

# Standard Project Fiche

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## 1. Basic Information

1.1 **CRIS Number (Year 3): BG 2006/018-343.01.01**

1.2 **Title: Deinstitutionalisation through provision of community based services for risk groups**

1.3 Sector: Political Criteria

1.4 Location: Bulgaria

1.3 Duration: Phase 1 - Financing Memorandum 2004

Phase 2 - Financing Memorandum 2005

Phase 3 - Financing Memorandum 2006

## 2. Objectives

2.1 Overall Objective(s):

- Strengthening of the child welfare system and deinstitutionalization of children, people with disabilities and elderly people, placed in specialized institutions through provision of community based services;
- Improving of the quality of life of persons with mental health problems with respect of human rights.

2.2 Project purpose:

Creation and development of network of social and mental health services, delivered into the community.

2.3 Accession Partnership (AP) priority

The project is in conformity with the following AP priorities:

- “Ensure the childcare system is reformed so as to systematically reduce the number of children in institutional care in particular through the development of alternative social services aimed at children and families.”
- Provide a legal framework which ensures the necessary safeguards against arbitrariness of detention and improve living conditions in the mental health care system. Adopt and implement a strategy and action plan with an adequate financial framework of substantial reform in the mental health care system.

2.4 Contribution to National Development Plan

The project focuses on the following issues covered by the NEDP 2000 – 2006:

- “The key priority in the field of social assistance relates to the development of social services. The reform in this direction aims at providing elderly people, children, women, disabled people, ethnic minority groups, socially isolated and poor people with equal access to the resources of the society.”
- The NEDP chapter *Social and Economic Development* (paragraph on *Labor Market and Human Resources*) refers to the *National Health Strategy (2001)* and its priority “to discontinue the negative trends and to provide conditions for improving the health of the nation“. In the Action Plan to this Strategy the identified priorities are further developed into specific fields of action. The

improvement of the mental health of the people is the forth measure in the priority for improving the health of the nation.

## 2.5 Cross Border Impact

Not applicable

### 3. Description

#### 3.1 Background and justification:

#### **Component 1 – target group: children at risk**

In 1991 Bulgaria ratified the United Nations Convention on the Rights of the Child (UNCRC). Child protection and welfare has become one of the priorities of the state policy and in 2000, the Parliament adopted the Child Protection Act (CPA). The Act governs the rights of the child, the principles and the measures for child protection, the state and municipal bodies and their interaction in the process of performing child protection activities, as well as participation of non-for-profit legal entities and natural persons in these activities. The CPA established the State Agency for Child Protection (SACP) as a specialized body under the Council of Ministers in charge of the governance, coordination and control of child protection activities. Following the amendments to the Structural Regulation of the SACP from January 2004, the staff of the Agency has been increased to 82 experts. ‘Children’s rights control’ as new specialized directorate has been set up, including in total 28 regional representatives of the SACP in 6 districts all over Bulgaria – Sofia, Plovdiv, Bourgas, Varna, Ruse and Vratsa. The main responsibilities of the regional representatives of the SACP includes: control on the observance of children’s rights by all state, municipal and private schools, kindergartens, serving units, medical establishments, Social Assistance Directorates and non-for-profit legal entities working in the field of child protection as well as monitoring and control of the criteria and standards for social services for children. State agency for Child Protection /SACP/ was a beneficiary under the Phare component 2000 BG 0005.04 ‘Child welfare reform project’, which has ended in December 2003. During the project implementation, State agency for Child Protection has obtained expertise on three major components of the Program i.e. – Twinning, Technical assistance and equipment supply. A Project Implementation Unit /PIU/ within SACP has been established with supportive functions and mainly in direction of: coordination between Bulgarian and EU experts in implementing Program’s components and coordinating activities between all the Project beneficiaries: MLSP, ASA, MF, CPD /Child Protection Depts./ in pilot municipalities and specialized institutions for children. In addition, PIU has participated actively in implementation of the Project activities nationwide.

With the Social Assistance Act was established the Agency for Social Assistance. The territorial structures of the Agency for Social Assistance include Social Assistance Directorates in each municipality. In each Social Assistance Directorate were established Child Protection Departments (CPDs), responsible for the child protection activities within the municipalities. Up to date, there are 272 CPDs in each municipality all over the country.

Following the amendments to the CPA in April 2003, secondary legislation has been introduced, mainly focusing on case management, provision of foster care, abandonment prevention and reintegration. Foster care regulation governs the terms and

procedure for application, recruitment and approval of foster families as well as placement of children with foster families. Regulation on the prevention and reintegration provides for the terms and procedure for enforcement of measures aiming at: abandonment prevention and prevention of placement of children in specialized institutions, reintegration of the child in the family and support to pregnant women at risk to abandon the child after the delivery. With respect to the provision of childcare services, progress has been made in terms of setting of criteria and standards for services delivered in family environment, foster care services and services provided in residential institutions for children as well as setting of monitoring and inspection system incorporated in the Regulation on the criteria and standards for social services for children. Regime of licensing has been also introduced for private service providers as to ensure minimum quality of care and equal access of those, who are in need. Since January 2004, there are about 20 private service providers licensed by the chairperson of the SACP. Thus, the Bulgarian government has embarked on a series of ambitious reforms of services for children and young people.

Apart from the opinions that 'conditions in specialized institutions for children stimulate a considerable demand for international adoption and attempts to improve the care standards and material conditions of institution', new Bulgarian legislation was adopted, stipulating the procedure for international adoptions i.e. Family code /last amendments 2003/ and Ordinance No. 3 of Ministry of Justice on conditions and procedure for giving consent for the adoption of a person of Bulgarian nationality by a foreigner /2003/. Intercountry Adoptions Council with the Ministry of Justice has been established together with Adoption Councils within the Regional Directorates for Social Assistance. As regulated by the Family code, the main function of the Intercountry Adoptions Council is to make proposals before the Minister of Justice to nominate the proper foreign prospective adoptive parent.

This is a guarantee for fulfillment of the principle of the best interest of the child as a question of primary consideration. The procedure also corresponds to requirements of Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption and UN Convention on the Rights of the Child as well.

The **Child Welfare Reform programme** (CWR) commenced in 2000, continues to address the needs of children at risk as a vulnerable group and their families in the community through improvements to the legislation, structural reform of services, establishment of qualified and experienced professional work force to deliver services and effective monitoring and inspection of such services through newly introduced standards. Such an ambitious attempt to bring about radical reforms, to what was previously a system that primarily focused on financial mechanisms and residential provision to address the multi-faceted and complex needs of vulnerable and at risk children and families in the community, has not been without immense difficulties in its implementation. These reforms, supported by the World Bank, the European Union and numerous bi-lateral programmes, have not yet achieved the level of sustainability that had been anticipated. In this respect, there remain some gaps with regard to the operational delivery of services at local level. In order to ensure sustainability and equal access to childcare services, the CPDs have been stimulated by the ASA and the SACP to develop and update municipal strategies for child protection, reflecting the local needs of the children and families at risk. The already existing strategies have been linked with the resources available to the municipalities. Up to date, there are about **80 municipal strategies** envisaging childcare services, adopted by the local governments. The two Agencies also recognize the potential of the municipalities as well as the private service providers (natural persons and legal entities, including NGOs and other) to develop and provide childcare services and are willing to encourage and support their capacity to deliver services on local level in cooperation with the CPDs.

Significant measures have been undertaken by the government with respect to the high number of children, living in residential institutions. In April, 2003 the Child protection act was amended in terms of a new definition of specialised institutions, according to which these are residential, board-type institutions for children, permanently separated from their family environment. Following this definition, the number of children placed in specialised institutions comprises of the number of placements as a measure of protection according to the Child protection act. These are the cases in which the child protection system has the possibility to be alarmed, to react and provide protection. According to the database collected by the SACP the total number of children, placed in specialized institutions for 2004 is 10 457. The placement in special schools is done according to the Public Education Act and the Act against Antisocial Behavior of Adolescents and Minors. These schools are not included in the definition of specialised institution although there are some children in these schools, permanently separated from their family environment. The “Control on the rights of the child” Directorate of the SACP initiated checks on the reasons the children are entering special schools and will refer the cases of improper placement to the Child Protection Departments in order to undertake the necessary measures for protection.

Considering the presented figures, in September 2003, Bulgarian government adopted a *Plan for the reduction of children placed in specialized institutions 2003-2005* aiming at de-institutionalization through coordinated actions by all key partners involved in child welfare activities on national level. More specifically, *the Plan foresees assessment of all residential institutions, decentralization of the administration, development and sustainable delivery of integrated childcare services, training of professionals working with children* and other measures targeting smooth process of de-institutionalisation.

**The process of evaluation of all specialized institutions** - *the municipal institutions for children with disabilities and those under the responsibility of the Ministry of Health and Ministry of Education and Science, was done by 28 multi-agency commissions, set up on district level.* These commissions were headed up by experts of the SACP and comprised of representatives from the regional inspectorates of education, Regional health centres, Child protection departments and the municipal administration. The commissions were in charge to carry out the evaluation of all specialized institutions within the region, to produce a report on the outcomes and to present proposals to the chairperson of the SACP for the future development of the institutions until the end of 2004. *In total, there are 167 specialised institutions for children*, of which about 120 of these were assessed by experts of the SACP as the rest have been already evaluated under the WB project as well as the Technical Assistance component under the Phare Child Welfare Reform project

The main instrument used in the evaluation is a structural questionnaire, created especially for this purpose and individual questionnaires for the personnel of the institutions. These questionnaires have been probated in the pilot institutions of the CWR project (WB component and Phare 2000 TA component). The key areas are grouped in the structural questionnaires, as follows: characteristics of the locality of the institution, characteristics of the children and their placement, characteristics of the personnel, the quality of care, necessary equipment, and vision of the personnel for reforming the institution. Additional methods used for collecting information are checks of the documentation, interviews with the director and the personnel, contact with the children and inspection of the premises. *The total number of the evaluated institutions is 129* (this number doesn't include the institutions that have been evaluated under the CWR project through the same methodology). *Each commission elaborated reports with particular descriptions and recommendations for the future development.* These reports were summarized and given to the attention of the Minister of Labour and Social Policy,

Minister of Health and Minister of Education and Science. At the present moment an *interministerial working group* is set up by ordinance of the Minister of Labour and Social Policy to elaborate the *mechanisms and criteria for reforming, restructuring, or closing the institutions*. Implementation of the activities of the current project through the instrument of grant schemes will substantially support, on one hand, the reform process in the specialized institutions through assisting those, eligible for transformation to provide child-focused services, whereas, on the other hand, it will contribute to the extension and diversification of the community-based services for children and families at risk. Special attention will be paid to those services for children, focused on **prevention** of child abandonment, abuse, neglect or institutionalization, and necessary and proper **protection** of children and families at risk, according to the particularities of each child's case/situation.

Two strategic documents, adopted by the Council of Ministers are focused on deinstitutionalization and development of alternative community based services as well. These are the National strategy for child protection for 2004 – 2006 and the National Programme for Child Protection for 2006. The National Programme for Child Protection is adopted every year with Council of Ministers' ordinance. The Programme for 2006 unites all operative until 2005 work plans on different problems, in this number was the Plan for reducing the number of children placed in specialized institutions for children. One of the priority areas in the Programme for 2006 is also the reducing the number of children, raised in specialized institutions for children and improvement of the life conditions there. This priority area includes the following aims: Decentralization and reform of Homes for raising and education of children deprived from parental care; enhancement of the life quality of the children, who are raised in institutions in compliance with the criteria and standards, regulated in the Ordinance for criteria and standards for social services for children; Development of alternative forms for care and community-based social services, as necessary condition for conduct of real deinstitutionalization; re-direction of the existing capacity and recourses to alternative social services.

Another priority area in the National Programme for Child Protection 2006 is the Development of better conditions for street-children for exercising their rights, guaranteed by the UN Convention on the Rights of the Child and the Child Protection Act. Here included are the following aims: Prevention of children's getting into the street and implementation of multidisciplinary approach in planned activities realization; Examination and multidisciplinaryization of good practices for street children and insurance of community support for problem resolve;

The third priority area in the National Programme for Child Protection 2006 in the Enhancement of the efficacy of the measures for children protection from violence, abuse and other forms of exploitation. The included goals are: Enhancement of the children and community knowledge relating the violence problem, "sexual and labor exploitation", including Internet abuse; Protection, recovery and reintegration of children-victims of violence, sexual and labor exploitation; Prevention of the heaviest forms of child labor, monitoring of the child labor in Bulgaria; Creation of opportunities for exchange of information on the problem "Violence prevention" between different professional groups, responsible institutions and organizations; Enhancement of the qualification of professionalists, working with children on violence prevention; Enhancement of children's competencies for active involvement in the work on violence prevention; Prevention of drug habits; Expansion of health education at school aiming preparation for responsible sexual behavior, protection from HIV/AIDS and drugs use.

Another priority area, included in the National Programme for Child Protection 2006 is Guarantee of children's equal access to quality education and preparation, in order to achieve full-valued social realization. Here, the included goals are as follows:

Social inclusion and expansion of educational integration of children and students from the ethnic minorities in compliance with the National action plan for implementation of the Strategy for educational integration of children and students from the ethnic minorities; Social inclusion and development of integrated education and insurance of equal access and quality of education for children and students with special educational needs.

The first priority area in the National Programme for Child Protection for 2005 is to decrease the number of children, placed and nourished in specialised institutions. The operative goals of the programme determine the range of the activities planned for 2005 and these are concentrated on the following goals:

- Development of alternative forms of childcare and community based social services as a necessary prerequisite for the conduction of deinstitutionalisation process;
- Development of the “gate-keeping” mechanism and reduction of the number of children, entering into institutional care through applying the Child Protection Act as being the main regulating mechanism for placement of children;
- Regulating the way out of the specialised institutions and reduction of the number of children that are being transferred from one institution to another;
- Restructuring the specialised institutions in order to achieve changes in the functioning of the existing capacity and resources towards delivery of alternative social services;

One of the operative goals of the National Strategy for Child Protection for 2004–2006 is to achieve reduction of the number of children, placed in specialised institutions, to increase the quality of care and conditions there and to provide a guaranteed minimum number and sort of services for children and families in the area of child protection in every municipality, according to the specific local and regional needs. For the achievement of this goal, there are particular measures envisaged:

- Prevention of the abandonment of children and placement in specialised institutions, development of a “gate-keeping” mechanism and reduction of the number of children, entering into institutional care through applying the Child Protection Act as being the main regulating mechanism for placement of children;
- Reforming the specialised institutions for children in order to increase the quality of care and to stimulate the provision of alternative services such as weekly care or daycare;
- Improvement of the living conditions of children in specialised institutions;
- Development of community based social services for children and families;
- Putting criteria and standards for social services for children and families into practice and monitoring of their observance;
- Provision of appropriate medical and social rehabilitation for disabled children

All the activities envisaged in the project shall correspond to the:

1. Primary and secondary legislation in the respected field (Child Protection Act, Social Assistance Act and the relevant secondary legislation),
2. Strategic papers, adopted by the Council of Ministers (National Programme and Strategy for Child Protection, Plan for the reduction of the number of children placed in specialized institutions 2003-2005 and etc.)
3. Municipal strategies for child protection, adopted by the Municipal Councils of each municipality.



## **Component 2 – target group: adults with physical and mental disabilities and elderly people.**

The reform in the field of social services and introducing the deinstitutionalization as a main priority of the Bulgarian social policy started at 2002, when was introduced new social model. Among its priority aims are decreasing the number of people, placed in specialized institutions and development of social services, targeted at most vulnerable groups in the society. The accent is on the transition from institutional care towards services, which leave the persons in their community and family environment. The consequence of the high institutionalization of people is the permanent social isolation. The most vulnerable groups in Bulgaria include people with different disabilities, elderly people and children, deprived from parental care.

*The number of institutions for adults with intellectual retardation and psycho disorders, governed by the municipalities is 43. 28 of them are for adults with intellectual retardation where the number of placed persons is 2 407; 15 are for adults with psycho disorders where the number of placed persons is 1 361. There is 1 institution for children and youths with intellectual retardation in which are accommodated 42 persons.. In 27 specialized institutions for children with intellectual retardation are placed 1 768 children. There are 25 specialized institutions for people with physical disabilities with 1 494 persons, placed there. 848 persons are placed in 13 specialized institutions for elderly people with dementia and 4 586 persons are placed in 62 specialized institutions for elderly people.*

With the amendments in the *Law on Social Assistance* and the Regulation on its implementation was set up a legislative reform in the field of social services. A *decentralized management of social services was introduced*. However, the municipalities do not possess a well developed *capacity* in the field of service management at local level. There are *not enough non-governmental organizations*, that can provide qualitative services, although an *opportunity has been given for active participation of physical persons registered under Trade Law* and legal entities in accomplishment of this activity. A priority was given to services in the community as an alternative of the institutionalization. Social services are provided in specialized institutions when all possibilities have been exhausted for providing services in the community. For the first time *criteria and standards* for delivering of social services in specialized institutions and community-based services were created.

Although the legislative base for social services is new and contemporary, there are still obstacles in the practical realization of the legislative measures. There is a *lack of well-developed network of different types of social services* in the whole country. The good practices are few and with limited capacity due to lack of sufficient funding. As *examples are the Day Care Centers, the Centers for Social Rehabilitation and Integration and the Sheltered Homes, governed by municipalities and financed by the State Budget*. Until 10 April 2006 there are 30 Day Care Centers for children and youth with disabilities and 17 Day Care Centers for adults with disabilities. There are 23 Centers for Social Rehabilitation and Integration and 13 Day Care Centers for elderly people. There are 20 Sheltered Homes and 4 asylums for unaccompanied children. The alternative forms of social services are with proved effectiveness and provide qualitative care but are not enough and are not uniformly distributed on the territory of the country. There are regions where there does not exist any alternatives of specialized institutions for children and adults. This leads to limited opportunities for personal choice according to desire and needs of the people willing to use the social services.

- ➔ In 2003 the Council of Ministries adopted a *National Strategy for Equal Opportunities for Disabled Persons and Action Plan for Equal Opportunities for Disabled Persons 2003-2005*. The Action Plan was up-dated and issued for

the period 2006 – 2007. The Operational aims of this Plan are directed towards improvement the quality of life and the social inclusion of the people with disabilities and are in compliance with the European tendencies for equality.

*In implementation of the Action Plan for Equal Opportunities for Disabled Persons 2003-2005 national monitoring on the situation of people with mental disabilities placed in 40 specialized institutions for social services was carried out. **The national monitoring was made by the Inspectorate of the Social Assistance Agency together with representatives of the Ministry of Health.*** The inspections were carried out in collaboration with the state authorities, mayors of the municipalities and more than 110 representatives of non-governmental organizations for and of people with disabilities. *For each institution was prepared Development Plan, based on the report for the performed monitoring.* The aim of the first national monitoring of the Homes for adults with mental disabilities was on the base of the prepared reports and given recommendations to be realized a permanent national control and to be done permanent cares for proposing of adequate social services for the people with mental disabilities, as well as for the realization of programmes for their social integration in the spirit of the confirmed European practices. During the period August - September 2005 the Inspectorate to the Executive Director of the Agency for Social Assistance implemented the Second National Monitoring in 27 Homes for adults with intellectual retardation and in 15 Homes for adults with psychic disorders, as it was noted a positive trend for the given period May 2004 – September 2005 on the implementation of a bigger part of the standards and criteria for providing of social services in the specialized institutions. But although the reported positive trend, still a bigger part of the specialized institutions, providing social services for people with intellectual retardation and psychic disorders do not cover the requirements of the standards and criteria for a material base. In December 2005 the Minister of Labour and Social Policy approved a Plan for improvement the situation of the adults with mental disabilities, accommodated in the specialized institutions for the period 2006 – 2008. The plan contains concrete measures, activities and terms for realization, as well as responsible for their implementation bodies. They are directed towards the implementation of a Third national monitoring on the situation of the people with disabilities, accommodated in the specialized institutions, which will start in June 2006. The aim of the monitoring is to be checked the implementation of the standards and criteria for providing of social services, reformation of the specialized institutions and development the process of reintegration and deinstitutionalization of the accommodated persons; closure of the specialized institutions, which do not correspond to the standards and criteria for locality and material base, through moving in new buildings; decreasing the capacity of the specialized institutions; assigning the management of the specialized institution to NGOs; elaboration and acceptance of Regional Strategies for social services.

A Framework contract for realization of coordination between the engaged institutions for improvement the situation of the people with mental disabilities, accommodated in the specialized institutions has been signed between the Ministry of Health and the Ministry of Labour and Social Policy. In the Contract are defined the areas of cooperation between the two Ministries, as well as the concrete engagements, which they have for improvement the quality of life, the quality of the provided services, development of community-based social services, deinstitutionalization and social inclusion of the people with mental disabilities. With the Framework Contract a practice for a system for evaluation of the needs and the condition of the people with mental disabilities aiming their direction towards community-based social services and ensuring of conditions for social integration is being introduced.

On 1<sup>st</sup> January 2005 entered into force the *new Law on Integration of People with Disabilities*, adopted by the Parliament in September 2004. The Council of Ministers

adopted Regulation on the implementation of the law. The main principle of the new legislation is social inclusion of people with disabilities. For the first time in Bulgaria was introduced social assessment of the disability. Some of the other most important legislative innovations are: establishment of Agency for People with Disabilities; introducing of monthly allowances for social integration as well as monthly allowances for children with disabilities; integration of disabled in the labour market and financial preferences for employers for hiring disabled persons and etc.

In all above mentioned legislative and strategic documents and undertaken measures of the Bulgarian Government the main priority is deinstitutionalization of the people placed in specialized institutions through provision of social services, based in the community. For the implementation of real deinstitutionalization *it is necessary to be established a network of different types of social services, which will be alternatives to the placement in specialized institutions. The project will contribute for implementation of the adopted by Bulgaria legislative and strategic documents through:*

- ➔ *provision of community based social services, targeted to deinstitutionalization;*
- ➔ *decreasing the number of the people, placed in specialized institutions;*
- ➔ *improving the quality of life of the people, placed in specialized institutions through transformation of the institutions into alternative forms of social services and provision of care in environment closer to the family environment.*

The ageing population presents implications for palliative care as major public health issues nowadays in all European countries. Palliative care provides relief from pain and other distressing symptoms, regards dying as a normal process, integrates the psychological and spiritual aspects of patient care, offers a support system to help patients live as actively as possible until death, offers a support system to help the family cope during the patient's illness, uses a team approach to address the needs of patients and their families, enhance quality of life, and may also positively influence the course of illness. The provision of palliative care should be integrated into comprehensive medico - social care, requiring multidisciplinary approaches. The palliative care creates and integrates institutional and home-based services.

In order to contribute to the development and implementation of integrated medico-social policy for elderly and terminally-ill people in Bulgaria, *the project foresees activities connected with the establishment of network of hospices, as a form of organized palliative care for elderly people with advanced diseases.* These measures are in compliance with the *Strategy for Restructuring Hospital Care*, adopted by the Council of Ministers in 2002, aimed at rationalizing the provision of hospital services and at development of municipal healthcare facilities. They also bear in mind the Council of Europe's document *Recommendation Rec (2003) 24 of the Committee of Ministers to member states on the organization of palliative care*, adopted on 12 of November 2003.

Hospices are quite new form for medico-social care for Bulgaria, which had been introduced with the adoption of Healthcare Establishments Act (1998). The goal of their establishment is the achievement of improved quality of life for elderly people needing palliative care patients and their families. The activities aim at providing high quality medico-social services for people both staying in hospices and at home, building friendly and family environment and ensuring high standard palliative care according to the health status.

Palliative care services as well as hospices network in Bulgaria are underdeveloped. The infrastructure for hospice care in general is lacking. *Currently in Bulgaria there are 59 hospices registered* (Report on Hospice Care, NHIF Health

insurance operations project, 2000), 25 of them providing services at the patients' homes, 8 having in-patient facilities, and 7 not functioning at all. However, effectively active are around 30 hospices. Care for the elderly, chronically ill and terminal patients is largely left to the responsibility of the relatives, after the patients are discharged from the hospitals for acute care. The needs of the population for services provided by hospices are estimated to 25 000 places (based on conclusions of the quoted surveys). The general public has vague idea about the hospices functions, the palliative care and the services available for symptom control and their effectiveness for older people who are facing life-threatening, chronic or progressive illness.

The project will contribute to the implementation of integrated social policy concerning these elderly people and in parallel, will aim to alleviate the problem with the dismissed personal from restructured hospitals and providing alternative for employment.

### **Component 3 – target group: persons with severe mental disorders**

The third project component is aimed to support the efforts to reform the mental health care system in Bulgaria with respect to the state of care for the mentally ill and bearing in mind the need for humane approach in the psychiatric care.

In the current system of mental health care (MHC) the services are not categorized and specialized adequately; there are no differentiated programs of care to meet the needs of the individual. Costing, planning and management of MHC are more difficult because there are no defined criteria for patient admittance and discharge and no estimated capacity of the existing services. There is no valid technology and procedure for measuring and evaluating the outcomes of the service activities. MHC planning is not done on the basis of evidence.

Care for the mentally ill in Bulgaria is *provided separately by different institutions*: hospitals, social care services, social homes and dispensaries, which fall under the jurisdiction of 2 *separate ministries (Ministry of Health and Ministry of Labor and Social Policy)*. There is no network linkage between these institutions and allowing comprehensive care for the mentally ill people to take place. As a result the MHC is pieced out and long-term planning is not possible. Individual work with patients often enjoys no continuity either, which exhausts human resources and raises the costs of care. The long-term consequence from the existing situation is permanent social isolation, dependence on institutional help, inability to compete on the labor market and lack of social skills for the people with severe mental illness, irrespective of the fact whether they live in the community or in an institution.

Translating the values of civil society in terms of mental health practice and the culture of services defines the reform in psychiatry as a priority number one of the current mental health policy in Bulgaria. This means that the efforts should be focused on structural changes, on the change of management and on the re-educating of personnel in order to be able to work in a new organizational environment, with new positions and professional roles.

Major training domains in which there is still no provision of training in the relevant universities in the country are Psychosocial Rehabilitation (including case management and community service management) and Psychiatric Nursing. The launching of training programs related with these gaps would effect in human resource capacity building and would allow the psychiatric services to leave the institutional settings.

The international human rights watch organization - *Amnesty International* (AI) is concerned about the grave lack of respect for basic human rights of people with mental illness or developmental disabilities in Bulgaria. In their opinion, some of the basic rights are systematically violated when people with mental illness are subjected to treatment

against their will in psychiatric hospitals, or when placed for residential care in social care homes for children or adults with mental disabilities. The challenges for affecting change according to AI in this area are related with the promotion of human rights observation, improvement of the living conditions in the existing institutions, and gradual development of alternative services.

Improvement of mental health of the population is dealt as a priority in the **Government Programme 2001-2005 - “Health – A Right for Everyone”**. The goals of the programme for “introduction of modern principles of prevention and treatment of psychiatric disorders” and “adoption of humane and community based approaches in psychiatry” are in conformity with this proposal.

