the continuation of the childcare reform with a shift of measures and resources towards the prevention of family separation and access to quality alternative services including for CWD and R/M children 3. Social service workforce will be better capacitated and more competent to respond to the needs of boys, girls, parents, and caregivers. 4. Professionals working in the child protection system and the social services will be able to provide better, timely and coordinated individualized support to children and families 5. Boys, girls, parents, and caregivers will have improved access to quality preventative and alternative services and individualized and integrated provision of support 	<p>Violence against girls, boys and adolescents</p> <ol style="list-style-type: none"> 1. Vulnerable children, adolescents, women and parents will have access to preventative and support programmes and services. 2. Girls, boys, parents and caregivers and children and women victims of domestic violence will benefit from a strengthened legal and policy framework in accordance with international (CRC, CEDAW) and EU standards and norms. 3. Refugee and migrant girls, boys and women will have an improved access to essential protection, MHPSS and GBV services. 4. Professionals will be better equipped to provide prevention, protection and support in accordance with the rights and needs of girls, boys and adolescents who are victims and witnesses of violence, including the most vulnerable children – CWD, girls, children of Roma origin, R/M children and children in alternative care. 5. Attitudes towards violence and violent behavior will be radically shifted through the engagement of children, parents/caregivers and professionals who will have improved awareness, changed behaviors and attitudes towards acceptance and use of violence.

Systemic changes

Risks:

- The Government not championing and applying inter-sectoral approach and cooperation for developing legislative framework for nurturing care, early childhood intervention and ECEC (Early childhood education and care)
- Lack of commitment and /or insufficient leadership from the Government (particularly with respect to continuation of the deinstitutionalization process/childcare reform and strategic strengthening of the SW/services workforce)
- New Government (to be established in early 2022) has no strong political will to continue the social services reform, including commitment to financial and legislative reforms. (remove)
- National Action Plan on the EU Child Guarantee not developed and /or implementation delayed due to budgetary constraints
- UNICEF key interventions not linked and integral part of the National Resilience and Recovery Plan and the National Map of Social Services
- Unstable fiscal space due to impact of the global pandemic and expected destabilization of economy

Key Stakeholders and National Actions

<p><u>Ministry of Health</u></p> <ul style="list-style-type: none"> • Adopts a package (validated tools and guidelines) for systematic developmental monitoring of early child development and identification of developmental difficulties as part of a package of the routine child health care services. • Adopts the guidelines for health practitioners, tools and protocols for systematic developmental monitoring and early identification of developmental difficulties • Adopts /revises competency frameworks, qualification requirements for relevant practitioners and job descriptions • Provides funding and regulations for scaling-up the home visiting model for parenting support <p><u>Medical Universities and professional organizations</u></p> <ul style="list-style-type: none"> • adopt and implement additional/amended pre-service training programs for health care providers focused on early identification of developmental difficulties (incl. SBC/IPC/stigma reduction and respect for diversity in pre-service trainings of health care workers) 	<p><u>The Council of Ministers</u></p> <ul style="list-style-type: none"> • adopts, scaled up at national level and implemented across sectors, incl. through budget allocation and quality in-service and pre-service trainings for ECEC professionals. <p><u>Ministry of Education and Science and Regional centers for supporting the process of inclusive education</u></p> <ul style="list-style-type: none"> • integrate those resources, tools, practices and guidelines nationwide into national inclusive education policy and practice and supports their scale up at national level throughout the learning continuum 	<p><u>The Council of Ministers</u></p> <ul style="list-style-type: none"> • Adopts the National Action Plan for the Child Guarantee that includes the establishment of an outreach mechanism for provision of integrated support <p><u>Ministry of Labor and Social Policy (MLSP)</u></p> <ul style="list-style-type: none"> • Continue the childcare reform and support effective implementation of the social services reform and integrated provision of support through legal and financial regulation in the Social services Act by-laws • Development of a targeted strategy/ programme for development of SW/services workforce, regulation of SW and development of competence standards and supervision • Integrate the National Action Plan for the Child Guarantee and allocate appropriate budget. <p><u>Agency for Quality of Social Services</u></p> <ul style="list-style-type: none"> • Effectively and efficiently monitors social services provision • Increase the salaries and improve the working conditions and the support for the SWs in the Child protection departments • In coordination with the Agency for Social Assistance develop competence standards for child protection and social service workforce • Integrate the National Action Plan for the Child Guarantee and allocate appropriate budget. 	<p><u>Ministry of Labour and Social Policy</u></p> <ul style="list-style-type: none"> • Develops and the Government adopts a National map of social services which establishes a minimum package of services for children at risk across the country • Ensures adequate funding and human resources on the national and local level as part of the national budget and the EU funded Human Resources Development programme for the provision of specialized services for children and women victims of violence across the country <p><u>Ministry of Education and Science</u></p> <ul style="list-style-type: none"> • develops a dedicated operation and plan for scale-up of "Steps together" safe-school programme <p><u>Bulgarian Helsinki Committee, in partnership with the Agency for Social Assistance, Ministry of Interior, State Agency for Refugees, National Bureau for Legal Aid</u></p> <ul style="list-style-type: none"> • provide services which are mainstreamed in the national child protection system <p><u>Council of Refugee Women in Bulgaria</u></p>
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Assumptions

