

2011 BULGARIA NATIONAL REPORT

SECOND REVIEW AND APPRAISAL OF THE IMPLEMENTATION OF THE MADRID INTERNATIONAL PLAN OF ACTION ON AGEING, 2002 AND THE REGIONAL STRATEGY FOR EUROPE TO IT

National Statistical Institute – 2010 annual data

Population ageing

The ongoing ageing of the population emerges as a severe demographic problem. It is manifested in the continuous growth of the indicator of average age of the population in recent years. In 2000 this indicator was 39.9 years, in 2005 it was 41.2 years, and in 2010 it reached 41.9 years. The ageing process occurs both in rural and in urban areas, at that the average age of the population in rural areas (45.5 years) is higher than that in urban areas (40.5 years).

The trend of population ageing is also reflected in the changes in its basic age structure – **distribution of the population under, of and over working age¹.**

Population under, of and over working age

Years	Age groups		
	Under working age	Of working age	Over working age
1990	21.6	55.5	22.9
1995	19.1	56.6	24.3
2001	16.3	59.2	24.5
2005	14.8	62.4	22.8
2006	14.6	62.8	22.6
2007	14.5	63.0	22.5
2008	14.5	63.2	22.3
2009	14.5	63.1	22.4
2010	14.6	62.7	22.7

At the end of 2010 the working-age population was 4 700.6 thousand people, or 62.7% of the total population. Compared to the previous year, this category of the population had declined by 73 thousand persons.

¹ The calculation of the 2010 working-age population includes males aged 16 to 63 and females aged 16 to 60.

The calculation of the number of the population of and over working age in the period 2001 - 2008 reflects the legislative changes in defining the age limits of the population at retirement.

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In 2010 the population over working age was 1 706.0 thousand. Compared to the previous year, it had increased by 15 thousand persons. At the end of 2010 the population over working age was 1 098.2 thousand persons, or 798 less than that in 2009.

From the perspective of future development it is noteworthy that a serious **demographic issue for Bulgaria is the significantly low relative share of the population aged 0 up to and including 14: 13.8%**. The population aged 65 and over is continuously growing and currently it stands at 17.7%.

The administrative districts with most pronounced ageing process include Vidin, Montana and Gabrovo. The relative share of the population aged 65 and over in these districts tops 22%, the highest proportion being in Vidin: 24.1%. This relative share is lowest in the districts of Sofia (capital city), Blagoevgrad, Varna, Burgas and Kardzhali: between 15 and 16%.

The relative share of the population aged under 15 is highest in the district of Sliven: 17.8%, and lowest in the district of Pernik: 11.4%.

The population ageing process is typical of the majority of the European Union countries. Besides Bulgaria, the same relative share of the population aged 65 and over (17 - 18%) is also valid for Austria, Belgium, Estonia, Latvia, Portugal, Finland and Sweden. This proportion is higher in Germany: 20.7%, Italy: 20.2%, and Greece: 18.9%. In the rest of the countries the share of the oldest population is under 17%.

The proportion of the youngest population in Germany and Latvia is under 14%, while that in Slovenia, Italy and the Czech Republic is around 14%. This share is slightly higher in Greece: 14.4% and in Hungary: 14.7%, while in the rest of the European Union (EU) countries it is over 15%.

The total age dependency ratio – the ratio of the number of individuals aged under 15 and 65 and over per 100 persons of the population aged 15 to 64 is 46.0%. In 2005 and in 2009 this ratio was respectively 44.5 and 45.1%. This ratio is more favourable in the urban areas: 40.1% than in the rural areas: 63.3%.

Another indicator revealing the severity of the stated problem is **the demographic replacement rate**². In 2001 every 100 persons exiting the working-age group were replaced by 124 persons entering the working-age bracket. After 2008 this ratio was reversed: 100 persons exiting the working-age group were replaced by 91 persons, in 2009 by 82, and in 2010 by 74 individuals. This indicates that there is ensuing stagnation in the country in terms of rejuvenation and development of the working-age population.

National Statistical Institute: 2011 Census

POPULATION CENSUS AS OF 1 FEBRUARY 2011
Population – number and territorial distribution

² The ratio between the number of the population entering the working-age bracket (15-19) and that of the people exiting the working-age group (60-64).

As of 1 February 2011 the population of Bulgaria was 7 364 570 persons.

Figure: Population by census year in the period 1900 – 2011

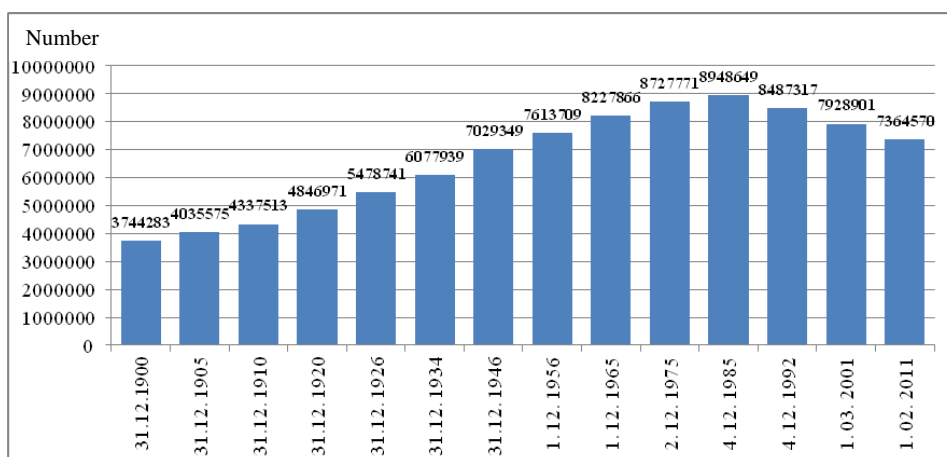
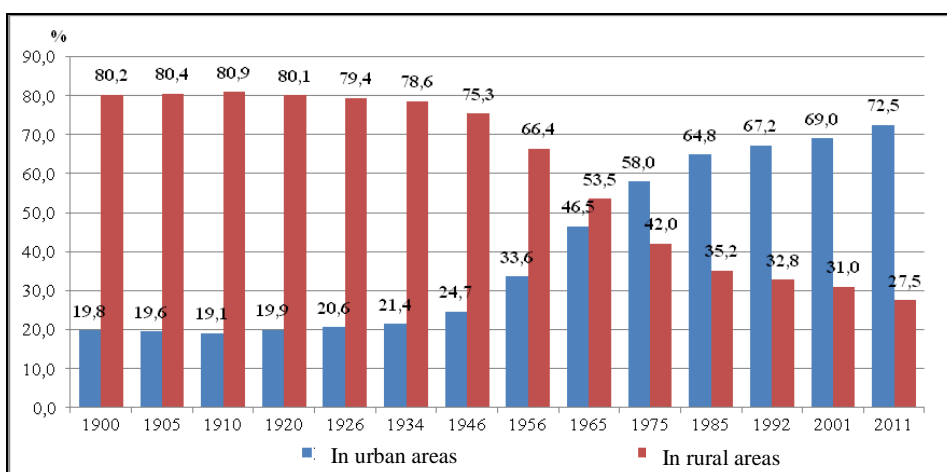


Figure: Population structure in urban and rural areas by census year for the period 1900 – 2011



The uptrend in the relative share of the urban population and the downtrend in that of the rural population have been sustained. 5 339 001 persons, or 72.5% of the population in the country live in urban areas and 2 025 569 persons, or 27.5% reside in rural areas.

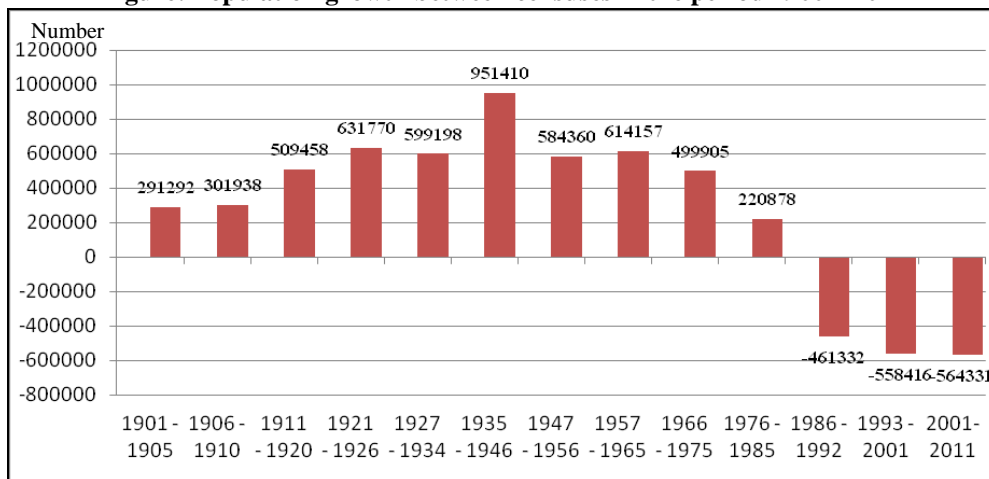
Population growth between the censuses

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The factors influencing the number of the population in the country are natural movement (births and deaths) and international migration, and from a territorial perspective – internal migration of the population and administrative and territorial changes.

In the period between the two censuses of 2001 and 2011 the population of the country dropped by 564 331 persons, the average annual rate of decrease being 0.7%.

Figure: Population growth between censuses in the period 1900 – 2011



Two-thirds of the population decline (68.9%) is due to the negative natural growth (more deaths than births). In the period 1 March 2001 - 1 February 2011 the population in the country decreased by 389 087 persons due to the negative natural growth. The natural growth for all the years in the period between the censuses of 2001 and 2011 was negative and the decline in the number of the population was largest in 2002 (- 46 118 persons).

Almost one-third of the population shrinkage (31.1%) in the period between the censuses of 2001 and 2011 was due to the international migration estimated at 175 244 persons. According to the census methodology international migration (emigration) is estimated as a change in the number of the population caused by the number of persons who have been absent from the country for a period of over one year as of the census date.

Territorial distribution of the population

The territorial distribution of the population is determined by its natural movement (births and deaths) and by the internal and international migration. A purely statistical impact on the territorial distribution of the population is also exerted by the changes in the

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administrative and territorial division of the country (merger of settlements, migration of towns and villages from one municipality to another).

The largest district in terms of population number is Sofia (capital city), whose residents amount to 1 291 591 persons, or 17.5% of the country's population, while the smallest district is that of Vidin with population of 101 018 persons (1.4%).

There are six districts whose population exceeds 300 thousand people, and three of them – **Sofia (capital city), Plovdiv and Varna, account for one-third of the country's population.** The district of Burgas ranks fourth in population number with 415 817 persons, followed immediately by the district of Stara Zagora – 333 265 persons, and the district of Blagoevgrad with population of 323 552.

The period between the two censuses witnessed an increase only in the population of the districts of Sofia (capital city) and Varna – respectively by 120 749 persons (10.3%) and 13 061 persons (2.8%).

The population in all other districts declined and in those of Burgas, Plovdiv, Blagoevgrad and Kardzhali the relative share of the reduction was lower than the national average. The population in the districts of Vratsa and Vidin dropped by over 20 percent.

Figure: Population by district and relative share of the districts in the country's population as of 1 February 2011

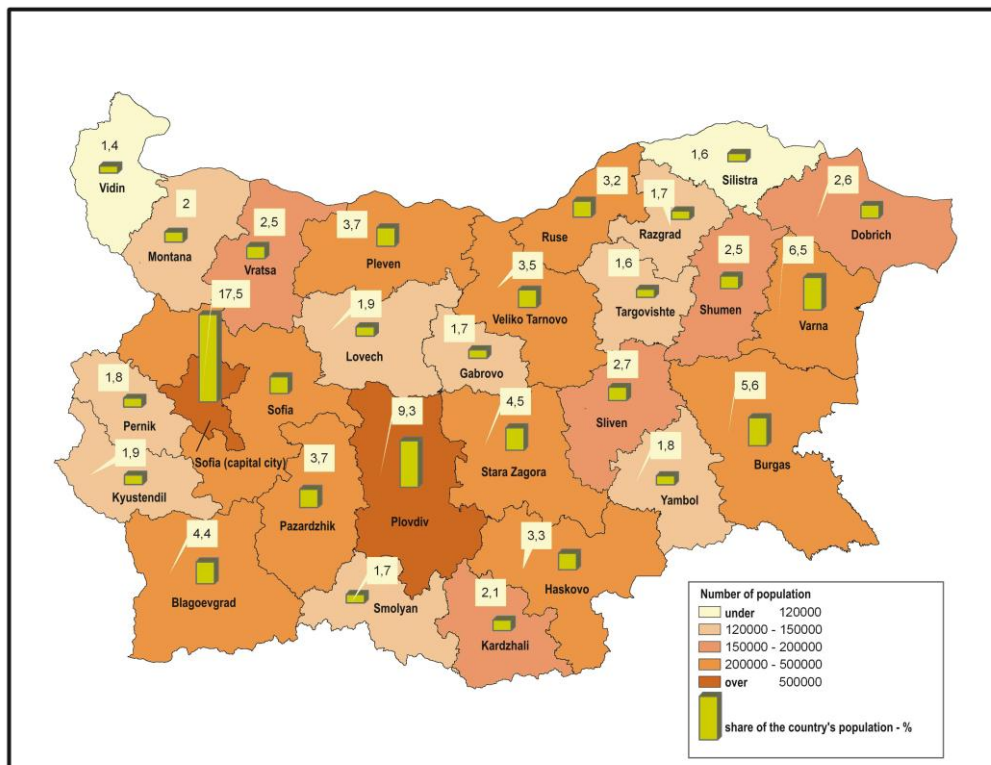


Table: Population by district as of 1 February 2011

Districts	Population as of:	Growth -	Growth	% of the
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	1.03.2001	1 February 2011	absolute number	(%)	country's population as of 1 February 2011
Bulgaria	7 928 901	7 364 570	-564 331	-7.1	100,0
Blagoevgrad	341 173	323 552	-17 621	-5.2	4.4
Burgas	423 547	415 817	-7 730	-1.8	5.6
Varna	462 013	475 074	13 061	2.8	6.5
Veliko Tarnovo	293 172	258 494	-34 678	-11.8	3.5
Vidin	130 074	101 018	-29 056	-22.3	1.4
Vratsa	243 036	186 848	-56 188	-23.1	2.5
Gabrovo	144 125	122 702	-21 423	-14.9	1.7
Dobrich	215 217	189 677	-25 540	-11.9	2.6
Kardzhali	164 019	152 808	-11 211	-6.8	2.1
Kyustendil	162 534	136 686	-25 848	-15.9	1.9
Lovech	169 951	141 422	-28 529	-16.8	1.9
Montana	182 258	148 098	-34 160	-18.7	2.0
Pazardzhik	310 723	275 548	-35 175	-11.3	3.7
Pernik	149 832	133 530	-16 302	-10.9	1.8
Pleven	311 985	269 752	-42 233	-13.5	3.7
Plovdiv	715 816	683 027	-32 789	-4.6	9.3
Razgrad	152 417	125 190	-27 227	-17.9	1.7
Ruse	266 157	235 252	-30 905	-11.6	3.2
Silistra	142 000	119 474	-22 526	-15.9	1.6
Sliven	218 474	197 473	-21 001	-9.6	2.7
Smolyan	140 066	121 752	-18 314	-13.1	1.7
Sofia	273 240	247 489	-25 751	-9.4	3.4
Sofia (capital city)	1 170 842	1 291 591	120 749	10.3	17.5
Stara Zagora	370 615	333 265	-37 350	-10.1	4.5
Targovishte	137 689	120 818	-16 871	-12.3	1.6
Haskovo	277 478	246 238	-31 240	-11.3	3.3
Shumen	204 378	180 528	-23 850	-11.7	2.5
Yambol	156 070	131 447	-24 623	-15.8	1.8

Distribution of the population by municipality

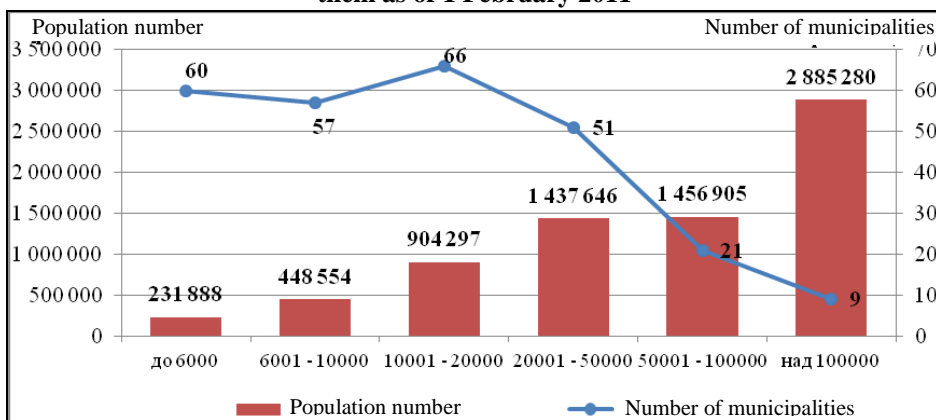
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There are considerable differences in the population number by municipality. The population counted in 60 municipalities was under 6 000 persons, while the residents of these municipalities made up 3.1% of the population in the country.

Nine municipalities have population over 100 000, or 39.2% of the total for the country.

The number of the municipalities with population between 10 000 and 20 000 persons is the largest: 66, and the relative share of the their population is 12.3%.