An important step towards the harmonization of the current Bulgarian legislation to European laws is the elaboration of the new **Health Law (HL)**. The law was published in the State Gazette (No 70/2004) and entered into force on January 1<sup>st</sup>, 2005. The Mental Health Chapter for the first time establishes new procedures for involuntary treatment in accordance with the international requirements and standards. It also stipulates newly formulated patient’s rights and standards for restrictive measures when needed (See Mental Health Chapter attached).

The following *ordinances for the implementation of the Mental Health Chapter* have been drafted and are *currently being synchronized with the relevant institutions*:

- Ordinance for the terms and procedures of implementation of medical activities related to the treatment of mentally ill patients (art. 149 (2), HL);
- Ordinance on the enforcement of physical restraint measures (art. 150 (8), HL);
- Ordinance for the organization of the production, the working conditions and the mode of remuneration for work of persons with mental disorders (art. 151 (3), HL);
- Ordinance on the legal-psychiatric expert assessments (art. 160 (1) and §38, HL).

The ordinances have to be adopted not later than 1 year after coming into force of the Health Act, i.e. January 1<sup>st</sup>, 2006.

Following the requirements of the Law on Healthcare Establishments, an *Ordinance No 24 from July 7<sup>th</sup>, 2004 for endorsement of medical standard “Psychiatry”* was adopted.

Among the priorities of the **National Mental Health Programme for the Citizens of the Republic of Bulgaria 2001-2005 (NMHP)** are provision of social care services at the home of the mentally ill person and on the territory of the community as an alternative to institutional care, and decrease in the number of the people in institutions with 1/3 by the end of 2005. The NMHP also envisages development of regional programs for mental health, appliance of the public health approach towards the people with mental illness, implementation of psychosocial rehabilitation and introduction of new up-to-date medical technologies. (See also Linked Activities)

As well as to the NMHP the activities proposed under this project are based and aim to further develop the achievements made in the **South Eastern Europe (SEE) Mental Health Project “Enhancing Social Cohesion through Strengthening Community Mental Health Services”, 2002 – 2005 (SEE Mental Health Project)**. The project is being implemented under the Stability Pact Initiative for Social Cohesion and involves Bulgaria as well as other countries from the region (See also Linked Activities).

Under the first component of the SEE Mental Health Project two important documents were developed: “Mental Health Policy of the Republic of Bulgaria (2004-2012)” and “National Action Plan for the Implementation of the Mental Health Policy of

the Republic of Bulgaria (2004-2012)". The guiding principles of these documents are deinstitutionalization and introduction of community-based psychiatry. Important elements in the plan are the development of psychosocial rehabilitation programs, supported housing, legislative changes and the issue of stigma and discrimination towards the people with severe mental illness.

Most of the short-term activities in the Action Plan were completed in 2004, except the following:

- Setting up of regional structures on a functional basis to coordinate the activities under the Policy and the NPMH at a regional level;
- Re-formulation of the role and the activities of the psychiatric dispensaries and defining their profile in accordance with the assessment of the needs for community mental health services;
- Setting up of an informational center, day care center, a crisis service, protected housing at regional level;
- Coordinating the standards and rules for good medical practice (to some extent);
- Assessment of the needs on a regional level, the existing facilities and the human resources available (to some extent);
- A conference with the heads of the RHC, health administrations, regional agencies for social assistance, representatives of the local government, NGOs.

These activities are directly related to the implementation of the second component of the SEE Mental Health Project (see linked activities). The component was scheduled to finish at the end of 2004 but due to delay of the funding, the actual project activities started in July 2004. The project implementation will finish in the middle of 2005. After that the project will be described and submitted as a model for multiplication in the whole country to the leadership of the Ministry of Health.

*The existing system of psychiatric care often merges groups of people with various levels of intellectual insufficiency caused by completely different medical and social factors. Thus very often people with chronic psychiatric disorders and marked intellectual deficiency comparable to that in people with congenital learning disabilities are accommodated in the social institutions. Most of them remain in the system till the end of their lives. It is necessary to assess the needs of different patients and in accordance with the degree and the nature of each disability to provide a variety of rehabilitation programs.*

The focus of the ongoing reform in MHC is on community based psychiatric services realizing the shift from institutionalized treatment of patients with psychiatric problems towards the one provided by new established community based services. Nevertheless, the role and profile of services provided by psychiatric hospital should be redefined and reorganized, as recommended in the *Strategy for Restructuring Hospital Care*, adopted by the Council of Ministers in 2002 ("The psychiatric clinics must be restructured in line with the principles for re-socializing of psychiatric patients."). The flow of patients with psychiatric disorders will be redirected to new established services, thus diminishing the need of hospitalization in psychiatric hospitals, providing long-term care. The number of specialized in-patient psychiatric institutions will decrease in the future; some of them will be closed. However, *the remaining specialized psychiatric institutions will have to meet the patients' needs for long-term treatment.* In order to combat the social isolation of patients with psychiatric disorders the remaining specialized institutions will be reallocated in more populated urban areas, integrating day care services facilities. This requires improvement of the conditions and humanization of the overall environment and interrelations. *The process of transformation calls for training of the staff, aiming to introduction of new approach to patients and provision of adequate rehabilitation programs.* Assessment of the health status and diagnosis of in-patients with psychiatric disorders should be provided aiming at appointing adequate

treatment and referral of patients with concrete diagnosis to the appropriate structure within the network of related and coordinated health and social institutions playing particular roles in different stages of patient treatment and its social integration.

The Sofia regional office of the *Global Initiative on Psychiatry* was consulted during elaboration of the project in its expert role and experience along with other leading specialists in mental health issues.

### 3.2 Sectoral Rationale

#### **Component 1**

The activities foreseen in Component 1 of the project are in compliance with the Government policy and priorities in the field of child protection. It is reflected in the adopted by the Council of Ministers primary and secondary legislation and strategic documents, which provide the framework of child protection system and the mechanisms and measures for implementing the child protection policy in Bulgaria.

#### **Primary and secondary legislation in the field of child protection policy**

**Child Protection Act** – this act is laying down the rights, principles and measures for child protection, the state and municipal authorities and their interaction in implementation the child protection activities, as well as the participation of non-profit legal entities and individuals in such activities.

**Regulation on the Child Protection Act Application** – the Regulation governs the conditions and procedures for the application of the measures for child protection, licensing of the providers of social services for children, granting financial aid and/or material aid and controlling the observation of the child rights.

**Regulation on the structure of the State Agency for Child Protection** – the regulation stipulates for the organization, procedures, functions and the administration number of the State Agency for Child Protection and its structures and administrative sectors.

**Family Code** – the Family Code is laying down the relations, based on marriage, kinship and adoption; tutelage and custody.

**Ordinance No. 3 laying down the conditions and procedure for giving consent for the adoption of a person of Bulgarian nationality by a foreigner** – lays down the conditions and the procedure under which the Minister of Justice shall give consent for the adoption of a person of Bulgarian nationality by a foreigner.

**Ordinance No.I-51, dated March 12, 2001 for the conditions and procedures for the child police protection granting** – this Ordinance stipulates for the conditions and procedures of the child police protection granting, which within the meaning thereupon represents an urgent measure granted to a child by the specialized authorities of the Ministry of Interior.

**Ordinance for the conditions and procedures for implementation of measures for the prevention of children abandoning and their placing in institutions, as well as for their reintegration** – this Ordinance stipulates for the conditions and procedures for implementation of measures for the prevention of children abandoning and their placing

in specialized institutions; reintegration of the child in the family; support of pregnant women when there is justified risk of child abandoning after birth.

**Ordinance for the conditions and procedures for application, selection and approbation of the adoptive families and the children placement in them** – the Ordinance has the purpose of providing the children who cannot live with their parents or relatives the opportunity to be raised in a caring secure family environment. The child placement in an adoptive family is one of the measures for protection of the child under the Child Protection Act, with view of securing the child nurturing and upbringing in a family environment.

**Ordinance for specialized child protection in social institutions** – the purpose of the Ordinance is to secure specialized protection of children in social institutions through their protection from dangers for their physical, psychological and moral development; encouraging the children willingness and ability to be responsible for themselves.

**Ordinance for the criteria and standards for children social services** – the Ordinance stipulates for the criteria and standards for children social services and the control of their observation in implementing the following measures for child protection: cooperation, support and services in family environment; placement in kinship and relatives families; placement in an adoptive family; placement in a specialized institution.

**Ordinance for the conditions and procedures for implementation of protection of children with express talents** – The special protection under the Ordinance is provided with the purpose of encouraging the creative talents and needs of the children, securing opportunities for enrollment in sports schools and fine arts schools, financial support and stimulation via scholarships and specialized educational programs.

**Regulation on the structure, organization and activities of the National Council for Child Protection** – the Regulation is laying down the structure, organization and activities of the National Council for Child Protection to the State Agency for Child Protection.

### **Strategic documents**

**National Strategy for child protection 2004 – 2006** – the Strategy defines the national priorities in the child protection area, which are to be reflected in the municipal programs for child protection with respect of the specific local needs. The main strategic objective is to secure the conditions for observing the rights of all children in Bulgaria with respect to increase of their well-being. The fulfillment of the strategic objectives creates conditions and contributes for the development of minimum number and kind of services in the child protection area with dominantly preventive character. The services are focused on the needs of the child and are intended for all children and families in Bulgaria.

One of the operative goals of the National Strategy for Child Protection for 2004 – 2006 is to achieve reduction of the number of children, placed in specialized institutions, to increase the quality of care and conditions there and to provide a guaranteed minimum number and sort of services for children and families in the area of child protection in every municipality, according to the specific local and regional needs. For the achievement of this goal, there are particular measures envisaged:

- Prevention of the abandonment of children and placement in specialized institutions, development of a “gate-keeping” mechanism and reduction of the



- number of children, entering into institutional care through applying the Child Protection Act as being the main regulating mechanism for placement of children;
- Reforming the specialized institutions for children in order to increase the quality of care and to stimulate the provision of alternative services such as weekly care or daycare;
- Improvement of the living conditions of children in specialized institutions;
- Development of community based social services for children and families;
- Putting criteria and standards for social services for children and families into practice and monitoring of their observance;
- Provision of appropriate medical and social rehabilitation for disabled children

**National Programme for Child Protection for 2005** –The first priority area in the National Programme for Child Protection for 2005 is to decrease the number of children, placed and nourished in specialized institutions. The operative goals of the programme determine the range of the activities planned for 2005 and these are concentrated on the following goals:

- Development of alternative forms of childcare and community based social services as a necessary prerequisite for the conduction of deinstitutionalisation process;
- Development of the “gate-keeping” mechanism and reduction of the number of children, entering into institutional care through applying the Child Protection Act as being the main regulating mechanism for placement of children;
- Regulating the way out of the specialised institutions and reduction of the number of children that are being transferred from one institution to another;

Restructuring the specialised institutions in order to achieve changes in the functioning of the existing capacity and resources towards delivery of alternative social services

**National plan for activities against sexual commercial exploitation of children 2003-2005** – the Plan is grounded on the following objectives: Increase of the knowledge of the children concerning the problem “sexual exploitation” and the establishment of mechanisms for prevention, qualification increase of professionals working with children, media policy of the institutions with the purpose of enhancing the knowledge of society concerning the children sexual exploitation problem, synchronizing the domestic legislation with the international standards, improving the protection of the children – victims, development of system of measures against the perpetrators, and recovery and reintegration of the victims of sexual exploitation.

**National Strategy for protection of the rights of the children on the street and Plan for Activities in protection of the rights of the children on the street for the period 2003-2005** – the Strategy is an essential part of the reform in the system for care and protection of the children in one of the riskiest groups – the uncontrolled children. The main objective of the strategy is creation of institutional opportunities for the children on the street to make effective use of their rights, guaranteed by the UN Convention on the Rights of the Child and the Child Protection Act. The Plan for Activities in protection of the rights of the children on the streets is laying down the aims, activities, terms and specific responsibilities of the different institutions, and the main stress in the Plan is on the preventive activities and development of family supporting service in upbringing the children and preventing the risk of abandoning.

**Plan for the decrease of the number of children in the specialized institutions in Bulgaria in 2003-2005 and Urgent measures until the end of 2004** – this plan

accentuates on the following: development of alternative forms of care and social services, based in the community, as a necessary condition for conducting of actual deinstitutionalisation, control of the placement of children with institutions and decrease of the number of children placed in specialized institutions through the application of the Child Protection Act as the main regulatory mechanism for placement, control of the institutions exit and decrease of the number of children, transferred from one institution to another, restructuring of the specialized institutions in order to achieve a change in the purpose of the existing capacity and resources.

**National Strategy for protection and social integration of special needs children 2003 – 2005 as a part of the National Strategy for equal chances for special needs people** – the long-term objective of the strategy is realization of actual protection, equal access and opportunities for development of the special needs children along with their peers. The strategic objectives are focused on the change of the model of special needs children care from accommodation in specialized institutions to care in family environment, guaranteed access to quality education for each special needs child, as well as medical and social rehabilitation.

**Component 2** is in compliance with the Bulgarian policy in the area of social services development and social inclusion of most vulnerable groups in Bulgarian society, as well as with the political engagements of Republic of Bulgaria in the process of accession in the EU. The main strategic documents which implementation will be supported through achieving the project goals are: New Social Policy Strategy, National Strategy on Equal Opportunities for People with Disabilities, Action Plan on Equal Opportunities for People with Disabilities 2006 - 2007, Plan for improvement the situation of the adults with mental disabilities, accommodated in the specialized institutions for the period 2006 – 2008, National Strategy on Combating Poverty and Social Exclusion and action plan on its implementation. The project is in compliance with another very important document for Bulgarian inclusion policy – the Joint Inclusion Memorandum, signed on 3<sup>rd</sup> of February 2005. In the Memorandum the Bulgarian Government and the European Commission have identified the most urgent challenges in relation to tackling poverty and social exclusion. One of them is: access to social services, accommodation and health, especially for the most vulnerable groups (i.e. people with disabilities, children at risk, elderly people, ethnic minorities, in particular the Roma community, drug addicts, etc.) and regional differences. One of the main priorities agreed in the JIM is: implementation of measures aimed at providing high quality social services for the most disadvantaged groups, improving the health status of the population and facilitating the access of the poor and vulnerable population to healthcare services. In the Memorandum is envisaged that “special focus is needed on persons with mental health problems and their inclusion. Further effort is needed to improve living conditions in the specialised institutions for mentally handicapped people and focus on the transition from institutional care to community service delivery”.

### **Component 3**

Activities under the mental health component of the project are in conformity with the Governmental strategies and programs in the healthcare sector, especially those related to mental health. The successful implementation of the component activities will contribute to the achievement of the objectives laid down in the following documents: *National Health Strategy “Better Health for a Better Future of Bulgaria” (2001) and Action Plan (2001-2006)*, *Government Programme 2001-2005 - “Health – A Right for Everyone”*, *National Mental Health Programme for the Citizens of the Republic of Bulgaria 2001-*

2005, *Strategy for Restructuring Hospital Care (2002)*, *Mental Health Policy of the Republic of Bulgaria (2004-2012)* and *National Action Plan for the Implementation of the Mental Health Policy of the Republic of Bulgaria (2004-2012)*.

### 3.2.1 Identification of projects

Cooperation between different ministries (particularly Ministry of Social Policy, Education and Health) as well as other relevant governmental structures is essential to the success of the project. As regards the piloting of services under different grant components, the flexibility of services is important: the delivery of (social) services as described in the fiche therefore means delivery of services both under the regulations of the Agency for Social Assistance as well as under the regulations of the Ministry of Health (i.e. medical services) and/or the Ministry of Education (i.e. educational services) as appropriate. Such an integrated approach serves the project purpose to create and develop a network of social and mental health services delivered into the community.

#### **Component 1**

The main priority in the field of child protection according to the Accession Partnership of Bulgaria is to reform the child protection system in order to ensure reduction of the number of children entering specialised institutions through provision of alternative, community based services for children and families.

The activities foreseen in Component 1 correspond to the legislative base in the field of child protection and are expected to reflect the Governments policy in this area. The objectives, goals, activities and expected results from the project are in compliance with the political engagements of the Bulgarian Government. *The project is aiming at reaching the following goals:*

- Extended and diversified spectrum of services for children and families;
- Integrated community-based services for children and their families developed and implemented on local level
- Prevention of child abandonment, abuse, neglect or institutionalization
- Necessary and proper protection of children and families at risk, according to the particularities of each child's case/situation.
- Decreased number of children, entering specialized institutions;
- Specialized institutions reformed, transformed or closed
- Improved quality of care in specialized institutions
- Decentralised social services to the municipalities and service providers
- Multi professional teams trained on management and provision of social services

#### **Component 2**

The main legislative documents in the area of social services and social inclusion of vulnerable groups are Law on Social Assistance, Regulation on the Implementation of Law on Social Assistance, Law on Integration of People with Disabilities and regulation on its implementation. There are laws and sub-legislative documents in the area which are important but only partly connected with social services. The legislation base on social services was amended in 2003. The most important achievements are: decentralization of social services, provided in the community and in specialized institutions; encouragement of the private entrepreneurship in the area of social services provision; prioritizing of the provision of community based social services; introduction of individual approach in social work; introduction of standards and criteria for provision of social services; establishment of all necessary administrative structures for

methodological support and control about observance of the criteria and standards for provision of social services and others.

According to the legal definition of the social services they are activities for assistance and extension of the opportunities of the persons for independent way of living. There are two types of social services – community based social services, provided in family or close to the family environment and social services, provided in specialized institutions. Social services provision is targeted to social inclusion of the beneficiaries. Till 2003 the State was the basic provider of social services in Bulgaria. Now the State is not direct provider of social services, its role is connected with financing from the State budget of some social services as specialized institutions, day care centers, sheltered homes, centers for social rehabilitation and integration and others. *The role of the municipalities and the private providers of social services is very important.* The main goal of the new legislation is municipalities and private providers to develop and deliver social services in Bulgaria and to work in collaboration.

In spite of the fact that Bulgarian legislation was amended and improved Bulgaria doesn't have very well developed network of community based social services. The municipalities and private providers do not have sufficient capacity to develop new forms of social services. Still the traditional residential care is more popular in Bulgaria. There are community based social services also, but they cannot meet the needs of all potential beneficiaries. Further more they do not cover the whole country.

The goal of the new legislation and strategic documents in this field is transformation of the traditional institutions to new forms of care and priority development of different types of social services, provided in the community. *The project will contribute to achievement of this goal through:* provision of community based social services, targeted to deinstitutionalization; decreasing the number of the people, placed in specialized institutions; improving the quality of life of the people, placed in specialized institutions through transformation of the institutions into alternative forms of social services and provision of care in environment closer to the family environment.

### **Component 3**

Since the beginning of the mental health reform a number of programmes and documents have been produced in conformity with the modern principles of community psychiatry. Among the strengths of the current situation in the field of mental health care are:

- Mental health problems took place in the political agenda in response to the requirements of EU integration process ;
- Under the National Mental Health Program for the Citizens of the Republic of Bulgaria 2001-2005 several demonstration projects were launched in 2002, covering the basic principles of the philosophy of the reform (acute psychiatric wards in the general hospital, mobile psychiatric service, and day-care centers); Comprehensive epidemiological survey exploring the stress and stress-related disorders was started as well;
- Harmonization of mental health legislation with international standards - new Health Law in force (Mental Health Chapter) ;

Support from international institutions and regional cooperation through projects under the Stability Pact Initiative for Social Cohesion, especially the achievements of the SEE Mental Health Project and SEE Information Systems Project ;

- Mental Health Policy of the Republic of Bulgaria (2004-2012) and National Action Plan for the Implementation of the Mental Health Policy of the Republic of Bulgaria (2004-2012) adopted by the Council of Ministers.
- Involvement of NGOs in the process of legislation and development of mental health policy.

In spite of all these positive developments, the mental health reform still needs to be financially and competently supported. The replacement of the existing institutional model of psychiatric care by community based services, as well as rehabilitation and re-socialization of the mentally disordered people, are among the primary objectives in the reform process. With the commencement of the second component of the SEE Mental Health Project, it is possible to put theory into practice by piloting the model of community psychiatry (as developed until now) in one region of the country (see Linked Activities). It is necessary the accumulated knowledge to be evaluated and further developed, in order the implementation and multiplication of one compound and systematic model of community psychiatry to take place in Bulgaria and hence, the shift from the existing institutional model of hospital-dispensary psychiatric system to community based mental health services.

### 3.2.2 Sequencing

#### **Component 1:**

There is a link between BG2004/016-711.01.02 and the National Programme Phare 2005 and National Programme Phare 2006. Some of the results from Technical Assistance, foreseen in BG2004/016-711.01.02 project, are important for the successful implementation of Component 1 in Phare 2005 and Phare 2006 Projects. These results are:

- Developed training programmes and conducted training of about 300 social workers from Social Assistance Directorates of ASA on municipal and regional level and the regional structures of SACP under the developed programmes by the TA;

Design and conduction of informational campaign aiming at changing in the public attitude towards the different risk groups;

- Financial support through Grant scheme for development and provision of diversified services for children and families, targeting the following areas:

- Prevention of child abandonment, abuse, neglect or institutionalization, and

Necessary and proper protection of children and families at risk, according to the particularities of each child's case/situation.

#### **Component 2:**

There is a link between BG2004/016-711.01.02 and the Deinstitutionalization projects under National Programme Phare 2005 and National Programme Phare 2006. Some of the results from Technical Assistance, foreseen in BG2004/016-711.01.02 project, are important for the successful implementation of Component 2 in Phare 2005 and Phare 2006 Projects. These results are:

- Developed models for services within the community for social inclusion of elderly people;
- Developed models for services within the community for adults with disabilities and their families.

### **Component 3:**

The implementation of the mental health component of the current project depends on the achievements of the twinning project BG/2004/IB/SO/02 “Facilitating the transition from institutionalized mental health care to a model of community psychiatry” under National Programme Phare 2004. It is expected that a comprehensive and systematic model of community psychiatry through building up on the current achievements will be elaborated under this twinning.

#### 3.3.Results:

##### 3.3.1 Project 1

##### 3.3.1.1 Purpose

Creation and development of network of social and mental health services, delivered into the community.

##### 3.3.1.2 Results:

#### **Phase 1:**

#### **A) Expected results from the TA:**

##### National awareness campaign:

- a) Design of informational campaign aiming at changing in the public attitude towards the different risk groups;
- b) Conducted national awareness campaign;

##### Training and supervision activities to the grant beneficiaries:

- a) Developed training programmes for:
  1. Social workers to work with people with disabilities, people with psycho disorders and people with intellectual retardation;
  2. Social workers to work with elderly people;
  3. Planning, management and provision and monitoring of alternative social services for risk groups;
  4. Social assessment of people with disability
  5. Methodological guidance and control of the hospices.

#### **Monitoring, support and methodological guidance to the grantees to provide alternative medical, social, educational and mental health services for the different target groups following European Best Practices throughout all relevant Bulgarian authorities.**

- a) Provided monitoring and support to the Bulgarian authorities and to the grant beneficiaries on methodological level in provision of alternative medical, social, educational and mental health services following European Best Practices throughout all relevant Bulgarian authorities. Regional and local representatives of the relevant state authorities attended the trainings provided to the grant beneficiaries under the developed programmes by the FWC but not exceeding 20% of the overall number of the participants.

- Trained and supervised grantees in provision and management of community based medical, social, educational and mental health services for risk groups

## **B) Grant Scheme for provision of community based medical, social, educational and mental health services**

About 20 grants for provision of community based social and mental health services.

### Component 1 – Expected results:

1. Integrated community-based services for children and their families developed and implemented on local level;
2. Extended and diversified services for children and families;
3. Decreased number of children, entering specialized institutions;
4. Specialized institutions reformed, transformed or closed.

### Component 2 – Expected results:

- Established at least 2 medical, social and educational services “Sheltered Homes” for adults with physical disabilities; At least 16 persons with physical disabilities left the specialized institutions and received appropriate services necessary for their independent life;
- Established at least 2 medical, social and educational services “Sheltered Homes” for adults with psycho disorders; At least 16 persons with psycho disorders left the specialized institutions and received appropriate services necessary for their independent life;
- Established at least 2 medical, social and educational services “Sheltered Homes” for adults with intellectual retardation; At least 16 persons with intellectual retardation left the specialized institutions and received appropriate services necessary for their independent life;
- Established least 2 medical, social and educational services “Day Care Centres” for elderly people; At least 60 elderly people beneficiaries of the daily care services;
- Established at least 2 fully operational hospices.

### Component 3 – Expected results:

#### Sub-component 3.1

- Established acute psychiatric wards in general hospitals in at least 3 administrative regions;
- Day Care Centres with Sheltered Homes and Information Centres functioning in at least 3 administrative regions;

#### Sub-component 3.2

- Clinic for Child and Adolescent Mental Health Care providing a continuum of services and functioning as a centre for training of students and specialists established or further developed;

## **Expected results in Phase 2**

**A) Grant Scheme for provision of community based medical, social, educational and mental health services:**

**Cooperation between different ministries, particularly Ministry of Social Policy, Ministry of Education and Ministry of Health as well as other relevant governmental structures is essential to the success of the project.**

**As regards to the services financed under the different grant components it is important that the social services as foreseen in the fiche therefore allow the delivery of services under the regulations either of the Agency for Social Assistance as well as/or under the regulations of the Ministry of Health (i.e. medical services) and/or the Ministry of Education (i.e. educational services) and/or other relevant governmental structures- as appropriate to the assessed needs of the clients. Such an integrated approach serves the project purpose to create and develop a network of social and mental health services delivered into the community.**

Grant scheme Component 1 – Provision of community based medical, social and educational services for children

1. Integrated community-based services for children and their families developed and implemented on local level;
2. Extended and diversified services for children and families;
3. Decreased number of children, entering specialized institutions;
4. Specialized institutions reformed, transformed or closed.

Grant scheme Component 2 – Provision of community based medical, social and educational services

- Established and developed at least 8 community based medical, social and educational services for people with physical disabilities, people with psycho disorders, people with intellectual retardation and elderly people;
- At least 150 persons benefited from these services;
- Provided community based services (as identified in the models developed in Phase 1) aimed at: social inclusion of elderly people; support for the families with people with disabilities.
- 4 specialized institutions transformed and reconstructed into alternative form for provision of medical, social and educational services (1 institution for people with physical disabilities, 1 institution for people with psycho disorders, 1 institution for people with intellectual retardation and 1 institution for elderly people, all of them managed by the municipalities and under the supervision of MLSP).

Grant scheme Component 3 – Provision of community-based mental health services

Sub-component 3.1

- Established at least 4 Acute psychiatric wards in the general hospitals;
- Established at least 4 Day Care Centres with Sheltered Homes and Public Information Centres for persons with severe mental disorders.

Sub-component 3.2

- At least 1 specialized psychiatric hospital transformed and reorganized.



### **Phase 3**

#### **A) Grant Scheme for provision of community based medical, social, educational and mental health services:**

##### Grant scheme Component 1 – Provision of community based medical, social and educational services for children

1. Integrated community-based services for children and their families developed and implemented on local level;
2. Extended and diversified services for children and families;
3. Decreased number of children, entering specialized institutions;
4. Specialized institutions reformed, transformed or closed.