<p><u>Ministry of Labor and Social Policy, Ministry of Health, Ministry of Education and Science</u></p> <ul style="list-style-type: none"> jointly develop a detailed and costed national roadmap for introducing a national system for family centered ECI <p><u>Ministry of Health and the Ministry of Labour and Social Policy</u></p> <ul style="list-style-type: none"> approve cross-sectoral pathway and accountabilities to facilitate referral of children at risk of developmental difficulties <p><u>Ministry of Education and Science and the Ministry of Labour and Social Policy</u></p> <ul style="list-style-type: none"> approve cross-sectoral pathway and accountabilities for referral and support the transition of children from ECI services to inclusive pre-school education introduce and implement, provide funding and standards for parenting support programs, incl. tested with UNICEF support <p><u>Ministry of Labour and Social Policy</u></p> <ul style="list-style-type: none"> expands and provides sustainable funding for community-based early childhood intervention services <p><u>Agency for Quality of Social Services</u></p> <ul style="list-style-type: none"> develops and implements guidelines, standards, methodologies, and job descriptions for practitioners, who provide early childhood intervention <p><u>Bulgarian universities</u> (SU St. Kl. Ohridski, Plovdiv University, Ruse University)</p> <ul style="list-style-type: none"> adopt and implement pre-service professional training programs for ECI practitioners 		<p><u>State Agency for Child Protection</u></p> <ul style="list-style-type: none"> In coordination with the MLSP develop an updated Action Plan for implementation of the Vision for deinstitutionalization with the appropriate financial and monitoring and evaluation framework <p><u>Municipalities</u></p> <ul style="list-style-type: none"> Expand the network of local services which implement direct outreach support 	<ul style="list-style-type: none"> provide MHPSS, GBV response and prevention services to refugee and migrant girls and women and awareness raising sessions and services addressing sexual violence against boys <p><u>State Agency for Child Protection</u></p> <ul style="list-style-type: none"> develops a national programme or action plan to prevent VaC based on INSPIRE strategies and Handbook <p><u>National Council for Child Protection</u></p> <ul style="list-style-type: none"> In coordination with the Council of Ministers adopt the national programme for prevention of VaC <p><u>Ministry of Interior</u></p> <ul style="list-style-type: none"> Develops Annual National Programme for Prevention and Protection against Domestic Violence (DV) as required by the Act for Protection Against DV <p><u>Ministry of Justice</u></p> <ul style="list-style-type: none"> Proposes legal amendments to the Act for Protection Against Domestic Violence related to better protection of children, access to appropriate services and establishment of a cross-sectoral National Commission as well as proposals for amendments to transpose fully key EU Directives <p><u>Parliament</u></p> <ul style="list-style-type: none"> Adopts key legislative proposals related to EU Directives transposition (Protection Against Domestic Violence Act, Criminal Code, Criminal Procedural Code, Civil Procedure Code, Legal Aid Act, etc.) <p><u>National Police Academy, National Justice Institute, Lawyers' school and the State Agency for Child Protection</u></p> <ul style="list-style-type: none"> develop and roll-out appropriate modules and training on child rights and identification, reaction and referral of cases of VaC/W and GBV and cross-sectoral coordination <p><u>EU programmes, EAA and Norway Grants, We Protect, Global Partnership to End VAC, etc.