Figure: Distribution of municipalities according to the number of their population in them as of 1 February 2011



Distribution of the population by settlement

As of 1 February 2011 the population in the country was distributed among 255 cities and towns and 5047 villages. No persons were counted in 181 settlements. The number of the residents in 21% of the settlements is between 1 and 50, while those in 36% of the settlements are between 100 and 500 persons.

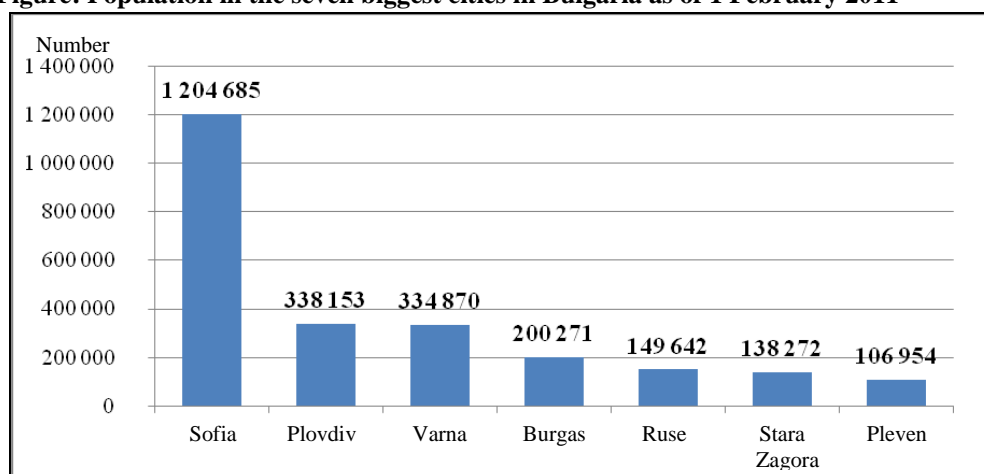
Table: Distribution of the settlements according to the number of their population as of 1 February 2011 (Number)

	Settlements	Population
Total	5 302	7 364 570
0	181	0
1 – 10	417	1 960
11 – 50	703	19 596
51 – 100	522	38 923
101 – 500	1 927	501 828
501 -1000	750	529 684
1001 – 10000	725	1 685 472
10001 – 50000	58	1 237 904
50001 – 100000	12	876 356
Over 100000	7	2 472 847

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The residents of the seven cities with population over 100 000 people account for 33.6% of the total population of the country.

Figure: Population in the seven biggest cities in Bulgaria as of 1 February 2011



Population of the district centres

In the period between the two censuses of 2001 and 2011 four of the district centers: Sofia, Varna, Burgas and Veliko Tarnovo had positive growth. The most considerable shrinkage of the population was registered in the cities of Lovech (-17.1%), Vidin (-16.2%), Silistra (-15.1%), Razgrad (-13.0%), Pleven (-12.2%) etc.

Table: Population of the district centers as of 1 March 2001 and as of 1 February 2011

District centers	Population as of		Growth (absolute number)	Growth (%)
	1 March 2001	1 February 2011		
Blagoevgrad	71144	70881	-263	-0.4
Burgas	192390	200271	7881	4.1
Varna	312889	334870	21981	7.0
Veliko Tarnovo	66897	68783	1886	2.8
Vidin	57395	48071	-9324	-16.2
Vratsa	68975	60692	-8283	-12.0
Gabrovo	67065	58950	-8115	-12.1
Dobrich	100000	91030	-8970	-9.0
Kardzhali	45659	43880	-1779	-3.9
Kyustendil	49919	44532	-5387	-10.8
Lovech	44146	36600	-7546	-17.1
Montana	49176	43781	-5395	-11.0
Pazardzhik	78855	71979	-6876	-8.7
Pernik	85991	80191	-5800	-6.7

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Pleven	121880	106954	-14926	-12.2
Plovdiv	338224	338153	-71	0.0
Razgrad	38948	33880	-5068	-13.0
Ruse	161453	149642	-11811	-7.3
Silistra	41952	35607	-6345	-15.1
Sliven	100366	91620	-8746	-8.7
Smolyan	33091	30642	-2449	-7.4
Sofia	1091772	1204685	112913	10.3
Stara Zagora	143420	138272	-5148	-3.6
Targovishte	40659	37611	-3048	-7.5
Haskovo	80303	76397	-3906	-4.9
Shumen	89214	80855	-8359	-9.4
Yambol	82649	74132	-8517	-10.3

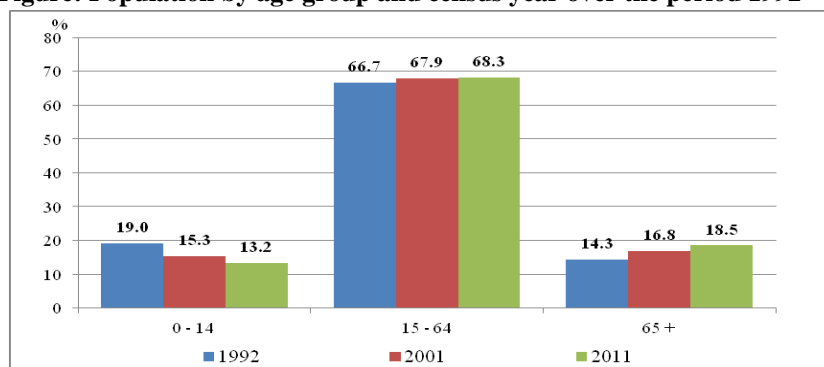
Population structure by gender and age

As of 1 February 2011 the female population was 3 777 999 (51.3%), while males amounted to 3 586 571 persons (48.7%), or **1 000 males corresponded to 1 053 females**. During the 2001 census the proportion was the same: 1 000 males to 1 053 females.

The age structure of the population underwent changes in the period between the two censuses. **There was an ongoing process of demographic ageing manifested in a reduction of the absolute number and relative share of the population aged under 15 and an increase in the share of the population aged 65 and over.**

- In 2001 the persons aged under 15 accounted for 15.3% of the population in the country. In 2011 their share dropped to 13.2%.
- There was an insignificant increase in the share of the population in the 15 - 64 age group. Compared to 2001 this share grew by 0.4%: from 67.9% it went up to 68.3%.
- The largest increase was marked by the share of the population over 65: from 16.8% in 2001 to 18.5% in 2011.

Figure: Population by age group and census year over the period 1992 - 2011

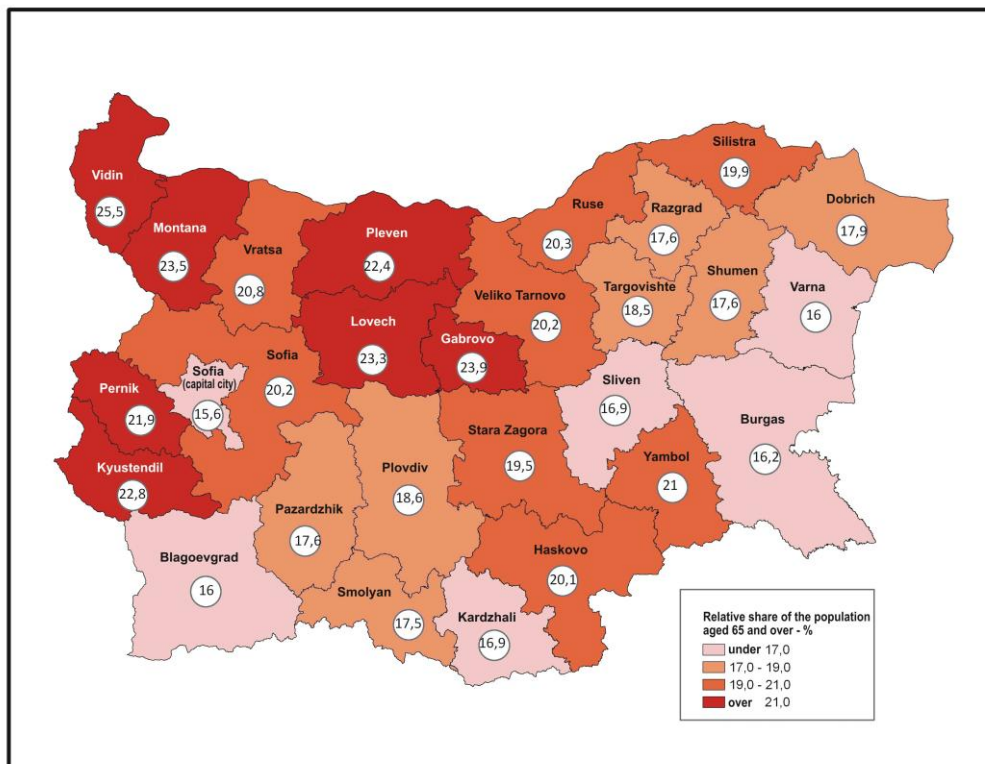


The relative share of the population aged 65 and over was highest in the districts of Vidin (25.5%), Montana and Gabrovo (24% each), Lovech (23.3%) and Kyustendil (22.8%).

The lowest share of the elderly population was registered in the districts of Blagoevgrad, Varna and Sofia (capital city) - 16%.

In 13 districts of the country the population aged 65 and over exceeds one-fifth.

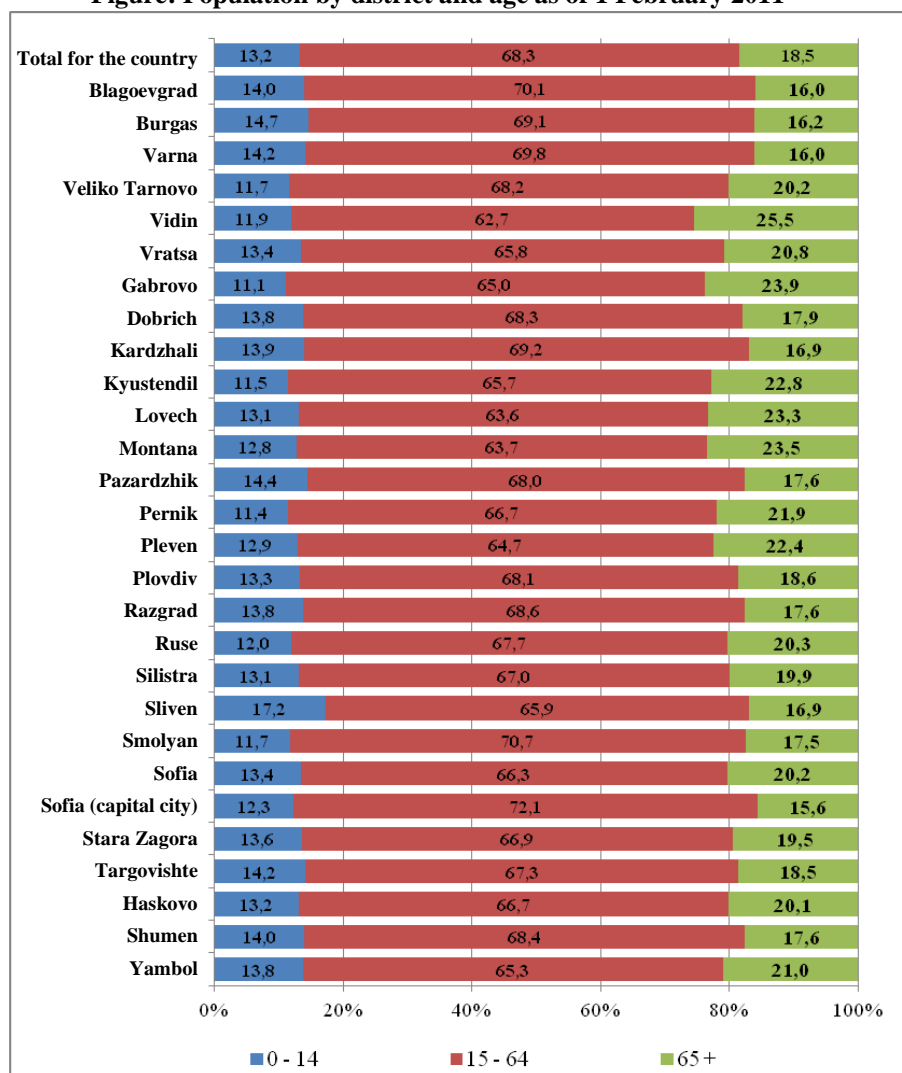
Figure: Relative share of the population aged 65 and over by district as of 1 February 2011



The share of the population aged under 15 is highest in the districts of Sliven: 17.2%, and Burgas: 14.7%. This share is lowest in the districts of Gabrovo and Pernik: 11%, Kyustendil: 11.5%, Veliko Tarnovo and Smolyan: 11.7%.

The population in the 15 - 64 age group accounts for the largest relative share in the district of Sofia (capital city): 72.1%, followed by the district of Smolyan: 70.7%, and the districts of Blagoevgrad and Varna: 70% each.

Figure: Population by district and age as of 1 February 2011

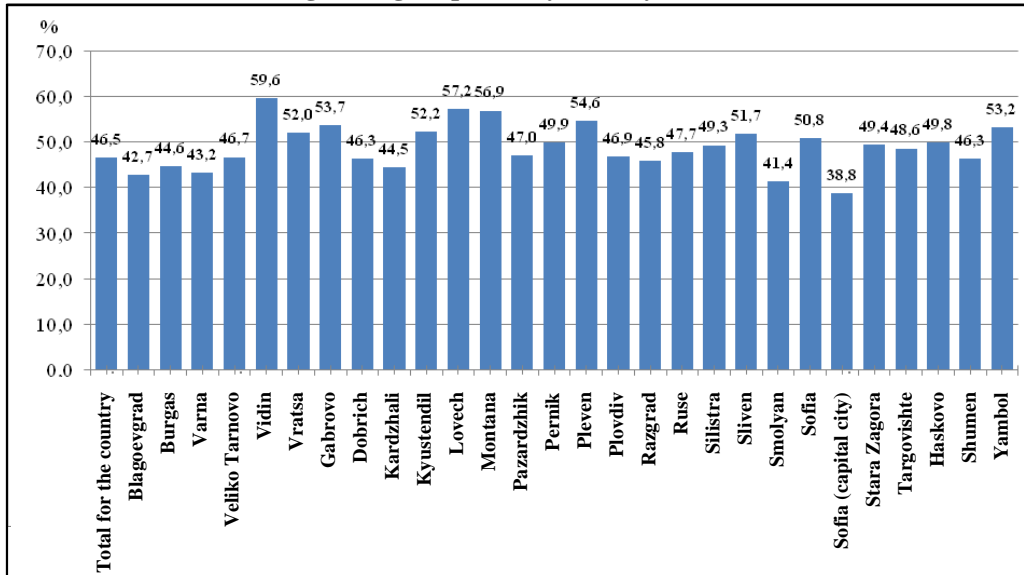


The total **age dependency ratio** for the country is 46.5%, i.e. nearly 47 individuals aged 15 or 65 and over correspond to 100 persons in the age group between 15 and 64 completed years. This ratio is more favourable in urban areas: 41% than in rural ones: 63.1%.

This ratio is highest in the districts of Vidin (59.6%), Lovech (57.2%) and Montana (56.9%). This indicator is over 50% in a total of 10 districts in the country.

The districts where this ratio is more favourable are Sofia (capital city) – 38.8%, Smolyan (41.4%), Blagoevgrad (42.7%) and Varna (43.2%).

Figure: Age dependency ratio by district



Population under, at and over working age³

The trend of population ageing leads to changes in its basic age structure: the distribution of the population under, at and over working age. The scope of the population at and over working age is influenced both by the ageing of the population and by the legislative changes in determining retirement age.

62.2% of the population in the country is at working age, i.e. these are 4 576 904 persons. 52.5% of them are males, and the remaining 47.5% are females. 65% of the urban population is at working age, compared to 54.7% of the rural population.

Sofia is the district with the highest relative share of the working-age population: 66.5%, followed by the districts of Blagoevgrad and Smolyan with 64.7% each. The district of Vidin accounts for the lowest share of the working-age population: 54.8%.

The number of the population under working age as of 1 February 2011 was 1 039 949 persons, or 14.1% of the entire population. The predominant share was that of males: 51.4%, against 48.6% for females. Approximately three-fourths: 72.6%, of the individuals under working age lived in urban areas, and 27.4% resided in rural ones. The district of Sliven accounts for the highest relative share of the population under working age: 18.3%, followed by Burgas: 15.6%, Pazardzhik: 15.4%, Targovishte: 15.2%, Varna and Shumen: 15%. The lowest shares of the population under working age were registered in Gabrovo: 11.8%, Pernik: 12.1%, Kyustendil: 12.3%, and Veliko Tarnovo: 12.4%.