##### Grant scheme Component 2 – Provision of community based medical, social and educational services

- Established and developed at least 10 community based medical, social and educational services for people with physical disabilities, people with psycho disorders, people with intellectual retardation and elderly people;
- At least 200 persons benefited from these services;
- Provided community based services (as identified in the models developed in Phase 1) aimed at: social inclusion of elderly people; support for the families with people with disabilities.
- 8 specialized institutions transformed and reconstructed into alternative form for provision of medical, social and educational services (2 institutions for people with physical disabilities, 2 institutions for people with psycho disorders, 2 institutions for people with intellectual retardation and 2 institutions for elderly people, all of them managed by the municipalities and under the supervision of MLSP).

##### Grant scheme Component 3 – Provision of community-based mental health services

###### Sub-component 3.1

- Established at least 5 Acute psychiatric wards in the general hospitals;
- Established at least 5 Day Care Centres with Sheltered Homes and Public Information Centres for persons with severe mental disorders.

###### Sub-component 3.2

- Transformed and reorganized at least 2 specialized psychiatric hospitals.

###### 3.4 Activities(including Means):

### **Phase 1**

#### **A) Technical assistance:**

##### **National awareness campaign:**

- a) Development of design of informational campaign concerning the aims of the project as well as the necessity of change in the public attitude towards the different risk groups;

b) Conduction of the national awareness campaign;

**Training and supervision activities:**

a) Development of training programmes and provision of training to the grant beneficiaries for:

- a. Social workers to work with people with disabilities, people with psycho disorders and people with intellectual retardation;
- b. Social workers to work with elderly people;
- c. Planning, management and provision and monitoring of alternative social services for risk groups;
- d. Social assessment of people with disability
- e. Methodological guidance and control of the hospices.

**Monitor, support and methodological guidance to the grantees to provide alternative medical, social, educational and mental health services for the different target groups following European Best Practices throughout all relevant Bulgarian authorities.**

a) The selected FWC will provide monitoring and support primarily to the grant beneficiaries on methodological level in provision of alternative medical, social, educational and mental health services following European Best Practices throughout all relevant Bulgarian authorities. In order to secure the sustainability of the introduced approach local and regional representatives of the relevant state authorities are entitled to attend the trainings to be provided to the grant beneficiaries under the developed programmes by the FWC but not exceeding 20% of the overall number of the participants.

b)The TA experts will train and supervise the grantees in provision and management of community based medical, social, educational and mental health services for risk groups

**B) Grant Scheme for provision of community based medical, social, educational and mental health services**

Generally, this activity includes the provision of alternative social and mental health services on a community-based approach. The financial support for the alternative services will be implemented through a grant scheme instrument.

The Grant scheme will comprise of three components: Component 1 – Provision of community based medical, social and educational services for children; Component 2 – Provision of community-based medical, social and educational services for adults, Component 3 – Provision of community-based mental health services. The Grant Scheme will be carried out on a national wide base and eligible organizations from the whole country will be able to apply.

The Grant scheme will be available for municipalities, NGOs, non-profit organizations, legal entities, physical persons, registered under the Trade Act, which according to the Bulgarian legislation are providers of social services, healthcare establishments (hospitals, dispensaries). For the provision of social services it is necessary the candidates to be registered at the Social Assistance Agency and for provision of social services for children is needed a license, issued by the chairman of the State Agency for Child Protection.

Criteria for the eligible applicants and the guidelines will be elaborated by the PIUs in cooperation with and all key partners under the project (described in item 4). Some of the envisaged criteria will be related to the ability of the eligible organizations to provide appropriate buildings, proved abilities for dealing with some of the target groups of this project, clear commitment and strong evidence for sustainability of the activities after the end of the project funding.

The promotional campaign of the Grant Scheme in Phase 1, Phases 2 and 3 will be a responsibility of the IA and the PIUs.

A call of proposals will be opened for the potential grant applicants. An Evaluation Committee appointed by the MLSP (Contracting authority) will evaluate the submitted applications.

#### Grant scheme Component 1 – Provision of community based medical, social and educational services for children

Component 1 of the Grant scheme under this the project will allow the development and financing of a range of diversified services for children and families, targeting the following areas:

- Prevention of child abandonment, abuse, neglect or institutionalization, and
- Necessary and proper protection of children and families at risk, according to the particularities of each child's case/situation.

These activities will be implemented through grant scheme instrument. The proposed services shall reflect the primary and secondary legislation in the respected area as well as the strategic papers, adopted by the Council of Ministers in the field of child protection and welfare. The applicants shall demonstrate institutional and professional capacity to deliver services to children and families in danger or at risk. It is desirable that the project applications include the following types of community-based services – foster care, day care, small family homes, sheltered homes, etc. All project proposals shall be based on the local strategies for child protection for the respective municipality. The main final beneficiaries under Component 1 of the Grant scheme will be:

1. Children and families at risk (children deprived of parental care, victims of abuse, violence, neglected children, children with disabilities and etc.);
2. Children in residential institutions;
3. Children, leaving residential institutions;
4. Street/abandoned/homeless children.

The amount of a single grant under Component 1 will be up to a maximum of 150,000 Euro.

#### Grant scheme Component 2 – Provision of community based medical, social and educational services

The main final beneficiaries under Component 2 of the Grant scheme will be adults with physical and mental disabilities and elderly people.

The amount of a single grant under Component 2 will be up to a maximum of 200,000 Euro. The initial idea is the maximum amount of a single grant for establishment of a Sheltered home to be 100,000 euro, while the maximum amount of a single grant for establishment of Day Care Centre or Hospice – 200,000 euro but this will be further specified in the Guidelines for applicants.

The proposed services “Sheltered Home” and “Day Care Centre” are in compliance with the basic priorities of the Bulgarian Government. Regarding the Bulgarian social legislation (Social Assistance Law, Regulation on Implementation of Social Assistance Law) “Sheltered Home” and “Day Care Centre” are names of community based social services. They include a complex of services targeted to support and preparation of the beneficiaries for independent way of life. The services “Sheltered Home” and “Day Care Centre” are described in Component 2 of the project in compliance with their legal definitions in the Regulation on Implementation of Social Assistance Law. For the establishment of the social service “Sheltered Home” will be used a methodology for provision of cares in “Sheltered Home”, prepared by the Ministry of Labour and Social Policy and the Technical Assistance Team under the Phare 2003 Project “Improvement the quality of life of the people with mental disabilities”.

The Eligible activities under Component 2 of the Grant scheme in Phase 1 will be:

- Establishment of at least 2 medical, social and educational services “Sheltered Homes” for adults with physical disabilities, in which to be accommodated people from specialized institution under the responsibility of the MLSP. The disabled people will live there an independent life with professional support of specialists (social workers from Social Assistance Departments, medical specialists and etc.). The successful applicants should provide appropriate premises to be converted into Sheltered Homes. The main eligible costs for the establishment of these social services will be:
  - Provision of services to at least 8 people (per “Sheltered Home”), related to support them in acquiring social skills, medical and social rehabilitation aimed at their preparation for independent way of life;
  - Reconstruction and/or refurbishment and renovation of the provided premises;
  - Delivering of appropriate equipment for the envisaged services such as medical appliances, furniture, transport facilities, etc.
  - Management of the Home;
  - Training of the staff.
  
- Establishment of at least 2 medical, social and educational services “Sheltered Homes” for adults with psycho disorders, in which to be accommodated people from specialized institution under the responsibility of the MLSP. The disabled people will live there an independent life with professional support of specialists (social workers from Social Assistance Departments, medical specialists and etc.). The successful applicants should provide appropriate premises to be converted into Sheltered Homes. The main eligible costs for the establishment of these social services will be:
  - Provision of services to at least 8 people (per Sheltered Home), related to support them in acquiring social skills, medical and social rehabilitation aimed at their preparation for independent way of life;
  - Reconstruction and/or refurbishment and renovation of the provided premises;
  - Delivering of appropriate equipment for the envisaged services such as medical appliances, furniture, transport facilities, etc.
  - Management of the Home;
  - Training of the staff.

- Establishment of at least 2 medical, social and educational services “Sheltered Homes” for adults with intellectual retardation, in which to be accommodated people from specialized institution under the responsibility of the MLSP. The disabled people will live there an independent life with professional support of specialists (social workers from Social Assistance Departments, medical specialists and etc.). The successful applicants should provide appropriate premises to be converted into Sheltered Homes. The main eligible costs for the establishment of these social services will be:
  - Provision of services to at least 8 people (per Sheltered Home), related to support them in acquiring social skills, medical and social rehabilitation aimed at their preparation for independent way of life;
  - Reconstruction and/or refurbishment and renovation of the provided premises;
  - Delivering of appropriate equipment for the envisaged services such as medical appliances, furniture, transport facilities, etc.
  - Management of the Home;
  - Training of the staff.
  
- Establishment of at least 2 medical, social and educational services “Day Care Centres” for elderly people, which to provide permanent care. The successful applicant should provide appropriate premises to be converted into Day Care Centre. The main eligible costs for the establishment of these social services will be:
  - Provision of the complex of services to at least 30 people (per Day Care Centre) targeted to creation of conditions for fully servicing of users during the day, related to satisfying their daily, health and rehabilitation needs, as well as their needs for free time, personal contacts and social skills;
  - Reconstruction and/or refurbishment and renovation of the provided premises;
  - Delivering of appropriate equipment for the envisaged services such as furniture, transport facilities, etc.;
  - Management of the Day Care Centre;
  - Training of the staff.
  
- Establishment of 2 fully operational hospices with adequate facilities, equipment and appropriately trained multidisciplinary team of professionals and volunteers, providing in-hospice and at home services in order to meet the needs of older people for palliative care (including pain and symptom management, communication skills and coordination of care). The successful applicants should provide appropriate premises to be converted into hospices. The main eligible costs for the establishment of these hospices will be:
  - Reconstruction and/or refurbishment and renovation of the provided premises;
  - Delivery of appropriate equipment for the functioning of the hospice, such as medical appliances, transport facilities, etc;
  - Management of the hospice;
  - Appropriate training of multidisciplinary team in palliative care;
  - Provision of the complex of services to at least 20 people (per Hospice) suffering from severe chronically illness, terminally ill patients, disabled people and elderly people targeted to creation of conditions for fully servicing of users, related to satisfying their daily, health and rehabilitation needs.

### Grant scheme Component 3 – Provision of community-based mental health services

The main final beneficiaries under Component 3 of the Grant scheme will be persons with severe mental disorders.

The amount of a single grant under Component 3 will be up to a maximum of 400,000 euro. The initial idea is the maximum amount of a single grant for establishment of Acute psychiatric ward in the general hospitals to be 150,000 euro, the maximum amount of a single grant for establishment of Day Care Centre with Sheltered home and Information Centre – 250 000 euro and the maximum amount for the establishment of Clinic for Child and Adolescent Mental Health Care – 400,000 euro.

The idea of this sub-component and of the community psychiatry is to be established one psychiatric ward in a general hospital and in the same region to be established a Day Care Centre with sheltered home for people with psychiatric disorders.

The Eligible activities under Component 3 of the Grant scheme in Phase 1 will be:

#### Sub-component 3.1

- Establishment of at least **3 acute psychiatric wards** in the general hospitals, which to provide medical care for persons with acute psychiatric disorders in grave condition. The eligible organizations will be general hospitals and municipalities (as owners of the general hospitals).

#### Functions of the acute psychiatric ward and its position in the system of psychiatric services:

The nature of severe psychiatric illness sometimes implicates an acute onset or periods of aggravation of symptoms that both require inpatient treatment. Community psychiatric services comply with these facts and reply to the needs through opening acute psychiatric wards in general hospitals. In-patient services which are in remote and isolated institutions, far from the patients' place of residence often lead to a number of negative phenomena and intensify the symptoms instead of improving the condition of the psychiatric patient. Opening acute psychiatric wards in general hospitals will put an end to the practice of isolation of such patients in remote institutions, decrease the period of hospitalization and facilitate their transition from in-patient to out-patient treatment. The outcome of this type of psychiatric services brings about cost-effectiveness (reduced duration of the hospitalization), psychological effects (prevention of hospitalization and decrease of psychiatric stigma through the patients' integration in the general system of health care), social effects (a better opportunity for re-socialization of the patients), and better clinical results (prevention of relapse).

The organization of the ward should be consistent with established requirements and with standards relating to this type of in-patient services, and also in compliance with European rules and practice. The activity of the ward should be based on operational protocols, which would guarantee a constant quality of the services offered. The staff should be well motivated and should be specially trained in crisis intervention. The connection with the teams providing community services should be facilitated to the limit with the possibility to further develop interdisciplinary teams that would provide the opportunity a considerable part of the problems to be dealt on the spot and thus to further reduce the number of hospitalizations.

The eligible costs for the establishment of such ward will be:

- o Reconstruction and/or refurbishment and renovation of the provided premises;
  - o Delivery of the appropriate furniture and basic medical equipment;
  - o Training in Psychosocial Rehabilitation and Psychiatric Nursing Programmes for the medical and paramedical staff of the acute psychiatric ward. These training programmes will be elaborated by the twinning project “Facilitating the transition from institutionalized mental health care to a model of community psychiatry”. The successful applicant will have to ensure the conduction of this training for the staff of the acute psychiatric ward by subcontracting an academic institution. The training activities envisaged are aimed at changing the approach of medical and social staff towards patients with severe mental illness, as well as at introducing the rehabilitation programmes in the psychiatric care.
- Establishment of at least 3 Day Care Centres with Sheltered Homes and Public Information Centres for persons with severe mental disorders.

Each Day Care Centre should comprise a sheltered home and an information centre in or nearby it. In this way the patients who are now kept in institutions will get the opportunity to be discharged to their community and accommodated in the sheltered homes and to benefit from the Centre’s activities fully. The successful applicant should provide appropriate premises to be converted into Day Care Centres with sheltered homes and information centre integrated in the building or nearby it (within the town). In any case the establishment of Day Care centre with sheltered home for people with psychiatric disorders and information centre will be considered as a single grant and should be performed by one applicant.

Services’ definition and functioning:

Day care centres for persons with severe mental disorders:

At the foundation of the day care centre activities is the understanding that the continuity and integration of care are of extreme importance for the achievement of better rehabilitation effect and stable functioning of the people with severe mental illness in a community setting. To ensure this, the work is organized on the basis of a needs-driven approach and the individual case management or co-ordination of care, performed by a multidisciplinary team.

The psychosocial rehabilitation programs at the day care centre, as approved by one of the demonstration projects within the framework of the National Program for the Mental Health of the Citizens of Bulgaria are:

- Case management;
- Early employment;
- Temporary employment;
- Day care or therapeutic kitchen program;
- Social skills training.

These programs are based on the understanding that mental health users are able to develop, learn and acquire new skills, necessary for an independent life in the community.

An integral part of the functions of the day care centre is the provision of psychiatric home care service. The aim of this service is to prevent relapse and to support the mental balance of people with severe chronic psychiatric illness as well as to encourage their

autonomy taking into account the individual limitations and circumstances. It also prevents re-hospitalizations through the education of patients and their families on how to cope with mental illness. The target group of psychiatric home care consists of clients at the age of 18–65 with severe chronic mental illness. The course of the illness is characterized by chronic psychosocial dysfunction and the increased risk of relapse and a lengthy stay in the hospital. Conceivably there is also secondary alcohol dependency. There is also a matter of limited insight and motivation to seek help.

#### Sheltered Home (Supported housing)

The principle of empowerment of mental health service users includes their active participation in the process of resuming control over different domains of their lives. An important domain is that of housing. The supported housing service is aimed at ensuring independent living of the patient in a normal environment. The establishment of a supported house in the very heart of the community will create the possibility for service users to continue or resume their relations with families, friends and neighbours. The service concerns providing clients with accommodation in a small housing unit with technical maintenance (8-12 places) either with other clients who suffer from similar problems or with such clients and one professional and by providing support in handling daily activities and house chores based on mutual support and co-operation.

#### Public information centre

A public information centre for mental health prevention and promotion is a key point in the development, strengthening and implementation of an integrated information system to be used by the general public as well as by the mental health professionals, users and all related institutions in the community. Mental health professionals in the field will be provided with information on groups at risk of social drop-out related to mental illness. The coordination between the responsible institutions will be improved. The functioning of the centre will enable grassroots initiatives, which could contribute to the reform of social and mental health policy. The general activities of the center include:

- Designing an informational campaign concerning the aims of the community psychiatry project (website and a mental health bulletin);
- Ongoing media coverage in local TVs, radios and newspapers
- A hotline for the general public in the information center (training and work under supervision);
- Designing and disseminating informational brochures on mental illness;
- Organizing seminars for General Practitioners (GPs), journalists and employers.

The main eligible costs for the establishment of Day Care Centres with Sheltered homes and Information Centre will be:

- o Reconstruction and/or refurbishment and renovation of the provided premises;
- o Delivering of appropriate equipment for the envisaged services such as furniture, transport facilities, etc.;
- o Management of the Day Care Centre with Sheltered home and Information Centre;
- o Provision of the complex of services to the persons with psychiatric disorders targeted to creation of conditions for fully servicing of users, related to satisfying their daily, health and rehabilitation needs, as well as their needs for free time, personal contacts and social skills.
- o Training in Psychosocial Rehabilitation and Psychiatric Nursing Programmes for the staff of the Day Care Centre with Sheltered home and Information Centre. These training programmes will be elaborated by the twinning project “Facilitating the transition from



institutionalized mental health care to a model of community psychiatry". The successful applicant will have to ensure the conduction of this training for the staff of the Day Care Centre with Sheltered home and Information Centre by subcontracting an academic institution. The training activities envisaged are aimed at changing the approach of medical and social staff towards patients with severe mental illness, as well as at introducing the rehabilitation programmes in the psychiatric care.

### Sub-component 3.2

- Establishment of 1 Clinic for Child and Adolescent Mental Health Care

This sub-component of Component 3 of the Grant scheme will be launched on a nation wide base and the eligible organizations will be health care establishments with permission to provide training of students and specialists. The main final beneficiaries under this grant scheme will be children and adolescents with mental health problems.

Criteria for the eligible applicants and the guidelines will be elaborated by the PIUs with all key partners under the project. Some of the envisaged criteria will be proved capacity and experience in providing a continuum of services comprising of consultative out-patient program, emergency (crisis) program, day-care rehabilitation program and 24-hour hospitalization (in-patient) program; proved capacity and experience in training of cadre in child and adolescent psychiatry; ability to provide appropriate building; clear commitment and strong evidence for sustainability of the activities after the end of the project funding.

The main eligible costs for the establishment or further development of Clinic for Child and Adolescent Mental Health Care providing a continuum of services and functioning as a centre for training of students and specialists will be:

- Reconstruction and/or renovation of the provided premises;
- Delivering of appropriate equipment for the envisaged services;
- Management of the clinic;
- Provision of the quality mental health services to the accommodated children and adolescents, including day care services;

## **Phase 2**

### **A) Grant Scheme for provision of community based medical, social, educational and mental health services**

The Grant scheme will be continuation of the scheme under Phase 1 but will also include some new eligible activities in Component 2 and 3, described underneath.

No changes are foreseen in the group of the eligible organizations, the direct beneficiaries and the average amounts of the Grants. If modifications are needed, they will be responsibility of the IA and the PIU.

The promotional campaign of the Grant Scheme in Phase 2 will be organized and carried out by the PIU and the project partners described in item 4.

A call for proposals will be opened for the potential applicants. An Evaluation Committee appointed by the MLSP (Contracting authority) will evaluate the submitted applications.

The Eligible activities under the Grant scheme in Phase 2 would be:

#### Grant scheme Component 1 – Provision of community based medical, social and educational services for children

Financial support for development and financing of diversified services for children and families, targeting the following areas:

- Prevention of child abandonment, abuse, neglect or institutionalization, and
- Necessary and proper protection of children and families at risk, according to the particularities of each child's case/situation.

It is desirable that the project applications include the following types of community-based services – foster care, day care, small family homes, sheltered homes, etc. All project proposals shall be based on the local strategies for child protection for the respective municipality.

#### Grant scheme Component 2 – Provision of community based medical, social and educational services

1. Financial support for establishment and provision of at least 8 community based medical, social and educational services for people with physical disabilities, people with psycho disorders, people with intellectual retardation and elderly people, such as: Sheltered Homes; Day Care Centres, Hospices and others foreseen in the Bulgarian legislation in the field of social services and according to the assessed needs of the population for different forms of alternative services, performed in the first PPF.

2. Financial support for provision of community based services (as identified in the models developed in Phase 1) aimed at: social inclusion of elderly people; support for the families with people with disabilities.

3. Financial support for transformation and reconstruction of 4 specialized institutions into alternative form for provision of social services (1 institution for people with physical disabilities, 1 institution for people with psycho disorders, 1 institution for people with intellectual retardation and 1 institution for elderly people, all of them managed by the municipalities and under the supervision of MLSP).

- Development of plans for transformation;
- Transformation of the institution;
- Training of staff;

#### Grant scheme Component 3 – Provision of community-based mental health services

##### Sub-component 3.1

- Financial support for the establishment of at least 4 Acute psychiatric wards in the general hospitals, to provide medical care for persons with severe mental disorders in grave condition and at least 4 Day Care Centres with Sheltered Homes and Public Information Centres for persons with severe mental disorders.

### Sub-component 3.2

- Financial support for transforming and reorganizing of the conditions in the existing specialized psychiatric hospitals. At least 1 specialized psychiatric hospital should be reorganized taking into account the respect of patient and human rights and the quality of the services provided.

Only existing at the moment of launching of the Grant scheme specialized psychiatric hospitals and psychiatric dispensaries will be able to apply. The grants will be directed to support the existing specialized psychiatric hospitals by transforming and reorganizing the hospital activity in compliance with the mental health policy and strategy documents, encompassing the following eligible activities:

- training of the staff in the newly developed programs in the field of community based psychiatric services;
- introduction of new approach and attitude of the staff to patients with chronic psychiatric disorders;
- assessment of the status of patients within the hospitals by external experts in order to appoint adequate rehabilitation;
- introduce coordination of care between institutions involved in psychiatry services provision (specialized hospitals, day care centres, wards for acute care, sheltered homes, families);
- improvement and humanization of the conditions within specialized hospitals through renovation of facilities and creating adequate environment.

### **Phase 3**

#### **A) Grant Scheme for provision of community based medical, social, educational and mental health services**

The grant scheme is continuation of the Grant scheme under Phase 2 and will be implemented in the same way as described in Phase 2.

The eligible for financing activities will be as follows:

#### Grant scheme Component 1 – Provision of community based medical, social and educational services for children

Financial support for development and financing of diversified services for children and families, targeting the following areas:

- Prevention of child abandonment, abuse, neglect or institutionalization, and
- Necessary and proper protection of children and families at risk, according to the particularities of each child's case/situation.

It is desirable that the project applications include the following types of community-based services – foster care, day care, small family homes, sheltered homes, etc. All project proposals shall be based on the local strategies for child protection for the respective municipality.

## Grant scheme Component 2 – Provision of community based medical, social and educational services

1. Financial support for establishment and provision of at least 10 community based medical, social and educational services for people with physical disabilities, people with psycho disorders, people with intellectual retardation and elderly people, such as: Sheltered Homes; Day Care Centres, Hospices and others foreseen in the Bulgarian legislation in the field of social services and according to the assessed needs of the population for different forms of alternative services, performed in the first PPF.

2. Financial support for provision of community based services (as identified in the models developed in Phase 1) aimed at: social inclusion of elderly people; support for the families with people with disabilities.

3. Financial support for transformation and reconstruction of 8 specialized institutions into alternative form for provision of social services (2 institutions for people with physical disabilities, 2 institutions for people with psycho disorders, 2 institutions for people with intellectual retardation and 2 institutions for elderly people, all of them managed by the municipalities and under the supervision of MLSP).

- Development of plans for transformation;
- Transformation of the institution;
- Training of the staff;

## Grant scheme Component 3 – Provision of community-based mental health services

### Sub-component 3.1

- Financial support for the establishment of at least 5 Acute psychiatric wards in the general hospitals to provide medical care for persons with acute psychiatric disorders in grave condition and at least 5 Day Care Centres with Sheltered Homes and Public Information Centres for persons with severe mental disorders.

### Sub-component 3.2

- Financial support for transforming and reorganizing of the conditions in the existing specialized psychiatric hospitals. At least 2 specialized psychiatric hospital should be reorganized taking into account the respect of patient and human rights and the quality of the services provided.

#### 3.5 Linked Activities:

- World Bank loan BUL 040596 – “Child welfare reform”. The activities under component 2 “Deinstitutionalization” provide the establishment of the alternative forms of social services for children and families in 10 pilot communities – namely Centres for social support (providing the preventative services; foster care and adoption, deinstitutionalization and reintegration, services for children with the delinquent behaviour), units “Mother and baby” and Centres for children on street. Methodology for assessment of the specialized institutions for children in the pilot municipalities was elaborated. By the end of 2003, will be completed the assessment of all 32 institutions in 9 municipalities. Further to this assessment 9 institutions will be selected and reconstructed to provide alternative social services.

- Phare 2000 “Child welfare reform” BG 0005.04 comprising:
  1. Twinning on national and local level aiming at capacity building of the State Agency for Child Protection (SACP) and 10 small pilot Child Protection Departments as child protection bodies,
  2. TA for development of alternative childcare services in 10 pilot municipalities and reform of the management of 14 institutions dealing with children with disabilities.
  
- Report on Hospice care is a NHIF Health Insurance Operation Project, accomplished by Health Insurance Commission and EPOS Health Consultants in November 2000. The research defines the status of hospice care in Bulgaria, focusing on hospices as care for the terminally ill. It also estimates the target groups for hospice care and the definition, functions and organization of hospice care in Bulgaria.
  
- The project (sociological survey) “Research on need assessment and attitudes to hospices” is accomplished by “Open society foundation” and “Alpha research” in January –April 2003 and it is the first of its kind in Bulgaria. The aim of the project was to study the conditions of the existing network of hospice facilities in Bulgaria, their functioning and main problems; population’s awareness of hospice care, the need for this type of medical facilities and the basic attitude to them.
  
- The National Mental Health Programme (NMHP) for the Citizens of the Republic of Bulgaria 2001-2005 (Executive Summary attached) is an early attempt to adopt an evidence-based policy approach in the field of mental health. Among the major findings of this document are: the lack of valid data on mental health in the country, the absence of a clear vision for the psychiatric service, and the non-existence of identifiable stakeholders in the field. Due to limited funding, within the framework of the program 8 demonstration projects were formulated and implemented in 2002. These included an epidemiological survey on the mental illness morbidity (EPIBUL); a demonstration project for a day centre; a model for an acute psychiatric ward in a general hospital (conceptual framework developed); methodology for risk assessment of social exclusion; a model for a sheltered house; a model for mobile psychiatric help (conceptual framework developed); a coordination centre and register for people in risk of social exclusion and a project for logistical support of the program itself.
  