</u></p> <ul style="list-style-type: none"> envisage measures, programmes and funding to support national and local actions for systemic change of behavior and attitudes. <p><u>Ministry of Labour and Social Policy, Ministry of Education and Science, Ministry of Health, Ministry of Interior, Ministry of Justice and the State Agency for Child Protection</u></p> <ul style="list-style-type: none"> envisage and operationalize appropriate national programmes, plans and budgets. <p><u>National Network for Children, Alliance "Childhood without Violence", local authorities, service providers and CSOs</u></p> <ul style="list-style-type: none"> develop, implement and monitor targeted programmes and campaigns aimed at strengthening community awareness and involvement.
<p>1. Support Ministry of Health through:</p> <ol style="list-style-type: none"> TA for introduction of systematic developmental monitoring with validated tools for developmental monitoring and early identification of visual, hearing and developmental difficulties and for development of evidence-based guidelines for health practitioners and protocols for early identification of developmental difficulties UNICEF engages with medical universities (MU Varna, MU Plovdiv) and provides them with technical assistance for development/amendment of their pre-service training programs for health care providers to strengthen knowledge and understanding on ECD and developmental difficulties, as well as SBC/stigma reduction and respect for diversity in pre-service trainings of health care workers. 	<p>1. UNICEF will support MoES and other stakeholders and will provide targeted advocacy and TA for strengthening the quality of ECEC through:</p> <ol style="list-style-type: none"> TA for the development and implementation of a cross sectoral ECEC quality framework advocacy and TA for the development of equity sensitive national programmes with the allocation of adequate financial and human resources evidence generation and advocacy and TA for the development and scale up of 	<ol style="list-style-type: none"> In partnership with MoLSP develops legislative framework/ by-laws to the social services act, including social services quality and funding standards, and mechanisms for integrated provision of support. Advocates and builds political engagement for the development of an up-dated Action plan for the implementation of the Vision for Deinstitutionalization and improved data collection, analysis and reporting for children in alternative care and UASCs. Partners with MoLSP for the development of a targeted strategy/ programme for strengthening the workforce in the social sector and its capacity building, including a systemic approach to planning, development and support of social work/social services staff and multi-disciplinary work, and which address professionals' attitudes, behaviour and power differentials based on gender inequality and/or age. Partners with ASA to update the existing tools, guidance and methodologies for case management, assessment of children at risk, gatekeeping, etc. 	<ol style="list-style-type: none"> In partnership with MLSP, MES, ASA, AQSS, MoJ, SACP, local authorities and CSOs <ol style="list-style-type: none"> supports the provision, documentation and promotion of the Child Advocacy Centres model (specialized and integrated prevention and response to VaC services), strengthens the provision of protection services for refugee and migrant children (identification of UASC and assistance for family reunification and strategic litigation, mental health and psychosocial support, GBV response and prevention services) advocates and provides TA for the development of the National Map of Social Services and allocation of appropriate human and financial resources for prevention and response services provision across all 28 regions in the country