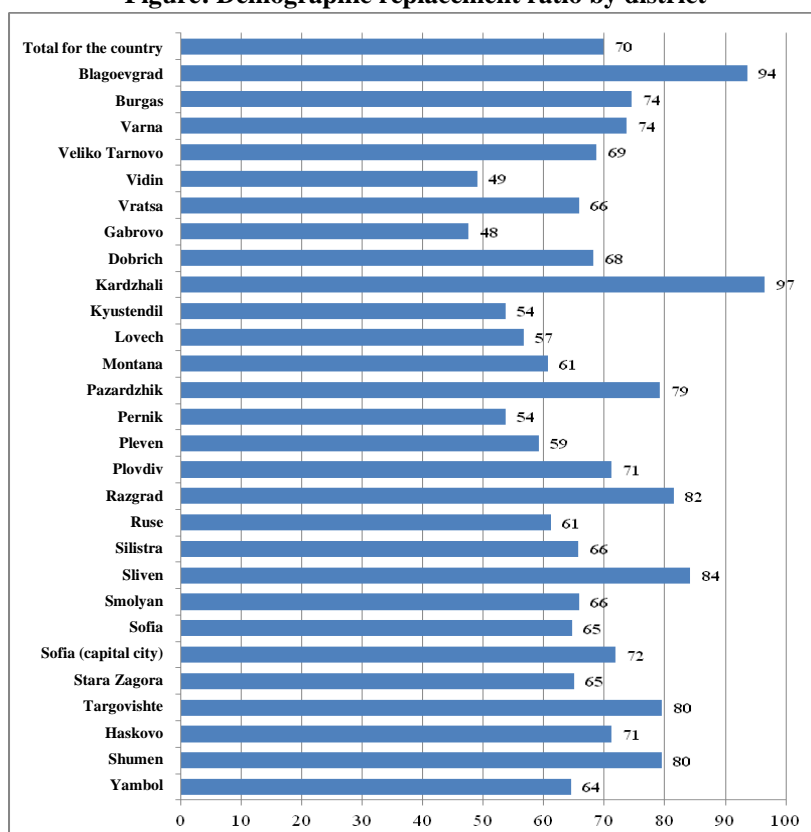
³ The distribution of the population under, at and over working age at the time of the censuses was consistent with the then effective labour legislation.

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Almost a quarter of the country's population (23.7%) is over working age: 1 747 717 persons. The share of the individuals over working age stands at the minimum level for males in urban areas (15.6%) and at the maximum level for females in rural areas (38.0%). The districts with the highest share of the senior population over working age are Vidin: 32.4%, Gabrovo: 30.6%, Montana: 29.6%, Lovech: 29.5%. The lowest shares of the population over working age are registered in the district of Blagoevgrad and in the city of Sofia: 20.4% each, Burgas and Kardzhali: 21.0%, Sliven: 21.8%.

The reproduction of the population at working age is best characterized by the **demographic replacement rate**, which shows the ratio between the number of the persons entering working age (15 - 19) and the number of those exiting working age (60 - 64). The magnitude of this ratio for the total country is 70. It is most favourable in the districts of Kardzhali (97), Blagoevgrad (94) and Sliven (84). This indicator stands at the lowest level in the districts of Gabrovo: 48, Vidin: 49, and Pernik and Kyustendil, where 100 persons exiting working age are replaced by 54 persons entering working age.

Figure: Demographic replacement ratio by district



1. MAINSTREAMING AGEING

1.1. Information about the existence of a holistic approach to ageing

The rapid ageing of the population in Bulgaria requires vigorous economic, institutional, administrative, budgetary and financial changes, whose absence would impair cohesion in society and solidarity between generations and would bring forth new intractable problems for the future generations.

From a demographic perspective population ageing is an irreversible process, hence the response to this challenge should focus not merely on a mechanical change of the key demographic indicators, but on the development and implementation of an integrated policy for mobilization and full utilization of the potential of the available human resources and purposeful investment in upgrading the quality of human capital.

The government policy on demographic development is also planned in this spirit. Bulgaria is one of the few states in Europe and the first one among the new members of the European Union that has a long-term **National Demographic Strategy of the Republic of Bulgaria (2006-2020) in place**. It does not merely emphasize the boosting of birth rate – it focuses on the attainment of high quality of the human capital, of people with their health condition, education level, capabilities and skills. The Ministry of Labour and Social Policy coordinates the implementation of the National Demographic Strategy via **annual National Plans** developed within the **Interdepartmental Group on Demographic Issues**, which includes experts from all ministries, from the National Association of Municipalities in the Republic of Bulgaria, from non-governmental organizations, research circles from institutes of the Bulgarian Academy of Science, etc.

The work on coordinating the demographic policy and the policy on active ageing is performed by the Ministry of Labour and Social Policy.

Regarding ageing and the issues of social and economic participation of elderly people, the Ministry of Labour and Social Policy is developing a **National Concept for Promotion of Active Ageing** and coordinating the implementation of the **UN International Plan of Action on Ageing, adopted in Madrid in 2002**. Taking into account the significance of the issues of population ageing, the Council of Ministers held a session and passed a decision for the participation of the Republic of Bulgaria in the European Year for Active Ageing and Solidarity between Generations (2012) and designated the Minister of Labour and Social Policy as a national coordinator.

The National Demographic Strategy of the Republic of Bulgaria (2006-2020) and the National Concept for Active Ageing are key strategic documents requiring a holistic approach, whose implementation is also planned in the National Reform Programme of the Republic of Bulgaria (2011-2015).

The National Concept for Active Ageing is a further development and continuation of one of the important lines of action in the National Demographic Strategy of the Republic of Bulgaria with a horizon until 2020: Overcoming the effects of population ageing.

The policy of promoting active ageing is a part of the demographic policy and of the overall policy for sustainable cultural, economic and social development of the country.

The surmounting of the negative demographic trends in our society is a long and slow process. It requires mobilization of the efforts of ministries, state agencies, municipal authorities, social partners, research institutions and civil organizations. A condition for a sustainable and balanced demographic development is the attainment of good synchronization, coordination and consistence in the policies and measures pursued; design of a sustainable and long-term policy; creation of a reliable system for simulation, dynamic

statistics and monitoring of population movement and demographic processes. All this implies the establishment of a comprehensive national mechanism to address the demographic changes in our society.

1.2. Participation of elderly people in the definition of measures and their implementation strategies

The design, adoption, monitoring and reporting of the implementation of the strategic and operational documents related to the demographic development of the population and of the promotion for active ageing takes place within the Interdepartmental Group on Demographic Issues, initiated and constituted by virtue of an Order of the Minister of Labour and Social Policy of 21 February 2011. The members of this group belong to non-governmental organizations addressing the issues of active ageing, whose representatives are third age people.

1.3. Involvement of non-governmental organizations in pursuing ageing policies

Non-governmental organizations are also involved in the work of the Interdepartmental Group on Demographic Issues: National seniors association at the Confederation of Independent Trade Unions in Bulgaria, Committee on sports clubs and health groups at the Bulgarian Sport for All Association, Tulip Foundation, the Center of Women's Studies and Policies, etc.

National Association of Municipalities in the Republic of Bulgaria (NAMRB)

Being closest to the people, local authorities – municipal councils and mayors of municipalities, hold day-to-day discussions with the representatives of the non-governmental sector and individual citizens on issues and the measures to overcome them. In general municipal policy is pursued in the interest of the local community, particularly the elderly.

Pursuant to Article 19 of the Social Assistance Act the preparation and adoption of district and municipal strategies for the development of social services was initiated. The needs for services were analyzed by target group in all municipalities and districts. The municipalities identified as a priority group that of the senior citizens in almost all strategies. The five-year strategies for developing social services adopted by the municipalities and the annual plans for their implementation approved by the municipal councils served as a basis to create conditions for purposeful development of social services targeting elderly people.

In line with Article 35 of the Social Assistance Act (SAA) public councils are being established in the municipalities by resolution of the Municipal Council to facilitate and assist the performance of social assistance activities and to exercise public control. These councils aid and support local governments in the process of pursuing the policies and participate in the design of the strategies and annual plans.

Common mechanisms used at municipal level to account for the needs of seniors mostly in elderly caregiving:

- Documentary survey of existing analyses, reports, strategy papers, long-term development programmes and plans of the district and local administration;
- Systematization and aggregation of statistics collected regularly by the municipal administration and the locally based state institutions;
- Collection of additional statistical information on the distribution of key risk groups in the municipality (in the adjacent villages and hamlets);

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- Meetings and discussions with all stakeholders: district administration, municipalities, regional directorates for social assistance (RDSA) and territorial directorates for social assistance, service providers, civil society organizations, local government institutions, representatives of the target communities and risk groups
- Fieldwork (visiting of target communities and groups at risk);
- Questionnaire surveys.
- Application of quantitative and qualitative methods, of comparative analyses of the status and trends in related sectors when assessing the needs of the groups at risk.

Measures to promote active ageing:

- Implementation of national programmes involving support for and promotion of active ageing (“Assistance for Retirement”, etc.);
- Provision of quality social services aimed at improving the well-being of elderly people, upgrading their skills to care for themselves, leading of healthy lifestyle, etc.
- Support for receiving social assistance benefits and application of a differentiated approach: monthly benefits under the Social Assistance Act (SAA), lump-sum benefits under the SAA; targeted benefits for rent under the SAA; benefits for disabled persons under the SAA; Other benefits under the SAA; Targeted funds for diagnosis, treatment and in-patient care;
- Implementation of local policies for rendering support and granting benefits.

2. ENSURING FULL INTEGRATION AND PARTICIPATION OF OLDER PEOPLE IN SOCIETY.

2.1. Measures taken to recognize, encourage and support the contribution of older people in society (e.g. media campaigns, organization of events)

Ministry of Labour and Social Policy

In August 2011 the Ministry of Labour and Social Policy organized a round table for exchange of experience and best practices with a view to overcoming negative effects of population ageing. The forum discussed the results of the implementation of the National Demographic Strategy, the Draft of a National Concept for Promotion of Active Ageing, as well as other up-to-date programmes, policies and measures related to demographic processes.

The Round Table was opened by Ms Deyana Kostadinova, Deputy Minister of Labour and Social Policy, who outlined the highlights in the demographic policy of the Republic of Bulgaria. It was emphasized that the changes in the age structure and the ageing of the

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population in the EU Member States, including Bulgaria, require a balanced approach and have two particularly important dimensions. On the one hand this topic is associated with the need to develop measures in support of the older senior citizens, and on the other hand it is related to the need to reconsider the role and contribution of elderly people to the social and economic development of society.

During the Round Table it was pointed out that the policy of the Republic of Bulgaria was a response to the challenges of the demographic changes and that it was consistent with the pan-European priorities and objectives in the labour market sphere and the social protection of citizens. Serious attention is attached both to ensuring quality and long-term care for the elderly and decent standards of living for those who no longer participate in the labour market, and to the reconsideration of the role and contribution of senior citizens to the social and economic development of society. The forum was attended by representatives of the United Nations Population Fund, as well as by representatives of the embassies of Belgium, Germany and France, of state administrations, non-governmental organizations and academic communities, relevant to these topical issues.

Ministry of Defence of the Republic of Bulgaria

The Ministry of Defence implements various programmes jointly with non-governmental organizations for recognizing, promoting and supporting the contribution of war veterans and retired servicemen related to the defence of the national integrity and sovereignty of the Republic of Bulgaria, which consist in:

- organizing award ceremonies for contribution to the security and defence of the country and events to commemorate anniversaries of prominent dates in the Bulgarian history;
- maintaining a data base of certain indicators.

Economic Research Institute at the Bulgarian Academy of Science

The Institute performs diverse activities involving recognition for, promotion of and support for the contribution of elderly people in society:

- organization of and participation in conferences and discussions on such topics;
- expert and advisory activities;
- dissemination of information by way of publications and participation in meetings of scholars.

2.2. Mechanisms set up to account for the needs of seniors in elderly caregiving

Social Assistance Agency

The amendments in the legal framework on social assistance introduced planning in the development of social services from April 2010 onwards. District governors organize the design of a strategy for social services development at district level on the basis of an analysis of the needs for social services in each municipality on the territory of the district. The preparation of the analysis by the respective municipalities with the participation of the Social Assistance Directorates and the municipal councils is a legal mechanism to account for the needs of older people for social services. On the proposal of the mayor of the municipality the Municipal Council approved the analysis.

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The District Governor ensures the involvement in the process of strategy development of representatives of: each municipality on the territory of the district, the Regional Directorate for Social Assistance, the Regional Inspectorate of Education, the Regional Health Inspectorate, the Regional Employment Service, not-for-profit legal entities active in the field of social services, other stakeholder authorities, individuals and organizations concerned with the development of social services. The District Governor approves the strategy after consultations with the District Development Council and the Regional Directorate for Social Assistance.

On the basis of the approved district strategy the Mayor of the municipality organizes the development of a Strategy for Social Services Development on a municipal level, which is adopted by the Municipal Council. The Mayor of the municipality sees to it that the strategy is designed with the participation of representatives of the Social Assistance Directorate, the Municipal Council and other stakeholder authorities, individuals and organizations concerned with the development of social services.

Strategies for social services development have a horizon of five years.

For the purpose of implementing the strategy, every year until 30 April the Municipal Council adopts, on the proposal of the Mayor of the municipality and following consultations with the Social Assistance Directorate and with the Public Council, an Annual Plan for the development of social services on municipal level, which includes: the number, type and capacity of the social services functioning on the territory of the municipality; the number, type and capacity of the social services, whose opening, closure and/or restructuring on the territory of the municipality is proposed; the sources of funding of the social services; the resourcing of social services provision; other activities relevant to the development of social services.

The Plan is submitted to the Executive Director of the Social Assistance Agency within 14 days of its adoption via the Regional Directorate for Social Assistance.

2.3. Mechanisms to account for the needs of elderly people as a specific user group

Social Assistance Agency

The strategies designed at district and municipal level include analysis of the needs for social services on district/municipal level according to the following indicators: types of social services; quality of the social services; target groups, also including older people as a specific user group; ability of the municipality to finance the social services; capacity to provide social services; interaction with other services in the areas of education, healthcare, labour market and others; affordability and sustainability of the social services; participation of the civil society, the providers of social services and users themselves in the development of social services; as well as other factors important for the development of social services.

The strategies also contain mechanisms for regular review and updating in line with the identified needs for social services, also including those of elderly people as a specific user group.

2.4. Measures to promote active ageing: society, culture, economy

Ministry of Labour and Social Policy, Social Inclusion Directorate

The National Reform Programme of the Republic of Bulgaria (2011-2015) contains National target 5 “Reducing the number of people living in poverty by 260 thousand”. One of

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the sub-targets defined under it is reducing the number of people aged 65 and more, living in poverty, by 52 thousand (20% of the total national target and 10% of the number of poor elderly people in 2008). Measures to be implemented in the short and medium term have been set for the attainment of the targets in the National Reform Programme (NRP). The measures planned for reducing the number of people living in poverty by 260 thousand also include support for the elderly by ensuring decent living after retirement and long-term care services by means of:

- Increasing the adequacy of pensions;
- Creating a network of long-term care services;
- Designing a National Concept for Active Ageing.

National Association of Municipalities in the Republic of Bulgaria (NAMRB)

In order to improve the **skills of older people to lead an independent and healthy lifestyle** health education activities are carried out aimed at health promotion and reduction of the level of behavioural, biological and social risk factors. The events include lectures and talks, discussions on health topics, individual and group trainings and consultations. There are also campaigns dedicated to the control of various chronic non-communicable diseases and their lifestyle related risk factors, usually in partnership with the non-governmental sector and the elderly people themselves.

The vision for the development of culture on local level rests on the understanding in the community and accounts for the needs of the elderly people to communicate via it and during cultural events. According to the definition adopted by the EU Member States, culture includes: cultural heritage, performing arts, libraries, books and publishing, visual arts, architecture, audio and audio-visual arts, multimedia, as well as activities, which stand on the border between traditional arts and the new forms of creative activity – filmmaking, advertising, crafts, design, fashion, etc. The new information technology, the processes of globalization require from society approaches and solutions in all areas of cultural 'production' adequate to the modern sociocultural environment. The preservation of culture and historical heritage is mostly maintained by the elderly and ageing population.

Almost all municipalities and community centers in their area promote active ageing by supporting amateur arts, mostly folklore ensembles and traditional crafts that have their broad audience.

The measures for promoting active ageing on local level seek to enhance the links between the policy on social services provision in the municipalities and the other national policies for combating social exclusion, to streamline the system of social services provision and improve the quality of the existing ones, to develop the community-based social services addressing the individual needs of the persons in the target groups and their integration in the other sectoral policies. Cultural tourism, based on folklore traditions and customs preserved by older people is one of the ways to develop entrepreneurship among them and to achieve small economic impact but great social effect.

State Agency for Bulgarians Abroad (SABA)

The “Homeland” (“Rodina”) information web portal was set up in 2011 and has been maintained to date. Thus SABA undertook the commitment to add dynamics to the relationship with the Bulgarian communities all over the world and its interaction with them,

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to present their activities and initiatives to the attention of the Bulgarian public, yet mostly for the sake of boosting communication among fellow countrymen.

The larger Bulgarian communities and their associations worldwide, such as those in Spain, undertake activities targeting older people supportive of the initiatives. These involve cultural performances featuring Bulgarian folklore for audiences of older Spaniards. Numerous associations of fellow Bulgarians have been established in Spain and they organize celebrations of cultures and cultural diversity for Bulgarians and Spaniards. There are associations of fellow countrymen in Madrid and Valencia that have performed cultural programmes under various formats for audiences of older Spaniards.

Economic Research Institute at the Bulgarian Academy of Science

Taking into account the severity of the problems relevant to the demographic processes in the country, their effect on the labour market and the need for active measures regarding the ageing of the population and the promotion of active ageing, the Institute has included its collaborators in the design of national and international research and applied research projects to study essential issues in the fields of: a) the impact of the economic crisis and the anti-crisis measures and policies in the labour market on inequality in terms of working conditions in Bulgaria; b) the flexibility of the labour market from the perspective of industrial relations and segments at risk, comprehensive strategies for lifelong learning, effective labour market policies, modern social security systems; c) design and implementation of policies, programmes and measures in the area of targeted social assistance; d) practices of funding social services for persons with disabilities and proposals for changing the Bulgarian practice; e) social protection in Bulgaria; f) influence and social effects of emigration and of the migration from rural to urban areas.