- South Eastern Europe (SEE) Mental Health Project “Enhancing Social Cohesion through Strengthening Community Mental Health Services”, 2002 – 2005 (SEE Mental Health Project) is aimed at establishing operational community mental health services as a corner stone of mental health reform in the region. The project comprises three components. The first one is concerned with the formulation and adjustment of mental health policy and legislation in South Eastern Europe in line with international and EU standards. It was completed successfully by development of strategy and action plan for the reform in the mental health care system. The *Mental Health Policy of the Republic of Bulgaria (2004-2012)* and *National Action Plan for the Implementation of the Mental Health Policy of the Republic of Bulgaria (2004-2012)* (attached as annexes) were officially approved by the Council of Ministers in July 2004. The second component of the SEE Mental Health Project started its implementation in 2004, and it is expected to end in the middle of 2005. It concerns the establishment of a

harmonized model for community mental health services, including piloting of community mental health centre in each beneficiary country. A functioning and officially recognized comprehensive system of social and mental health services, delivered into the community of the region of Blagoevgrad – as a model for the rest of Bulgaria, is the goal of the second component of the SEE Mental Health project. Beside reconstruction of the facility for the community mental health center, comprising of day care unit, supported house, informational center and psychiatric home care, the implementation of the project includes also a lot of training activities and involvement of the local community in the reform process through contacting media, health professionals, university trainers. The center will be financed through the municipality budget for healthcare and using the possibilities defined in the existing Social Assistance Act. In addition to that, the activities under the SEE Information Project (see below) will also be implemented in the region of Blagoevgrad, completing in this way the whole reform process. In this respect, the activities envisaged under the mental health component of the current project will be based on this already piloted model. In this way the multiplication of the model for community mental health services at national level will become possible and achievable. The third project component will be devoted to designing region –wide training curricula for mental health professional / master degree courses for psychologists, social workers and nurses. Its implementation is aimed at ensuring sustainability of the SEE Mental Health Project results.

- Geneva Initiative on Psychiatry’s project “Piloting Community Mental Health Services in a Bulgarian Setting” is the result of intensive collaboration between the NGO Geneva Initiative on Psychiatry (GIP) and its regional office in Sofia and Bulgarian governmental and academic structures. The project is in the beginning of its implementation. It offers the opportunity to develop a functioning and officially recognized model comprehensive system of social and mental health services, delivered into the community of one region of Bulgaria. The mental health services in one region in the country will be upgraded significantly and a day care centre will be created, a home care program, a supported house and a public informational centre for mental health prevention and promotion that will assist the reintegration of people with severe mental illness into society and will lower the risks associated with their institutionalization. The training of professionals, users, and relatives to work in a community setting will improve their capacity to carry out reforms in the field of mental health care. A public awareness program will be launched to educate and involve the community in the process of establishing humane and participative mental health care. Building sustainability through handing over the newly developed services to be managed by the local municipality and replication of the model program will ensure that the local mental health care system does not become dependent on foreign funding. This project will create a definite break with the past by changing the fundamental philosophy of Bulgarian traditional psychiatry into a community-based one, with a vision directed at treating, rehabilitating, and re-integrating severely mentally ill people in the society.
- Phare 2003 project “Improvement the quality of life of the people with mental disabilities” was elaborated by the Ministry of Labour and Social Policy in cooperation with the State Agency for Child Protection and the Ministry of Health. The main goal of the Project is development of the alternatives of the institutional care, medical, social and educational services for children and adults

with mental disabilities. The current project is built on the basis of the Phare 2003 project and could be considered a continuation of it but on a wider base.

### 3.6 Lessons learned:

Commitment on national level, especially between the beneficiaries is necessary in terms of effective cooperation and communication, which will guarantee successful project implementation and evaluation. The experience gathered under BG 0005.04 Child Welfare Reform project showed that good collaboration on political and expert level results in substantial achievements with respect of the purpose and objectives of the project. Good relations between the beneficiaries, the Implementing agency and the EC Delegation will additionally provide for quick and timely implementation process. Involvement of the non-governmental sector and the municipal administrations shall be perceived as further strengthening of the child protection and welfare system and shall be encouraged. Mechanisms of networking between the national, regional and local level shall be established as to guarantee integrated approach, which in turn will lead to sustainable outcomes and will provide possibilities for dissemination of good practices between the key actors.

Bulgarian mental health reform started with the general reform in the health sector. Since the year 2000, the **National Health Insurance Reform on General practice** is currently being introduced in Bulgaria to replace the polyclinic-based system of care, which sought but failed to offer unmediated direct access to specialist care for all. New as general practice is for both patients and polyclinic-turned-general-practice doctors, the system still tends to regard all emotional complaint as belonging either with psychiatry or not with health at all. So neither side - primary care or patients - currently accept that most common mental illness can be handled like common physical illness by the family doctor, the GP. The reason why primary doctors think so is because they are not trained for that. The reason why patients avoid psychiatry lies in the fact they are scared of its bad reputation. The result is that common mental illness is misrepresented, misdiagnosed and under-treated.

In 2001 the Council of Ministries approved **National Mental Health Programme for the Citizens of the Republic of Bulgaria**, which described the philosophy of the reform in that sector and provided an action plan for implementation of 5-year period. The program was state financed and was commenced in 2002 with several demonstration projects (See Linked Activities). The specific goals of the NMHP are to humanize care and to introduce community psychiatric services. It explicitly addresses the fact that mental illness is underreported and under diagnosed, that the burden of mental illness is seriously underrated, that psychiatric stigma misinforms both the public and the government on the challenging aspects of illness behaviour and on the opportunities for treatment and recovery from psychosis. The program commits the mental health system and society to observance of human rights, evidence based care programs and good practice principles. Since the program started some important issues were discussed among the professionals – developing standards and protocols for good clinical practice, respect of the human rights of the mentally sick persons, stressing on the community approach rather than the hospital model, inter-sector cooperation; training, work with the media.

In 2002 **SEE Mental Health project** under Stability Pact Initiative for Social Cohesion was started. Under the first project component (“Mental Health Policies and Legislation”), a Mental Health Policy and Action Plan for its implementation (2004-2008) were developed. The guiding principle of these documents is deinstitutionalization

and the introduction of community-based psychiatry. Important elements in the plan are the development of psychosocial rehabilitation programs, supported housing, legislative changes and the issue of stigma and discrimination towards the people with severe mental illness. In 2004 the Stability Pact project enters in its most important phase – piloting of the community psychiatry model as developed by now in one region in Bulgaria under the project’s second component “Community Mental Health Services” (See also Linked Activities).

#### **4. Institutional Framework**

The key parties under the project will be the Ministry of Labor and Social Policy (MLSP), Ministry of Health (MH), Agency for Social Assistance (ASA), State Agency for Child Protection (SACP), Bulgarian Psychiatric Association, and National Mental Health Association.

The **Ministry of Labour and Social Policy** is the Implementing Agency (respectively contracting authority) of the project as it is mandated to be IA under PHARE Program in social and human recourses development sector.

The MLSP will manage and administrate the project through the Program Authorizing Officer (PAO). The Directorate “European Funds, International Programs and Projects” (DEFIPP) will be acting as administration of the IA / PAO.

##### The PAO

The PAO has ultimate responsibility for ensuring that the program is implemented fully in line with the Financing Memorandum and government policy in terms of sound administrative and financial management of the project, including tendering, contracting, disbursement, accounting, payment and reporting procedures and monitoring of the project.

##### MLSP - IA

The overall administrative and financial management is the responsibility of the MLSP. The latter include:

- Preparing and submission of procurement documentation based on inputs from the PIU, contracting and contracting procedures of works, supplies, goods and grants;
- Negotiations of contracts;
- Accounting, payments, and financial control for the contracts and grants;
- Overall monitoring and evaluation of the project activities;
- Preparation of quarterly and ad hoc reports on project status and fund management.

##### The PIU

2 PIUs will be in charge of the technical implementation and day-to-day administration of the project. The coordination and synchronization of the actions of the PIU will be responsibility of the Contracting authority.

The first PIU will be located in the ASA and will comprise of representatives from MLSP, ASA, SACP and MES. This PIU will be in charge of the issues regarding social



services for children, elderly people, people with psycho disorders, people with intellectual retardation and people with physical disabilities (TA, Components 1 and 2 of the Grant scheme).

The second PIU will be located in the MH. It will comprise of representatives of MH and mental health experts. This PIU will be in charge of the issues regarding people with severe mental disorders (Component 3 of the Grant scheme).

The establishment of 2 PIUs will lead to division of the responsibilities of the key parties under this project and will ease the process of implementation of the whole project.

Responsibilities of the PIUs:

Based on the alternative services promoted by the grant beneficiaries and in cooperation with the selected Framework Contractor (under Phase 1), the both PIUs (established under the project) will develop models for services.

### **Development of models for services and needs assessments:**

- a) Development of models for services within the community for social inclusion of elderly people: Appropriate services considered as good practice in EU countries which to be developed in Bulgaria under Phase 2 of the Project;
- b) Development of models for services within the community for adults with disabilities and their families; Appropriate services considered as good practice in EU countries which to be developed in Bulgaria under Phase 2 of the Project;
- c) Carrying out an assessment of the needs of the municipalities all over the country from different types of community base social services;
- d) Carrying out a needs assessment for establishment of organized palliative care through hospices;
- e) Development of an adequate model of hospice according to the existing best practices and Bulgarian conditions taking into consideration Recommendation Rec (2003) 24 of the Committee of the Ministers to member states on the organization of palliative care;
- f) Elaboration of accreditation criteria for hospices;

### **Project Steering Committee**

A Project Steering Committee will oversee the implementation of the project. It will provide strategic project direction and guidance to the key institutions involved in the project. The Project Steering Committee comprises representatives of MLSP, MH, MES, ASA, SACP, National Public Health Center, National Health Insurance Fund, and Psychiatry Departments at Medical Universities (including the National Consultant on Mental Health), Bulgarian Psychiatric Association, National Mental Health Association, National Council for Cooperation on Ethnic and Demographic Issues, National Association of the Municipalities, Ministry of Finance and ECD (as an observer).

## 5. Detailed Budget

<i>Year</i> <i>/Phase</i>	<i>Phare</i> <i>Investmen.</i> <i>Support</i>	<i>Support</i> <i>Institution</i> <i>Building</i>	<i>Phare</i>	<i>Total</i> <i>(=I+IB)</i>	<i>National</i> <i>Co-financing</i>
<b>1/Phase 1</b>					
<i>TA</i>		0.199999		0.199999	
<i>Gran</i>	4.100001			4.100001	1.366667
<i>Scheme</i>					
<b>Total</b>	<b>4.100001</b>	<b>0.199999</b>		<b>4.300000</b>	<b>1.366667</b>
<b>2/Phase 2</b>					
<i>Gran</i>	5.00			5.00	1.67
<i>Scheme</i>					
<b>Total</b>	<b>5.00</b>			<b>5.00</b>	<b>1.67</b>
<b>3/Phase 3</b>					
<i>Gran</i>	6,525			6,525	2,175
<i>Scheme</i>					
<b>Total</b>	<b>6,525</b>			<b>6,525</b>	<b>2,175</b>

The Phare contribution for investment costs will be no more than 75% of eligible public expenditure, the balance having to be covered by the national co-financing. The national co-financing will be provided by the National Fund Directorate at the Ministry of Finance. All operational and running costs and the maintenance of the equipment will be provided by the final beneficiaries.

## 6. Implementation Arrangements

### 6.1 Implementing Agency

The Implementing Agency (IA) is the Ministry of Labour and Social Policy through the directorate "European Funds, International Programs and Projects".

The PAO will be:

Mr. Dimitar Dimitrov

Deputy Minister of Labour and Social Policy

2 "Triaditsa" Str.,

Sofia 1051, Bulgaria  
 Phone: (+359 2) 933 24 59;  
 Fax: (+359 2) 986 13 18  
 E-mail: dimitrov@mlsp.government.bg

## 6.2 Twinning

N/A

## 6.3 Non-standard aspects

PRAG procedures will be followed in all contracting

## 6.4 Contracts

Estimated number of contracts:

<b>TYPE OF CONTRACT</b>	<b>YEAR/PHASE</b>	<b>PROJECT ACTIVITY</b>	<b>VALUES IN €</b>
<b>Service contracts</b>	Year 2004 Phase 1	TA – <b>1 contract</b>	199 999
<b>Grant schemes</b>	Year 2004 Phase 1	Grant Scheme for provision of community based social and mental health services – <b>estimated number of grants 20</b>	5 466 668
	Year 2005 Phase 2	Grant Scheme for provision of community based social and mental health services – <b>estimated number of grants 25</b>	6 670 000
	Year 2006 Phase 3	Grant Scheme for provision of community based medical, social, educational and mental health services – <b>estimated number of grants 30</b>	8 700 00

## 7. Implementation Schedule – Phase 3

- 7.1 Lunching of the project (organizational arrangements completed) – January 2007
- 7.2 Start of call for proposals – second quarter 2007
- 7.3 Start of project activities under the grant scheme – fourth quarter 2007
- 7.4 Project completion – fourth quarter 2009

## 8. Equal Opportunity

Equal opportunity is a fundamental principle of the project. Ensuring equal opportunity will be embodied in every sub-project and at every level of implementation.

**9. Environment – N/A**

**10. Rates of return – N/A**

**11. Investment criteria**

11.1 Catalytic effect:

The project will encourage the municipalities, non-governmental and private sector for more active participation in the process of deinstitutionalization through provision of alternative services for different risk groups.

11.2 Co-financing:

The investment component of the program is based upon co-financing between Phare and the National Government on a 75:25 basis.

Concerning the grantees' co-financing, the successful candidates in the grant schemes will be required to provide appropriate premises for the establishment of the relevant centre or social home.

The Phare contribution for investment costs will be no more than 75% of eligible public expenditure, the balance having to be covered by the national co-financing. The National Fund Directorate at the Ministry of Finance will provide national co-financing. The Bulgarian authorities will provide all operational and running costs and provide for the maintenance of equipment.

If the total cost of such investment is less than the amount envisaged in the fiche, the amount of Phare support will be reduced to maintain the relative proportions of Phare support and national co-financing shown in the fiche. If the total cost is greater than the amount envisaged in the fiche, the extra funding required will be provided by additional national co-financing or the cost will be reduced, consistent with the respective roles and responsibilities of the concerned Bulgarian agencies laid down in the Memoranda of Understanding setting up the NF and the CFCU.

11.3 Additionality:

EU financing will be additional to that allocated to the national scheme through the Bulgarian national budget.

Additional funds will be added to the Grant schemes as with the changes in the legislation concerning the provision of social services it is expected to give an opportunity for social services providers to receive additional financing through "Social Assistance" fund.

11.4 Project readiness and size:

**The project budget exceed the minimum of 2 MEURO required by Phare Programme for the investments projects.**

**There is no delay in the implementation schedule of the connected BG2004/016-711.01.02 and BG 2005/017-353.01.02 projects.**

State of performance of the BG2004/016-711.01.02 project:

- The requested 9 months extension of the contracting period has been approved (Contracting expiry: **31/08/2007**);
- The requested reallocation of funds inside the Financial Agreement has been approved by the EC Delegation on 6th of June 2006;
- A first meeting of the PSC has been held on 16th of May 2006;
- The Tender Dossier for the Grant Scheme has been approved by the EC Delegation on the 17th of April, 2006;
- The Grant Scheme under the Project has been launched on 2nd of May 2006. The deadline for submission of project proposals is 2nd of August 2006;
- Information campaign within Bulgaria on NUTS II level targeted to the would-be applicants has been conducted from 8th to 14th of June, 2006;
- The Tender Dossier for selection of Technical Assistance under Framework contract has been approved by the EC Delegation on the 14<sup>th</sup> of June, 2006.

State of performance of the BG 2005/017-353.01.02 project:

- The Guidelines for Applicants and the full list of annexes have been submitted for approval by the EC Delegation on the 18<sup>th</sup> of July, 2006;
- The PSC has been established with an ordinance on the 03.07.2006;
- The first PIU has been established with an ordinance on the 30.06.2006;
- The second PIU has been established with an ordinance on the 29.06.2006.

11.5 Sustainability:

The Government takes the commitment to develop and expand the alternative type of social services provision based on the community approach. All activities of the project will be sustained through the existing funding arrangements including the national budget, the fund “Social Assistance”, the municipalities’ budget in line with the Bulgarian legislation and funds accumulated by NGOs through the provision of paid social services. Furthermore, all grants applicants will be required to provide strong evidence for sustainability of the services delivered.

Sustainability of the Day Care Centres with Sheltered Homes and Information Centres will be assured through the need and commitment of Bulgaria to replace the existing institutional model of hospital-dispensary psychiatric system with community based mental health services. Currently there are four possibilities for assuring the sustainability of these centres after project funding:

1. To be registered as medico-social homes in accordance with the Health Establishments Act. In this way their maintenance could be financed from the state budget.
2. To be incorporated within the structure of existing health establishments (psychiatric hospitals, dispensaries) and thus their financial maintenance will be a part of that one of the particular health establishment.
3. The possibility for signing of contract between the National Health Insurance Fund as a public organization responsible for providing funds and organizations providing medico-social services could be another guarantee for the sustainability of the established Day Care Centres with Sheltered Homes and Information Centres under the project.
4. To follow one of the possibilities described under chapter three (Article 36a and Article 37) in the Regulations on the Implementation of Social Assistance Act. (see the attachment).
5. The success of the project is dependent on proper coordination and cooperation between different bodies involved in the project. Moreover, it is important to draw appropriate conclusions from and to provide good follow up to the performed survey on

children in institutions as well as on the survey on the conditions in the homes providing social services for people with mental disabilities (see item 3.1.).

**As regards the piloting of services under different grant components, the flexibility of services is important: the delivery of (social) services as described in the fiche therefore means delivery of services both under the regulations of the Agency for Social Assistance as well as under the regulations of the Ministry of Health (i.e. medical services) and/or the Ministry of Education (i.e. educational services) as appropriate. Such an integrated approach serves the project purpose to create and develop a sustainable network of social and mental health services delivered into the community.**

#### 11.6 Compliance with state aids provisions

The activities within the project will be implemented in accordance with the Article 92(3)(a) of the Treaty of Rome with respect to regional aid in an Objective 1 Member States.

#### 11.7 Contribution to NDP - See item 2.4

### **12. Conditionality and sequencing**

Key milestones will be:

- Successful start of activities of the TA contract under the BG2004/016-711.01.02 project in first quarter of 2007;
- Successful start of activities of the Grant Scheme under the BG2004/016-711.01.02 in first quarter of 2007.
- Successful start of activities of the Grant Scheme under the BG 2005/017-353.01.02 project in first quarter of 2007;
- Establishment of PSC and PIU – first quarter 2007;
- Signature of MoU between the key partners in the project prior to project launch;
- Calls for proposals and entry into the contracting phase under the grant schemes;
- Implementation of activities;
- Needs assessment for investment components

#### **ANNEXES TO PROJECT FICHE**

1. Logical framework matrix in standard format
2. Detailed implementation chart
3. Contracting and disbursement schedule
4. Reference to feasibility/pre-feasibility studies.

**ANNEX 1**  
**Phare log frame**

LOGFRAME PLANNING MATRIX FOR Project	Programme name and number		
<b>Deinstitutionalization through provision of community based services for risk groups</b>	Contracting period Phase 3 expires: <b>November 2008</b>		End of execution of contracts period Phase 3 expires: <b>November 2009</b>
	Total budget (Phase 1): <b>5.666667 MEUR</b>		Phare budget (Phase 1): <b>4.30 MEUR</b>
	Total budget (Phase 2): <b>6.67 MEUR</b>		Phare budget (Phase 2): <b>5.00 MEUR</b>
Total budget (Phase 3): <b>8.7 MEUR</b>		Phare budget (Phase 3): <b>6.525 MEUR</b>	
<b>Overall objective</b> <ul style="list-style-type: none"><li>Strengthening of the child welfare system and deinstitutionalization of children, people with disabilities and elderly people, placed in specialized institutions through provision of community based services;</li><li>Improving of the quality of life of persons with mental health problems with respect of human rights</li></ul>	<b>Objectively verifiable indicators</b> <ul style="list-style-type: none"><li>Decreased number of children and adults, placed in specialized institutions with 20 % by the end of 2009;</li><li>Percentage increase in the number of children and adults who have benefited from the delivered community based services;</li><li>Percentage increase in the number of persons mental health problems who have benefited from the delivered community based services;</li></ul>	<b>Sources of Verification</b> <ul style="list-style-type: none"><li>Reports from MLSP, MH, MES, ASA, SACP;</li><li>Ex-post survey.</li><li>Official reports from international institutions;</li></ul>	
<b>Project purpose</b> <ul style="list-style-type: none"><li>Creation and development of network of social and mental health services, delivered into the community</li></ul>	<b>Objectively verifiable indicators</b> <ul style="list-style-type: none"><li>Network of social and mental health services, delivered into the community operational;</li><li>Percentage increase in the number of children and adults who have benefited from the delivered community based services;</li><li>Increase of the nongovernmental and private sector as social services providers by the end of 2009.</li><li>Number of professionals working in community psychiatry increased</li></ul>	<b>Sources of Verification</b> <ul style="list-style-type: none"><li>Reports from MLSP, MH, MES, ASA, SACP;</li><li>Official reports from international institutions;</li><li>Social assessment</li></ul>	
<b>Results</b>	<b>Objectively verifiable indicators</b>	<b>Sources of Verification</b>	<b>Assumptions</b>

<p><b>Results - Phase 1:</b></p> <p><b>A) Expected results from TA (result 1):</b></p> <p><u>National awareness campaign (result 1.2):</u>  a) Design of informational campaign aiming at changing in the public attitude towards the different risk groups;  b) Conducted national awareness campaign;</p> <p><u>Training and supervision activities to the grant beneficiaries (result 1.3):</u>  c) Developed training programmes for:  1. Social workers to work with people with disabilities, people with psycho disorders and people with intellectual retardation;  2. Social workers to work with elderly people;  3. Planning, management and provision and monitoring of alternative social services for risk groups;  4. Social assessment of the people with disability;  5. Methodological guidance and control of the hospices</p> <p><u>Monitoring, support and methodological guidance to the grantees to provide alternative medical, social, educational and mental health services for the different target groups following European Best Practices throughout all relevant Bulgarian authorities.</u>  a) Provided monitoring and support to the grant beneficiaries on methodological level in provision of alternative medical, social, educational and mental health services following European Best Practices throughout all relevant Bulgarian authorities.  Regional and local representatives of the relevant</p>	<p><b>OVI Phase 1</b></p> <ul style="list-style-type: none"> <li>• National awareness campaign;</li> <li>• 5 training programmes for social workers elaborated;</li> <li>• Trained and supervised grant beneficiaries on provision and management of community based social and mental health services for risk groups</li> <li>• Number of grant beneficiaries monitored, supported and guided.</li> </ul>	<ul style="list-style-type: none"> <li>• PIU reports;</li> <li>• Reports from MLSP, MH, MES, ASA, SACP;</li> <li>• Ex-post survey.</li> <li>• Official reports from international institutions;</li> <li>• Reports issued by the TA;</li> </ul>	<ul style="list-style-type: none"> <li>• People willing to use the benefits of the alternative social services – different risk groups and their families;</li> <li>• Appropriate capacity of the municipalities, nongovernmental and private sector for participation in the social services delivering;</li> <li>• Good cooperation between central and local authorities;</li> </ul>
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state authorities attended the trainings provided to the grant beneficiaries under the developed programmes by the FWC but not exceeding 20% of the overall number of the participants.

b)Trained and supervised grantees in provision and management of community based medical, social, educational and mental health services for risk groups

**B) Expected results from the Grant Scheme for provision of community based medical, social, educational and mental health services (result 2)**

About 20 grants for provision of community based medical, social and educational and mental health services.

Grant scheme Component 1 – Provision of community based medical, social and educational services for children:

1. Integrated community-based services for children and their families developed and implemented on local level;
2. Extended and diversified services for children and families;
3. Decreased number of children, entering specialized institutions;
4. Specialized institutions reformed, transformed or closed.

Grant scheme Component 2 – Provision of community based social services:

- Established at least 2 medical, social and educational “Sheltered Homes” for adults with physical disabilities; Provision of services to at least 8 people (per “Sheltered Home”);
- Established at least 2 medical, social and educational services “Sheltered Homes” for adults with psycho disorders; Provision of

- Number of community-based services for children developed;
- Number of specialized institutions transformed and reconstructed into alternative form for provision of social services;
- Number of established community-based social services for people with physical disabilities, people with psycho disorders, people with intellectual retardation and elderly people
- Number of direct beneficiaries provided with alternative social services;
- Number of established acute psychiatric wards and Rehabilitation Centres with sheltered home and information centre;
- Clinic for Child and Adolescent Mental Health Care established

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services to at least 8 people (per Sheltered Home);

- Established at least 2 medical, social and educational services “Sheltered Homes” for adults with intellectual retardation; Provision of services to at least 8 people (per Sheltered Home);
- Established least 2 medical, social and educational services “Day Care Centres” for elderly people; Provision of the complex of services to at least 30 people (per Day Care Centre);
- Established at least 2 fully operational hospices; Provision of the complex of services to at least 20 people (per Hospice).

Grant scheme Component 3 – Provision of community-based mental health services:

Sub-component 3.1

- Established acute psychiatric wards in general hospitals in at least 3 administrative regions;
- Day Care Centres with Sheltered Homes and Information Centres functioning in at least 3 administrative regions;

Sub-component 3.2

- Clinic for Child and Adolescent Mental Health Care providing a continuum of services and functioning as a centre for training of students and specialists established or further developed;

**Results - Phase 2**

**A) Grant Scheme for provision of community based medical, social, educational and mental health services: (result 1)**

**OVI Phase 2**

- Number of community-based services for children developed;
- Number of specialized institutions transformed and reconstructed into alternative form for provision of social services;
- Number of established community-based social services for people with physical disabilities, people with psycho disorders, people with intellectual retardation and elderly people
- Number of direct beneficiaries provided with alternative social services;
- Number of established acute

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Grant scheme Component 1 – Provision of community based medical, social and educational services for children

1. Integrated community-based services for children and their families developed and implemented on local level;
2. Extended and diversified services for children and families;
3. Decreased number of children, entering specialized institutions;
4. Specialized institutions reformed, transformed or closed.

Grant scheme Component 2 – Provision of community based medical, social and educational services

- Established and developed at least 8 community based medical, social and educational services for people with physical disabilities, people with psycho disorders, people with intellectual retardation and elderly people;
- At least 150 persons benefited from these services;
- Provided community based services (as identified in the models developed in Phase 1;
- 4 specialized institutions transformation and reconstruction into alternative form for provision of medical, social and educational services (1 institution for people with physical disabilities, 1 institution for people with psycho disorders, 1 institution for people with intellectual retardation and 1 institution for elderly people, all of them managed by the municipalities and under the supervision of MLSP).

Grant scheme Component 3 – Provision of community-based mental health services

Sub-component 3.1

psychiatric wards and Rehabilitation Centres with sheltered home and information centre;

- Number of transformed specialized psychiatric institutions;

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- Established at least 4 Acute psychiatric wards in the general hospitals;
- Established at least 4 Day Care Centres with Sheltered Homes and Public Information Centres for persons with severe mental disorders.