	<p>2. Support the Ministry of Labour and Social Policy, Ministry of Health, Ministry of Education and Science for development of Cross-sectoral ECI system approach through</p> <ol style="list-style-type: none"> Provision of TA and advocacy for development of a roadmap for introducing and scaling up multi-sectoral early childhood intervention (ECI) system for children with developmental difficulties, including disabilities Development of pathways and accountabilities for referral of children with developmental difficulties from health care providers to community-based early childhood intervention services Development of pathways and accountabilities for referral and support of children with developmental difficulties from social services to pre-school education during the transition period. <p>3. Support the Ministry of Labour and Social Policy for expanding and sustaining the available ECI community-based services through:</p> <ol style="list-style-type: none"> TA for development of guidelines, methodology for ECI practitioners for provision of family-centered ECI service in the natural environment of the child Develop pre-service professional training programs for ECI service providers focused on provision of family-centered ECI services (incl. SBC/IPC/stigma reduction and respect for diversity modules) with universities and other relevant pre-service and in-service training providers <p>4. Strengthen the existing legislative framework related to health, ECEC and social services provision for introduction and scaling-up of the models for parenting support through:</p> <ol style="list-style-type: none"> Provision of TA to the Ministry of Health, Ministry of Labour and Social Policy and Ministry of Education and Science for funding provision and standards for evidence-based parenting support programs (incl. B4R) Provision of TA and advocacy to the Ministry of Health for scaling-up of the costed, evidence-based home visiting model for parenting support 	<p>equity sensitive approaches and models and inclusive ECEC practices, incl. through EUCG</p> <p>2. UNICEF will support MoES to strengthen inclusiveness of education policies and address inequity through</p> <ol style="list-style-type: none"> development and TA for scale up of training packages, learning resources and accessible tools for supporting nonverbal children with assistive technologies strengthening the self-efficacy (capacity building) of parents and professionals to become champions of behavioral and social change and to effectively support learning and participation of children with disabilities through assistive technologies TA, advocacy and corporate engagement, for the development of guidelines to enhance accessibility and inclusiveness of learning environment 	<p>5. UNICEF advocates and provides technical assistance to MoLSP for the scale up of outreach mechanisms (mobile teams) for early identification of vulnerable children and at-risk families and provision of individualized and integrated support.</p>	<p>2. In partnership with the State Agency for Child Protection, National Council for Child Protection, Ministry of Interior, Ministry of Justice and Parliament</p> <ol style="list-style-type: none"> advocates and provides technical assistance for enabling national legislative and policy framework in line with international and EU standards and law (including amendments in the Protection Against Domestic Violence Act, Criminal Code, Criminal Procedural Code, Legal Aid Act, etc.) <p>3. In partnership with National Police Academy, National Justice Institute, Lawyers' school and the State Agency for Child Protection</p> <ol style="list-style-type: none"> Strengthens the capacity of professionals working with children victims and witnesses of violence participants in civil, administrative and criminal proceedings through strengthening the pre-service and in-service training programmes and curriculum <p>4. In collaboration with EU, EAA and Norway Grants, other donors and stakeholders,</p> <ol style="list-style-type: none"> UNICEF advocates and mobilizes resources for raising awareness and enhancing behavioral and social change among children, parents/caregivers and professionals towards VAC and GBV Invests in building coalitions and mobilization of action for strengthening of awareness and involvement of the community to act as agents of behavioural and social change towards violence against girls, boys and women.
Monitoring for Equity	<p>36,000 children 0-3 years of age with developmental difficulties, including disabilities, 18,000 children born prematurely or with low birth weight, 22,000 children with malnutrition (6.4 % of the children are stunted, 6.3% wasted, WHO estimates), 59,000 children living in poverty (National statistical institute), 46,000 children 0-3 years living in rural areas with limited access to essential services, higher level of mortality and higher levels of poverty and deprivation, 21,000 Roma children 0-3 years of age (12%): are at risk of developmental difficulties due to poverty, substandard housing conditions, limited access to quality medical care and health care services for pregnant women, mothers and children under the age of 3 from Roma communities, 18,000 children born to very young mothers (below 18 years of age) are at increased risk of lack of nurturing care.