Associates of the Institute also participated in a number of meetings of scholars, which discussed academic and practical application aspects of issues related to: the pension reform and the prospects of the pension system in Bulgaria; working conditions and quality of employment, assessment of the effect of employment services; gender dimensions, flexibility and security in employment, etc. Furthermore, they took part in the Second National Forum of Researchers on Ageing in Bulgaria.

The Institute rendered assistance to the public administration via expert and advisory activities such as provision of an expert opinion on changes in the social security and health insurance legislation, participation in the Advisory Council on the Pension Reform under the Minister of Labour and Social Policy, participation in working groups at the Ministry of Labour and Social Policy (MLSP).

In line with the need for wider dissemination of information on the issues of demographic development, the ageing of the population and the necessity to promote active ageing, the collaborators of the Institute published a number of research books, studies and articles on these topics in Bulgaria and abroad and presented papers at national and international congresses and conferences.

2.5. Information on an existing advisory authority on ageing

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The Interdepartmental Group on Demographic Issues operating at the Ministry of Labour and Social Policy and created by virtue of an Order of the Minister of Labour and Social Policy involves broad representation of the administration, the civil society, of international and research organizations.

2.6. Programmes and measures for improving housing and surrounding conditions in relation to ageing, particularly in the rural areas

National Association of Municipalities in the Republic of Bulgaria (NAMRB)

Elderly people constitute one of the largest groups of people in need of social services and, respectively, they account for the larger portion of the resources for the provision of such services. The needs of senior citizens in elderly care are mostly related to the possibility for social inclusion, i.e. receiving effective access to quality health care, communication and mobility. Older people are exposed to a far greater extent to the risk of social exclusion, and when it is coupled with the existence of chronic diseases the result is a risk of failure to meet their basic human needs, including a failure to look after themselves. With age their personal situation deteriorates, which in turn increases their need for a broad range of social services.

Recent years have marked a growth in the number of the elderly people living alone, who wish to be admitted to special care institutions or to use community-based social services. These are persons who experience persistent difficulties in taking care of themselves and organizing their everyday life on their own due to poor health. The municipalities, where such services have been introduced, provide quality institutional care in a humane and protected environment, including medical care, social and psychological support for the representatives of the group of older people. The services at the “home for elderly people” institution comply with the standards and criteria for providing social services as stipulated in the Implementing Regulation of the Social Assistance Act and seek to improve and expand the capabilities of the inmates to lead an independent lifestyle. The purpose is to meet the day-to-day needs of the users, to create conditions for social contacts and opportunities for elderly people to feel part and parcel of society, to support retirees in surmounting the psychological barrier, which makes them feel unneeded and to ensure mutual assistance. **The capacity of the institutions for special elderly care on a municipal level does not allow the coverage of everybody willing to use the social service. Municipalities maintain up-to-date information about those who wish to avail themselves of the service of the “home for elderly people” institution.** This service is provided on community level and encompasses almost the entire settlement system. The statutory restriction on government support for this activity, namely its resourcing entirely from the municipal budgets and own revenues, has led to a “delay” in the process of its modernization and adaptation in conformity with the contemporary requirements for elderly care. This service is provided in 223 municipalities and in a total of 236 institutions on the territory of the country. The service is performed in a comprehensive manner at the homes of the elderly and involves supply of food, maintenance of the personal hygiene and sanitation of the living quarters occupied by the user, assistance in obtaining the necessary technical aids in the case of persons with disabilities, household services and others.

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A total of over 568 clubs for retired and disabled people have been opened and operational in 77 municipalities throughout the country as a form of social integration and community-based social services, whose mode of funding is municipal responsibility. They help maintain the social contacts, the social integration and living standards of the pensioners and disabled people in the municipalities and act as the primary venue for meetings between the local government and these people and for discussion of problems and of measures to surmount them. The organization of the clubs for retired and disabled people is governed by municipal ordinances and varies according to the specifics and needs of the individual municipalities. Another form of support and inclusion of older people is provided by the day care centres for adults. In many of the cases the initiative and/or the provision of the services comes from the non-governmental sector or from the people themselves and the municipalities provide and renovate the buildings for these units. The implementation of the social service is a vehicle to upgrade the quality of life and the potential for social inclusion of the elderly people by meeting their daily and rehabilitation needs, as well as their needs for organization of their spare time, personal contacts and social skills with a view to rendering mutual assistance, protection, social integration and adaptation.

For the purpose of satisfying the needs of the elderly persons with disabilities and expanding their abilities for independent living other specialized institutions for persons with disabilities have also been opened and function in the municipalities: specialized care homes for adults with disabilities.

Like other community-based services, day care centres have been opened and operate: centers for social rehabilitation and integration for adults and persons with disabilities aged over 18 and day care centers for adults with physical disabilities, which provide community-based medical, social and educational services.

A significant percentage of older people in need of social services can be referred to the group of persons with disabilities. Often people, who have generally retained their ability for independent living, acquire, after a stroke or complications of chronic diseases, etc., sensory, physical or other disabilities, hence this brings about a need for adequate social services, relevant to these disabilities. As an alternative to institutional care, a network of different types of community-based services has been established in the municipalities with the aim of improving the quality of life of older people, while respecting the principle of independent living in a family or family-like environment.

In recent years various national and European projects and programmes have provided the services "Social Assistant", "Personal Assistant" and "Domestic Assistant" funded by the Operational Programme Human Resources Development (OP HRD). The services, whose distinguishing feature is the home atmosphere, are tailored to the individual needs, desires and living conditions of each senior citizen and their provision may also involve, besides relatives, neighbours and friends of the elderly people. The scope of the programmes that implement the services "Social Assistant", "Personal Assistant" and "Domestic Assistant" is not sufficient to meet the identified needs of the people in these groups and this requires an increase in the number of the persons engaged in the provision of services in a family environment.

In order to improve the health of the elderly population and promote disease prevention, some municipalities implement the CINDI Programme. This is a programme of the Regional Office for Europe of the World Health Organization for prevention of chronic noncommunicable diseases (CNCDS). The main objective of the CINDI Programme is to improve the health of the population by reducing preventable mortality, morbidity and the health effects of the most common chronic noncommunicable diseases (*socially significant*

diseases) which include cardiovascular, oncological, pulmonary and mental illnesses, diabetes mellitus, injuries and poisonings.

The poorest part of the representatives of older people can use the Public Kitchen social service funded by MLSP.

Accounting for the needs of elderly people in the municipal and district strategies for social services development. Improvement of the interaction between municipalities and district administrations in implementing the strategies and the Action Plan.

Ministry of Agriculture and Food

The data from the 2011 census indicate that the population of Bulgaria is 7 364 570 persons and that 2 025 569 of them live in the rural areas. Even though the data are not consistent with the national definition of rural areas, they are indicative of the high relative share of the residents of rural areas – about 30% in the past 10 years, including those representatives of the ageing population, which live in the countryside, though registered as urban dwellers (for example pensioners).

Given the specifics of rural areas and agriculture from the socio-economic and demographic perspective, the implementation of the Rural Development Programme (RDR) 2007 – 2013 also contributes to the solution of the ageing issue in the country.

More specifically, the implementation of measures 321 and 322 of Axis 3 of the Rural Development Programme (2007 - 2013) is related to the following points in the attached questionnaire for the preparation of the National Report:

- Point 2. “Ensuring full integration and participation of older people in society” (subpoint “Programmes and measures for improving housing and surrounding conditions in relation to ageing, particularly in the rural areas”);

- Point 4. “Adjusting the social protection system in response to demographic changes and their social and economic consequences” (subpoint “Measures in response to the needs of older people for social and health services, including adequate housing conditions and long-term care”);

- Point 7. “Ensuring quality of life at all ages and maintaining independent living, including the health aspect” (subpoint “Measures to reduce unequal access to health and social services, including those for people in rural or remote areas”).

Measure 321 “Basic services for the economy and rural population” seeks to better the living conditions in the rural areas via a number of activities aimed at improving the access of the population in these areas, and particularly of the vulnerable groups, to social services. EUR 127 997 320 were paid under this measure until 1 September 2011 and given the large proportion of ageing population in the rural areas (NSI data from the 2011 census indicate that 31.3% of the rural population is over working age), it can be reported that the implementation of the measure contributes to the solution of the problems of this vulnerable group.

Measure 322 “Village renewal and development” focuses on increasing the attractiveness of the living environment in the rural areas by providing support for investment in parks, green areas, streets, squares, sidewalks and street lighting and renovation of buildings in settlements in rural areas. The population over working age in rural areas is 633 482 against 1 099 686 persons in the urban areas, or 36 percent of the total population of the country over working age lives in rural areas. 2011 EUR 52 581 942 were paid out under this measure until 1 September. The impact on the ageing population in these areas will be reported at a later stage.

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It has been reported that so far the application of the RDP (2007 – 2013) under measures 321 and 322 has led to the implementation of projects worth EUR 180 579 262 for improving the living environment and the access to services in rural areas, where a considerable part of the ageing population of Bulgaria lives.

It should be taken into account that the term “population over working age” does not overlap with the concept of “ageing population”, but the recounted data are used as an indicator of the general trend of ageing according to the results of the 2011 census.

In this sense, measures 321 and 322 of RDP (2007 – 2013) could also be reported as a contribution to the improvement of the surrounding living conditions of the ageing population in the rural areas, where its share is considerable and its problems – such as access to social and health services, infrastructure and social conditions, can also be partially solved by RDP (2007 – 2013).

Regarding Point 5. “Enabling labour markets to respond to the consequences of population ageing and promoting employment of older people” (subpoint “Cancellation of incentive measures for early retirement”) of the Questionnaire, the following should be pointed out:

Bulgaria gave up the implementation of Measure 113 “Early retirement of farmers and farm workers” for the 2007 – 2013 programming period as early as during the programming of RDP (2007 – 2013), taking into account the national specifics: ageing rural population, ageing population occupied in agriculture, as well as the fact that at many places in the rural areas there are limited alternatives for the population. Another measure under Axis 1 was selected for implementation: Measure 112 “Setting up of young farmers”, under which EUR 51 021 869 were paid out as of 1 September 2011. The measure creates conditions for solving problems in the sector and in the rural areas by facilitating the process of setting up new agricultural holdings, opening of new jobs and reviving the economy in the rural areas as a whole.

The overall impact of the mentioned measures under RDP (2007 – 2013), including those on the issues of ageing population, can be assessed during their longer implementation throughout the programming period as a part of the set of measures under the general Programme, as well as when accounting for the effect of the implementation of the Human Resources and Regional Development Operational Programmes.

3. PROMOTION OF EQUITABLE AND SUSTAINABLE ECONOMIC DEVELOPMENT IN RESPONSE TO THE PROCESS OF POPULATION AGEING

The information should address the issue of the intergenerational transfer and allocation of resources and in particular it should demonstrate whether the economic growth has ensured financial sustainability of the social protection system in view of population ageing.

3.1. Arrangements to adjust macroeconomic measures to the growing needs of the elderly population

Ministry of Economy, Energy and Tourism (MEET)

The MEET policy is consistent with the priorities set out in the "Europe 2020" Strategy for smart and sustainable growth, for building an economy with high employment levels, based on knowledge and innovation and for promoting a greener, more competitive and resource efficient economy. Taking into account the great potential of Bulgaria in the field of health and healthy lifestyle: numerous trained medical personnel, developed pharmaceutical industry, capacity to produce healthy food, MEET promotes health related technology and innovation.

Amendments along these lines have been initiated in the Implementing Regulations of the Investment Promotion Act, effective since 24 November 2009 as amended and supplemented, *State Gazette (SG)*, No 62 of 10 August 2010. Human healthcare and residential medical and social care (codes Q 86 and 87 under the 2008 Classification of Economic Activities) have been identified as priority economic activities for investment promotion.

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4. ADJUSTING THE SOCIAL PROTECTION SYSTEM IN RESPONSE TO DEMOGRAPHIC CHANGES AND THEIR ECONOMIC AND SOCIAL CONSEQUENCES

4.1. Activities to adjust the social protection system to the demographic situation in the country

MLSP, Social Inclusion Directorate

A part of the measures that are being undertaken in implementation of National Target 5 of the National Reform Programme consist in ensuring greater adequacy of social transfers via:

- Impact assessment of the policies and legislation related to material support for vulnerable groups;
- Provision of social assistance benefits, family benefits and benefits for persons with disabilities.

MLSP, Social Protection and Equal Opportunities Directorate

The philosophy of social assistance in Bulgaria is based on the fact that every citizen is entitled to social protection when, due to health, age, social and other reasons beyond his control he cannot, either on his own or with the assistance of his relatives, ensure satisfaction of his basic vital needs. Social protection consists in the provision of benefits and services. This right is also granted to aliens who have a permit for permanent residence in the Republic

of Bulgaria, to aliens who have been granted asylum, refugee status or humanitarian status, to aliens who have been granted temporary protection and to persons for whom this is provided for in an international treaty to which the Republic of Bulgaria is a party.

MLSP, Social Protection and Equal Opportunities Directorate

Social Assistance Benefits

Social assistance benefits are granted after the exhaustion of all options for self-support and for aid from those who have statutory obligation to provide it. The right to social protection is associated with **consideration of each individual case**. It depends on income, property, marital status, health condition, employment status, age and other established circumstances. Social assistance benefits are granted on the basis of a social report resting on a social survey carried out at the homes of the individuals and families, which establishes the existence of conditions for exercising the right to assistance.

One of the highlights in the social policy pursued **is protection of the lowest-income people with special attention being given to single elderly people and to persons with disabilities**.

The protection of low-income people is governed by the Social Assistance Act, its Implementing Regulations, and Ordinance No RD 07-5 of 2008 of the Minister of Labour and Social Policy on the conditions and procedure for granting targeted benefits for heating.

Monthly, targeted and lump-sum benefits are provided under the Social Assistance Act.

Monthly benefits are a vehicle to aid the poorest individuals and families, whose income is below a certain differentiated minimum level. The basis for establishing entitlement to monthly social assistance and the magnitude of the benefits is the guaranteed minimum income (in the amount of BGN 65 for 2011). The Implementing Rules of the Social Assistance Act identify 11 groups at risk and the respective individual rate (between 20% and 165%) used to adjust the guaranteed minimum income for each person. The factors taken into account when determining these individual rates for each target group are age, health condition, marital status, degree of employment and time dedicated to education and training, as well as cohabitation with other persons or families. Their levels are highest in the case of elderly people living alone and persons with long-term disabilities and there is also grading in the so-defined groups depending on age (persons aged over 65 and over 75) and the identified degree of long-term disability (over 50%, over 70% and over 90%) .

Targeted benefits are designed to support persons and families in meeting specific needs – payment of rent for municipal housing (for elderly people living alone) and free-of-charge bus travel in the country for people with long-term disabilities.

Lump-sum benefits are granted to meet incidental needs related to health, utilities, education and other areas. Emphasis is placed on the specific social work and consideration of each individual case for the sake of preparing an objective assessment of the social, property and health status of persons and families subject to assistance. This assistance level cannot exceed 5 times the amount of the guaranteed minimum income.

Targeted benefits for heating are also granted. They ensure heating in the winter period (5 months – November through March) for those socially worst-off. The level of the benefit is established on an annual basis and fully offsets the rise in electricity prices. Once again here, as in the case with the monthly social assistance benefits, the highest individual rates are set for single elderly people and for persons with long-term disabilities in compliance with the principles described above.

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People without income and/or personal property that would ensure them personal participation in the health insurance process are granted **targeted funds for diagnosis and in-patient treatment**.

Measures to ensure support for the social protection system for better reconciliation of family and work responsibilities (for instance, special leave for working parents and caregivers);

National Social Security Institute

- The Bulgarian legislation provides for special leave for working parents who provide care to children or other family members in certain cases. Meanwhile the insured persons, regardless of their gender, obtain cash benefits from the state social security system.
- Periods of absence from work for dependent caregiving to family members under certain conditions are recognized as length of service used for accumulating insurance periods with a view to future social security rights.
- For the purpose of promoting equality of women and men, amendments have been introduced in the regulatory rules on the proposal of the National Social Security Institute so as to enhance the role of the father in the periods of child birth and child raising. Fathers have been granted the right to obtain (simultaneously with mothers) a 15-day leave and a benefit for that period upon the birth of a child. Fathers have been granted the right to use a leave instead of the mother as early as upon the completion of the age of 6 months by the child and to receive benefits for raising that child.
- The National Social Security Institute has made a proposal that one of the state social security funds – the General Disease and Maternity Fund, which pays out short-term benefits, should be renamed by substituting the word “motherhood” with “parental leave” or “parental care”. This will send a clear signal to young parents and to the public that both parents should take care and bear responsibility for raising a child.

Ministry of Defence

In an effort to improve the social protection system, the Ministry applies on an annual basis a certain mechanism to earmark funds for upgrading living standards and ensuring independent and decent living:

- financial support to the needy;
- financial support to disabled servicemen.

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4.2. Steps to achieve sufficient income level for older people

MLSP, Social Inclusion Directorate

The measures planned under National Target 5 of the National Reform Programme (NRP) for ensuring greater adequacy of social transfers are:

1. Impact assessment of the policies and legislation related to material support for vulnerable groups;
2. Provision of social assistance benefits, family benefits and benefits for persons with disabilities.