Sub-component 3.2

- At least 1 specialized psychiatric hospital transformed and reorganized.

**Results - Phase 3**

**A) Grant Scheme for provision of community based medical, social, educational and mental health services: (result 1)**

Grant scheme Component 1 – Provision of community based medical, social and educational services for children

1. Integrated community-based services for children and their families developed and implemented on local level;
2. Extended and diversified services for children and families;
3. Decreased number of children, entering specialized institutions;
4. Specialized institutions reformed, transformed or closed.

Grant scheme Component 2 – Provision of community based medical, social and educational services

- Established and developed at least 10 community based medical, social and educational services for people with physical disabilities, people with psycho disorders, people with intellectual

**OVI Phase 3**

- Number of community-based services for children developed;
- Number of specialized institutions transformed and reconstructed into alternative form for provision of medical, social and educational services;
- Number of established community-based medical, social and educational services for people with physical disabilities, people with psycho disorders, people with intellectual retardation and elderly people
- Number of direct beneficiaries provided with alternative medical, social, educational and mental health services;
- Number of established acute psychiatric wards and Rehabilitation Centres with sheltered home and information centre;

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<p>retardation and elderly people;</p> <ul style="list-style-type: none"> <li>• At least 200 persons benefited from these services;</li> <li>• Provided community based services (as identified in the models developed in Phase 1</li> <li>• 8 specialized institutions transformation and reconstruction into alternative form for provision of medical, social and educational services (2 institutions for people with physical disabilities, 2 institutions for people with psycho disorders, 2 institutions for people with intellectual retardation and 2 institutions for elderly people, all of them managed by the municipalities and under the supervision of MLSP).</li> </ul> <p><u>Grant scheme Component 3 – Provision of community-based mental health services</u></p> <p><u>Sub-component 3.1</u></p> <ul style="list-style-type: none"> <li>• Established at least 5 Acute psychiatric wards in the general hospitals;</li> <li>• Established at least 5 Day Care Centres with Sheltered Homes and Public Information Centres for persons with severe mental disorders.</li> </ul> <p><u>Sub-component 3.2</u></p> <ul style="list-style-type: none"> <li>• At least 2 specialized psychiatric hospitals transformed and reorganized.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of transformed specialized psychiatric institutions;</li> </ul>		
<p><b>Activities</b></p>	<p><b>Means</b></p>	<p><b>Costs</b></p>	<p><b>Assumptions</b></p>
<p><b>Activities - Phase 1</b></p> <p><b>A) Technical Assistance (activity 1)</b></p> <p><u>National awareness campaign (activity 1.2):</u></p> <p>a) Development of design of informational campaign concerning the aims of the project as well as the necessity of change in the public attitude towards the different risk groups;</p>	<p><b>Means Phase 1</b></p> <ul style="list-style-type: none"> <li>• Service contract;</li> </ul>		<ul style="list-style-type: none"> <li>• Eligible organizations and municipalities willing to participate in the grant schemes;</li> <li>• Eligible organizations willing to apply for the service contracts under the project;</li> </ul>

b) Conduction of the national awareness campaign;

Training and supervision activities to the grant beneficiaries (activity 1.3):

a) Development of a programme for training and provision of training for

b) Development of training programme and carrying out the training for the municipal administration in the municipalities

c) Development of training programmes for:

1. Social workers to work with people with disabilities, people with psycho disorders and people with intellectual retardation;
2. Social workers to work with elderly people;
3. Planning, management and provision and monitoring of alternative social services for risk groups;
4. Social assessment of the people with disability
5. Methodological guidance and control of the hospices.

Monitoring, support and methodological guidance to the grantees to provide alternative medical, social, educational and mental health services for the different target groups following European Best Practices throughout all relevant Bulgarian authorities. In order to secure the sustainability of the introduced approach local and regional representatives of the relevant state authorities are entitled to attend the trainings to be provided to the grant beneficiaries under the developed programmes by the FWC but not exceeding 20% of the overall number of the participants.

a) The selected FWC will provide monitoring and support primarily to the grant beneficiaries on methodological level in provision of alternative medical, social, educational and mental health services following European Best Practices throughout all relevant Bulgarian authorities. In order to secure the sustainability of the introduced approach local and regional representatives of the relevant state authorities are entitled to attend the trainings to be provided to the grant beneficiaries under the developed programmes by the FWC but not exceeding 20% of the overall number of the participants.

b)The TA experts will train and supervise the grantees in provision and management of community based medical, social, educational and mental health services for risk groups

**B) Grant Scheme for provision of community based medical, social, educational and mental health services (activity 2)**

Grant scheme Component 1 – Provision of community based medical, social and educational services for children

- Prevention of child abandonment, abuse, neglect or institutionalization, and
- Necessary and proper protection of children and families at risk, according to the particularities of each child’s case/situation.

Grant scheme Component 2 – Provision of community based medical, social and educational services

- Establishment of at least 2 services “Sheltered Homes” for adults with physical disabilities;
- Establishment of at least 2 services “Sheltered

- Grants.

- Homes” for adults with psycho disorders
- Establishment of at least 2 services “Sheltered Homes” for adults with intellectual retardation
- Establishment of at least 2 services “Day Care Centres” for elderly people
- Establishment of 2 fully operational hospices,

Grant scheme Component 3 – Provision of community-based mental health services

Sub-component 3.1

- Establishment of at least 3 acute psychiatric wards in the general hospitals;
- Establishment of at least 3 Day Care Centres with Sheltered Homes and Public Information Centres for persons with severe mental disorders.

Sub-component 3.2

- Establishment of 1 Clinic for Child and Adolescent Mental Health Care

**Activities Phase 2**

**A) Grant Scheme for provision of community based social and mental health services (activity 1)**

Grant scheme Component 1 – Provision of community based social services for children

- Prevention of child abandonment, abuse, neglect or institutionalization, and
- Necessary and proper protection of children and families at risk, according to the particularities of each child’s case/situation.

Grant scheme Component 2 – Provision of community based medical, social and educational

**Means Phase 2**

- Grants



services

1. Financial support for establishment and provision of at least 8 community based medical, social and educational services for people with physical disabilities, people with psycho disorders, people with intellectual retardation and elderly people;
2. Financial support for provision of community based services (as identified in the models developed in Phase 1) aimed at: social inclusion of elderly people; support for the families with people with disabilities.
3. Financial support for transformation and reconstruction of 4 specialized institutions into alternative form for provision of social services;

Grant scheme Component 3 – Provision of community-based mental health services

Sub-component 3.1

- Financial support for establishment of at least 4 Acute psychiatric wards in the general hospitals;

Sub-component 3.2

- Financial support for transforming and reorganizing of the conditions in the existing specialized psychiatric hospitals.

**Activities Phase 3**

**A) Grant Scheme for provision of community based medical, social, educational and mental health services (activity 1)**

Grant scheme Component 1 – Provision of community based medical, social and educational

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**Means Phase 3**

- Grants

services for children

- Prevention of child abandonment, abuse, neglect or institutionalization, and
- Necessary and proper protection of children and families at risk, according to the particularities of each child's case/situation.

Grant scheme Component 2 – Provision of community based medical, social and educational services

1. Financial support for establishment and provision of at least 10 community based medical, social and educational services for people with physical disabilities, people with psycho disorders, people with intellectual retardation and elderly people;
2. Financial support for provision of community based services (as identified in the models developed in Phase 1) aimed at: social inclusion of elderly people; support for the families with people with disabilities.
3. Financial support for transformation and reconstruction of 8 specialized institutions into alternative form for provision of medical, social and educational services.

Grant scheme Component 3 – Provision of community-based mental health services

Sub-component 3.1

- Financial support for establishment of at least 5 Acute psychiatric wards in the general hospitals;
- Financial support for establishment of at least 5 Day Care Centres with Sheltered Homes and Public Information Centres

Sub-component 3.2

- Financial support for transforming and reorganizing of the conditions in the existing at least 2 specialized psychiatric hospitals.

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**Preconditions**

Implemented and functioning Project Implementation Units and Project Steering Committee;  
 Functioning Senior Program Officers with good collaboration between them concerning implementation of the project;

**Annex 2**

Implementation Chart – **Development of community based services for risk groups**

**Phase 1**

Components	2004	2005												2006												2007				2008			
	Q 4	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	Q1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Operational PIU									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Operational PSC									X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Procedures for TA selection and contracting																		X	X	X	X												
TA																										X	X	X	X				
Call of proposals for grants providing alternative social services																X	X	X	X	X	X	X											
Grants execution																										X	X	X	X	X	X	X	
Monitoring																											X	X	X	X	X	X	
Final Evaluation																														X	X		

**Phase 2**

Components	2005	2006												2007												2008				2009			
	Q 4	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	Q1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Operational PIU	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							
Operational PSC	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							
Call of proposals for grants providing community-based medical, social, educational and mental health services									X	X	X	X	X	X	X																		
Grants execution																X	X	X	X	X	X	X	X	X	X	X							
Monitoring																X	X	X	X	X	X	X	X	X	X	X	X						
Final Evaluation																												X	X				

**Phase 3**

Components	2006	2007												2008												2009				2010			
	Q 4	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	Q1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Operational PIU	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							
Operational PSC	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							
Call of proposals for grants providing alternative services							X	X	X	X	X	X																					
Grants execution													X	X	X	X	X	X	X	X	X	X	X	X	X	X							
Monitoring																					X	X	X	X	X	X	X						
Final Evaluation																											X	X					

ANNEX 3  
Phase 1

<i>Project title: Deinstitutionalization through provision of community based services for risk groups</i>															
Contracting	Cumulative contracting schedule by quarter in € m (provisional)														Total
	2005		2006				2007				2008				
	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	
TA Contract						0.1999 99									<b>0.199999</b>
Grant Scheme						5.4666 68									<b>5.466668</b>
<b>Total contracting:</b>						5.6666 67									<b>5.666667</b>
Disbursement	Cumulative disbursement schedule by quarter in € m (provisional)														Total
	2005		2006				2007				2008				
	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	
TA Contract							0.1199 994	0.1199 994	0.11999 94	0,1999 99					<b>0.199999</b>
Grant Scheme							4.3733 344	4.3733 344	4.37333 44	4.3733 344	4.3733 344	4.3733 344	5.46666 8	5.46666 8	<b>5.466668</b>
<b>Total disbursement:</b>							4.4933 338	4.4933 338	4.49333 38	4.4933 338	4.4933 338	4.4933 338	5.46666 8	5.46666 8	<b>5.666667</b>

Phase 2

<i>Project title: Development of community based services for risk groups</i>															
Contracting	Cumulative contracting schedule by quarter in € m (provisional)														Total
	2005		2006				2007				2008				
	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	
Grant Scheme							6.67	6.67	6.67	6.67	6.67	6.67	6.67	6.67	<b>6.67</b>

<b>Total contracting:</b>							6.67	6.67	6.67	6.67	6.67	6.67	6.67	6.67	6.67
Disbursement	<b>Cumulative disbursement schedule by quarter in € m (provisional)</b>														<b>Total</b>
	<b>2005</b>		<b>2006</b>				<b>2007</b>				<b>2008</b>				
	<b>III</b>	<b>IV</b>	<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	
Grant Scheme							5.336	5.336	5.336	5.336	5.336	5.336	5.336	1.334	6.67
<b>Total disbursement:</b>							5.336	5.336	5.336	5.336	5.336	5.336	5.336	6.67	6.67

**Phase 3:**

<i>Project title: Deinstitutionalization through provision of community based services for risk groups</i>															
Contracting	<b>Cumulative contracting schedule by quarter in € m (provisional)</b>														<b>Total</b>
	<b>2006</b>		<b>2007</b>				<b>2008</b>				<b>2009</b>				
	<b>III</b>	<b>IV</b>	<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	
Grant Scheme						8,7									8,7
<b>Total contracting:</b>						8,7									8,7
Disbursement	<b>Cumulative disbursement schedule by quarter in € m (provisional)</b>														<b>Total</b>
	<b>2007</b>		<b>2008</b>				<b>2009</b>				<b>2010</b>				
	<b>III</b>	<b>IV</b>	<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	
Grant Scheme			6,96	6,96	6,96	6,96	6,96	6,96	6,96	8,7					8,7
<b>Total disbursement:</b>			6,96	6,96	6,96	6,96	6,96	6,96	6,96	8,7					8,7

## ANNEX 4

### Reference to feasibility/pre-feasibility studies

- Governmental Program 2001-2005 – Annex 6.1;
- Health Act – Chapter Five on psychic health - Annex 5.1;
- National Mental Health Programme 2001-2005 (executive summary) – Annex 6.2;
- Mental Health Policy of the Republic of Bulgaria and Action Plan for Implementation of the Mental Health Policy of the Republic of Bulgaria (2004-2012) – Annex 6.3;
- Information about children in institutions for 2005 – Annex 6.4;
- Regulations on the implementation of the Social Assistance Act - Annex 5.2.

## ANNEX 5 List of relevant Laws and Regulations

### I. EU legislation:

N/A

### II. National Legislation :

#### Annex 5.1

## Chapter five. PSYCHIC HEALTH

### Section I. Protection of the psychic health

Art. 145. (1) The state, the municipalities and the non government organisations shall organise activities for protection of the psychic health, connected with:

1. ensuring for the persons with psychic disorders accessible and high quality medical care, cares and support, necessary for their life in the family and in the community;

2. protection of the psychic health in the risk groups: children, students, aged people, persons, accommodated in social establishments, military servicemen, detained and deprived from liberty;

3. active prophylactics of the psychic disorders;

4. support of the public initiatives in the field of the psychic health care;

5. specialised continuing education of the persons, who implement activities for protection of the psychic health;

6. fulfilment of programmes for training in strengthening and protection of the psychic health of the persons, who teach, implement medical activity, social adaptation, organisation and management, protection of public order;

7. scientific applied studies, directed to strengthening of psychic health;



8. public awareness on the problems of psychic health.

(2) The municipalities shall ensure conditions for conducting of psychic - social rehabilitation and for support with financial and material means, including conceding abodes to the persons with psychic disorders.

Art. 146. (1) Persons with psychic disorders, in need of special health care, shall be:

1. mentally ill with established serious disorder of the psychic functions (psychosis or grave personality disorder) or with expressed durable psychic damage as result of psychic disease;

2. person with moderate, grave or deep mental retarding or vascular and senile dementia;

3. persons with other disorders of the psychic functions, difficulties in education and troubles in adaptation, requiring medical help, care and support, in order to live adequately in family and in social environment.

(2) Each person with psychic disorder shall enjoy treatment and care under conditions, equal with the conditions of the patients with other diseases.

Art. 147. (1) Nobody can be subject to medical activities for establishing or treatment of psychic disorder except under conditions and by order, determined with a law.

(2) The assessment of existence of psychic disorder cannot be based on family, professional or other conflicts as well as on data about psychic disorder, suffered in the past.

Art. 148. Basic principles at the treatment of persons with psychic disorders shall be:

1. minimum restriction of the personal freedom and respect of the rights of the patient;

2. reduction of the institutional dependence of the persons with psychic disorders on durable hospital treatment under the condition that this does not contradict with the approved medical standards;

3. creating of wide network of specialised establishments for off hospital psychiatric care and priority of the care in the family and in the social environment;

4. integration and equality of the psychiatric care with the other medical directions;

5. observing of the humanitarian principles and norms at implementing the healing process and social adaptation;

6. stimulation of self-help and mutual help and ensuring active public and professional support for the persons with psychic disorders;

7. specialised training, professional training and re-qualification of the persons with psychic disorders with objective their social adaptation;

8. participation of humanitarian non government organisations in the process of treatment and social adaptation.

Art. 149. (1) The treatment of the persons with psychic disorders shall be implemented by medical establishments for primary or specialised off hospital care, medical establishments for stationary psychiatric care, dispensaries, specialised divisions at the multi-profiled hospitals and homes for medical - social care.

(2) The medical activities, connected with the treatment of persons with psychic

disorder, shall include diagnostic investigations, medicamental and instrumental methods of treatment and psychotherapy. The conditions and the way for their conducting shall be determined with an ordinance by the Minister of Health.

(3) The use of surgery methods for change in the morphology of the central nervous system with objective achievement of defined psychic characteristics shall be prohibited.

Art. 150. (1) For patients with established psychic disorders, fallen into status, being direct and immediate danger for their own health or life or for the health and the life of other persons, can be applied measures for temporary physical restriction.

(2) The measures of para 1 shall be applied only as prerequisite for creating conditions for conducting the treatment and they do not substitute the active treatment.

(3) The undertaking of measures for physical restriction shall be ordered by a doctor, who defines the kind of the measure and the term for its application. This term cannot be longer than 6 hours.

(4) The measures of para 1 shall be implemented by staff, trained for this in advance.

(5) The kind of the undertaken measures for physical restriction, the reasons, imposed this, the term for their application, the name of the doctor, who has ordered them and the applied medicamental treatment shall be entered into special book of the medical establishment and in the history of the disease.

(6) The person, towards who have been undertaken measures for physical restriction, must be under constant observation by doctor or nurse.

(7) The order for applying measures for physical restriction shall be provided with ordinance by the Minister of Health together with the Minister of Justice.

Art. 151. (1) The labour therapy of the persons with psychic disorder shall be part of the psycho - social rehabilitation programmes.

(2) At conducting the labour therapy shall be inadmissible any form of exploitation and compulsory character of the labour.

(3) The activities for the organisation of the production, the conditions for exercising labour and the way for payment of remuneration for the work shall be provided with ordinance by the Minister of Health in coordination with the Minister of Labour and Social Policy and the Minister of Finance.

Art. 152. (1) In the specialised institutions for rendering social services to persons with psychic disorders shall be created health offices, in which shall work doctor, medical officer or nurse.

(2) The health offices shall implement activities for:

1. permanent medical observation;
2. rendering of first medical aid;
3. control over the hygiene status of the persons;
4. current control for observing the hygiene requirements;
5. preparing and maintenance of medical documentation for each person.

Art. 153. (1) The emergency psychiatric care shall be combination of medical rules and activities, which shall be applied towards persons with obvious characteristics of psychic disorder when their behaviour or status represents direct and immediate danger for their own health or life or for the health or the life of other persons.

(2) Emergency psychiatric care shall be rendered by the psychiatric dispensaries,

the medical establishments for stationary medical care, the psychiatric divisions of clinics at the multi-profile hospitals and the centres for emergency medical care.

(3) Urgent psychiatric care shall be rendered according to the approved medical standards.

Art. 154. (1) When the status of a person of art. 146, para 1, items 1 and 2 imposes continuation of the treatment after coping with the emergency status the chief of the medical establishment shall take decision the person to be accommodated temporary for treatment for a term not longer than 24 hours, notifying immediately the relatives of the patient about this.

(2) As exception the term of para 1 may be extended one time with not more than 48 hours with permission by the district judge.

(3) At need decision to be taken for conducting of compulsory treatment the chief of the medical establishment shall immediately submit to the court motivated request for this, accompanied by statement about the psychic status of the person, prepared by a psychiatrist.

## Section II. Compulsory accommodation and treatment

Art. 155. The persons of art. 146, para 1, items 1 and 2, who due to their disease can commit a crime, which represents danger for their relatives, for the people around, for the society or threatens seriously their health, shall be subject to compulsory accommodation and treatment.

Art. 156. (1) The compulsory accommodation and treatment of the persons of art. 155 shall be decreed with decision by the district court at the present address of the person and in the cases of art. 154 - by the district court at the location of the medical establishment.

(2) The compulsory accommodation and treatment shall be implemented in medical establishments for stationary psychiatric care and psychiatric dispensaries, in psychiatric divisions or clinics of the multi-profile hospitals and in medical establishments for specialised psychiatric off hospital care.

Art. 157. The compulsory accommodation and treatment can be required by the prosecutor and in the cases of art. 154, para 3 - also by the chief of the medical establishment.

Art. 158. (1) The court shall send copies of the request for compulsory accommodation and treatment of the person, which accommodation will be considered. The person can in 7 days term make objection and point out evidences.

(2) The court shall consider the case in open session with the participation of the person in 14 days term after receiving of the request.

(3) When permission is given by the district judge by the order of art. 154, para 2, the court shall consider the case immediately and in this case para 1 shall not be applied. The copies shall be delivered at the court session and the chief of the medical establishment shall ensure the appearance of the person.

(4) The participation of psychiatrist, defender and prosecutor shall be obligatory.

(5) The person, whose accommodation is required, must be interrogated

personally and if need occurs, he shall be brought compulsory. When the health status of the person does not allow to appear at the court session the court shall be obliged to acquire immediate impression about his status.

Art. 159. (1) the court shall appoint judicial - psychiatric expertise when it establishes that some of the circumstances of art. 155 exists and after hearing to psychiatrist about the probable existence of psychic disorder of the person. The court shall determine the form of conducting of the expertise - ambulatory or stationary.

(2) The court shall determine the medical establishment and the expert for conducting the expertise as well as the term for implementing it, which cannot be longer than 14 days, and set the following session on the case, which shall be conducted not later than 48 hours after finishing of the expertise.

(3) If the term, defined for implementing the expertise, occurs insufficient, as exception the court may in an open session extent it one time but with not more than 10 days. In this case the court shall postpone with the same term also the set session of para 2.

(4) If the court establishes that the circumstances of art. 155 do not exist or after hearing to psychiatrist existence of psychic disorder of the person does not exist the court shall terminate the case.

Art. 160. (1) The judicial - psychiatric expertises shall be conducted by an order, determined with ordinance by the Minister of Health and the Minister of Justice.

(2) During the conducting of the expertise treatment shall not be conducted except at emergency status or after expressed informed consent by the person.

(3) Simultaneously with the expertise the expert shall give statement about the ability of the person to express informed consent for treatment, propose treatment for the concrete disease and recommend medical establishments where it may be conducted.

Art. 161. (1) The definition of the court for termination of the case or for appointing of the expertise shall be subject to appeal with private appeal or protest in three days term. The appealing shall stop the conducting of the expertise unless the court decrees other.

(2) The regional court shall pronounce in an open session. Not appearing of the person without good reasons shall not be obstacle for considering the case.

Art. 162. (1) After hearing the person about the conclusion of the judicial - psychiatric expertise the court shall pronounce decision on the case on the basis of the collected evidences.

(2) With the decision the court shall pronounce on the need of compulsory accommodation, determine the medical establishment as well as the existence or the lack of ability of the person to express informed consent. The court shall determine the term of the accommodation and the treatment as well as the form of the treatment - ambulatory or stationary.

(3) When lack of ability of the person is accepted the court shall decree compulsory treatment and appoint a person from the relatives of the ill person, who is to express informed consent for the treatment. Upon conflict of interests or lack of relatives the court shall appoint representative of the municipal health service or a person, defined by the mayor of the municipality at the headquarters of the medical establishment, who is to express informed consent about the treatment of the person.

Art. 163. (1) The decision of the court can be appealed by the interested persons in 7 days term after it is decreed. The regional court shall pronounce in 7 days term decision, which shall not be subject to appeal.

(2) Appeal of the decision for compulsory accommodation and treatment shall stop its fulfilment unless the first or the appellate instance decrees other.

Art. 164. (1) The compulsory treatment shall be terminated with the elapse of the term, for which it has been decreed or with a decision of the district court at the location of the medical establishment.

(2) At each quarter on the basis of the judicial - psychiatric expertise, presented by the medical establishment, the district court at the location of the establishment shall officially pronounce decision about termination of the compulsory accommodation and treatment or for continuing of the compulsory accommodation and treatment by the order of art. 158, 159, 160 and 161.

(3) Upon falling away of the prerequisites for compulsory accommodation and treatment before the defined term to have elapsed the compulsory accommodation and treatment can be terminated by the court upon request by the person, the prosecutor or the chief of the medical establishment.

Art. 165. (1) As far as in this section special rules are not contained the provisions of the Penal Procedure Code shall be applied.

(2) The decision for compulsory accommodation and treatment, entered into force, as well as the definition of the court for appointing judicial - psychiatric expertise shall be brought to execution by the respective medical establishments if necessary with the cooperation by the bodies of the Ministry of Interior.

## **Annex 5.2**

### **Translation from Bulgarian language**

# **REGULATIONS**

## **on the implementation of the Social Assistance Act**

Adopted with Decree of the Council of Ministers No. 243 from 5.11.1998, from., State Gazette, issue 133 from 11.11.1998, effective since 1.11.1998, as amended, issue 38 from 23.04.1999, as amended and as supplemented, issue 42 from 5.05.1999, effective since 1.05.1999, as supplemented, issue 112 from 23.12.1999, effective since 1.01.2000, as amended, issue 30 from 11.04.2000, effective since 1.04.2000, issue 48 from 13.06.2000, as supplemented, issue 98 from 1.12.2000, effective since 1.11.2000, as modified, issue 100 from 8.12.2000, as amended, issue 19 from 2.03.2001, as amended and as supplemented, issue 97 from 13.11.2001, effective since 1.11.2001, issue 26 from 12.03.2002, effective since 1.03.2002, as supplemented, issue 46 from 7.05.2002, as amended, issue 81 from 23.08.2002, as amended and as supplemented, issue 118 from 20.12.2002, effective since 1.01.2003, issue 40 from 29.04.2003, effective since 1.05.2003.

volume 12/98, p. 380; volume 5/99, pg. 282; volume 6/99, pg. 126; volume 5/2000, pg. 390; volume 12/2001, pg. 372; volume 4/2002, p. 209; volume 6/2002, p. 232; volume 9/2002, p. 300; volume 1/2003, p. 563

pt. 11, l. 2, No. 461

Chapter One

(Heading revoked - State Gazette, issue 40 from 2003)

Article 1 - 7. (Revoked - State Gazette, issue 40 from 2003).

## Chapter Two

### **SOCIAL AID**

Article 8. (As amended - State Gazette, issue 97 from 2001, issue 40 from the year 2003) Social Aid shall be granted to persons and families as per permanent address, at which the social inquiry shall be made.

Article 9. (1) The right to monthly aid shall be granted to persons and families whose income for the previous month is lower than a fixed differentiated minimum income.

(2) The base for determining the differentiated minimum income is the guaranteed minimum income, whose monthly amount shall be determined by deed of the Council of Ministers.

(3) The differentiated minimum income for individual persons shall be determined by correcting the guaranteed minimum income with the following coefficients:

1. for a person living alone - 1,0;
2. (revoked - State Gazette, issue 118 from the year 2002);
3. (as amended - State Gazette, issue 97 from the year 2001) for a disabled person with permanently decreased working capacity with 50 per cent or more - 1,2;
4. for an orphan child - 1,2;
5. for a single parent with a child or children below the age of 16 and if they are students – below the age of 18 - 1,2;
6. for each one of the spouses living together - 0,9;
7. for a minor child in the family - 0,9, if not a student and between the age of 7 and 16 - 0,5;
8. (as amended - State Gazette, issue 97 from the year 2001) for a child with permanent disability - 1,2;
9. for a person living with another persons (persons) or a family - 0,9;
10. (new one - State Gazette, issue 42 from the year 1999) for a single parent with a child of the age between 16 and 18 who is not a student - 1,0;
11. (new one - State Gazette, issue 46 from the year 2002) for pregnant women 45 days before delivery - 1,2;
12. (new one - State Gazette, issue 46 from the year 2002) for a parent, taking care of a of a child below the age of 3 - 1,2;
13. (new one - State Gazette, issue 118 from the year 2002) for a person of the age between 65 and 75, living alone - 1,7;
14. (new one - State Gazette, issue 118 from the year 2002) for a person over the age of 70 - 1,2;
15. (new one - State Gazette, issue 118 from the year 2002) for a person over the age of 75, living alone - 2,0;
16. (new one - State Gazette, issue 118 from the year 2002) for a disabled person with permanently decreased working capacity with 70per cent or more - 1,5;
17. (new one - State Gazette, issue 118 from the year 2002) for a single parent taking care of a child below the age of 3 - 1,5.