</p> <p>10,192 children live outside of their birth families: 36% are in residential care (at least 48% are CwD); 19% are in foster care; 45% live with relatives. Approximately 2,000 children continue to be separated from their families every year.</p> <p>One in every two children and young people (47%) has experienced a type of violence under the age of 18 years, with emotional violence being the most common type of violence reported (45.9%), followed by physical violence (31.2%), sexual violence (15.6%) and neglect (10.5%). ; Violence has been most commonly experienced by children at school (38.3%), closely followed by in the community (37.6%) and at home (30.9%). 1 in 7 children reported being a victim of online bullying and harassment, especially on social media sites. Over a third (35.9%) of children with disabilities have experienced violence, compared to 15.9% without a disability; furthermore almost a quarter (22.5%) of disabled children were injured by violence at school, compared to only 4.3% of non-disabled children; 13.5% of children with disabilities reported that they had been raped, compared to 1.2% of non-disabled children; Children from ethnic minority backgrounds were two thirds more likely to report experiencing physical violence at school compared to Bulgarian children, with Roma children at particular risk. Unlike with experiences of violence in the home, these associations remained significant even when controlling for wealth. The reasons for this are unclear, but could indicate a degree of racially motivated bullying; Overall 15.6% of children and young people reported experience of sexual violence, with girls being more vulnerable (1 in 5) than boys (1 in 10); 10.5 per cent of children and adolescents have experienced neglect. Children with disabilities, Roma children, and children not living with a biological parent are at higher risk of neglect, as are children from less wealthy households. Children from the poorest wealth quintile (measured by the household asset score) were three times more likely to report being neglected than those from the highest wealth quintile; Co-occurrence of violence: 13 per cent, or more than 1 in 8 children and young people reported being victims of emotional, physical and sexual violence.</p>			
Prioritized Bottlenecks	<ol style="list-style-type: none"> The national regulatory framework defining the key package of preventive child health care services, including legislation and funding, does not allow for systematic monitoring of early child development and developmental screening with a view of identifying children at risk of developmental difficulties due to biological or environmental factors (lack of responsive parenting, neglect, poverty and social exclusion, maternal mental health issues, etc.). High fragmentation of health, educational and social services and lack of exiting pathways and accountabilities for referral of children with developmental difficulties from health care providers to community-based early childhood intervention services and from social services to pre-school education. There is no sustainable funding for quality, cross-sectoral, family-centered ECI services. The national regulatory framework and the costed package for preventive health care services for young children does not include facility based and/ or home visiting for counselling and support for strengthening the skills and knowledge of caregivers for nurturing care. The existing legislative framework related to health, and social services provision does not provide funding 	<ol style="list-style-type: none"> Social stigma and discrimination regarding inclusion of children with SEN, Roma and other groups. ECEC affordability is a challenge for many Roma families. Lack of inclusive environment in education incl. insufficient use of assistive technologies Limited training of educators on how to support inclusion of children with SEN, Roma and other vulnerable groups. 	<ol style="list-style-type: none"> Lack of enabling policy and legal framework with focus on prevention of separation, gatekeeping, and integrated provision of support to vulnerable children and families. Funding standards for the social services are not adequate to meet the needs of children and families to ensure highest quality of support. Low capacity and lack of systemic SW/services& allied sectors workforce planning, development, and support Limited availability and/or access to quality social services in smaller communities (mobile teams). 	<ol style="list-style-type: none"> Lack of enabling policy and legal framework/lack of focus on prevention and equitable access to services including on-line in BG. Women and girls who have experienced violence including GBV have limited access to shelter, rehabilitation and support services (only 13 for the whole country). Limited preventative and response programmes and specialized services for children and adolescents victims of violence and crimes and their parents/caregivers (only model piloted in 3 regions by UNICEF). Limited protection services for refugee and migrant children. Professionals working with girls, boys and women have limited knowledge and skills to prevent, respond and refer cases of VaC/W. Limited awareness and involvement of the community to act as agents of behavioral and social change towards violence against girls, boys and women.