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The measures planned in the National Reform Programme (NRP) to support older people by ensuring decent living after retirement and long-term services are:

1. Raising pension levels for the purpose of increasing their adequacy;
2. Creating a network of long-term care services;
3. Development of a National Concept Paper for Promotion of Active Ageing.

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National Social Security Institute

- Unduly liberal retirement requirements under the previous legislation have been replaced by more stringent retirement rules. This has deterred the inflow of new pensioners, who remain on the labour market for a longer period of time. On the other hand, the deterrence of the inflow of new retirees allows higher levels of pensions.
- The creation of the three-pillar pension model has been conducive to the improvement of the rate of replacement of the pre-retirement income of the person. The pensions of an individual may add up to a higher total retirement income given relevant institutional arrangements and balanced financial resourcing of complementary basic and supplementary pension schemes of pay-as-you-go and fully-funded type with options for mandatory and voluntary participation.
- The pension legislation provides for a mechanism for updating pensions every calendar year by taking into account the growth of the national average insurable income and the dynamics in the consumer price index. In the situation of the global economic crisis of recent years this updating mechanism has not been applied due to shortage of funds.
- For almost a decade each year what is known as Christmas supplement to pensions was paid to support retirees at the time of New Year holidays.
- One of the most recent measures regarding retirement income concerns the gradual increase of the widow supplements constituting a certain percentage of the pension/pensions of the diseased person.

4.3. Measures in response to the needs of older people for social and health services, including adequate housing conditions and long-term care

MLSP, Social Inclusion Directorate

An Ordinance Amending and Supplementing the Implementing Regulations of the Social Assistance Act became effective on 16 August 2011. The regulatory change extends the scope of the person, who will be entitled to targeted benefits for paying rent for municipal housing with the qualifying threshold rising from 150% to 250% of the differentiated minimum income. This adds precision to the criteria for accessing the service in place with a view to its expansion.

The following measure has been planned in implementation of National Target 5 of the National Reform Programme (NRP): ensuring adequate housing conditions to the vulnerable groups at risk and reduction of homelessness. The following activities have been envisaged within measure referred to above:

1. Survey of homelessness, development of a statistical database on homelessness and its dimensions, and development of an overall strategy for fight against homelessness;

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2. Construction of social housing, including such for the most vulnerable representatives of the Roma community;

3. Establishing integrated social, healthcare and educational services for homeless people.

In the area of long-term care the Government pursues a policy governed by the following priority goals:

1. Deinstitutionalization of long-term care and expansion of the access to services for elderly people, single people and persons with disabilities by establishing an adequate network of social services offered in the community and in domestic environment, which should be tailored to the individual and specific needs of the target groups;

2. Boosting the quality of long-term care services and upgrading the skills and motivation of the staff involved in this service sphere;

3. Support for families with increased responsibility in terms of care for dependent family members and ensuring of equal conditions for females and males;

4. Creation of a working mechanism for financing long-term care and attainment of sustainable growth in the funding for community and home based services;

5. Better interaction and coordination between healthcare and social services;

6. Strengthening the role of municipalities and organizations in providing support and care for older people and persons with disabilities.

National Social Security Institute (NSSI)

In response to the needs of families for long-term care for incapacitated retirees the National Social Security Institute offered to the attention of the Ministry of Labour and Social Policy a concept paper developed for the purpose of regulating long-term care in a new way. The concept paper recounts the view that long-term care for pensioners should be included in the state social security system as an insured social risk. Like the other insured social risks, for which separate earmarked funds have been set up within the State Social Security (SSS) system, elderly long-term care could also be addressed in institutional and sustainable financing terms on contributory and solidarity principle. This would provide an impetus for putting in place a procedure for better access to such care and an option to tend to the needs of the elderly person under suitable housing conditions at the home of the person or in a special institutional environment.

National Health Insurance Fund (NHIF)

General practitioners (GPs) from medical facilities for primary outpatient medical care conduct registration of individuals insured under the mandatory health insurance scheme in compliance with Ordinance No 39 of 2004 on preventive medical examination and registration with dispensaries in case of diseases subject to such registration by GPs. This is also consistent with Annex No 13 to the 2011 National Medical Framework Agreement, namely "Package of activities and tests in line with the International Classification of Diseases for individuals insured under the mandatory health insurance scheme registered with dispensaries by GPs". The registration of an individual insured under the mandatory health insurance scheme with dispensaries takes place only with their explicit consent.

Individuals insured under the mandatory health insurance scheme aged over 18 are subject to mandatory annual preventive medical examinations and involvement in community-based risk groups in accordance with Ordinance No 39 of 2004 and respectively Annex No 15 to the 2011 National Medical Framework Agreement on the organization of preventive medical examinations for individuals aged over 18 insured under the mandatory

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health insurance scheme and on the establishment of risk groups involving individuals aged over 18 insured under the mandatory health insurance scheme.

Mandatory immunization and re-immunization has also been introduced for the population in the Republic of Bulgaria, including elderly people, in compliance with Ordinance No 15 on immunization in the Republic of Bulgaria and Annex No 15 to the 2011 National Medical Framework Agreement.

In the field of dental medicine NHIF provides the following package of activities:

Primary outpatient dental care (PODC):

- thorough dental examination for establishing the status of oral health;
- obturation with amalgam or chemical resin;
- tooth extraction with anesthesia;

Specialized outpatient dental care (SODC):

- specialized thorough examination;
- incision in connective tissue beds, including anesthesia;
- extraction of a deeply fractured or damaged tooth, including anesthesia;
- follow-up check up after any of the two activities referred to above.

Individuals insured under the mandatory health insurance scheme are entitled to free-of-charge specialized and highly specialized medical diagnostic tests and to specialized and highly specialized medical operations included in the respective packages as per Annex No 12 to the 2011 National Medical Framework Agreement and provided for in the individual agreements concluded between the National / Regional Health Insurance Fund and the prospective providers of medical diagnostic services (laboratories).

GPs have a statutory obligation to conduct medical examinations and manipulations at the homes of individuals insured under the mandatory health insurance scheme, when the condition of the patient prevents him from visiting the GP surgery.

The GP prepares the medical documentation for consultations and co-treatment with the relevant specialists, when this is required by the clinical status of patients and refers them to hospitals if in-patient treatment is needed.

In connection with the issuance of expert medical opinions on the working capacity of individuals insured under the mandatory health insurance scheme and their certification by a Medical Advisory Committee (MAC), Territorial Expert Medical Commission (TEMK)/National Expert Medical Commission (NEMK), the GP prepares medical records with the necessary documents, which the patient submits to the respective commission.

National Association of Municipalities in the Republic of Bulgaria (NAMRB)

Health services in support of elderly people are also provided by medical facilities for primary medical (general practitioners) and dental outpatient care; by medical facilities for specialized outpatient medical care; by medical facilities for hospital care, dispensaries, etc.

An analysis will be carried out on a national level due to the imbalance in the geographical distribution of the services and the "white" spots where no purposeful efforts are made in support of elderly people.

The financing of health services, including those for the elderly, is secured by the NHIF budget for activities performed by medical facilities. There is a need for additional funding to be provided to medical facilities in remote areas at risk and for medical off-road vehicles to be procured in view of the access of older people to healthcare.

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Two “sheltered homes of family type” for elderly people with a capacity of 30 persons are about to be built in the village of Boynitsa.

Special measures are needed to improve the skills of caregivers to the elderly in relation to: introductory training for new specialists: social workers, medical personnel, as well as support staff involved in the direct provision of social services for older people; regular thematic courses that would guarantee the acquisition of specific skills for professional development planning, teamwork and effective communication skills, interaction with various institutions and fora for exchange of experiences and professional development through participation in workshops, conferences, seminars, traveling seminars. It is also important that professionals working with older people should be able to exercise monitoring and control.

Many of the senior citizens suffer from serious chronic diseases that go hand in hand with numerous health problems. In an attempt to surmount them, municipalities focus their efforts on the following activities for ensuring health and social services:

- They provide access to disease prevention and quality health care, mainly in terms of prevention of risk factors and access to medical facilities.
- They tap into the potential of national programmes for prevention and rehabilitation of socially significant diseases and carry out preventive health care campaigns;
- A visit of a medical specialist as part of the community-based social services – a free-of-charge service including, for example, measurement of arterial pressure and counseling on healthy living, healthy eating and dietary regimen;
- They upgrade the skills and competencies of caregivers and recruit and train volunteers and members of the families of elderly people, where special programmes and projects are being implemented.

The operation of the healthcare sector is largely based on the market economy principles, while the tendency in the social services area is growing state responsibility. Although municipalities have statutory powers to partner with the NGO sector, the activation of the latter, as well as the recruitment of volunteers is still a difficult task without a single solution. Examples of measures seeking to integrate and correlate sectoral policies focused on the elderly:

1. Modification of the structure of social services.
2. Extension of the scope of the beneficiaries of health and social services.
3. Meetings with medical professionals, systematic health status monitoring and exchange of information among institutions.
4. Indexing and ranking of the care while taking into account the health condition and the capacity to respond to the daily needs of the elderly.
5. Involvement of NGOs and volunteers in the activities and care for the needy.
6. The major factor determining the quality of the care is the family and efforts are focused on the development of services targeting families and relatives.
7. Clear differentiation of the needs of older people belonging to the following categories: single, homeless, beggars, disabled, socially active, etc.
8. Expansion of the circle of elderly care professionals, of their qualification and capacity. Ensuring of decent payment for their work.
9. Establishment of mobile teams of professionals trained to provide the required competent health, psychological and other types of assistance and modern centers for public support, enhancement of the role of psychological support.

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10. Reconsideration and provision of state support aimed at maintaining and upgrading the home care service (home social patronage) network, which covers the country's territory to a largest extent.

Ministry of Regional Development and Public Works

Contracts signed under scheme BG161PO001/1.1-01/2007 "Support for provision of adequate and cost-effective educational, social and cultural infrastructure contributing to the development of sustainable urban areas", Component 2 Social Infrastructure of the Regional Development Operational Programme, focused on the rehabilitation of the social infrastructure providing services to the elderly:

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Beneficiary	Project	Target Group	Major results	Grant amount
Municipality of Yambol	Repair, equipment and renovation of a Comprehensive Social Services Centre in the city of Yambol for ensuring sustainable urban development and social inclusion	Single elderly people – <u>590 persons from an Elderly Home and Home Care Service (home social patronage)</u> ; Elderly people with specific needs – 930 permanent users of the services provided by various organizations of persons with disabilities;	Repaired, refurbished and renovated building of a Comprehensive Social Services Centre, secured safe and accessible architectural environment. Purchased and installed equipment and facilities for providing comprehensive medical, occupational and social rehabilitation, for meeting daily necessities, for organization of the leisure time and personal contacts of the users of the services	BGN 5 530 101.75
Municipality of Varna	Refurbishment of the Anastasia Dr. Jelezkova Social Vocational Educational Centre, city of Varna	Persons with disabilities – <u>242 individuals</u> .	Improved physical environment of the residents and recipients of social services provided by the Anastasia Dr. Jelezkova Social Vocational Educational Centre Created contemporary conditions for educational and cultural activities and sports to be practiced by the clients of the Centre Created accessible architectural environment for persons with disabilities	BGN 5 642 317
Municipality	Reconstruction,	<u>230 individuals</u> – elderly people, mostly living alone, and	Three buildings have been rehabilitated.	BGN

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of Lovech	modernization and equipment of the home care service (home social patronage) facilities of the Municipality of Lovech	persons with disabilities		1 709 365.80
Municipality of Pazardzhik	Support for the provision of adequate and cost-effective social infrastructure, contributing to the development of the Municipality of Pazardzhik	<p>The weekly care day centre for elderly people with disabilities has a <u>capacity of 40 persons.</u></p> <p>The sheltered dwelling for mentally retarded persons has a capacity of <u>8 individuals.</u> The capacity of the sheltered housing for people with physical disabilities is also <u>8 occupants.</u></p> <p>The Center for Temporary Placement has <u>a capacity of 8 persons.</u></p>	Performance of construction and installation works at the relevant sites.	BGN 975 516.08

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Municipality of Vidin	Improving accessibility and living conditions for disadvantaged persons	Elderly people living on their own – <u>20 persons</u> , according to the capacity of the Elderly Home in the village of Kutovo;	Construction and repair works on the facility – main building and kitchen unit of the Elderly Home in the village of Kutovo	BGN 1 257 473.11
Municipality of Gabrovo	Improvement of the social infrastructure and quality of the social services for disadvantaged people – contribution to the sustainable development of the municipality of Gabrovo	<u>36 persons</u> , users of the Home for Elderly People with Physical Disabilities at Kryakovtsi (persons with physical impairments – congenital or acquired; after stroke, infarction, rheumatism; peripheral vascular diseases; poliomyelitis; osteoporosis, arthrosis; congenital limb anomalies; Parkinson's disease; limb amputations; paraparesis and consequences of past traumas and other diseases);	1 reconstructed, repaired, modernized and adapted building of the Home for Elderly People with Physical Disabilities – part of the social infrastructure of the municipality of Gabrovo with improved energy efficiency and secured access for disadvantaged people. Supply of administrative, domestic and specialized equipment for the purpose of upgrading the quality of the provided services by conducting rehabilitation and therapeutic procedures.	BGN 1 537 459
Municipality of Radomir	Improvement of the social infrastructure in	<u>150 persons at retirement age</u> accommodated at the Saint Ivan	Renovated and reconstructed environment of the Elderly Home.	BGN 4 681 055.17

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	the Municipality of Radomir”	Rilski Elderly Home, town of Radomir.		
Municipality of Smolyan	Improvement of the living conditions at the Elderly Home in the village of Fatovo, the homes for elderly people with mental disorders in the villages of Rovino and Petkovo and at the <i>Zvanche</i> Day Care Center for children and elderly people with disabilities, city of Smolyan	<p>The Elderly Home with a ward for bedridden patients in the village of Fatovo has a capacity of <u>90 inmates</u>;</p> <p>The Home for elderly males with mental disorders in the village of Petkovo has a capacity of <u>100 inmates</u>;</p> <p>The Home for elderly people with mental disorders in the village of Rovino has a capacity of <u>100 inmates</u>;</p> <p>The capacity of the <i>Zvanche</i> Day Care Center for children and elderly people with disabilities is</p>	<ul style="list-style-type: none"> - provided modern and functional living conditions tailored to the needs of the people at the four social institutions and better health; - improved environment and better access for persons with disabilities; provided amenities for elderly people relevant to the social services offered under the project; - provided conditions for improved service through refurbished medical and rehabilitation equipment. 	BGN 5 533 910.07

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		<u>48 inmates.</u>		
Municipality of Kardzhali	Overhaul and equipment of the premises of the Home Care Service and a part of a building of the <i>Nadezhda (Hope)</i> Day Care Centre in the city of Kardzhali	<u>140 pensioners and persons with disabilities</u> , who currently avail themselves of the services of the Home Care Service in Kardzhali; <u>30 persons with physical and mental disabilities</u> aged between 18 and 63, who will avail themselves of the services of the <i>Nadezhda</i> Day Care Centre;	Performance of construction and installation works at the premises of the Home Care Service in the city of Kardzhali and in part of a building of the <i>Nadezhda</i> Day Care Centre. Supply and assembly of special kitchen equipment for the Home Care Service in the city of Kardzhali, special rehabilitation equipment for the <i>Nadezhda</i> Day Care Centre and platforms for access of persons with disabilities to and in the Day Care Centre	BGN 1 125 982.59
Municipality of Blagoevgrad	Repair, reconstruction and modernization of the existing social infrastructure on the territory of the municipality of Blagoevgrad	<i>Zornitsa</i> Day Care Centre for elderly people with disabilities – <u>16 users</u> Elderly Home in the village of Padesh – <u>50 users</u> Elderly Home in the city of Blagoevgrad – <u>87 users</u>	5 buildings of the social infrastructure rehabilitated, refurbished and renovated Supplied and installed equipment on the five sites	BGN 4 014 406.85
Municipality of Sliven	Integrated project for improving the social infrastructure in the municipality of Sliven	Elderly people with disabilities, beneficiaries of social services at the <i>St. Stiliyan Detepazitel</i> Day Care Centre – <u>20 persons</u>	Repaired buildings of the social institutions. Supplied adequate equipment for the premises of the Elderly Home in Sliven and Day Care Centre for mentally retarded children and young people in	BGN 3 577 096.38

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	- rehabilitation, renovation and equipment of social institutions – <i>St. Stiliyan Detepazitel (Child Protector)</i> Day Care Centre for mentally retarded children and elderly people, Elderly Home, Sliven	Elderly people with disabilities from the Municipality of Sliven, who will be recipients of rehabilitation services and will be able to practice sports – 6 persons per day. The target group of the Elderly Home are senior citizens from the city of Sliven and its region – <u>120 persons</u>	Sliven, where the two institutions provide social services to the community	
Municipality of Sandanski	Establishment of an autonomous social centre in the building of the <i>Yane Sandanski</i> Secondary Vocational School	<u>150 persons – elderly people</u> , older people with physical disabilities, incapacitated persons, etc. in 8 settlements in the municipality of Sandanski (city of Sandanski, village of Levunovo, village of Novo Delchevo, village of Damyanitsa, village of Valkovo, village of Sklave, village of Laskarevo and village of Ladarevo), 15 of which are of Roma origin and 23 are disabled. Over 8 500 persons at retirement age, residents of the 8 settlements in the municipality of Sandanski, in the region, covered by the	Repaired, renovated and modernized premises with floor area of 450 square meters of the Home Care Service in the city of Sandanski in compliance with the relevant legislation; ✓ 1 ramp built for easier access of the service users with physical disabilities; Improved energy performance of premises of the Home Care Service in the city of Sandanski with floor area of 450 square meters; Supply of kitchen equipment.	BGN 363 574.10

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		Home Care Service in the city of Sandanski – prospective beneficiaries of the offered social care and services		
Municipality of Gorna Oryahovitsa	Energy efficient reconstruction and modernization of social infrastructure sites in the Municipality of Gorna Oryahovitsa	Currently the Home for elderly people with physical disabilities in the village of Gorski Goren Trambesh provides services to 47 <u>persons</u> , the Home Care Service in the town of Gorna Oryahovitsa provides services to 320 <u>persons</u> , the Day Care Centre for children and elderly people with disabilities in the town of Gorna Oryahovitsa provides services to 35 <u>persons</u> .	Performance of „ Energy efficient reconstruction and modernization of the Home Care Service in the town of Gorna Oryahovitsa”, of “Energy efficient reconstruction and modernization of the home for elderly people with physical disabilities in the village of Gorski Goren Trambesh. Multisensory room and repair of a playground at the Day Care Centre for children and elderly people with disabilities and the Day Care Centre for children with disabilities, town of Gorna Oryahovitsa”	BGN 1 737 669.28

4.4. Actions to improve the living standards of persons with disabilities and of older people with a view to ensuring independent and decent living

MLSP, Social Inclusion Directorate

One of the measures set in the NRP in pursuit of National Target 5 “Reducing the number of people living in poverty by 260 thousand” is active involvement in the labour market of unemployed persons from vulnerable groups: persons with disabilities, recipients of social assistance benefits, unemployed persons from vulnerable ethnic groups, etc. by:

1. Providing material support for people with disabilities;
2. Providing accessible environment for people with disabilities;
3. Development of social economy – establishing new and supporting the existing enterprises in the field of social economy.