(4) In case there is more than one ground for determining a coefficient under Paragraph 3, the coefficient of greater amount shall be applied.

(5) The amount of the monthly aid shall be determined as the difference between the differentiated minimum income or the sum of the differentiated minimum income and the income of the persons or families for the foregoing month.

Article 10. (1) The monthly aid shall be granted if the persons or families satisfy the following additional conditions:

1. their own residence which they inhabit should be the only one they possess and not larger than:

- a) for one person – one room;
- b) for a family of two or three members – two rooms;
- c) for a family of four members – three rooms;
- d) for a family of five or more members – four rooms;
- e) for each cohabiting person – one room;

2. (as amended - State Gazette, issue 40 from the year 2003) they should not be registered as sole traders and should not be owners of the capital of a business company;

3. (as amended - State Gazette, issue 40 from the year 2003) they should not have any receivable, bank deposits, share participation and securities whose total value for the particular person or for each one of the family members exceeds 500 BGN, except for the vouchers and shares from the mass privatization;

4. they should not own movable and immovable property, which can be a source of income, except for the belongings of ordinary use of the person or the family;

5. they should not have concluded a contract for granting property in return of an obligation for support and/or care; this requirement shall not be applied in cases when the persons assuming the obligation for support and/or care are students, unemployed, of retirement age or disabled;

6. (as supplemented - State Gazette, issue 40 from the year 2003) they should not have transferred a house/apartment or a villa and/or shares of them against payment during the last 5 years;

6a. (new one - State Gazette, issue 40 from the year 2003) they should not have transferred via a contract their title to a house/apartment or villa and/or shares of them during the last 5 years;

7. (as amended - State Gazette, issue 40 from 2003) The unemployed persons should have registered in the "Unemployment Service" directorate at least 6 months prior to submitting their application for social aid and they should not have rejected any offers for a job or for participation in training for qualification and re-qualification organized by the "Unemployment Service" directorate.

(2) (As amended - State Gazette, issue 97 from 2001) The requirements under Paragraph 1, section 1 shall not apply to the inhabitants of own residence in which there lives a person with a permanently decreased working capacity with 50 per cent or more or a seriously ill family member, as well as in cases when the residences cannot be a source of additional income due to impossibility for letting it out, put of technical condition, health, hygienic, social reasons and the like.

(3) No registration under Paragraph 1, Section 7 in the "Unemployment Service" directorate shall be required for granting monthly aid to:

1. a parent taking care of a child below the age of 3;
2. (as amended - State Gazette, issue 97 from the year 2001) disabled person with permanently decreased working capacity with 50 per cent or more;
3. a person taking care of a seriously ill family member or of a seriously ill person co-habitant with him/her;
4. (as amended - State Gazette, issue 97 from the year 2001) persons with mental diseases, certified by the respective specialized medical establishments;
5. (as amended - State Gazette, issue 97 from the year 2001) persons over the age of 18 who are taking a regular form of education in the schools within the system of public education and in the specialized high schools;
6. (new one - State Gazette, issue 46 from the year 2002) pregnant women after the third month of their pregnancy.

(4) The term under Paragraph 1, Section 7 shall not apply to the persons who have registered in the "Unemployment Service" directorate no later than one month after:

1. expiration of the term for taking care of a child below the age of 3;
2. reaching of the age of 16 if they are not students;
3. discharge from military service;
4. (as amended - State Gazette, issue 40 from the year 2003) the finishing of work under employment programs or seasonal work;
5. release from places for serving a term of imprisonment;
6. (as as supplemented - State Gazette, issue 97 from the year 2001) graduation from a social education and professional establishment or specialized schools;
7. (as amended - State Gazette, issue 40 from the year 2003) obtaining official permit for permanent stay in republic of Bulgaria, granting right to sanctuary, refugee status or humanitarian status;
8. (new one - State Gazette, issue 40 from the year 2003) expiration of the term of the expert decision of the Expert Medical Labor Check-Up Committee, the National Expert Medical Labor Check-Up Committee or the Regional Expert Medical Labor Check-Up Advisory Committee with which a decreased working capacity of 50 percent or more is determined;
9. (new one - State Gazette, issue 40 from the year 2003) dropping out of the conditions under Paragraph 3, Section 3.

Article 11. The monthly aid under Article 9 shall not be available to:

1. (as amended - State Gazette, issue 97 from the year 2001, as supplemented, issue 40 from the year 2003) major persons not older than the age of 30, cohabiting with their parents, whose income per family member exceeds the triple amount of the guaranteed minimum income, except in the cases when these persons and/or their parents are disabled with permanently decreased working capacity with 50 per cent or more;
2. persons whose close relatives are obliged by the law to provide for them;
3. (as amended - State Gazette, issue 97 of the year 2001) the persons who have been accommodated in medical, social, educational and military establishments for more than 30 days;
4. (as supplemented - State Gazette, issue 46 from the year 2002) persons studying under regular, extramural and evening form of education in the institutions of higher education, as well as the students in private schools except for the disabled students, the pregnant women and the mothers who take care of a child below the age of 3 and study under regular, extramural and evening form of education in the institutions of higher education;
5. (as amended - State Gazette, issue 97 from the year 2001) persons who have been sanctioned under the established procedures for concealed income, for which there is an effective act and if 3 years have not passed after its coming into effect;
6. (as amended - State Gazette, issue 97 from the year 2001, issue 40 from the year 2003) persons who have refused land settlement or cultivation of a land granted to them by the National or Municipal Land Fund for the respective year except for the persons with decreased working capacity, determined by Medical Advisory Committee or by Expert Medical Labor Check-Up Committee;
7. persons who have traveled abroad on their own expense during the last 12 months except in the cases for treatment of a disease or in relation to the death of a family member.

Article 12. (1) (As amended - State Gazette, issue 40 of the year 2003) The unemployed persons who are not included in employment programs under Article 12b, Paragraph 1 of the Social Assistance Act shall be entitled to social aid in case they have not refused to participate in the programs for granting social service, ecological programs and programs for regional development and sanitation of settlements organized by the municipal administration and lasting no longer than five days.



(2) The persons under Paragraph 1, who have refused to participate in programs organized by the municipalities shall be deprived of monthly aid for the month during which the refusal was made.

(3) (As amended - State Gazette, issue 97 from the year 2001, as supplemented, issue 46 from the year 2002, as amended, issue 40 from the year 2003) The requirements under Paragraph 1 and the deprivation of monthly aid under Paragraph 2 shall not be applied with respect to:

1. the persons taking care of children under the age of 3:
  - a) the mother or father (adoptive father, adoptive mother);
  - b) the parent who takes care of his/her child by himself/herself;
  - c) guardians;
2. pregnant women after the third month of their pregnancy;
3. the persons with permanent disabilities or with determined temporary inability to work for more than 20 days per month;
4. the persons taking care of an ill family member or of an ill relative up to second degree in ascending or descending line;
5. the persons taking care of a family member or of a relative up to second degree in ascending or descending line who have permanent disabilities and constantly need assistance;
6. the persons having severe mental diseases, determined by the competent bodies.

Article 13. (Revoked - State Gazette, issue 97 from the year 2001).

Article 14. (1) (As amended - State Gazette, issue 97 from the year 2001) Right to monthly target aid for payment of the rent for municipal apartments shall be granted to the persons who have an occupation deed issued on their behalf and whose income of the previous month is not more than 150 per cent of the differentiated minimum income, if they are:

1. orphans under the age of 25 who have graduated from social educational and professional establishments;
2. single old persons over the age of 70;
3. (as amended - State Gazette, issue 97 from the year 2001) single disabled persons with decreased working capacity with 71 per cent or more;
4. single parents.

(2) The aid under Paragraph 1 shall be paid up upon presentation of an evidencing document.

Article 15. (As amended - State Gazette, issue 38 from the year 1999 , issue 30 from the year 2000, issue 48 from the year 2000, as supplemented, issue 98 from the year 2000, as modified, issue 100 from the year 2000, as amended, issue 19 from the year 2001, issue 97 from the year 2001, issue 81 from the year 2002, revoked, issue 40 from the year 2003).

Article 16. (1) In order for the incidentally occurring medical, educational, public utility and other substantial need of the persons and families to be satisfied, they may be granted aid once a year.

(2) (As amended - State Gazette, issue 40 from the year 2003) The one-time aid under Paragraph 1 up to the fivefold amount of the guaranteed minimum income shall be determined by a decree of the head of the "Social Assistance" department or by an employee authorized by him/her.

Article 16a. (New one - State Gazette, issue 40 from the year 2003) (1) A one-time target aid up to the amount of the guaranteed minimum income may be granted for issuing of a personal ID card to a person.

(2) The amount of the aid under Paragraph 1 shall be determined by the head of the "Social Assistance" department depending on the expenses needed for buying forms and paying the tax for issuing a personal ID card, as well as for photographs and transport.

Article 17. (1) The persons who have a permit from the Ministry of Health for medical treatment abroad at the expense of its budget may be granted one-time aid covering the expenses for their and their companions' personal needs, independent of the aids under Article 16.

(2) The aid under Paragraph 1 shall be subject to reporting no later than two weeks after the person's return to the country and the sum not used shall be returned to the head of the "Social Assistance" department.

Article 18. Mothers of many children shall be entitled to a free return ticket per year – with the railway or bus transport in the country.

Article 19. (1) (As amended - State Gazette, issue 97 from the year 2001) Disabled persons with permanently decreased working capacity with 71 per cent or more, the disabled soldiers, and children under the age of 16 with permanent disabilities shall be entitled to two free return tickets per year – with the railway or bus transport in the country.

(2) (As amended - State Gazette, issue 97 from the year 2001) The right under Paragraph 1 shall in addition be granted to the companions of the persons with assigned assistance in the cases when they travel together.

Article 20. (1) (As amended - State Gazette, issue 40 from the year 2003) The right to free transport under Articles 18 and 19 shall be enjoyed upon presentation of a certificate issued by the "Social Assistance" department to the registered address of the persons.

(2) (As supplemented - State Gazette, issue 40 from the year 2003) The procedure for granting and disbursement of the funds for free transport shall be determined by a regulation issued by the Minister of Finance and by the Minister of Transport and Communications.

Article 21. (1) (As amended - State Gazette, issue 97 from the year 2001) The disabled persons with permanently decreased working capacity with 71 per cent or more, the disabled persons with permanently decreased working capacity with 50 to 70 per cent with diseases of the lower extremities and the children between the age of 7 and 16 with permanent disabilities shall be entitled to monthly target aid for transport services amounting to 15 percent of the guaranteed minimum income.

(2) The right under Paragraph 1 shall be enjoyed in case the income per family member for the previous month is lower than the threefold amount of the guaranteed minimum income for each family member.

Article 22. (As amended - State Gazette, issue 97 from the year 2001) (1) The disabled persons with permanently decreased working capacity with more than 90 per cent, the disabled soldiers, and the children under the age of 16 with permanent disabilities shall be entitled to target aid for balneotherapy and food once a year up to the threefold amount of the guaranteed minimum income.

(2) The right under Paragraph 1 shall in addition be enjoyed by the companions of the persons with assigned assistance.

(3) (As supplemented - State Gazette, issue 40 from the year 2003) The aid under Paragraph 1 shall be granted upon presentation of an evidencing document for balneotherapy and food, no later than one month after the final date of the stay.

Article 23. The rights under Articles 21 and 22 shall be granted when the persons do not enjoy them on some other basis.

Article 24. (As amended - State Gazette, issue 97 from the year 2001) (1) The right to monthly target aid amounting to 20 per cent of the guaranteed minimum income for using analog or digital stationary telephone shall be granted to:

1. disabled people over the age of 16 with decreased working capacity with 90 per cent and with assigned assistance;

2. the children under the age of 16 with permanently limited ability for social adaptation with 90 per cent with assigned assistance.

(2) The aid under Paragraph 1 shall be paid in case the telephone is registered to the holder of the right, to a member of his family or to a person cohabiting with him/her.

Article 25. (1) (As amended - State Gazette, issue 42 from the year 1999, issue 26 from the year 2002) The monthly, target and one-time aid by the decision of the head of the Municipal Social Assistance Office shall be paid in kind and in the cases when:

1. the parents do not take proper care of their children;
2. the monetary aid is not used for the purpose it is granted.

(2) The aid under Paragraph 1 may be granted through:

1. partial or full payment of the fees for child care establishments, undertaking the expenses for food in the school canteens and public refectories;
2. buying food products, clothing, shoes, school appliances, etc.;
3. in another way, determined through a social survey.

(3) (New one - State Gazette, issue 42 from the year 1999) The persons and families who have refused the aid paid in kind determined for them, shall be deprived of it for the respective month.

(4) (New one - State Gazette, issue 26 from the year 2002, revoked, issue 81 from the year 2002).

Article 26. (1) (As supplemented - State Gazette, issue 40 from the year 2003) The social aid shall be granted based on an application & declaration as per the form specified in Supplement No. 1, submitted by a major person in the "Social Assistance" department and upon presentation of a personal ID card or a passport.

(2) For minor parents the application & declaration shall be submitted by the parent holding an ID document or by their legal representative.

(3) (As amended - State Gazette, issue 40 from the year 2003) The social aid application shall be submitted only once during a calendar year.

(4) (As amended and as supplemented - State Gazette, issue 97 from the year 2001, as amended, issue 40 from the year 2003) The following documents shall be attached to the application & declaration:

1. documents about the income derived from:
  - a) labor and/or other relations recognized as equal to them;
  - b) personally rendered services;
  - c) activities in the field of the agriculture, forestry and water utilization;
  - d) scholarships;

2. medical certificate, Medical Check-Up Advisory Committee Protocol, expert decision of the Expert Medical Labor Check-Up Committee or of the National Expert Medical Labor Check-Up Committee, as well as expert decision of the Regional Expert Medical Labor Check-Up Advisory Committee or of the Central Expert Medical Labor Check-Up Advisory Committee.

(5) If necessary, the "Social Assistance" departments may require additional documents.

(6) (As supplemented - State Gazette, issue 40 from the year 2003) When processing the applications the "Social Assistance" departments shall always require by official procedures the information they need from the territorial units of the tax administration, from the "Social Assistance" departments and from other state and public institutions, as well as from physical and legal persons who are obliged to present it no later than 14 days after it has been requested.

Article 27. (As amended - State Gazette, issue 40 from the year 2003) (1) No later than 20 days after the application & declaration has been submitted, a social worker shall perform a social survey and prepare a special report in accordance with Supplement No. 2.

(2) When performing the social survey, all other established circumstances of social, family, domestic or medical nature, pertaining to the ability to support oneself and/or aid from persons obliged by the law to provide support, shall be taken into account.

(3) Based on the results from the social survey in the report under Paragraph 1, the social worker shall make a suggestion that the aid is granted or refused, about its type and amount.

(4) In case this is necessary, in the social report the social worker shall make a suggestion for the elaboration of an individual project for social integration of the persons and/or families.

Article 28. (As amended - State Gazette, issue 40 from the year 2003) (1) No later than 7 days after the social report has been presented, the head of the "Social Assistance" department or an employee authorized by him shall issue an order in accordance with Supplement No. 3.

(2) No later than 7 days after the order has been issued the person concerned shall be notified in writing.

Article 29. (As supplemented - State Gazette, issue 97 from the year 2001, revoked, issue 40 from the year 2003).

Article 30. The "Social Assistance" department shall prepare a list of the persons and families who have acquired the right to monthly social aid each month and it shall be placed in an easy-to-see place in the building of the "Social Assistance" department.

Article 31. (1) (As amended - State Gazette, issue 42 from the year 1999) The monthly aid shall be granted starting from the first day of the month during which the application has been submitted and shall be paid no later than the end of the month following the one for which the aid is granted within the budget year except for the aid for December, which shall be paid no later than January 31 of the following year.

(2) The payment of the aid can be done in cash or through a bank transfer.

Article 32. (1) (The former text of Article 32 - State Gazette, issue 97 from the year 2001, as amended, issue 40 from the year 2003) The monthly aid shall be terminated by decree of the head of the "Social Assistance" department or of an employee authorized by him from the 1<sup>st</sup> day of the month following the month during which the person or family has stopped being eligible for the aid granted.

(2) (New one - State Gazette, issue 97 from the year 2001, as amended, issue 40 from the year 2003) The monthly aid shall be modified, terminated and renewed by the head of the Municipal Social Assistance Office or by an employee authorized by him.

Article 33. (Revoked - State Gazette, issue 40 from the year 2003).

Article 34. The "Social Assistance" departments shall keep mandatory documentation about the aid granted, which shall be kept for 5 years as of the month they are terminated.

Article 35. (As supplemented - State Gazette, issue 97 from the year 2001, revoked, issue 40 from the year 2003).

### Chapter Three

#### **SOCIAL SERVICES**

Article 36. (As supplemented - State Gazette, issue 112 from the year 1999, as amended, issue 40 from the year 2003) (1) Social services shall be granted in the community and in the specialized institutions.

(2) The social services offered in the community shall be:

1. personal assistant;
2. social assistant;
3. housekeeper;
4. home social patronage;
5. day center;
6. center for social rehabilitation and integration;
7. center for temporary accommodation;
8. foster care;

9. crisis center;
  10. center for family-type accommodation;
  11. protected residence;
  12. public refectories.
- (3) The specialized institutions for rendering social services shall be:
1. homes for children and young people with disabilities;
  2. homes for the aged with disabilities;
  3. social educational and professional establishments;
  4. homes for the aged;
  5. asylums;
  6. homes for temporary accommodation.

(4) The social services in the specialized institutions shall be rendered after all possibilities for rendering services in the community have been tried.

(5) In case it is necessary and in conformity with the necessities of the population of each municipality, other types of social services may be introduced.

(6) Social services may be rendered for on a short-term or a long-term basis.

Article 36a. (New one - State Gazette, issue 40 from the year 2003) (1) The executive director of the Social Assistance Agency shall authorize the opening up or closing down of a specialized institution for rendering of social services which are state activities further to the proposal of the head of the regional social assistance department.

(2) The following documents shall be attached to the proposal under Article 1:

1. a motivated decree of the municipal council for the opening up or closing down of the specialized institution, specifying the capacity, the number of personnel, the labor remuneration funds, the costs and the date of opening up and closing down of the specialized institution;

2. copy of a document evidencing ownership of the building in which the services will be rendered.

(3) No later than 14 days after the proposal under Article 1 has been received the executive director of the Social Assistance Agency by means of a decree shall allow or disallow the opening up or closing down of the specialized institution for rendering social services.

(4) The refusal for issuing a permit under Article 3 shall be subject to appeal under the procedure of the Administrative Procedure Act.

Article 37. (As amended - State Gazette, issue 40 from the year 2003) (1) The mayor of the municipality may assign the management of the specialized institutions and the rendering of social services in the community after a competition is held.

(2) The competition under Article 1 shall be opened by decree of the mayor of the municipality, in which the following shall be specified:

1. the conditions for participation and the requirements for the candidates;
2. the characteristics and the specifics of the rendered social services;
3. financing and mode of granting of the funds;
4. the documents for participation;
5. the date and time of the competition;
6. the deadline and the place for submitting the documents;
7. the deadline for announcing the results of the competition;
8. the mode of evaluation;
9. other specific conditions.

(3) Providers of social services who are entered in the register of the Social Assistance Agency may participate in the competitions under Paragraph 1.

Article 38. (As amended - State Gazette, issue 40 from the year 2003) (1) The announcement for the competition to be held under Article 37, Paragraph 1 shall be

published in at least one national and one local daily newspaper at least 45 days before the date the competition is to be held.

(2) The competition shall be held by a committee, determined by decree of the mayor of the municipality.

(3) In the committee under Paragraph 2 shall be included a representative of the Social Assistance Agency.

(4) No later than 14 days after the holding of the competition the committee shall evaluate the candidates using the following criteria:

1. compliance of the candidate with the conditions announced in advance;
2. experience of the candidate in providing social services and goodwill;
3. working capacity of the candidate and qualification of the personnel;
4. financial stability of the candidate;
5. presented by the candidate program for development of the social services;
6. other requirements.

(5) The committee shall draw up a record about its activities and rank the participants in the competition.

Article 39. (As amended - State Gazette, issue 40 from the year 2003) (1) Pursuant to the protocol under Article 38, Paragraph 5 the mayor of the municipality shall issue a decree within three days by which the successful candidate is determined.

(2) The participants in the competition shall be notified about the results within 7 days after the issuing of the decree under Paragraph 1.

(3) The decree shall be subject to appeal under the procedure of the Administrative Procedure Act.

(4) The appeal of the decree under Paragraph 1 shall not stop its execution.

Article 39a. (New one - State Gazette, issue 40 from the year 2003) (1) Pursuant to the decree under Article 39, Paragraph 1 the mayor of the municipality and the successful candidate shall conclude a contract, settling the following:

1. the subject of the contract – type and scope of the social services offered;
2. the amount of the contract;
3. the guarantees for using the budget funds granted;
4. the rights and obligations of the parties;
5. the term of the contract;
6. sanctions in case of non-fulfillment.

(2) A contract under Paragraph 1 may in addition be concluded in case there is one single candidate through direct negotiations.

Article 40. (As amended and as supplemented - State Gazette, issue 42 from the year 1999, as amended, issue 40 from the year 2003) (1) The persons who want to benefit from social services shall submit an application in writing as per their present address respectively to:

1. the head of the “Social Assistance” department – for the social services which are state activities;
2. the mayor of the municipality – for the social services which are municipal activities;
3. the governing body in case the provider of the social services is a physical person registered under the Commerce Act or a legal person.

(2) The following items shall be attached to the application under Paragraph 1:

1. copy of an ID document;
2. copy of a personal medical record, if any;
3. copy of the decision of a Medical Check-Up Advisory Committee, Expert Medical Labor Check-Up Committee, Regional Expert Medical Labor Check-Up Advisory Committee, National Expert Medical Labor Check-Up Committee, Central Expert Medical Labor Check-Up Advisory Committee, if any.

(3) In case it is necessary, the provider of social services may require additional documents.

(4) Pursuant to the application submitted and the documents attached, the body under Paragraph 1, Sections 1 - 3 shall perform social assessment of the necessity for social services of the person, which shall be reflected in a report featuring a proposal.

Article 40a. (New one - State Gazette, issue 40 from the year 2003) (1) The accommodation in specialized institutions and rendering of social services in the community in the cases when they are state activities, shall be done by decree of the head of the "Social Assistance" department, issued pursuant to the report under Article 40, Paragraph 4.

(2) The accommodation in specialized institutions and rendering of social services in the community in the cases when they are municipal activities, shall be done by decree of the mayor of the respective municipality or of an employee authorized by him.

(3) The accommodation in specialized institutions and rendering of social services in the community to children under the age of 18 shall be done under the procedure of the Child Protection Act.

Article 40b. (New one - State Gazette, issue 40 from the year 2003) The refusal of the bodies under Article 40a for accommodation in a specialized institution or for rendering of social services in the community shall be appealed under the procedure of the Administrative Procedure Act.

Article 40c. (New one - State Gazette, issue 40 from the year 2003) The provider of social services shall be obliged to present to the potential inmates a draft agreement for rendering of social services and information in writing about:

1. description of the social services rendered;
2. the experience of the provider in rendering of social services and the qualification of the personnel;
3. the conditions and rules for benefiting from the services;
4. the procedure for submitting complaints.

Article 40d. (New one - State Gazette, issue 40 from the year 2003) (1) The providers of social services in specialized institutions and the providers of long-term social services rendered in the community shall elaborate an individual plan after assessing the necessities of each inmate and formulating the objectives to be attained.

(2) The plan under Paragraph 1 shall include all activities related to satisfying:

1. daily necessities;
2. medical necessities;
3. educational necessities;
4. rehabilitation necessities;
5. leisure-time necessities;
6. necessity for contact with the family, friends, relatives and other persons.

(3) In the individual plan of the beneficiary of social services in the specialized institutions shall be included measures for bringing out of them and for social involvement.

(4) In case of necessity for satisfaction of the medical necessities of the inmates of social services, a plan for medical care rendered by a person having appropriate medical education shall be prepared in writing, comprising of:

1. medical history;
2. necessary preventive measures;
3. presence of allergies;
4. necessary dental care;
5. necessary treatment or rehabilitation programs;
6. immunization and monitoring;
7. nutrition and diets;
8. rehabilitation;
9. personal hygiene.

(5) The providers of social services shall assess the implementation of the plan under Paragraph 1 once every 6 months and update it when necessary.

Article 40e. (New one - State Gazette, issue 40 from the year 2003) (1) The provider of social services in the specialized institutions shall keep a register of the inmates.

(2) The register kept shall include information about:

1. the name, permanent and/or present address, date of birth and family status of the inmates;
2. the act for accommodation of the persons in the specialized institution;
3. the name, permanent and/or present address and telephone number of a guardian, trustee or close relative of the inmates;
4. the name, address and telephone number of the general practitioner of the inmates;
5. date of accommodation;
6. date of leave;
7. the date, time and cause of death in the cases when the inmate has died in the specialized institution.

(3) The provider shall keep a register enumerated, strung through and sealed with the seal of the specialized institution, which shall include:

1. inventory of the funds and valuables submitted for safekeeping by the inmates;
2. the date on which the money or valuables have been deposited;
3. the date on which a specific amount of money or the valuables were given back to the inmates or were used on their behalf, by their request, as well as the reason for which they were used;
4. the name and position of the person responsible for the safekeeping of the funds and the other valuables.

(4) The inmates submitting funds and other valuables for safekeeping shall sign a hand-over and acceptance protocol, a copy of which shall be given to them.

Article 40f. (New one - State Gazette, issue 40 from the year 2003) The social services rendered in specialized institutions as well as the services under Article 36, Paragraph 2, Sections 5 – 10, shall comply with the following standards and criteria for location and equipment:

1. accessibility, well kept living surroundings and environment;
2. enough bedroom premises, social contacts premises, refectory premises, sanitary premises and other easily accessible premises;
3. available equipment for communication, of appropriate indicative signs for the inmates with hearing, visual and other physical disorders, as well as of calling systems installed, having an easy-to-access alarm button, in all places where necessary;
4. a bedroom premise available to every inmate, furnished and equipped in an appropriate manner in accordance with the determined necessities of the person and his/her personal choice;
5. available heating, light, water supply and ventilation of the premises in accordance with the sanitary norms and safety requirements;
6. adherence to the sanitary and hygienic norms for infection dissemination control in accordance with the effective legislation.