	<p>and standards for evidence-based parenting support programs.</p> <p>6. Lack of knowledge and awareness among health and social professionals on child development, developmental difficulties, support of parenting during the first 3 years of life and how to support particularly families with children with developmental difficulties and existing of high level of social stigma and discrimination</p>			
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Medium Term Result

Outcome 2. Girls and boys, children and adolescents, particularly the most disadvantaged, realize their rights to quality inclusive education, participation and engagement so that they have the competence and are empowered to contribute towards their own well-being and that of their communities and society

Systemic Change

Inclusive Education Systems and Skills Building

Output 2.1. By 2027, children and adolescents are supported to realize their right to education and benefit from a strengthened education system at national and local levels that ensures increased access to inclusive and quality learning and skills-building for all adolescent girls and boys, including the most disadvantaged (Roma, adolescent girls, rural, poor, CwD, unaccompanied /separated) allowing them to build their competencies for a successful transition to adulthood and to decent work.

1. More vulnerable children and adolescents at risk of dropping out or out of school will be identified and effectively supported across the sectors addressing holistically their needs
2. More disadvantaged children (whose mother tongue is not Bulgarian), particularly Roma and refugees and migrant will be more effectively supported to improve their literacy and overall learning outcomes
3. More children and adolescents, incl. the most disadvantaged and excluded, will be equipped with 21st century skills and will be empowered to achieve more

Children and adolescent participation and mental health

2.2 Children and adolescents, including the most disadvantaged are supported to realize their rights to be heard, benefit from strengthened systems and mechanisms for meaningful participation and have opportunities to build connections, be engaged with social issues and contribute to their own and their societies' mental health and well-being

1. More children and adolescents, including the most disadvantaged and vulnerable, will have opportunities to voice their opinion, be heard and will benefit from strengthened mechanisms that meaningfully engage them in the design, implementation and monitoring of policies, programs and services affecting their mental wellbeing, learning, social inclusion, protection, and transitions to adulthood.
2. Adolescent boys and girls will have improved access to mental health support and be equipped and empowered to build their own mental wellbeing, resilience, and self-worth thus championing social and behavioral change for the new generations.
3. More adolescents and young people, including the most vulnerable, will be reached and connected through various platforms and mechanisms, and will benefit from more opportunities to get activated, develop skills, and be engaged with social issues and contribute as agents of behavioral and social change

Risks

1. Unstable the Government and fragmented the Parliament not committed and not fully embracing the childcare related reform, including education reform.
2. Human Rights agenda going backwards and shrinking advocacy space for child rights, including limited advocacy space for young people and their well-being.
3. Unstable fiscal space due to the impact of global pandemic and destabilized economy.
4. UNICEF interventions not aligned and linked with the National Recovery and Resilience Plan

Key Stakeholders
UNICEF Contributions

The Ministry of Education and Science (MoES) in collaboration with the Coordination council for inter-institutional collaboration on enrolment and dropout prevention

- a) introduces the improved data gathering approach in the data management system and
- b) ensures the implementation and scale up of joint guidelines and relevant tools for enhancing behavioral and social change among communities and professionals and
- c) introduces evidence-based, equity sensitive national programmes for dropout prevention with the allocation of adequate financial and human resources

The Ministry of Education and Science (MoES)

- a) based on an independent review of existing compensatory measures, introduces a revised and evidence-based approach to address learning gaps and low literacy and
- b) through the national and EU programmes and EEA grants, in line with the Strategic Framework for development of Education (2021-2030), scales up existing and effective equity sensitive and inclusive models and approaches for remedial learning to improve literacy outcomes of children under 10

The Ministry of Education and Science (MoES) in collaboration with Ministry of Youth and Sports (MoYS) and municipalities through targeted national and EU-funded programmes

- a) scales up innovative solutions for skills development reaching out to the most disadvantaged and
- b) introduces a more robust and inclusive approach to address skills mismatch, enhance resilience and crises management in education and enables alternative pathways to transferable and job-specific skills, incl. through non-formal education and engagement with community-based services and business, with focus on the most vulnerable children

1. Key line Ministries (Ministry of youth and sports, Ministry of education and science, Ministry of labor and social policy, Ministry of health) and other relevant stakeholders (State agency for child protection, local authorities, Ombudsman, National parliament) commit to systematically support children and adolescent participation during design, implementation and monitoring of policies, programs and services targeting them and allocate adequate financial and human resources for meaningful and quality participation in accordance with international standards and norms (e.g., national youth strategy, national children strategy, national mental health strategy, national skills strategy, national action plan on the implementation of the EUCG and youth guarantee, climate and green policies)
2. Ministry of education and science provides support and adequate resources to schools for effective implementation of school participation mechanisms, and in partnership with the National education inspectorate and young people review existing standards and develops proposal for performance indicators
3. Ministry of youth and sports and local authorities engage in dialogue with young people and youth led organizations, including the most vulnerable, and develop and implement appropriate human-centered and co-creation approaches to policies, programmes and services that affect them
4. Youth organizations/local youth clubs and the network of youth centers mobilize adolescents and young people, particularly the most disadvantaged, to be aware and motivated to fulfil their rights to participation and engagement on issues of concern to them
5. Private sector/technology startups provide business know-how and innovation capacities to increase the access and the uptake of the digital mental health platform
6. Ministry of health integrates the service with the existing care models for a more holistic mental health support of adolescents, and with existing public healthcare/insurance funding mechanisms, reaching out to the most vulnerable, including through the national mental health programme, and public-private and other innovative funding models (via business, local authorities, NGOs, parents, MES, MYS)
7. Professional organizations, academia and relevant institutions adopt standards of care and code of ethics for implementation of digital mental health programmes and interventions
8. Adolescents and young people are motivated, activated and engaged to contribute as agents of positive social change
9. Digital influencers commit to engage and partner with UNICEF and produce social media content
10. Business provides opportunities for young people, including the most vulnerable, to develop skills and competences through diverse youth engagement models