In implementation of the National Action Plan on Employment and the effective schemes under the Human Resources Development Operational Programme (HRD OP) a set of measures have been undertaken for social integration of unemployed persons and for training employed and unemployed persons, which are consistent with the attainment of National Target 1 in NRP: “Reaching 76% employment of the population aged 20-64 by 2020” and include: National Programme “Assistants to People with Disabilities” under which the “Personal Assistant” activity is being implemented. The programme provides employment to 3 000 unemployed people who provide care to people with long-term disabilities on a constant basis in the capacity of personal assistants (budget: EUR 5 million); National Programme for Employment and Vocational Training of People with Long-Term Disabilities, which provides financing of EUR 3.3 million for the employment of 1 979 jobless individuals; Provision of the services of “Social Assistant” and “Personal Assistant” as part of schemes under HRD OP with a total indicative value of EUR 17.4 million for 2011.

MLSP, Social Protection and Equal Opportunities Directorate

Persons with disabilities

The Republic of Bulgaria develops legislation providing legal guarantees for non-discrimination, for creating equal opportunities, as well as for integration of persons with disabilities in all spheres of public life. A priority in the policy pursued by the Ministry of Labour and Social Policy is protection of the rights and fundamental freedoms of human beings, as well as consolidation of the generally accepted standards.

The Bulgarian Strategy for Ensuring Equal Opportunities for People with Disabilities 2008-2015 is related to the implementation of the objectives of the Council of Europe for creating an European policy framework (for a period of ten years) regarding respect for human rights, non-discrimination, equal opportunities, full citizenship of people with disabilities. The strategy was adopted in 2007 in implementation of the recommendations of the Council of Europe and the best practices of the EU Member States for intensive work for ensuring integration of persons with disabilities, as well as employment and more favorable living conditions.

The Strategy aims at creating guarantees and incentives for equality of persons with disabilities and their successful fulfillment in public life. Some of the priority lines of the Strategy are associated with the creation of an environment tailored to the needs of persons with disabilities, with a change in the model of care for children with disabilities: from their placement in specialized institutions to care in a family environment, deinstitutionalization, etc.

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One of the objectives of the Strategy, which is related to the execution of the process of deinstitutionalization and provision of community-based social services to persons with disabilities, includes lines of activity associated with:

- reduction of the number of the social services institutions for persons with disabilities;
- development of day care forms of performing social services: day care centres for social services, rehabilitation centres, etc.;
- streamlining the schemes for providing the services of personal and social assistant on a national scale;
- design of mechanisms and incentives for NGOs, so that they can assume state and municipal functions in the social services area;
- designed concept paper for decentralization in the area of social services and promotion of the development of a market type of services for persons with disabilities;
- legal regulation of the supply of various types and forms of social services;
- development of a system of standards, norms and regulations vis-à-vis the different types and forms of social services, their physical and technological facilities and accessibility;
- decentralization of management;
- shifting the funding of specialized institutions to local governments and establishment of a financing mechanism that would encourage municipalities to develop community-based services;
- application of an individual approach, particularly with respect to children, ensuring a family-like environment, optimization of the number of staff according to the number of residents, offering of specialized services etc.;
- monitoring and control of the quality of care and services and of compliance with standards;
- restructuring of the specialized institutions so as to transform them into diverse forms of community-based social services;
- rendering of methodological assistance and support to the providers of social services;
- establishing a system for continuous training and improving the skills of the staff;
- introduction of individual budgets and direct payments in case of provision of social services to persons with disabilities.

Persons with disabilities are also entitled to targeted benefits for purchasing and adjustment of a personal motor vehicle; reconstruction of housing; attendants accompanying people with impaired vision, people with mobility difficulties, persons with intellectual disabilities and persons with mental disorders, interpreters accompanying blind and deaf people and interpreters for people with hearing impairments. Depending on their needs, persons with disabilities are entitled to targeted benefits for the production, purchase and repair of assistive devices, facilities, equipment and medical devices.

Social services are a vehicle for ensuring support for enhancing the ability of people to lead an independent lifestyle. They are either performed in specialized institutions or community-based. Social services consist in aiding children and adults in performing their daily activities and their integration. They are provided according to the desire and personal choice of the individuals that need them.

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The effective legislation in Bulgaria gives priority to community-based services as an alternative to institutional care. Social services in specialized institutions are provided only after exhaustion of the options for performing community-based services.

National Social Security Institute (NSSI)

The concept of new regulation of elderly long-term care as an element of the state social security system proposed by the National Social Security Institute accounts for the fact that this would be a way to improve the living standards of incapacitated retirees and to create conditions for independent and decent living.

Ministry of Physical Education and Sports

The Ministry of Physical Education and Sports has implemented a pilot programme “Sports for persons with disabilities and children at risk”. It is consistent with the goal and main objectives of the National Strategy for the Development of Physical Education and Sports in the Republic of Bulgaria 2010-2020.

One of the aims of the Programme is to create conditions and opportunities for participation of persons with disabilities, with no age limitation, in free-of-charge sports activities with a view to improving their health condition, physical capabilities and living standards.

The section “Initial training / individual and group activities / for persons with disabilities” provides persons with disabilities with chances of acquiring initial knowledge, skills and habits for practicing a type of a sport through free access to sports facilities and skilled sports experts.

The Programme for persons with disabilities was implemented by means of 20 projects of sports organizations involving 16 types of sports, by 70 specialists in sports and adapted physical activity, with 500 persons engaged in over 4 300 sports activities.

4.5. Establishment of a regulatory framework for adjustment of the pension system

National Social Security Institute (NSSI)

A systemic pension reform starting from the year 2000 was conducted in the situation of a market economy and taking into account the unfavourable demographic structure of the population, the identified lasting trends of ageing, declining birth rates and simultaneous increasing of life expectancy. The reform involved modifications in the philosophy and principles of pension insurance, systemic and parametric changes in the pension system including higher eligibility criteria for obtaining pension benefits and restriction of early retirement.

At one of a series of different stages and steps of the reform taking place in the recent decades new statutory amendments effective since 2011 were introduced in relation to the required retirement age and length of service. The amendments provide for an increase in the required pension insurance contributory period, as well as gradual rising of the retirement age in the longer term.

The systemic and parametric changes in pension insurance performed since 2000 and the latest amendments effective since 2010 established the new regulatory framework for adjusting the pension system in response to the demographic challenges. The reform is ongoing. The process has not come to an end. The public debate is also underway. It is difficult to achieve a balanced political decision with a long-term impact horizon, which

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would simultaneously satisfy the interests of individual citizens, employers, trade unions and the state.

- The legislative changes, introduced in 2010 provide for the following:
 - Starting from 1 January 2012, the length of service of third category workers (Article 68 of the Social Insurance Code – SIC) shall go up by 4 months each calendar year until it reaches 37 years length of service for females and 40 years length of service for males in 2020.
 - Starting from 1 January 2021 the retirement age for females and males shall go up by 6 months until it reaches 63 years for females in 2026 and 65 years for males in 2024.
 - Until 31 December 2020 people that have reached the age of 65 and have at least 15 years of actual length of contribution into the pension insurance system shall be able to retire. Starting from 1 January 2021 that age shall also increase by 6 months until it reaches 67. Furthermore, there will also be a gradual increase in the length of contribution required for attaining the right to pension benefits under Article 69 of SIC, as well as for teachers to becoming eligible for pension benefits from the Teachers' Pension Fund as per § 5 of the Transitional and Final Provisions of SIC.
 - Starting from 1 January 2015, pension benefits in case of early retirement of first and second category workers will be paid out only from the occupational pension funds.

Taking into account the tendency of population ageing and in view of other important factors affecting the status and development of the insurance system, including the channeling of funds from pension insurance contributions to the second pillar of pension insurance, a forecast of the deficit in the pay-as-you-go segment of the pension system (first pillar) was drafted. At the very outset of the pension reform it was envisaged that the fully-funded segment would be reinforced at a later stage on a mandatory basis. The insurance contribution into a universal pension fund under the second pillar for the persons born after 1959 gradually increases from 2 per cent for 2002, at the time of launching these funds, to 7 per cent starting in 2017.

4.6. Measures to ensure equal treatment of females and males in the social protection system

National Social Security Institute

The statutory rules on the rights and obligations of insured persons guarantee equal treatment of females and males. The regulations in the social insurance legislation contain no differentiation by gender.

There is one significant exception, which concerns the lower retirement age and length of service for females. Compared to the previous pension legislation, the difference in these parameters has been reduced. For the time being there are no provisions for complete alignment of the retirement age and length of contribution for males and females, since due to the pension related rules in the repealed Pensions Act the scale of increase of the retirement age and length of service of females is by far steeper than that for males. Yet, the gap between the eligible retirement length of service and age for females and males has been reduced. Under the repealed Pensions Act third category male workers used to retire at the age of 60 with 25 years of service, while females retired at the age of 55 with 20 years of service.

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Currently females retire at the age of 60 with a length of contribution of 34 years, while males retire at the age of 63 after 37 years of contribution. Starting on 31 December 2011 the length of contribution shall go up on the first day of each subsequent calendar year by 4 months for females and males until it reaches 37 years for females and 40 years for males.

Probably in the more remote future decades the gap will be bridged and the requirements for females will be aligned to those for males.

Agency for People with Disabilities (APD)

Seeking to improve the living standards of persons with disabilities, the Agency for People with Disabilities (APD) implements the state policy on the employment, rehabilitation and full social integration of persons with disabilities in the country's public life. In this regard APD performs six programmes on project principle and competitive basis, which, despite the economic crisis, are distinguished by outstanding sustainability and efficiency.

1. Funding of Targeted Socially Oriented Projects of Specialized Enterprises and Cooperatives of Persons with Disabilities Programme, under Article 28(2) of the Integration of Persons with Disabilities Act.

The main aim of the Programme is to create optimal conditions for the work of the employees at the specialized enterprises and cooperatives of persons with disabilities by improving the working environment and production micro-climate in compliance with the requirements for health and safety at work pursuant to Ordinance 7 of 23 September 1999.

2. Funding of Targeted Business Oriented Projects of Specialized Enterprises and Cooperatives of Persons with Disabilities Programme, under Article 28(2) of the Integration of Persons with Disabilities Act.

The funding under this programme is aimed at improving the competitiveness of the specialized enterprises and cooperatives of persons with disabilities, at stabilizing and gaining new market positions by means of technological renovation of operations along with opening of new jobs and improving the technological status of the existing ones, including those held by persons with disabilities. In the situation of an economic crisis the specialized enterprises supported by us have proved their sustainability and efficiency in the free market and have saved the jobs of persons with disabilities.

3. Funding of Targeted Employer Projects in a Regular Working Environment Programme, under Article 25(1) of the Integration of Persons with Disabilities Act (IPDA).

The objective of the Programme is to create incentives for employers to provide, adjust and equip working stations for persons with long-term disabilities for achieving their effective social inclusion through their placement in the free labour market. Beneficiaries under the programme are both private companies and various government institutions, non-governmental organizations, etc.

4. Funding of Projects Promoting the Employment and Self-Employment of Persons with Disabilities Programme, under Article 31 of IPDA

The Programme seeks to promote the start-up or development of an independent business by persons with long-term disabilities and thus to ensure their adequate involvement in the economic life of the country. The Programme is governed by Article 31 of the Integration of Persons with Disabilities Act and its implementation is based on a methodology approved by the Minister of Labour and Social Policy. In a situation of a global economic crisis persons with disabilities are among the most vulnerable groups of society. The funds provided by APD for start-up or development of an own business constitute a possibility for these people to surmount the negative effects of the crisis. All beneficiaries under the

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Programme have demonstrated sustainable development of their own start-up businesses, which is evident from the regular reports submitted to APD.

5. Funding of Socially Significant Projects for Rehabilitation and Social Integration of Persons with Disabilities, Developed by Non-governmental Organizations of and for Persons with Disabilities Programme, as per Article 2(2)(6) of the Rules of Procedure of APD.

The main objective of the Programme is to include persons with disabilities in the country's public life and to change the attitudes towards them. To that end funds have been granted for vocational training and retraining of persons with disabilities with a view to developing and/or enhancing their capacity for professional fulfillment, creating prerequisites for ultimate rehabilitation and social inclusion and providing equal opportunities for culture, sports and tourism.

6. Funding of Projects for Providing Accessible Environment Programme, as per Article 2(2)(6) of the Rules of Procedure of APD.

The Programme is aimed at overcoming the social exclusion of persons with long-term disabilities of all ages by means of securing access and adjustment of cultural, historical and sports sites on the basis of an approved Methodology. Thus, the surmounting of the architectural barriers of the exterior and interior environment of the sites, as well as the securing of the utility services of persons with disabilities enables them to experience the cultural, historical and sports heritage of Bulgaria.

In implementation of the provisions on the social and economic protection of persons with disabilities, the Agency for People with Disabilities pays out targeted benefits to attendants accompanying persons with impaired vision, handicapped persons with over 90 percent incapacitation and people with intellectual disabilities, as well as such for people with impaired hearing using sign language services.

5. ENABLING LABOUR MARKETS TO RESPOND TO THE CONSEQUENCES OF POPULATION AGEING AND PROMOTING EMPLOYMENT OF OLDER PEOPLE

5.1. Active labour market policies

Employment Agency (EA)

The Employment Agency carries out the employment policy of the government and to that end it applies a variety of active policy instruments allowing the provision of support to unemployed and employed persons for securing and sustaining employment and constituting a tested vehicle for integrating disadvantaged groups into the labour market.

Against the backdrop of rising average life expectancy and population ageing, and hence an increase in the average age of the workforce, there is a persistent unfavourable trend of growth in the number of the unemployed aged over 50. That is why they are among the major target groups of the active labour market policy pursued by the Employment Agency in recent years for the purpose of curbing unemployment and maintaining and increasing employment.

The unemployed persons aged over 50 have equal access to all programmes, promotional measures and schemes under the Human Resources Development Operational

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Programme (HRD OP). A total of 32 912 unemployed and employed persons aged over 50⁴ were covered by the active policy in 2010, including 19 699 individuals involved in programmes and measures under the Employment Promotion Act (EPA) and 13 213 persons involved in the schemes of HRD OP⁵ (out of them: 11 914 unemployed and employed individuals underwent training and 1 299 unemployed got jobs after training). In the eight months of 2011 a total of 27 249 people aged over 50 were covered by an active labour market policy, including 10 910 individuals involved in programmes and measures under EPA and 16 339 persons involved in the HRD OP schemes (out of them: 8 585 unemployed and employed individuals underwent training and 7 754 unemployed got jobs after training).

A meaningful indicator of the participation of employed and unemployed persons aged over 50 age in the HRD OP schemes is their relative share in the number of all persons included in the schemes: out of all individuals involved in training and employment after training in the eight months of 2011 over one-third (36.5%) are aged over 50.

Along with that, over half (52.5%) of all people aged over 50 covered by HRD OP were included in *training* under the schemes. This is an indicator of the support rendered to them for increasing their knowledge and skills, for their adjustment to the requirements of the labour market and of practice for putting through the principles of lifelong learning.

Specialized programmes, measures and schemes under the Human Resources Development Operational Programme are also implemented for the purpose of reducing unemployment among the elderly people.