Article 41. (As amended - State Gazette, issue 97 from the year 2001, issue 40 from the year 2003) (1) The social services rendered in the specialized institutions and in the community shall satisfy the following nutrition standards and criteria:

1. proper dietary regimen in accordance with the Public Health Care Act and the normative acts regarding its implementation;
2. quality, healthy and nutritive food provided, the nutrition necessities and personal choice of the inmates taken into account and in compliance with the requirements of the Public Health Care Act and the normative acts regarding its implementation;



3. compliance of the premises in which food products are stored with the requirements specified by the specialized control bodies.

(2) The social services rendered in the specialized institutions and in the community shall satisfy the following health care standards and criteria:

1. providing assistance in gaining access to medical and dental care, as well as other types of health care;

2. providing assistance in obtaining the prescribed medicines;

3. determining an employee having appropriate training, who is to be responsible for the meeting of the health care criteria and standards.

(3) The social services rendered in the specialized institutions and in the community shall meet the following educational services and information standards and criteria:

1. providing assistance in participation in an educational program in accordance with the age and the personal choice of the inmates;

2. providing access to information.

(4) The social services rendered in the specialized institutions and in the community shall satisfy the following leisure-time and personal contacts organization standards and criteria:

1. provided opportunity of the persons benefiting from social services to independently organize their leisure time;

2. provided opportunity of the persons benefiting from social services to establish personal contacts with their family, friends and other persons;

3. planning of cultural, sports and other types of activities and encouraging the persons benefiting from social services to participate in them;

4. organizing cultural activities and trips.

(5) The social services rendered in the specialized institutions and in the community shall satisfy the following attending personnel standards and criteria:

1. compliance of the number, experience and qualification of the personnel with the type of service rendered;

2. regular assessment of the execution of the tasks by the personnel;

3. providing opportunities for extending the qualifications of the personnel regarding the specifics of the work with the different groups of persons benefiting from the social services.

#### Chapter Four

### **CONDITIONS AND PROCEDURES FOR REGISTRATION OF PERSONS RENDERING SOCIAL SERVICES**

(Title as amended - State Gazette, issue 40 from the year 2003)

#### **SOCIAL SERVICES**

Article 42. (As amended - State Gazette, issue 40 from the year 2003) In the Social Assistance Agency a register is kept of the physical persons registered under the Commerce Act and of the legal persons who may render social services.

Article 43. (As amended - State Gazette, issue 40 from the year 2003) (1) In order to be entered in the register, the persons under Article 42 shall submit to the executive director of the Social Assistance Agency an application in accordance with the form in Supplement No. 5, to which the following certified transcripts shall be attached:

1. the initial court registration order;

2. the certificate of actual standing, issued by the competent court;

3. card for identification under the BULSTAT register;

4. tax registration certificate.

(2) The persons under Article 42 who will render social services to children under the age of 18 shall in addition attach to the application for entering in the register a certified transcript of the license thereof.

(3) In the register the following circumstances shall be entered:

1. information about the person – number and batch of the court registration, number of the company file, name, seat, unified identification code under the BULSTAT register, number under the National Tax Register, type of the person;
2. information about the representative of the person regarding the court registration – name, personal ID number, permanent and/or present address;
3. types of social services to be rendered, as well as number of the license in the cases when the services will be rendered to children;
4. information about violations committed regarding social services rendering;
5. the date of deletion of the registration and the grounds thereon;
6. changes in the circumstances under Sections 1 – 3;
7. notes related to the circumstances entered.

Article 44. (As amended - State Gazette, issue 40 from the year 2003) (1) The executive director of the Social Assistance Agency or the employee authorized by him shall, within 7 days after the date the application is submitted, issue a certificate of registration in accordance with Supplement No. 6 or make a motivated refusal of registration, notifying the person in writing.

(2) Upon establishment of omissions in the presented documents the person shall be given 7 days to eliminate them.

(3) The refusal under Paragraph 1 shall be subject to appeal under the procedure of the Administrative Procedure Act.

Article 45. (As amended - State Gazette, issue 40 from the year 2003) The registered persons shall be obliged to notify in writing the Social Assistance Agency about all changes in the circumstances entered in the register within 7 days after their occurrence.

Article 46. (As amended - State Gazette, issue 40 from the year 2003) (1) The registration shall be deleted:

1. by request of the registered person;
2. upon termination of the legal person and upon deletion from the commercial register of the physical person registered under the Commerce Act;
3. upon non-compliance with the determined criteria and standards for rendering social services – by suggestion of the competent body after an examination performed by it;
4. upon non-fulfillment of the rendering of social services activity by the registered person for a period of one year;
5. upon non-fulfillment of the requirement under Article 47 for a period of one year;
6. upon deprivation or expiration of the license for rendering of social services to children under the age of 18.

(2) The deletion of the registration shall be done by decree of the executive director of the Social Assistance Agency.

(3) The decree shall be subject to appeal under the procedure of the Administrative Procedure Act.

(4) The appeal of the decree under Paragraph 2 shall not stop its implementation.

Article 47. (As amended - State Gazette, issue 40 from the year 2003) the registered persons shall present in the Social Assistance Agency a report on their activity related to rendering of social services before May 31<sup>st</sup> every year.

Article 48. (Revoked - State Gazette, issue 40 from the year 2003).

Article 49. (Revoked - State Gazette, issue 40 from the year 2003).

Article 50. (Revoked - State Gazette, issue 40 from the year 2003).

Article 51. (Revoked - State Gazette, issue 40 from the year 2003).

## Chapter Five

### **PUBLIC CONTROL OF THE SOCIAL ASSISTANCE SYSTEM**

Article 52. (1) (As amended - State Gazette, issue 40 from the year 2003). In order to exercise public control related to rendering of social services activities a public council with the following functions shall be convened:

1. assistance in exercising the social assistance policy in the municipality;
2. discussion of regional strategies, programs and projects related to social assistance;
3. assistance in coordinating the rendering of social services activity of the physical persons registered under the Commerce Act and of the legal persons;
4. exercising control over the quality of the social services in accordance with the approved criteria and standards;
5. giving an opinion on opening up or closing down of specialized institutions for social services on the territory of the municipality.

(2) (Revoked - State Gazette, issue 40 from the year 2003).

(3) (As amended - State Gazette, issue 97 from the year 2001, issue 40 from the year 2003) The public council shall be comprised of no less than three but not more than nine persons and its members shall be representatives of institutions, physical persons registered under the Commerce Act, and legal persons who are related to the social assistance activities.

(4) (New one - State Gazette, issue 40 from the year 2003) The members of the public council shall be obliged to comply with the normative requirements for protection of information for the persons and families benefiting from the social assistance rendered, which they have acquired during the course of performance of their activity.

Article 53. The public councils shall have the right to require and obtain information from the "Social Assistance" departments about the social assistance activity.

Article 54. (As supplemented - State Gazette, issue 97 from the year 2001, as amended, issue 40 from the year 2003) Upon determining omissions and upon reporting violations related to performing the social assistance activities, the public councils shall notify in writing the chairman of the municipal council and the inspector with the executive director of the Social Assistance Agency.

Article 54a. (New one - State Gazette, issue 40 from the year 2003) (1) In order to protect the interests of the persons benefiting from the social services rendered and to exercise public control, councils of the persons benefiting from the social services, of their guardians and trustees may be convened.

(2) The councils under Paragraph 1 shall have consultative functions when performing the social services rendering activities and shall monitor their quality.

(3) In case of established violations, the councils under Paragraph 1 shall notify in writing the inspector with the executive director of the Social Assistance Agency.

#### **ADDITIONAL PROVISION**

§ 1. (1) (Previous text of § 1 - State Gazette, issue 97 from the year 2001) In the sense of the regulations:

1. (Revoked - State Gazette, issue 40 from the year 2003).
2. "The family" shall include the spouses and the minor children (born, fathered, adopted, stepchildren, except for the ones who have contracted civil marriage).
3. "Single parent" shall mean a person who takes care by himself/herself of children under the age of 18 because of widowhood, divorce or non-contracted civil marriage.
4. "Orphan child" shall mean a minor child with one or both dead parents.
5. "Having many children" shall mean the mothers who have given birth to (adopted) and raised 3 or more children over the age of one.
6. "Unemployed" shall mean all persons of employment age physically and mentally fit for working who are registered in the "Unemployment Service" directorate and actively looking for a job.

7. "Belongings of ordinary use" shall mean agricultural land, small farm equipment, chattels, craft instruments and farm animals in cases when the income derived from them is used for satisfying the daily necessities of the persons and families.

"Non-governmental organizations" shall mean public, religious, political and trade-union organizations, associations and foundations.

"Income" for granting of social aid under the procedure of this Regulation shall mean any income, originating from:

- labor activity;
- activities in the field of agriculture, forestry and water utilization;
- sale and/or exchange of movable and immovable property;
- sale of shares, capital stock and other interest in commercial companies and other forms of joint activities;
- lease-in, annuity and lease-out;
- royalties and license earnings;
- dividends and share interest earnings;
- awards and prizes from sport competitions;
- compensations and aids;
- pensions;
- scholarships;
- monthly allowances for children;
- adjudged alimony;
- others.

10. (As supplemented - State Gazette, issue 97 from the year 2001) At the determination of the amount of the social aid as income shall not be deemed:

- aid, granted under the procedure of this Regulation;
- (as amended - State Gazette, issue 97 from the year 2001) allowance for assistance of disabled persons with decreased working capacity over 90% with determined amount for assistance;
- (as supplemented - State Gazette, issue 46 from the year 2002) the one-time aid at birth under Article 1 of the Decree for Encouraging of Births up to 31 March 2002 inclusive and under Article 6 of the Law on Family Allowances for Children;
- humanitarian aids;
- one-time compensations to pensions or extraordinary pensions;
- addition to the pensions of veterans, volunteers and affected persons, taken part in WWII, and injured persons during participation in military missions of the United Nations Organization;
- additional monthly compensation to the pensions of persons reached 75 or 80 years of age;
- aid, determined by deed of the Council of Ministers;
- (as amended - State Gazette, issue 118 from the year 2002) income, derived as result of cultivation of agricultural land from the National Land Fund and the Municipal Land Fund within a period of one year after its granting;
- (new one - State Gazette, issue 98 from the year 2000, revoked, issue 118 from the year 2002);
- (new one - State Gazette, issue 40 from the year 2003) labor remuneration, received in the last month of participation in the National Program "From social aids towards ensuring of employment";
- (new one - State Gazette, issue 40 from the year 2003) scholarships, received under the National Program "From social aids towards ensuring of employment".

11. (New one - State Gazette, issue 97 from the year 2001) "Special Schools" are the schools under Article 68 - 73 of the Rules on Implementing the Public Education Act from

the year 1999 (prom., State Gazette, issue 68 from the year 1999; as amended and as supplemented, issue 19 from the year 2000 and issue 53 from the year 2001).

12. (New one - State Gazette, issue 97 from the year 2001) "Unemployable age" shall mean the age under 16 years and such above the age, determined in the Mandatory Social Security Code, for acquiring right of pension for length of service and old age.

13. (New one - State Gazette, issue 97 from the year 2001) "Child with permanent disability" shall mean a child under 16 years of age with 50% and above 50% permanently restricted possibility for social adaptation or a child between 16 and 18 years of age with 50% and above 50% decreased working capacity.

(2) (New one - State Gazette, issue 97 from the year 2001) The persons living as cohabitants shall be supported socially as a family.

14. (New one - State Gazette, issue 40 from the year 2003) "Employment programs" shall mean such programs, which are implemented under terms and procedure of Article 31 of the Encouraging of Employment Act.

15. (New one - State Gazette, issue 40 from the year 2003) "Providers of social services" are the state and municipalities as well as the physical persons entered in the Register of the Social Assistance Agency, registered under the Commerce Act, and legal persons.

16. (New one - State Gazette, issue 40 from the year 2003) "Users of social services" are the persons and families, who use social services in the community and in the specialized institutions.

17. (New one - State Gazette, issue 40 from the year 2003) "Personal assistant" is a person, rendering permanent care services to a child or adult person with permanent disability, or to a seriously ill person, for purposes of satisfying their normal daily requirements.

18. (New one - State Gazette, issue 40 from the year 2003) "Social assistant" is a person, rendering a set of services, aiming social work and consultation to users and involving satisfying their needs, ranging from leisure time organization up to establishment of social contacts.

19. (New one - State Gazette, issue 40 from the year 2003) "Housekeeper" is a person, rendering services at home, aiming the maintenance of hygiene of the occupied residence, shopping and preparation of meals, laundry and other public utility activities.

20. (New one - State Gazette, issue 40 from the year 2003) "Home social patronage" is a set of social services, rendered to home, related to delivery of meals; maintenance of personal hygiene and such of the housing facilities, occupied by the user; assistance for supply with necessary technical aids for users with disability; public utility services, etc.

21. (New one - State Gazette, issue 40 from the year 2003) "Day center" shall mean a set of social services, which offer possibilities for close circle servicing of users during the day, related to delivery of meals, meeting of daily, health, educational and rehabilitation needs, as well as their needs for leisure time organization and social contacts establishment.

22. (New one - State Gazette, issue 40 from the year 2003) "Center for social rehabilitation and integration" shall mean a set of social services, related to performance of rehabilitation procedures, social and legal consultations, educational and professional training and orientation, elaboration and implementation of individual programs for social adaptation.

23. (New one - State Gazette, issue 40 from the year 2003) "Center for temporary accommodation" shall mean a set of social services, rendered to homeless persons, aiming satisfying of their daily needs, for a period not exceeding 3 months.

24. (New one - State Gazette, issue 40 from the year 2003) "Foster care" shall mean the raising up and upbringing of a child in a family environment, who is placed there under the procedure of the Protection of Child in a Family Act or under a specific Contract at a separate person.

25. (New one - State Gazette, issue 40 from the year 2003) "Crisis center" shall mean a set of social services, rendered to persons, victims of violence or human trafficking, and aiming the covering of their daily needs and elaboration of individual programs for social integration.

26. (New one - State Gazette, issue 40 from the year 2003) "Center for family-type accommodation " shall mean a set of social services, rendered in a environment, close to a family one, for restricted number of children – not exceeding 15.

27. (New one - State Gazette, issue 40 from the year 2003) "Protected residence" shall mean forms of social services, where the persons lead independent life, assisted by professionals.

28. (New one - State Gazette, issue 40 from the year 2003) "Public refectories" shall mean social services, aiming the satisfying of needs for food of persons, not able to ensure it alone.

29. (New one - State Gazette, issue 40 from the year 2003) "Long-term services" are the services, rendered for a period exceeding 3 months.

30. (New one - State Gazette, issue 40 from the year 2003) "Short-term services" are the services, rendered for a period up to 3 months.

## TRANSITIONAL AND FINAL PROVISIONS

§ 2. (As amended - State Gazette, issue 97 from the year 2001) Invalids with permanent disability, whose decreased working capacity is determined after reaching of age for eligibility of pension for length of service and old age or the reached it within the term of the decree of the Expert Medical Labor Check-Up Committee (National Expert Medical Labor Check-Up Committee), shall exercise their rights under the Regulations for life, notwithstanding with the term defined in the expert decision

§ 3. Monthly target aids for heating for 1998 under applications, filed within a one-month period since the promulgation of the Regulation in "State Gazette", shall be granted effective since 1 November 1998.

§ 4. (New one - State Gazette, issue 97 from the year 2001) For Bulgarian citizens above 70 years of age who have not replaced their personal ID documents, the address registration shall be deemed as permanent address.

§ 5. (Former § 4 - State Gazette, issue 97 from the year 2001) The Regulation is adopted pursuant to § 3 of the Final provisions of the Social Assistance Act.

§ 6. (New one - State Gazette, issue 98 from the year 2000, former § 5, issue 97 from the year 2001) The implementation of the Regulation shall be assign to the Minister of Labor and Social Welfare.

## [ANNEX 6 Reference list of relevant strategic plans and studies](#)

### **Annex 6.1**

#### **GOVERNMENTAL PROGRAM 2001-2005**

##### **Social Assistance and Social services**

###### *Objectives*

- Stimulating of the alternative forms of social care – from care in the institutions towards community-based and non-institutional care;
- Improvement of the quality of life and social integration;
- Preparing people with disabilities for independent way of life and respectively their inclusion in the society;

Provision of equal opportunities for people with disabilities in their inclusion in the economic and social processes and ensuring of their individual choice;  
Improvement of the child welfare through development of alternative services for child protection and provision of support to their families;  
Elaboration of mechanism for delivering of social services through active involvement of NGOs;  
Increasing of the competitiveness of the supplied social services;  
Prevention against social isolation and discrimination of the disadvantaged groups;  
Improvement of the social infrastructure in order to meet the required quality of the supplied social services;  
Establishment of Day Care Centers, Rehabilitation Centers, Consulting Centers substituting the current institutions;  
Equal spatial and profile distribution of the different social centers.

### **Long-run measures**

- Implementation of the National strategy for equal chances for the people with disabilities
- Establishment of Day Care Centers in one third of municipalities
- Decreasing number of people in institutions
- Implementation of the Municipal strategies for development of services for children and their families;
- Implementation of the adopted program for improvement of the existing social infrastructure

### **Health for everybody**

#### **Improvement of the mental health of the people**

##### Objectives

- Introduction of modern principles of prevention and medical treatment of the mental diseases;
- Humanization and sociologization of the psychiatry

### **Long-run measures**

Establishment of 10 modern centers such as Day hospitals for servicing people with chronic mental disabilities and reactive mental disorders.

## **Annex 6.2**

### **National Mental Health Programme 2001-2005 Executive Summary**

*“Translation of the civil society values in the language of mental health practices and culture of health care services, defines mental health reforms as a priority number one of current health policy. This means that efforts should be focused upon **structural changes**, changes in **leadership and management of services** as well as at **training of personnel** to*

*function in a new organisational setting and from the perspective of new professional roles.”*

National Programme for the Mental Health of the Citizens  
of the Republic of Bulgaria

## **I. Introduction**

Health care reforms in Bulgaria are targeted at the improvement of the health status of the population through optimising the forms of property, the structure, the management and the funding of the national health care system. Such a transformation would imply a radical change in the philosophy and policy of health care, shifting the priority of funding to cost-effective structures and medical technologies.

Reforms will impose an economic expediency of service organisation and will reduce the social burden of mental illness.

## **II. Outline of the current situation of the mental health care in Bulgaria**

### **1. Structures available.**

In 2000 psychiatric services in Bulgaria are offered in 11 specialized hospitals with 3075 beds, 12 dispensary wards with 593 beds and 9 psychiatric clinics with 896 beds.

Distribution of hospital beds in the different regions is uneven and specialized services for children and adolescents are largely lacking.

### **1. Organization of psychiatric services.**

Differentiation of psychiatric beds in terms of equipment with nursing care practically does not exist in Bulgaria. 20-30% of the hospital beds actually function as nursing homes without stating so and without offering the proper psychosocial rehabilitation services, needed in cases of severe psychosocial dysfunction.

### **2. Cost-effectiveness of mental health care.**

At present costs of psychiatric services are calculated on the basis of visible resources. These are unevenly distributed among the different services without proper reasoning for this uneven distribution.

### **3. Human resources in the psychiatric system.**

The basic professions involved in mental health service provision at present are psychiatry and general nursing. Professions such as clinical psychology, clinical social work, psychiatric nursing, and psychotherapy are represented in a disproportional manner or are not included at all.

### **4. Training.**

5 university departments of psychiatry in the country offer training. Curricula for training and post-graduate specialization are not standardized, each of the training institutions offering skills and knowledge upon their decision. Practical skills are not considered a priority, except for a few of the programmes. No specialized training in psychiatric nursing is available.

## **III. Basic disadvantages of mental health services**



### **1. Disadvantages of the institutional model of service provision.**

Institutional psychiatry is grounded on negative public attitudes towards psychiatric illness as a condition, which is dangerous for the others. Rather than providing treatment, institutional psychiatry exerts control through exclusion and deprives patients of their human rights. On top of this it is too expensive compared to the economical conditions of the country.

### **2. Disadvantages in public attitudes.**

**Stigma is the prevailing public attitude towards mental illness, and it has an economic and a legal impact on patients and their families, raising highly the family burden of disease.**

### **3. Disadvantages of service organization.**

- Psychiatric treatment does not allow for care programmes, tailored to the **individual needs**.
- The success of service provision depends on the capacity of patients to **organize** the services for him/herself, which is often damaged.
- **Hospital care** fosters dependency.
- **Nomenclature of services** offered and clearly announced service profiles are not available in the separate services.
- **Regional needs** are not taken into account in service development.
- There is no system, which evaluates the **cost effectiveness** of services put in place.
- The prevailing **medical model** for handling psychiatric illness is largely helpless with most of the problems posed by patients and their families.

## **IV. Basic principles of the programme and strategy for their implementation.**

1. Care provision at the patient's home.
2. Viewing services in their interrelation.
3. Interrelation between the separate structures and development of algorithms.
4. Co-ordination with other programmes.
5. Development of regional mental health programmes.
6. Public health approach.
7. Care provision tailored to the nature of the problems and the ensuing needs.
8. Community services.
9. Implementation of the low package presenting the legal framework for the reforms.
10. Introducing modern medical technologies.
11. Psychosocial rehabilitation.
12. Observance of the human rights of the patients and participation of psychiatric patients in service management.

## **V. Aims of the mental health reforms programme**

- To reduce the incidence and prevalence of psychiatric diseases;
- To reduce the mortality related to psychiatric diseases;
- To reduce the other unfavorable consequences of the psychiatric disorders: poor somatic health, disturbed psychosocial functioning, low social status, family burden;

- To improve the quality of psychiatric services and interventions and develop mechanisms for the control and monitoring of the diagnostic and treatment process;
- To change the negative perception of the victims of mental illness on the part of the community and to improve their quality of life;
- To integrate to a maximum degree the process of psychiatric care provision into the overall system of health care in the country;
- To study the causes, consequences and care, related to particular psychiatric disorders;
- To reduce the percentage of re-hospitalized patients with 1/3 within the frame of the programme implementation period;
- To increase the capacity to identify mental health needs with 50%.

## **VI. Tasks**

1. To evaluate the existing mental health activities on the territory of the country.
2. To reveal the population's mental health care needs.
3. To develop programmes for prevention and early interventions in cases of prodromes of psychosis.
4. To introduce programmes for case management and psychosocial interventions in the community.
5. To put in place the organizational basis, the procedures and the regulations for modern psychiatric service provision.
6. To provide the conditions needed to integrate psychiatric service provision into the in-patient and outpatient health care services, through integrating a number of psychiatric services into the package of the primary care physicians in the ambulatory services.
7. To develop a plan for fostering favourable conditions for setting up specialized psychiatric practices within an easy reach of the population.
8. To develop a plan for setting up day care centers in the specialized group psychiatric practices, the medical, the diagnostic-consultative centers and the dispensary wards, for people with social dysfunction.
9. To open psychiatric wards in the general hospitals.
10. To evaluate, reformulate and develop the profiles of the specialized psychiatric hospitals and to develop a plan how to close down those among them, which have no future.
11. To plan and conduct training with primary care doctors, including specific components, which would raise their sensitivity to mental health problems.
12. To develop and introduce standards of care for the mentally ill patients in the outpatient primary and specialized care. To develop the patient's pathways to care in the outpatient and inpatient services and to develop new pathways to care, as well as follow-up for the referred cases.
13. To develop and introduce standards for inpatient care.
14. To develop and introduce a new concept for filing and information exchange related to incidence.
15. To work out regional programmes for the development of outpatient psychiatric services, based on evidence about their current state, the catchment area served and on surveys of the general population in a particular area.
16. To develop a structure for the provision of housing for the psychiatric patients in the community – hospices and nursing homes, which meet the needs of different intensity of care for the people with psychosocial dysfunction.

17. To develop a register of the individuals with psychiatric illness.
18. To develop and implement a normative basis for the rights of the psychiatric patients, as a part of a future chart for the rights of the patient.

## **VII. Stages of the implementation of the reforms**

### 1. Initial (preparatory) stage

*Section 1: Regulations for the regional activities under the reform programme*

*Section 2: Psychiatric service provision*

*Section 3: General practice*

*Section 4: Social welfare*

*Section 5: Suicide prevention*

*Section 6: Substance abuse and dependence*

*Section 7: Training of personnel*

*Section 8: International collaboration*

*Section 9: Continuing education and good practice standards*

*Section 10: Legislation*

*Section 11: Work with the mass media*

### 2. Implementation of the regional plans: 2001-2005

## **VIII. Executors**

1. The particular executors of the preparatory stage, as well as the clinical bases, which will implement the separate sections will be appointed by the Minister of health upon the suggestion of the Executive council.
2. The executors of the regional plans are as follows:
  - Medical doctors, with a recognized specialization in psychiatry;
  - Nurses;
  - General practitioners;
  - Clinical psychologists;
  - Social workers;
  - Professionals in health management;
  - University departments of psychiatry;
  - University departments of general medicine.

## **IX. Monitoring and verification of the programme implementation**

### **Indicators concerning the resources (“input” indicators)**

- Recruitment of funding for the programme implementation, additional to the one allocated by the Programme budget.
- Raising the competencies needed for the implementation of the priority areas of the Programme.
- Expanding the capacity for providing psychosocial rehabilitation, treatment of dementia, child psychiatric services, etc.
- Involvement of general practitioners,, social workers and psychologists in the process of care provision for psychiatric patients.
- The volume of health information available on issues concerning mental health.

Indicators concerning the activities (“process” indicators)

- **Frequency of inpatient and outpatient episodes of the illness (including an analysis of their characteristics).**
- **Service utilization.**
- **Service cost-effectiveness.**

Indicators concerning the results (“outcome” indicators)

- **Death rate.**
- **Suicide rates.**
- **Incidence.**
- **Homelessness.**
- **Unemployment.**
- **Quality of life, etc.**

Characteristics of the reformed psychiatric system

1. Psychiatric beds will come closer to the patient’s place of residence.
2. Catchment areas will encompass territories with population of about 150 000 people and will provide a full range of services – inpatient, outpatient and rehabilitative.
3. The average number of psychiatric beds in a particular catchment area will be between 50 and 75.
4. The intensity of psychiatric nursing care will fit the service profile.
5. The relationship of the patient with his individual psychiatrist will be maintained by means of therapeutic sessions, six months after putting the symptoms under control.
6. Channeling referrals through the intake (ambulatory) offices will be replaced by direct access to the individual psychiatrist in cases, where the course of illness requires intensive management.
7. A network of different services will be set up, with specialists blending their contributions to one and the same case in a multidisciplinary team.
8. Ongoing evaluation of the quality and effectiveness of psychiatric services will be started, based on evidence for the results (“outcome” or “final product”) of the mental health system.
9. A reduction of hospital beds will take place with parallel introduction of specific units, offering psychiatric rehabilitation in the community.
10. The burden of care for the psychiatric patients with severe psychosocial dysfunction will be distributed among different partners in the services and in the community.
11. The distribution of psychiatrists will be optimized to fit the number of population served.
12. The number of social workers and clinical psychologists, directly involved in the care for the population, will be increased.
13. Training programmes for psychiatric nurses will be introduced.
14. The average length of hospital stay of patients will be reduced.