<p>Key Interventions UNICEF Contributions</p>	<p>1. UNICEF will support the MoES and national and local stakeholders to strengthen the evidence-based policy for addressing inequity and gender equality through</p> <ol style="list-style-type: none"> Evidence generation and advocacy and provision of TA for data gathering, and data analysis for children out of school and at risk of dropping out TA, capacity building and enhancing behavioral and social change among communities for embracing education as a value and among professionals for respect for diversity and revision of the mechanism and guidelines for joint inter-institutional work, including improvement of needs assessment and enhanced compensatory measures (Roma and other minorities, refugee and migrants) advocacy and TA for the development of evidence-based, equity sensitive national programmes with the allocation of adequate financial and human resources <p>2. UNICEF will support the MoES and the Center for education integration of children and students from ethnic minorities and provides TA to system strengthening of inclusive quality education approaches and addressing the low literacy through</p> <ol style="list-style-type: none"> support for review and revision of existing compensatory measures for improved effectiveness and closing the learning gaps advocacy for remedial learning for improved literacy outcomes under 10, of disadvantaged children, primarily those whose mother tongue is not Bulgarian (Roma and other minorities, refugee and migrants) <p>3. UNICEF will support MoES, MoY and local government and advocates and provides TA to system strengthening, both formal and non-formal, for provision of skills through</p> <ol style="list-style-type: none"> support for innovative solutions and scalability of social-emotional skills and digital and media literacy skills such as the STEPS Together and Cyber Survivor models, where adolescents are agents of behavioral and social change via competences for non-violent communication and critical thinking provision of TA and advocacy, engaging youth as well as business, for inclusive approach to provision of 21st century skills development and addressing skills mismatch, including resilience and crises management and to enable alternative pathways to transferable and job-specific skills 	<p>1. UNICEF supports systems for children and adolescent participation through:</p> <ol style="list-style-type: none"> Advocates in partnership with young people, youth led and youth serving organizations for inclusion of children and adolescents' voices into sectoral policies and processes targeting them and for increased equity focus and allocation of appropriate financial and human resources Provides technical support (MYS, SACP, MES) for strengthening mechanisms and spaces for children and adolescent participation, both online and offline, to ensure they are inclusive and support quality participation and engagement at school, local and national level (review and assessment of existing institutionalized participatory mechanisms, review existing good practices, develop/strengthen standards and tools including for monitoring and evaluation) <p>2. UNICEF supports modelling of digital mental health services for adolescents:</p> <ol style="list-style-type: none"> Connects, activates, and engages adolescents and young people as agents for social and behavioral change towards breaking stigma, promoting self-care and help-seeking behavior, and co-creation for change Builds partnerships and supports implementation of an online platform for self-care and MHPSS counselling Supports validation of the intervention (data protection, standards of care, proof of concept); costing of services and develops financial models for sustainability (via public funding, via services/NGOs, parents, and business) <p>3. UNICEF fosters connectedness and invests in supporting youth participation and activation initiatives around issues affecting adolescents and young people (e.g., mental health, climate, discrimination and social exclusion, decent jobs, etc.), both online and offline:</p> <ol style="list-style-type: none"> Creates new digital UNICEF's and supports national platforms and channels (e.g., tik-tok, discord, club house, etc.) that provide spaces for young people to build their self-efficacy and self-expression to generate content and mobilize support on the themes and social issues young people care about Establishes partnerships with digital influencers, youth media and networks to reach more young people at scale and leverage public attention and impact Facilitates opportunities for youth engagement through co/creating and working with private sector (e.g., Chambers of commerce) to increase opportunities for internships, volunteering, mentoring, exchanges etc. to enable connectedness and alternative pathways and increase chances for successful transitions to adulthood and decent jobs 	<p>Assumptions</p>