National Programme "Assistance for Retirement"

- In 2010 employment and assistance for retirement were provided to unemployed persons, who needed up to 5 points to reach the score made up of the sum total of their length of contribution and age that would make them eligible for pension benefits. Throughout the year, on an average monthly basis, jobs were provided to 848 unemployed persons at pre-retirement age, who had participated in the programme in the previous year. The expended funds amounted to BGN 3 720.6 thousand.
- In 2011 the eligibility conditions for joining the Programme were changed: it now provided full-time or part-time employment for a period of 3 to 12 months to unemployed persons who needed up to one year length of contribution and up to one year of age or up to one year length of contribution in a situation of attained age in order to become eligible for pension benefits. The change reduced the scope of the unemployed persons meeting the requirements of the Programme and the average monthly number of those who worked in the 8 months of 2011 dropped to 168 persons. The expended funds amounted to BGN 475.5 thousand.

On average 904 persons per month worked in 2010 under the measure stipulated in the Employment Promotion Act (EPA), which provided incentives to employers to *hire unemployed individuals aged over 50* (the majority of them had been included during the

⁴ The scale of the age groups under some HRD OP schemes is different, so the data for the age bracket of over 55 were used.

⁵ The report covers only those schemes under HRD OP, where the Employment Services General Directorate of the Employment Agency was a beneficiary.

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previous year), and in the eight months of 2011 their number was 430 persons. The expended amounts were respectively BGN 343.4 thousand and BGN 615.4 thousand.

The average monthly number of persons who worked in 2010 under the incentive measure *targeting people aged 50 to 64 seeking eligibility for early retirement occupational pension benefit* was just 8, while their number by the end of August 2011 was 7 persons.

Registered unemployed persons aged over 50 constitute one of the target groups of the *Development Scheme*, which accounts for the largest share in the number of individuals included in training for acquiring or upgrading vocational skills under the scheme. From the beginning of the project until the end of August 2011 a total of 23 046 persons were included in trainings under the scheme and out of them 10 444 persons (45.3%) were unemployed aged over 50. The share of the elderly workers employed after undergoing training under the scheme reached 47.9%.

A large number of persons aged over 50 were included in the *National Programme "In Support of Maternity"*, which was effective until the end of 2009, yet the persons included in it kept their jobs in 2010 as well. The Programme is related to one of the key lines of activity in the government employment promotion policy – promotion of the participation of females in the labour market and reduction of the differences between the levels of unemployment and employment of the two genders. The Programme creates conditions for smooth transition and return to employment of females after using a leave for pregnancy and childbirth, while at the same time jobs are created for people involved in the raising of the young children. Those eligible for participation in the Programme include not only unemployed persons, but also *persons, who have acquired an early retirement occupational pension and a contributory old-age pension*, registered with the Labour Offices of the Employment Agency. In 2009 the average monthly number of the persons who worked under the Programme was 4 148 and out of them 2 188 persons acquired pension rights. A total of BGN 14 215.0 thousand were spent for the implementation of the Programme, out of which BGN 11 515.2 thousand came from the State Budget, and the remaining BGN 2 699.8 thousand were provided by the General Disease and Maternity Fund. In 2010 the people included in the Programme during previous periods continued to work under it, their average monthly number being 861 persons, out of which 405 persons acquired pension rights. A total of BGN 3 273.8 thousand were expended, including 3 130.3 thousand from the State Budget and 143.5 thousand from the General Disease and Maternity Fund.

In 2010 and 2011 the policy of promoting the reconciliation of professional and family life was continued and complemented by the activities under the *"Back to Work" Scheme* of the Human Resources Development Operational Programme funded by the European Social Fund. *Unemployed persons, mostly at pre-retirement age*, are trained to acquire key competencies focused on caring for young children and subsequently included in employment which involves raising of children aged 1 to 3, whose parents can continue their professional development. This results in a dual effect: on the one hand, the employment and professional development of families with young children is promoted, and on the other hand jobs are created for unemployed persons and job-seekers, who are involved in child raising. From the beginning of the project until the end of August 2011 a total of 1 557 persons were included in trainings under the scheme, 696 of them being people aged over 55. A total of 1 375 persons got employed after training, 626 of them being people aged over 55.

Long-term unemployed persons capable of working (including individuals age over 50), who are recipients of social assistance benefits, stand low chances of placement in the

primary labour market, so they need specific measures. The *National Programmes "From Social Benefits to Employment"* (NP SBE) continues to function for their sake. Despite the trend of limiting its scope, it remains the largest programme financed from the State Budget. The Programme is a vehicle for achieving one of the main objectives of social policy – to provide employment and attain social integration of unemployed persons, recipients of monthly social assistance benefits, for whom this is the only chance to work and to earn their income. In 2010 a total of 39 125 unemployed individuals were included in NP SBE, 14 751 (37.7%) of them being unemployed persons aged over 50. Over the eight months of 2011 a total of 17 781 persons receiving social assistance benefits were included in NP SBE, 6 367 (35.8%) of them being unemployed people aged over 50.

There is a considerable number of persons aged over 50 included in the schemes under HRD OP focused on the training of employed persons. Trainings for acquiring vocational qualifications and key competencies under the "I Can" scheme from the beginning of the project until the end of August 2011 included 6 857 employed persons aged over 50 (13.8% of all participants in the scheme). The Adaptability scheme, which provides training opportunities for acquiring vocational qualifications in periods of part-time employment of workers as a result of the economic crisis and due to economic difficulties of employers includes 357 persons aged over 50 (27.7% of all participants in the scheme).

5.2. Enhancing the participation of older people in the labour market by removing barriers and factors impeding employment

European Funds, International Programmes and Projects General Directorate, MLSP

Elderly people, also termed "older workers" aged 55 to 64 are among the target groups of all schemes under the Human Resources Development Operational Programme 2007-2013, focused on the integration into employment of disadvantaged groups in the labour market and on increasing the adaptability and productivity of employed persons. In this regard, in the period 2007-2010 one of every ten (10%) participants in operations in the labour market area was aged between 55 and 64. The share of the covered persons in the age bracket between 55 and 64 varies depending on the type of the measure: regarding the measures aimed at integrating unemployed and economically inactive persons in employment, two of every ten participants (20%) are persons from the group known as "older workers"; regarding the measures seeking to improve the adaptability and productivity of the workforce, approximately 8% of all participants are persons aged between 55 and 64.

The Human Resources Development Operational Programme 2007-2013 also includes measures, whose implementation is explicitly focused on promoting the employment of elderly people and extending their professional life. Such an operation is "*Social innovation in enterprises*" with a budget of BGN 37.9 million. It was approved in December 2010 and its aim is to create suitable conditions for improving the social environment in enterprises. The operation targets employers who can choose from a broad range of activities, including the involvement of the hired persons aged over 55 in training of trainers and their subsequent use as mentors of newly appointed workers from those disadvantaged in the labour market (older workers, young people aged up to 29, single parents, parents of young children aged up to 3 and parents of children c disabilities). Another opportunity provided by the operation is the option to introduce flexible working hours for the older workers, for example, they can work

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half time, in return for which they will receive economic incentives in the form of additional labour remuneration covered by the Operational Programme. The operation will be effective in the period until the end of 2013 and currently 64 project proposals are in a process of evaluation.

Ministry of Interior

There are no restrictions regarding the occupation of positions by older people, including officers, who have availed themselves of their early retirement right. The Ministry of Interior Act contains no provisions on mechanisms for setting other, higher levels of income for elderly people

5.3. Specific measures to promote female employment by means of suitable training and qualification, expansion of the employment options and avoiding of situations of discrimination in relation to the receipt of pension benefits or financial compensation

National Social Security Institute

Any restrictions regarding the simultaneous receipt of pension benefits and a salary, when the pensioner continues to work, have been eliminated from the Bulgarian pension legislation. Regardless of the type of the pension and its amount, or the level of the labour remuneration of the working pensioner, the two types of income are paid out in their full amount and the pension benefit is not taxable.

The generous solution that pension benefits and a salary should be received simultaneously without any restrictions is a debatable issue, especially given the difficult financial situation of the Pensions Fund in the state social security system. Thus it becomes evident that the pension has ceased to perform its role of a substitute of a lost opportunity to receive earnings due to the occurrence of the social risk of old age.

5.4. Cancellation of measures promoting early retirement

National Social Security Institute

Both major stages of the pension reform: in 2000 and in 2010, introduced changes in the legal regulations to restrict early retirement. Nevertheless, due to some specific Bulgarian provisions regarding the acquisition of pension rights by certain professional groups, by staff members of special agencies, or by employees working under severe conditions, the parameters required for their retirement continue to be more favourable than the generally accepted ones.

Ministry of Labour and Social Policy

There are no measures promoting early retirement in the Bulgarian legislation. At present there is an early retirement option for persons who work under harsh, hazardous or specific conditions (miners, army servicemen, police officers, teachers, etc.), but for the time being there are no plans to eliminate this option.

The Bulgarian legislation provides for no mechanisms ensuring smooth and gradual retirement either.

5.5. Mechanisms ensuring smooth and gradual retirement

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Labour Law, Social Insurance and Labour Conditions Directorate at MLSP

There are no measures promoting early retirement in the Bulgarian legislation. At present there is an early retirement option for persons, who work under harsh, hazardous or specific conditions (miners, army servicemen, police officers, teachers, etc.), but for the time being there are no plans to eliminate this option.

6. PROMOTION OF LIFE-LONG LEARNING AND ADAPTATION OF THE EDUCATIONAL SYSTEM IN ORDER TO MEET THE CHALLENGES OF THE CHANGING ECONOMIC, SOCIAL AND DEMOGRAPHIC SITUATION.

6.1. Measures taken to adjust education to the needs of older people

Ministry of Education, Youth and Science

The most severe demographic problem in Bulgaria is the ongoing ageing process, which is manifested in the continuous growth of the average age of the population.

The 2011 Census made it clear that over a period of 10 years 100 persons of non-working age are replaced by merely 70 youths aged under 15.

In recent years the labour market had to cope simultaneously with the ageing population and the thinning ranks of young people. This has brought about the need for measures to adjust education and training to the needs, including those of elderly people. In this connection the Council of Ministers adopted two strategic documents: National Strategy for Continuing Vocational Training (2005-2010) and National Strategy for Lifelong Learning (2008-2013).

The Analysis of the Continuing Vocational Training in Bulgaria drafted in 2006 and the measures that stemmed from it have created a sound basis for undertaking a number of activities to provide conditions for updating and expanding knowledge, skills and competences through continuing training, for developing and applying Adult Teaching Methods, for more flexible ways of providing lifelong learning.

The potential of information and communication technology is increasingly, yet insufficiently, used to promote adult education and training.

A model for validating competencies acquired through informal training and learning was created and tested in 2009. The implementation of a project under the title: "Creation of a System for Identification and Recognition of Informally Acquired Knowledge, Skills and Competencies", financed under the Human Resources Development OP, is forthcoming.

In the beginning of 2011 the Ministry of Education, Youth and Science launched the implementation of Project BG051PO001/4.3.-01 "Adult Literacy" worth BGN 15 million.

By the end of this year a Law Amending and Supplementing the Vocational Education and Training Act will be passed and a proposal will be made that it should provide for options to train elderly people with special educational needs.

7. ENSURING QUALITY OF LIFE AT ALL AGES AND MAINTAINING INDEPENDENT LIVING, INCLUDING THE HEALTH ASPECT

7.1. Integration of the population ageing issue in sectoral policies

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National Social Security Institute

The National Social Security Institute applies the legislation and performs the state social insurance on the territory of Bulgaria. NSSI is an autonomous public institution, but it is not entitled to legislative initiative on its own. Proposals and improvements can be made when its experts participate in interinstitutional working groups developing national strategies, programmes and action plans and when its managers participate in other forms of coordination at a higher level. The issues related to population ageing are taken into account when designing policies and measures to adjust the social insurance system in response to these challenges. Thus they are integrated in the sectoral policy addressing social insurance. A specific example in this respect is the proposal made by the National Social Security Institute that long-term care for incapacitated pensioners should be included in the state social security system on a contributory, solidarity-based, fully-funded principle.

Ministry of Health

In response to the growing need for competent training of physicians to treat persons of advanced and old age in 2001 Geriatric Medicine was reinstated as a medical specialty. The education period in the Geriatric Medicine specialty is four years. The knowledge of the general biological, health, medical and social aspects of ageing and of the contemporary clinical approaches to the treatment of older people provides competencies required for rendering professional health care to elderly patients in conformity with the modern quality standards of medical care for persons of advanced and old age. In addition, Geriatrics is also envisaged and taught as part of the Health Care specialty in the Bachelor Programme.

A joint project with the Bulgarian Red Cross envisages a detailed analysis and formulation of proposals for changes in the primary and secondary legislation in the area of providing health care to elderly patients with the aim of introducing contemporary organizational forms and comprehensive care for elderly people. Furthermore, a medical standard of geriatric medicine will be developed.

Health care services to the population aged over 65 are provided by GPs, by medical facilities for outpatient and inpatient care, by the clinical units specialized in endocrinology and gerontology at the medical universities and by the *Academician Ivan Penchev EAD* Specialized University Hospital for active Treatment in Endocrinology, Sofia. The GP has a leading role in organizing, conducting and coordinating the comprehensive health care for elderly people. There are 54 hospices in the country registered under the Health Establishments Act with a total of 716 beds. The persons placed there are mostly of advanced or old age. Amendments introduced in the Health Act in 2010 allowed the authorization of 12 mental health centers to perform therapeutic activities and provide social services, as well as to include in their functions the monitoring and treatment of various forms of dementia. A response to the need for diagnosing and treating degenerative diseases of the nervous system of elderly patients in hospital environment was the development of clinical pathway No 13 “Hereditary and degenerative diseases of the nervous system in elderly patients affecting the central nervous system and the motor neuron (ALS)”. Its performance is financed by the National Health Insurance Fund.

7.2. Measures to improve the long-term care for elderly people, provision of community-based services

MLSP, Social Protection and Equal Opportunities Directorate
Social services

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Social services are governed by the Social Assistance Act and its Implementing Regulations. They are activities which facilitate and expand the capabilities of persons to lead an independent lifestyle and which are performed in specialized institutions and in the community.

Community-based social services are services provided in a family or family-like environment. Examples are: personal and social assistant, domestic assistant, day care centre, centre for social rehabilitation and integration, etc. The main purpose of this type of social services is to provide quality care in an environment that is as close to a family as possible, to a small number of users, for whom at it is currently not possible to be looked after in a family.

Specialized institutions are care homes of a boarding-house type, where people are separated from their home environment. Social services are provided in specialized institutions after exhausting the options of rendering community-based services.

Social services in the Republic of Bulgaria are decentralized and their management has been mandated to the mayors of the respective municipalities. This fact is highly important, from the perspective of the opportunity provided to the municipalities to develop and manage the services for disadvantaged people and children on the basis of the specific needs of the population of the municipality for certain services.

Social services that constitute activities mandated by the government are funded from the state budget, while municipalities finance social services that are municipal responsibility. Since the beginning of 2008 a **system of uniform standards** has been effective **for the financing of all types of social services** – both institutional and community-based ones, constituting government mandated activities, a system that is optimal in terms of the capacity of the budget and tailored to the needs of the sector.

The latest amendments to the Social Assistance Act of 2010 introduced a qualitatively new approach to the development of social services involving planning of their opening, closing, capacity modification and provision on municipal and district level on the basis of analysis of the needs for social services. The obligations of the District Governor and the Municipal Council in adopting strategies for the development of social services on regional and municipal level were regulated. Legal conditions were created for the participation of the civil society in the moulding of the municipal policy of social services planning by regulating the functions of the Municipal Councils in this process.

The provision of social services in Bulgaria should meet certain **criteria and standards** stipulated in the effective legislation, which are mandatory for all social service providers.

The control on the compliance with the criteria and standards for elderly social services is exercised by the Inspectorate of the Social Assistance Agency. Apart from the control exerted by that Inspectorate, social services are also subject to civil control. Public councils were set up in the municipalities on the basis of decisions of the Municipal Councils. Besides the fact that these public councils have the right to exercise quality control on social services in line with the established criteria and standards, they also provide opinions on the opening and closing of specialized institutions for rendering social services in the municipality and help coordinate the activities associated with the provision of such services.

Information on the 2011 social services with a status of government mandated activities (for elderly people and persons with disabilities):

1. Specialized institutions for social services provision:

- Home for mentally retarded elderly people – 28 facilities with a capacity of 2329 persons;

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- Home for elderly people with mental disorders – 15 facilities with a capacity of 1169 persons;
- Home for elderly people with physical disabilities – 25 facilities with a capacity of 1495 persons;
- Home for elderly people with sensory disorders – 4 facilities with a capacity of 148 persons;
- Home for elderly people with dementia – 13 facilities with a capacity of 841 persons;
- Home for elderly people – 77 facilities with a capacity of 5611 persons;
- 2. Community-based social services:**
- Day care centre for elderly people with disabilities – 50 facilities with a capacity of 1457 persons;
- Day care centre for elderly people with disabilities – weekly care – 3 facilities with a capacity of 78 persons;
- Day care centre for elderly people – 52 facilities with a capacity of 1411 persons;
- Centre for social rehabilitation and integration – 60 facilities with a capacity of 2310 persons;
- Centre for temporary placement – 12 facilities with a capacity of 649 persons;
- Sheltered dwelling – 112 facilities with a capacity of 966 persons;
- Shelter - 4 facilities with a capacity of 65 persons;
- Family-type placement centre – 77 facilities with a capacity of 985 persons;
- Transitional housing – 22 facilities with a capacity of 191 persons.