15. The health map of psychiatric services will be further elaborated to fit the local needs.

## **X. Managerial bodies for the Programme**

To provide for the successful implementation of the reform, the development of a broad social basis is needed both at the national and at the regional levels.

The managerial bodies responsible for the Programme implementation are composed in a way, which fits this understanding.

1. **National consultative council for mental health reforms.** This body is appointed with an official order signed by the Minister of health and is composed by representatives of 13 governmental and non-governmental institutions and organizations.
2. **Executive administrative body.** The National centre for public health will provide for the administrative back-up of the Programme.
3. **Health care councils and regional health care centers.** The health care councils will provide for the Programme implementation on the regional level. Their composition will recruit representatives of all stakeholders on the regional level: health care sectors, education, social welfare services, hospitals, local professional bodies and patients' organisations.

## **XI. Funding**

Part of the funding will be provided from the central budget. Additional resources will be sought from external funding organizations, i.e. foundations, World Bank, Council of Europe, etc.

## **XII. Period of implementation**

The programme implementation period starts from the date of its endorsement by the Council of ministers and the appointment of the National consultative council for mental health reforms, and ends in the end of 2005.

## Annex 6.3

### MENTAL HEALTH POLICY (MHP) OF THE REPUBLIC OF BULGARIA (2004 – 2012)

Priority of the health policy described below is the introduction of civil society values into the language of mental health practice and service culture. This means that efforts should be directed towards achievement of change in structure, governance and management as well as on the training of personnel who would be able to work under new organizational conditions and adopting new professional roles.

#### 1. Introduction

Health reform in Bulgaria aims at improving health status of the Bulgarian citizens through development of modern institutions for delivery of medical services, their funding, and quality assurance. Substantial part of this reform is the reform in the field of mental health that is carried out in accordance with the National Mental Health Policy. Subject of the NMHP are those individuals who are severely socially disabled due to their mental-ill health.

#### 2. Evaluation of the current status of the system for provision of mental health services to the citizens of Bulgaria.

Psychiatric health care in Bulgaria is provided through traditional institutional model that includes big hospitals and dispensaries and also a small number of outpatient services (individual or group psychiatric practices).

Territorial distribution of these structures is uneven without taking into consideration migration processes that took place during last decade and changed socio-political conditions. Most of the hospitals are isolated places build according to the principle for isolation characteristic for the midst of the last century. Placement of these buildings outside living areas is not in line with the territorial division of the country and do not follow naturally emerged areas for health care services. As a result, patients who are treated and placed in these institutions very often are far way from their homes, which disrupts their connections with families and undermines their resocialization. Hospitals serve several geographical regions, which makes their effective management and funding difficult.

The nature of mental illness suggests much more prominent social dysfunction than other medical conditions. On the other hand psychiatric care in Bulgaria is based predominantly on the biological understanding of mental illnesses. This leads to the dominance of medical interventions and lack of psychosocial rehabilitation. There is no concept as to how to incorporate the contribution of non-medical professionals into the treatment process.

The management of the system is not based on health-economical analyses and that makes it unviable in the market conditions. Psychiatric services offered are not grounded on the needs assessment of the population and there is no system for efficacy assessment.

#### 3. Strategic goals of MHP

The main goal of MHP is to **preserve and improve** mental health of the population and also to bring mental health out from professional, organizational, and political isolation and to integrate it into the public health care system. In order to achieve this it is necessary to

develop multifunctional and community based mental health care services. The introduction of **public health approach** should provide for the integration of these services into the network of health services and for inter-sectional coordination with other sectors, i.e. social care, education, employment etc. This goal could be achieved through active involvement of local authorities into the process of service planning, funding and management.

Provision of mental health services is based on **patients' rights** observation, on the needs assessment and on making provisions for the freedom of choice.

A principle of evidence-based services would be introduced. Evidences would be collected through **systematic research**.

Future system of mental health care should be **adequately financed** and economically effective. Quality of services would be assured through introduction of **continuous monitoring** and feedback based on nationally adopted quality standards and good clinical practice standards.

There should be **changes in legislation** in order to achieve these strategic goals.

#### **4. Mental health policy principles**

##### **Community services. De-institutionalization.**

New health technologies give opportunities to provide services for severely mentally ill in the community allowing maximum participation of the patients in the natural human societies without isolating them. This would be achieved through opening of day care centers for psychosocial rehabilitation, sheltered homes, and acute psychiatric wards in the general hospitals.

###### 1.1.1.1. Human rights

The observation of human rights of mental health care consumers is a basic principle of the mental health policy. This would be achieved by keeping the balance between human rights observation and protection of the societal interests.

###### 1.1.1.2. Quality of services

Quality of services is guaranteed by development of rules, clinical recommendations, procedures and assessment criteria that constitute algorithms for mental health services. All this is necessary in order to provide continuity and complexity of mental health care.

##### **Integration of users in the process of treatment and rehabilitation. Generation of informal users' groups**

The integration of users could be achieved through creation of possibilities for their active participation in the service planning, carrying out of preventive and rehabilitative activities as well as in their own treatment plan. Patients' participation in the management of services should be encouraged and initiatives for formation of informal groups of users and other involved in the process of treatment and care individuals should be supported.

###### 1.1.1.3. Integral approach

It is necessary to redefine the package of services practiced by the primary care doctors and to introduce to this package a set of mental health services taking into consideration the level of their training and abilities for preventive and promotive activities. There must be fair attitude toward mentally ill patients paying attention to their relatively higher needs for care in comparison to other patients.

Psychiatric services would be provided in a **complex** way and mental illness would be regarded as a problem both for the individual and for the community he/she lives in. For this purpose general and specialized medical recourses would be mobilized as well as social and human recourses in the communities. Mental health care teams would be developed through involvement of non-medical and paramedical specialists.

#### 1.1.1.4. Evidence-based policy

Mental health care facilities distribution in the community would be based on **systemic research** of mental health status of the population.

Mental health system profile would be defined on the basis of identified **needs** of mentally ill. They will have the freedom to choose among different services.

A practice for practicing activities *per se* would be ceased. Service provision would be tied down with the **outcome assessment** and data collection.

#### 1.1.1.5. Prevention and promotion

Promotive activities would become a substantial part of the process of treatment and rehabilitation. They would concern not only groups in need of mental health services but also society in general. High prevalence and disability, premature mortality, and years lived with disability of mentally ill would be reduced by development and implementation of programs and services for early detection and intervention not only in cases with severe mental illness but also in cases with common mental disorders.

#### 1.1.1.6. Stigma and discrimination due to mental illness

Psychiatric stigma in Bulgaria is strong, unrealized, and has economical impact. Mentally ill are socially discriminated. It is believed that mentally ill they are guilty for their doom and they should not expect society to share burden of disease with them.

### 5. Tasks of mental health policy

#### 1.1.1.7. Long-term tasks

- To engage politicians in the country with mental health problems and to convince society in the need for change.
- To ensure adequate funds for carrying out the reform
- To integrate efforts of different institutions and agencies and to subject them to the above mentioned principles for mental health care.
- To guarantee sustainability of newly adopted mental health services model through changes in legislation.
- To involve specialists from different fields in the process of reform.
- To ensure sustainable management of the reform by introduction of inter-sectional cooperation on all levels.



- To elaborate long-term system for human recourse planning, training, and education in the field of mental health

#### 1.1.1.8. Short term tasks

- To elaborate action plan based on the priorities already declared
- To assess already existing activities in the field of mental health in the country
- To assess population needs for mental health care.
- To develop programs for prevention and early intervention in prodromes of psychosis.
- To introduce case management programs and programs for psychosocial interventions in the community.
- To develop organizational basis, procedures and legal provisions for provision of modern mental health care.
- To provide conditions needed for integration of mental health care services with hospital and outpatient health services through integration of a defined number of psychiatric services in the package for general practitioners and ambulatory services.
- To elaborate plan for encouragement of favourable conditions for community psychiatric services.
- To elaborate plan for development of day care centers in the frames of specialized group psychiatric practices, medical and diagnostic-consultative centers and dispensary wards for people with social dysfunction.
- To set up psychiatric wards in general hospitals
- To assess, reformulate, and develop profiles of specialized psychiatric hospitals and to make a plan for closing down of those, which are non perspectiveless.
- To plan and govern general practitioners education and to include in it specific components for making them more aware of mental health problems.
- To develop and implement standards for work with mentally ill patients in hospital and specialized outpatient care. To define clinical paths for outpatient and hospital care and follow-up of the patients.
- To develop and implement standards for good clinical practice
- To develop and implement new concept for data collection and informational exchange with regard to mental disorders incidence.
- To set up regional programmes for further development of outpatient psychiatric services which are based on data for their current status, catchment area, and also studies in certain regions.
- To set up structure for community residential care facilities that could meet different needs of people with social dysfunction.
- To develop a system for registration of individuals with mental disorders.
- To develop and implement normative basis for psychiatric patients rights as part of future patients rights chart.

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Tasks	<i>1.1.2. Activities</i>	Period of implementation	Funding	Participants
<i>Short term activities 2004</i>				
1. Setting up a managerial body to conduct the Mental Health Policy.	<ul style="list-style-type: none"> <li>• Reformulation and endorsement of the role of the existing Executive Council (EC), affiliated to the Ministry of Health for the management of the National Programme for the Mental Health of the Citizens of the Republic of Bulgarian 2001-2005 (NPMH). The EC is established on the principle of interagency collaboration and is chaired by the Minister of Health (or a deputy responsible for Mental Health). The EC members are representatives of the organizations and institutions with vested interest in the field of mental health.</li> <li>• Determining the participants and developing regulations for the Council's functioning.</li> <li>• Designing a detailed programme for carrying out the NPMH in midterm period.</li> <li>• Integration of the activities in the existing NPMH in the framework of the current Policy.</li> <li>• Setting up of regional structures on a functional basis to coordinate the activities under the Policy and the NPMH at a regional level.</li> </ul>	2004	Budget of the NPMH <sup>i</sup> , Regional administrations	MH <sup>ii</sup> , NCDA <sup>iii</sup> , NCPH <sup>iv</sup> , BPA <sup>v</sup> , MLSP <sup>vi</sup> , MES <sup>vii</sup> , MJ <sup>viii</sup> , NHIF <sup>ix</sup> , MRDPW <sup>x</sup>  Regional and municipal administration representatives

2. Introducing interagency collaboration.	<ul style="list-style-type: none"> <li>• Consultations between the MH and the MLSP to coordinate the activities regarding social assistance for people with mental health disorders and social dysfunction.</li> <li>• Coordination and strengthening the liaisons between the management bodies of the drug dependency program, suicide prevention program, and HIV/AIDS control and prevention program.</li> </ul>	2004		MH, MLSP, SAA <sup>xi</sup> , NDAC, NCDS <sup>xii</sup> , Country managers of corresponding programs
3. Devising a funding mechanism.	<ul style="list-style-type: none"> <li>• Analysis of the funding practice of the mental health services in the country and the consequences ensuing, comparison with the existing funding systems abroad and recommendations for its improvement in the next four years' policy cycle.</li> <li>• Devising a funding mechanism for the implementation of the activities in the MHP, based on grant schemes and projects.</li> <li>• Coordination of the activities and the tasks of the current and the submitted for approval projects with external funding in line with the priorities of the current policy.</li> </ul>	2004	Budget of the NPMH	<p>Heads of the Working groups; MH</p> <p>MH (Financial Resources Management Dept.), Country managers of the corresponding programs</p>
4. Developing an action plan based on the stated priorities.	<ul style="list-style-type: none"> <li>• Development and coordination of an action plan between the Executive Council, BPA, BMA, NHIF and other organizations with vested interests in the field.</li> </ul>	2004		MH, NCPH, BPA, BMA <sup>xiii</sup> , NHIF
5. Mapping and evaluation of the activities in the field of mental health existing on the territory of the country.	<ul style="list-style-type: none"> <li>• Analysis of the existing services and practices done by an independent research team.</li> <li>• Presenting the evaluation to the Executive Council.</li> <li>• Re-formulation of the role and the activities of the psychiatric dispensaries and defining their profile in accordance with the assessment of the needs for community mental health services</li> </ul>	2004	Budget of the NPMH; PHARE Programme.	MH (Medical Activities and Drug Provision Dir.), BPA, NCPH, National Consultant in Psychiatry

6. Developing a framework for project applications	<ul style="list-style-type: none"> <li>At regional level the following services should be set up: an informational center, day care center, a crisis service, protected housing. The preparation and the implementation of these projects require collaborative action and partnership between different institutions at the local level.</li> </ul>	2004	Budget of the NPMH, PHARE Programme, Social Cohesion Initiative of the Stability Pact, Geneva Initiative on Psychiatry, Open Society Foundation	NCPH, NGO, Regional and Municipal administrations, Regional Health Centres
7. Setting up psychiatric wards in general hospitals	<ul style="list-style-type: none"> <li>Coordinating the standards and rules for good medical practice</li> <li>Assessment of the needs on a regional level, the existing facilities and the human resources available.</li> </ul>	2004	Budget of the NPMH, PHARE Programme	BPA, National Consultant in Psychiatry, MH, RHC, Regional and municipal administrations, Chair of Psychiatry of the Medical University
8. A conference with the heads of the RHC, health administrations, regional agencies for social assistance, representatives of the local government, NGOs.	<ul style="list-style-type: none"> <li>The conference will be organized by the Department “Medical Activities” of the “Medical Activities and Drug Provision” Directorate of the MH. The aim of the conference will be to provide information and encouragement for the regional structures to apply with projects to develop the programme activities.</li> </ul>	2004	Social Cohesion Initiative of the Stability Pact, Project Enhancing Social Cohesion through Strengthening Community Mental Health Services in South East Europe	MH (Medical Activities and Drug Provision Dir.), NCPH, RHC, Dept. social assistance, representatives of regional and municipal administrations

*Middle term activities 2004-2007*

<p>1. Changes in the legislation, which guarantee the achievement of the aims and tasks set by the mental health policy document.</p>	<ul style="list-style-type: none"> <li>• Protection of the human rights of patients with mental health problems in the health sector;</li> <li>• Protection of the human rights of patients with mental health problems outside of the health sector (housing, job opportunities, social insurance, judicial system).</li> <li>• Development and introduction of the normative basis for the rights of the psychiatric patients as a part of the future patients' rights chart.</li> </ul>	<p>2004-2006</p>		<p>BPA, NCPH, Medical University, NGOs (GIP, Helsinki Watch), Agency for social assistance, MJ, MH (Legislation Dept.)</p>
<p>2. Training and human resources</p>	<ul style="list-style-type: none"> <li>• Planning and conducting of the training of GPs, which includes specific components, sensitising to the problems of mental health.</li> <li>• Developing and introducing standards for work with mental patients in the primary and specialised outpatient services.</li> <li>• Development of clinical pathways of care for outpatient and inpatient care and follow up.</li> <li>• Development and introducing clinical practice standards.</li> <li>• Specialised training for community psychiatry and reformed mental health for:             <ul style="list-style-type: none"> <li>• Psychiatric nurses;</li> <li>• Psychiatrists;</li> <li>• Social workers;</li> <li>• Medical psychologists.</li> </ul> </li> <li>• Lobbying and negotiations with the Ministry of Education for the integration of classes on mental health in the curriculum of the junior high school students. Developing and piloting of such educational programmes in co-operation with the Ministry of Education.</li> </ul>	<p>2004-2005</p>	<p>Budget of the NPMH, Social Cohesion Initiative of the Stability Pact, Project Enhancing Social Cohesion through Strengthening Community Mental Health Services in South East Europe, PHARE Programme, GIP Project</p>	<p>Medical Universities – Sofia, Varna, Plovdiv, Pleven, Stara Zagora, New Bulgarian University, NCPH, MES, BPA. NGOs. Medical Colleges, Sofia University, South-West University</p>

3. Elaboration of a plan fostering the conditions for setting up of specialized psychiatric practices, located near the populations in need of them.	<ul style="list-style-type: none"> <li>Working with the regional structures, with the representatives of the local government, the mass media, the civil society, the systems of health and social insurance for the population.</li> </ul>	2004-2005	Budget of the NPMH	MH (Medical Activities and Drug Provision Dept.), Representatives of regional and municipal administration, RHC, NHIF
4. Development of the Mental Health Policy	<ul style="list-style-type: none"> <li>Elaboration of the National Programme for Mental Health 2006-2012 and submission for endorsement by the Council of Ministers</li> </ul>	2005		MH, National Consultant in Psychiatry, NCPH
5. Drug policy	<ul style="list-style-type: none"> <li>Contracting procedures and standards for the development and actualisation of drug lists.</li> <li>Development of good practice guidelines for the cooperation with the pharmaceutical companies.</li> <li>Involving the pharmaceutical companies as partners in the mental health reforms.</li> </ul>	2005-2007		MH (Drug Policy Dept), BPA, NHIF
6. Information system	<ul style="list-style-type: none"> <li>Developing a new concept for gathering and keeping the medical records, exchange the information related with the psychiatric morbidity.</li> <li>Developing a register for persons in risk of social exclusion because of mental illness.</li> </ul>	2005	Social Cohesion Initiative of the Stability Pact, Project Enhancing Social Cohesion through Strengthening Community Mental Health Services in South East Europe, GIP, OSF	MH, NCPH, NCHI <sup>xiv</sup> , NGO

7. Assessment, redefinition and development of the profiles of the specialized psychiatric hospitals.	<ul style="list-style-type: none"> <li>• Proposal for changes in the accreditation procedure for psychiatric inpatient wards.</li> <li>• Writing up status reports assessing the existing condition of the hospital inpatient services: regional psychiatric services, dispensary wards with more than 20 beds, university clinics.</li> <li>• Development of criteria and standards for project applications, targeted at: Improvement of the living conditions; training of the personnel; introducing of psycho-social rehabilitation programs; quality of the care; emergency psychiatry; early interventions; child-adolescent psychiatry.</li> <li>• Developing a plan for gradual closing down of psychiatric hospitals with proved insufficiency to function as hospitals for active treatment.</li> </ul>	2005-2007		MH, RHC, National Consultant in Psychiatry
8. Research work	<ul style="list-style-type: none"> <li>• Collecting of epidemiological data with the aim to identify the risk and protective factors, the community mental health needs and priorities, as well as for the evaluation of different public health interventions.</li> </ul>	Continuously	Budget of the NPMH	NCPH, NBU, NCHI
9. Offering consultations to the teams, which develop projects.	<ul style="list-style-type: none"> <li>• Organizing a team of independent experts to the EC.</li> </ul>	Continuously	Budget of the NPMH	MH

*Middle term activities: project tenders (See Annex 1)*

<b>Tasks</b>	<i>1.1.3. Activities</i>	<b>Period of implementation</b>
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<p>1. Setting up of a regional (regional/municipal) information resource centre on the issues of mental health and mental health services available in the region.</p>	<ul style="list-style-type: none"> <li>• Creation of a data base for the existing resources in the town and the region and providing the information for the actual services, care programmes and their admission procedures.</li> <li>• Development and maintenance of a register for persons at risk of social isolation as a result of mental illness.</li> <li>• Recruitment of ex consumers of mental health services and volunteers (students, relatives) as non-tenured staff.</li> <li>• Planning and setting anti-stigma campaigns, as well as campaigns for mental health promotion and prevention of mental illness.</li> <li>• Opening of a telephone hot – line.</li> <li>• Establishing close collaboration with crisis intervention services with a mobile team.</li> <li>• Development of regional programs for further enlargement of the outpatient mental health services, based on data concerning their present condition, the catchment area and regional population surveys.</li> </ul>	<p>2005-2007</p>
<p>2. Setting up crisis intervention services with mobile teams.</p>	<ul style="list-style-type: none"> <li>• Developing, coordination and implementation of a crisis interventions programme in cases of mental illness.</li> </ul>	<p>2005-2007</p>
<p>3. Setting up of 10 day care centres offering psychosocial rehabilitation (day care programmes, employment programmes, social skills training programmes); registration of the centers according to the Social Assistance Act.</p>	<ul style="list-style-type: none"> <li>• Implementation programs for case management and psychosocial interventions in the community.</li> <li>• Development of the organizational basis, the procedures and the regulations regarding the delivery of modern mental health services and care.</li> </ul>	<p>2005-2007</p>



4. Setting up of 10 group homes for people with mental disorders; registration of the homes according to the Social Assistance Act.	<ul style="list-style-type: none"> <li>• Implementation programs for case management and psychosocial interventions in the community.</li> <li>• Development of the organizational basis procedures and regulations regarding delivering modern mental health services and care.</li> <li>• Improvement of the collaboration with the specialized institutions - providers of social services according to the Social Assistance Act, in the field of community based housing of people with mental disorders.</li> </ul>	2005-2007
5. Setting up of psychiatric wards in general hospitals	<ul style="list-style-type: none"> <li>• Development, coordination and implementation of services for mentally ill patients in general hospitals.</li> </ul>	2005-2007

*2007-2012 Long-term Activities.*

In the long term the Mental Health Policy envisages:

- To involve the political bodies in the country in the problems of the people with mental health disorders and to convince the community that change is needed.
- To provide for the financial resources for carrying the reforms out.
- To integrate the efforts of different institutions and organizations and to subordinate their actions to the stated principles of the mental health services.
- Through changes in the legislation and other relevant interventions, to guarantee the sustainability of the newly introduced model for mental health service provision.
- To recruit professionals from different professional fields in the process of carrying out the reforms.
- To provide for the sustainable management of the reforms through introducing the intersectoral collaboration at all levels.
- To develop a long-term system for training and human resource development in the field of mental health.
- To lay the foundations of a cycle of planning, implementation and evaluation of the activities of the previous period, with the aim to analyse the results, summarise the conclusions and develop recommendations for the next cycle of implementation.

## **Annex 1: Description of the projects to be funded through grants**

### *2005-2007 г. - Middle term activities*

During this stage of the programme tenders for particular projects for setting up innovative care programmes and services, for curriculum development of training in the field of community psychiatry will be announced, organized and held. Opportunities for consultancy and evaluation of the projects approved will be provided for also by competition.

The current action plan envisages setting up of specialized, community based mental health services and programmes in five pilot regions in Bulgaria. All regions will have equal opportunities for submitting project applications for funding. The five best projects will be funded. The project grants will provide funding for setting up the following services:

1. Informational centre (centre for mental health promotion).
2. Crisis intervention service with a mobile team.
3. Day care centre (Centre for psychosocial rehabilitation)
4. Supported housing (group home).
5. Psychiatric ward in general hospital.

1. Setting up of a regional (regional/municipal) informational center, which will offer information on issues related to mental health problems and the network of mental health services in the region. The center will have at its disposal a full data base concerning the resources available in the particular town or municipality and will offer information for the services available, the care programmes run by them and the procedures for admission. The center will involve collaboration from former consumers, students, relatives as part-time or consultants. The center will be responsible for organizing and conducting anti-stigma campaigns on the local level, as well as campaigns for mental health promotion and prevention of mental disorders. A hotline will be functioning in each of the centers. Each of the centers is supposed to work in close collaboration with a crisis intervention service with mobile team.

2. Setting up a crisis intervention service with mobile teams. Crisis intervention programmes and the mobile teams should be integrated to the structure of the emergency centers or the psychiatric dispensaries. The crisis interventions services are supposed to work in close collaboration with the acute psychiatric wards in the general hospitals or the acute in-patient wards in the dispensary wards.

3. Setting up of 10 day care centres, offering psychosocial rehabilitation (day care programmes, employment programmes, social skills training) and registration of the centers according to the Social Assistance Act. Eligible for funding allocated for setting up day care centers through the MH budget for mental health are outpatient medical services, registered by a group of psychiatrists ( ("group psychiatric practices" , "medical centers", "diagnostic and consultative centers" and "psychiatric dispensary wards", in terms of the Law on Medical Establishments).

4. Setting up of 10 group homes for people with mental disorders and registration of the homes according to the Social Assistance Act.. Besides the outpatient services, inpatient services, such as specialised psychiatric hospitals and psychiatric wards in general hospitals, are also eligible to apply for funding with project proposals to develop protected housing.

5. Setting up of psychiatric wards in general hospitals in line with the assessment of the local needs and with the standards for good medical practice, according to p. 7 from the Short term activities.

## Annex 6.4

### Information about children in institutions for 2005

#### Children in MES institutions

<b>MES institutions</b>	<b>Number of institutions</b>	<b>of for</b>	<b>Total number of children for 2005 / dec 31, 2005/</b>
<i>Total for all institutions</i>		239	20 010
Home for raising and education of children deprived of parental care (HRECDPC)		101	5 515
Social-pedagogical boards (SPB)		18	914
Educational school boards (ESB)		6	306
* Help schools		72	8 419
* Schools of general education, with help division		4	135
Health school		23	3285
Sanatorial school	In 2003, the 5 Sanatorial schools are transformed into 4 Hospital schools and 1 Health school.		
Hospital school		6	368
Logopedic school		2	92
School for children with impaired vision		2	303
School for children with impaired hearing		3	597
School to Home for girls and boys (Kindergarten and Primary school-Lukovit)		2	76

*Note:* The data for MES institutions (special schools) are received from a National survey of State Agency for Child Protection for 2004

#### Children in municipalities' institutions (at MLSP until 1.01.2003)

<b>MLSP institutions</b>	<b>Number of institutions</b>	<b>of for</b>	<b>Total number of children for 2005</b>
<i>Total for all institutions</i>		58	2 811
Home for children and adolescents with mental retardation (HCAMR)		30	1310
Day home for children and adolescents with mental retardation (DHCAMR)		18	543
Social professional educational home (SPEH)		9	899
Home for children with physical disabilities and preserved intelligence (HCPDPI)		1	59

*Note:* The data for the former MLSP institutions are received from a National survey of State Agency for Child Protection for 2005

#### Children in MH institutions

<b>MH institutions</b>	<b>Number of institutions</b>	<b>Total number of children for 2005</b>
Home for medico-social care for children (HMSCC)	32	2 960

*Note:* The data for MH institutions are received from a National survey of State Agency for Child Protection for 2005

### [ANNEX 7 List of Abbreviations](#)

- 
- <sup>i</sup> NPMH – National Programme for Mental Health
  - <sup>ii</sup> MH – Ministry of Health
  - <sup>iii</sup> NDAC – National Drug Addictions Centre
  - <sup>iv</sup> NCPH – national Centre of Public Health
  - <sup>v</sup> BPA – Bulgarian Psychiatric Association
  - <sup>vi</sup> MLSP – Ministry of Labour and Social Policy
  - <sup>vii</sup> MES – Ministry of Education and Science
  - <sup>viii</sup> MJ – Ministry of Justice
  - <sup>ix</sup> NHIF – National Health Insurance Fund
  - <sup>x</sup> MRDPW – Ministry of Regional Development and Public Works
  - <sup>xi</sup> SAA – Social Assistance Agency
  - <sup>xii</sup> NCDS – National Centre for Drug Substances
  - <sup>xiii</sup> BMA – Bulgarian Medical Association
  - <sup>xiv</sup> NCHI – National Centre for Health Information