<p>Monitoring for Equity</p>	<p>Education. Almost every second 15-year-old underperform: 47.1% of 15 years old students underachieve in reading, 44.4% underachieve in mathematics (increase from 42% in 2015), and 46.5% in natural sciences (increase from 37.9% in 2015). 25 % of students or 120,000 are at risk of dropping out with about 30-35% of 6 grade students at risk of dropping out. Outcomes of children in rural areas are lacking behind with the equivalent to 2 years of schooling. NEET rate (population aged 15-29) is 16.7% or 164,500 with difference between cities (10.9%) and rural areas (27.4%). Outcomes of children from ethnic minority groups are lacking behind with the equivalent to 3 years of schooling. 17.2% of children 14-18 are out of school with higher dropout rates for Roma girls. The share of early school leavers (age 18-24) from education and training is 13.9% with more female (FRA). Significant regional variations in enrolment rates in regions with predominantly Roma population - lowest in Pazardzik, Targovishte, Shumen, Silistra, and Dobrich with 65.5% - 77%. 60% of refugee and asylum-seeking children were enrolled in schools in 2018/19 (increase from 10% in 2016/17). Around 10000 children with disabilities are out of school and another 20000 are not adequately supported in education with no appropriate tools for participation. Still around 4000 children with disabilities are educated separately from their peers in special schools. 1 in every 4 young person claimed to have been discriminated against because of their age and it is widely believed that the voice of young people is not heard and cannot be heard in public and political processes. 10% of young people aged 15-29 reported to have taken part in some type of civic activity and only 7% reported being interested in politics.</p> <p>Participation and Mental Health. 35.6 % of young people aged 16-24 years were at risk of poverty and social exclusion in 2020; 10% of young people aged 15-29 reported to have taken part in some type of civic activity and only 7% reported being interested in politics according to the Youth study in Bulgaria (2018-2019). Compared to the other age groups, the share of younger voters (18-24) who remain outside the political life and would not exercise their right to vote is the highest (Global Metrics, 2021); 33% of young people aged 16-29 were using the internet for interacting with public authorities (one of the lowest rates in the EU); 44% of young people reported have never taken part in a volunteering initiative (Annual youth report, 2019); Low participation of young people aged 15-24 in non-formal education and activities - only 2.1%; 1 in every 4 young persons claimed to have been discriminated against because of their age and it is widely believed that the voice of young people is not heard and cannot be heard in public and political processes (Youth study in Bulgaria, 2018-2019); Low digital skills with only 57% of young people aged 16-19 assessing their level of digital skills as basic or above basic; 73,809 (11.2%) of all adolescents in Bulgaria aged 10-19 are estimated to live with a mental health disorder; 29% of children who dropout from school had a mental health disorder; Increase in the rates of adolescents aged 11-15, particularly in boys, who reported two or more psychological symptoms (feeling low, feeling irritable, nervous, having sleeping difficulties more than once a week). The rates of 11-year-olds and 15-year-olds reporting multiple health complaints are among the highest in Europe. Girls in all age groups report more frequently experiencing psychological symptoms; 32-45% of adolescents aged 11-15 have felt they did not receive support from their families and friends when facing difficult situations and this is among the higher rates in Europe.</p>		
<p>Prioritized Bottlenecks</p>	<ol style="list-style-type: none"> Social stigma and discrimination regarding inclusion of children with SEN, Roma and other groups Existing policy on reintegration in education and dropout prevention is not effectively implemented Low literacy that underpins overall low learning outcomes and performance and leads to dropping out Skills mismatch and lack of alternative pathways to transferable and job-specific skills 	<ol style="list-style-type: none"> Lack of effective implementation of policy and legal provisions to enable systemic and meaningful children and adolescent participation and engagement in political and democratic life. Existing national/sectoral strategies and programs are not always inclusive, participatory, and children and adolescents are not systematically involved in the design, implementation, and monitoring. Limited opportunities and underdeveloped institutionalized mechanisms and process at school, local and national level for effective and quality participation, existing participatory structures are not linked to local/national decision-making processes affecting children and adolescents and fail to be inclusive for children with diverse backgrounds or vulnerable groups. Low availability, territorial inequities and fragmented provision of promotive, preventive and response MHPSS programmes/services for adolescents, including through technology, digital tools and platforms. Stigma and discrimination attached to mental health issues affecting help-seeking behavior of adolescents and young people. Limited application of digital platforms and social media for reach, activation and engagement of adolescents on various social issues, and limited opportunities for quality youth engagement provided by private sector, particularly for the most vulnerable adolescents. 	