National Social Security Institute

Seeking to improve long-term elderly care the National Social Security Institute has drafted and sent to the Ministry of Labour and Social Policy a concept paper based on the idea that long-term care should be included in the state social security system as a social risk. Life in society changes and the social insurance system should take into account the changes and respond to the social needs and realities. Long-term care for incapacitated elderly persons is evidently a type of a social risk, which can be defined as an insured social risk. It is not covered by the Bulgarian social security system, but it is logical and necessary that it should be included in its scope.

- This is a radical measure, which may help those in need of long-term care provided at the person's home or in an institutional environment, to receive cash benefits from the social security system coming from a targeted fund of the same name.
- This is a comprehensive approach that allows better resolution of multiple issues of social, economic, psychological and demographic nature.
- The proposed measure has several effects that benefit: those in need of long-term care, families, employers, caregivers, society. It would be beneficial for a broad range of sectoral policies related to: social security, poverty and social exclusion, gender equality, social integration, informal employment, social economy, labour productivity, lifelong learning, active ageing, reconciliation of family and work obligations, quality of life, etc.

National Health Insurance Fund (NHIF)

The specialists at the medical facilities for specialized outpatient care perform dispensary registration of persons insured under the mandatory health insurance scheme in compliance with Ordinance No 39 of 2004 on preventive medical examinations and registration with dispensaries in case of diseases subject to such registration by a specialist.

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This is also consistent with Annex No 16 to the 2011 National Medical Framework Agreement, namely “Package of activities and tests in line with the International Classification of Diseases for individuals insured under the mandatory health insurance scheme registered with dispensaries by a specialist physician”. The registration of an individual insured under the mandatory health insurance scheme with dispensaries takes place only with their explicit consent. This allows long-term and high-quality annual monitoring of the older and chronically ill people by the specialists conducting the dispensary monitoring.

Specialists are required to perform home examinations and manipulations of handicapped or immobile patients, as well as to insist on home examinations and consultations by other specialists and to prescribe free medical diagnostic tests for individuals insured under the mandatory health insurance scheme.

NHIF pays for hospital treatment of health insured persons under 298 clinical pathways as per Ordinance No 40 of 24 November 2004 Laying down the Basic Package of Healthcare Activities Guaranteed by the Budget of the National Health Insurance Fund. The scope of the clinical pathways (surgical and therapeutic) covers all diseases requiring treatment and care in hospital environment as well as all age groups (newborns, persons aged up to 18, as well as persons aged over 18). The clinical pathways for hospital treatment have been designed by leading specialists and NHIF consultants as diagnostic and therapeutic algorithms for the purpose of providing quality medical care in line with the accepted medical standards and the rules of good medical practice.

For each day of hospital treatment the health insured person pays only a user charge at the level of 2% of the minimum salary but for no more than 10 days per year.

No user charge is due for hospital treatment or for a visit to the physician’s surgery in connection with a health problem, if the health insured person suffers from a disease included in the List of the Persons Exempted from User Charge (as per Annex No 14 to the 2011 National Medical Framework Agreement). Indeed, it is mostly elderly people that avail themselves of this option.

European Funds, International Programmes and Projects General Directorate, MLSP

The Human Resources Development Operational Programme 2007-2013 covers a number of ongoing schemes focused on the provision of quality care for elderly people, including elderly persons with disabilities, seriously ill elderly people and older people living alone. The data show that in the period 2007-2010 one of every ten (10%) persons included in the measures under the operational programme focused on the promotion of social economy and social inclusion of vulnerable groups was in the age bracket of 55 to 64.

7.3. Improving the coordination and integration of elderly services (application of an approach tailored to the individual case)

MLSP, Social Inclusion Directorate

The National Strategy for Healthcare and Long-Term Care, prepared as part of the National Report of the Republic of Bulgaria on Strategies for Social Protection and Social Inclusion 2008-2010, accounts for the fact that comprehensive measures have been taken in recent years to upgrade the quality of social services. These services offer quality care consistent with the statutory standards set by the government. Drawing on foreign experience and practices has accompanied the entire process of building a network of community-based services and this is currently yielding its positive effects. According to their definition

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community-based services focus on the community and family life of the target groups. They seek to prevent institutionalization. For that reason it is a policy priority to develop these services across the country, thereby ensuring demand and quality services for the users.

Another aspect of guaranteeing the stability of the system is the clear allocation of the responsibilities and functions among all the participants in the process. In the context of decentralization it becomes increasingly necessary to coordinate the activities on local level. Therefore, investments should be channeled to build this capacity.

The individual plan and the social assessment of the social services user are highly important for the provision the social services. An individual plan is prepared for each user of social services on the basis of needs assessment and formulation of the goals that should be achieved. The individual plan of a user of services in a specialized institution includes measures for deinstitutionalization of the person and his social inclusion.

A joint project is being implemented with the Dutch NGO “De Pasarel” and it has helped achieve common understanding of the different institutions and organizations on the need to define and identify a minimum set of activities that constitute the essence of the respective type of service and distinguish the differences between the services provided. A pilot element in the implementation of the project is the introduction of a new financial mechanism, according to which “the money follows the person” and the funding of the social services is based not on capacity but on the number of persons who actually use a set of activities provided within the framework of the community-based or residential social service.

National Social Security Institute (NSSI)

For the purpose of improving the coordination and integration of elderly services, the concept of new regulation of long-term care on fully-funded principle as part of the state social security system, as proposed by the National Social Security Institute, envisages elimination of duplicate payments and services administered by different institutions. A concrete example in this respect is the attendance allowance paid along with the pension benefits even to those who receive social assistance benefits under the “Personal Assistant” and “Social Assistant” programme. Given that beneficiaries receive cash benefits for long-term care from the fund, no attendance allowance should be paid along with their pension benefits.

SAA

In recent years the Bulgarian network of social services with the status of government mandated activities has expanded considerably. Currently, out of the total of 264 municipalities on the territory of the country, 191 or 72% provide social services and 110 of them or 43% of all municipalities have functioning specialized institutions and community-based social services, 34 have only operational specialized institutions (13%), and 47 provide only community-based social services (18%). The remaining 73 municipalities or 28% have not introduced social services other than those known as in-home social services: personal assistant, social assistant and domestic assistant.

The total number of the social services provided on the territory of the country in the beginning of 2011 was 784 and 449 were elderly social services. The specialized institutions for older people and elderly persons with disabilities were 161, and the community-based social services provided to elderly people were 288. There is uneven distribution of the social services across the country, which is due to the lack of purposeful planning based on preliminary study of the real needs in the community. The majority of the municipalities have introduced services targeting only children or only adults, which impedes continuity in

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services from the perspective of their age focus and limits the access of a large portion of the country's population to the services.

The deinstitutionalization of the elderly social services is carried out by closing down the homes for elderly people, while the users of these specialized institutions are referred to newly opened family-type placement centres or another type of a community-based residential service. The results yielded by the process of closing down and restructuring specialized institutions and introducing alternative residential services in recent years indicate that this is the right way to the achievement of real deinstitutionalization.

Regulatory amendments were introduced for the purpose of improving the coordination and integration of social services and guaranteeing people in risk groups equal access to quality social services. A qualitatively new approach was introduced with respect to the development and provision of social services by planning them on municipal and district level on the basis of analysis of the needs for social services. The obligations of the District Governor and the Municipal Council to approve strategies for the development of social services on regional and municipal level were regulated. Municipal councils also approve annual plans for the development of social services on a municipal level. This guarantees the introduction of social services that will meet the specific needs of the people in the target groups not only on the territory of the municipality, but in the district as well.

The **National Programme "Assistants to People with Disabilities"** has been underway across the country since 2003 as an alternative for persons with disabilities and seriously ill single people, who stand in need for social services in a family environment. In 2011 the National Programme "Assistants to People with Disabilities", "Personal assistant" activity provided employment to **3 413** jobless persons, **2 481** of which were **personal assistants to elderly people** and 932 to children. The activities under the programme are of great significance for the small settlements in the country, where these target groups have no prospects or opportunities for resocialization.

The **"Support for Life with Dignity" Project** is being implemented by the Social Assistance Agency with the financial support of the EU via the Human Resources Development Operational Programme 2007-2013. The project allows persons with disabilities to receive in-home care. A partnership of 262 Bulgarian municipalities and 23 city wards in Sofia participate in the project.

The data show that as of August 2011 a total of 9 420 persons across the country received in-home care and some 7 700 of them were elderly people who used the personal assistant service.

One of the specific objectives of the project is to support the families of persons with long-term disabilities by providing opportunities for professional development of the family members involved in providing care to such persons.

In most cases the problem of persons with disabilities are highly complicated and cannot be resolved by a single service. It is necessary to actively guide such persons to use the entire network of services offered in the community.

For the purpose of more comprehensive satisfaction of the individual needs of persons with long-term disabilities and particularly in the severe cases a personal assistant, who is a family member is appointed on a half-time basis and the care is complemented by using a supporting community-based social service. On the one hand this reduces the risk of dependence on an institutional type of care, and on the other hand a family member gets a chance for professional fulfillment.

A total of 406 users avail themselves of complementary community-based social services at Day Care Centres and Centres for Social Rehabilitation and Integration. The

elderly people using complementary services are 74, which is less than 1% of all elderly people.

For the purpose of performing effective control on the optimal use of day care centres for persons with disabilities and centres for social rehabilitation and integration a new mechanism of reporting the occupied positions should be designed and introduced to help reduce the levels of both vacancies and people in need of social service included in waiting lists.

In the period between 7 January 2010 and 7 April 2011 the **“Social Services for Quality Living: Phase 2” Project** under the scheme “Improvement of the service „Personal assistant” for people with different types of disabilities and people who live alone” of the Human Resources Development Operational Programme was implemented in the country. The objective of the project was to improve the quality of life of people in need of constant attendance in their everyday activities, as well as that of families including persons c long-term disabilities dependent on permanent care.

The participants in the project, regardless of their financial status and acting in a situation of non-discrimination, were: seriously ill people living alone; children with disabilities and people suffering from various diseases, because of which they could not tend to their own needs.

The specific objectives set in the project, such as improving the service „Personal assistant” for people in poor health; giving priority to people living alone, children and persons in particularly poor health; support for social inclusion and provision of an alternative option for professional development to families which have a member with long-term disability and/or a seriously ill person, etc., helped upgrade the quality of the provided services and the skills of the elderly people in caring for themselves.

The Scheme “Care in family environment for independent and decent living of people with different types of disabilities and people living alone” – activities “Social assistant” and “Domestic assistant” under the Human Resources Development Operational Programme is undergoing Phase 2 and Phase 3. Currently Phase 3 is being implemented throughout the country.

The scheme has been designed to support the government policy of deinstitutionalization by creating conditions for people, who have left specialized institutions, to adapt to a normal life in a family environment, by preventing the risk of developing dependence on the institutional type of care, and by helping the members of their families in having active professional life.

The scheme seeks to improve the quality of life of persons with disabilities and people living alone by creating conditions for them to effectively exercise their right to independence and social inclusion, by creating new jobs in the social services sector for specialists looking for an additional job, and by upgrading professional skills and motivation.

The target groups consist of people living alone, who, for various health reasons, cannot organize their daily life and maintain good hygiene in their homes alone, as well as persons, whose health limitations cause their isolation and/or inability to organize their social life on their own.

7.4. Support measures in cases of dementia and Alzheimer's disease

National Social Security Institute

The concept of including long-term care as an element of the state social security system envisages that resources from the fund should be used to organize trainings and create

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information materials for the sake of improving the skills of professionally employed caregivers or family members and volunteers. Given that a political decision is taken to shift long-term care to the state social security system, the assets of the fund which bears the same name can be used to organize trainings and to improve the skills of the professional or voluntary providers of care at the person's home or in a specialized institution.

SAA

For the purpose of ensuring support for persons suffering from dementia or Alzheimer's disease social services are provided at the homes for elderly people with dementia (HEPD) and at the family-type placement centres (FTPC) for elderly people with dementia. Currently 14 HEPDs with a total capacity of 836 positions and 1 FTPC for elderly people with dementia with a capacity of 15 positions are operational in the country. Another FTPC for elderly people with dementia with a capacity of 10 positions will be opened on 1 October 2011.

7.5. Measures to improve the skills of professionally employed, voluntary or family member caregivers

MLSP, Social Inclusion Directorate

The National Programme "Assistants to People with Disabilities" aims at rendering care to persons with long-term disabilities or seriously ill single people in a family environment by providing employment to jobless persons as personal or social assistants. Under this programme employers hire unemployed persons, who perform the services "Personal assistant" and "Social assistant", while the beneficiaries of the services are people with long-term disabilities or seriously ill single individuals. The programme is financed by the State Budget and by the employer. Training on the provision of the "Social assistant" service is organized and held under the programme. Persons covered by the programme, who participate in a training on the provision of the "Social assistant" service receive a scholarship for the training period in an amount set on an annual basis in the National Action Plan on Employment, which is proportional to the number of the days of attending classes. Scholarships are not regarded as income when determining the entitlement to and amount of the monthly benefit granted under the terms and the procedure of the Implementing Regulations of the Social Assistance Act, and during the training on the provision of the "Social assistant" service persons may receive the monthly social assistance benefits granted to them. Persons covered by the programme, who participate in training on the provision of the "Social assistant" service held in other settlements, different from their place of residence, are provided with travel and accommodation funds for the period of the training. The procedures and instructions for conducting training on the provision of services under the "Social assistant" activity are approved by the Executive Director of the Employment Agency.

Social Assistance Agency

Trainings organized by the providers of social services are planned and held every year in order to upgrade the skills of the personnel rendering care to the users of social services.

Other measures for improving the knowledge and skills of the professional social service providers are implemented under different projects as part of the Human Resources Development Operational Programme. A project is to be launched under the same programme

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under the title **“Development of the system of social services planning and provision on regional level”** (2011 – 2014) with the main aim of enhancing the sustainability of the processes of planning, management, provision and quality control of social services. A part of the specific objectives of the Project are: creation of a resource of trainers for upgrading the competences of the institutions concerned, along with effective management and provision of social services; assessment of the training needs and training of the target groups under the project to perform the following activities: management, quality control and mandating of the management of social services; monitoring and evaluation of the implementation of the effective strategies for the development of social services; risk assessment, monitoring and crisis intervention, as well as quality control on the provision of social services; providing services to the users in compliance with the applicable regulations and standards. Another specific objective is to build the capacity of the target groups under the project by promoting good practices in planning, management and provision of social services and taking on board the mechanisms of effective partnership, and to achieve interaction between the municipal governments and the non-governmental organizations in the provision of social services.

During the period of project implementation training will be provided to 3440 representatives of the following target groups: staff members of public institutions (State Agency for Child Protection (SACP), SAA, APD, municipal and district administrations, etc.) concerned with the process of design and implementation of the social services policy; providers of social services and their staff; social workers.

The “Support for Life with Dignity” Project envisages training of the applicants for personal assistants who have not been trained under other projects and programmes to perform the activities identified under this project. The national level team organizes the training of the approved personal assistants included in the list of participants in the training, which is based on a curriculum approved by the Project Manager. The trainings have been conducted by experts and specialists with relevant qualifications, by practitioners in the respective area with professional experience in social work and social services for the stated target groups. The training under this Project was carried out in a group format, yet, with no more than 20 persons in a group, according to a designed curriculum.

The personal assistants that have successfully completed the training course, as well as those that have completed previous training courses are entered in a Personal Assistants pool. A certificate is issued for each personal assistant included in the pool. The total number of the applicants for personal assistants trained under the project is 15 244.

The **“Social Service for Quality Living: Phase 2” Project** provided an opportunity for improving and streamlining the community-based “Personal assistant” service provided to people in need of constant attendance in their daily life, as well as for providing an alternative option for professional development to families including a member with long-term disability and/or a seriously ill person. To this end the applications of 23 472 children and persons with disabilities were accepted. From 1 March 2010 until 28 February 2011 the “Personal assistant” social service was provided to 7 900 children and persons with disabilities. The number of the persons living alone, who received in-home care was 2 980. Employment was provided to a total of 8 300 personal assistants, including 6 630 assistants non-members of the families of the people with disabilities. 2 200 staff members from Social Assistance Directorates across the country took part in the performance of the activities under the project.

The result of the project implementation is upgrading of the professional skills of the personal assistants by means of the conducted introductory and supporting trainings. A total

of 5 400 persons underwent introductory training and 8 300 persons took supporting courses. Another positive result is the performance of consultations and trainings for users living alone for coping with emergency situations and for tending to their basic necessities after the end of the project. Mobile teams were set up which trained a total of 1 000 persons with disabilities living alone. As an outcome of the individual social work conducted with users of the service and their families and of the care rendered by personal assistants other than family members over 120 persons obtained jobs.

Phase 2 and Phase 3 of the **Scheme “Care in family environment for independent and decent living of people with different types of disabilities and people living alone”** – activities „Social assistant” and „Domestic assistant” help the development of alternative forms of social services by creating jobs in the social sphere for upgrading the quality of the supporting activities and for improving the quality of life of persons with disabilities.

For the purpose of enhancing the professional skills and motivation of social and domestic assistants upgrading trainings were held, which were attended, during phase 2, by 1466 applicants for the “Social assistant” activity and by 2387 applicants for the “Domestic assistant” activity, and a part of the trained personal and domestic assistants participated in the next stage. The upgrading trainings conducted in phase 3 involved 277 social assistants and 783 domestic assistants. The total number of the applicants trained during the two phases is 1743 under the “Personal assistant” activity and 3171 under the “Domestic assistant” activity.

7.6. Measures to improve the skills of elderly people to care for themselves, to lead a healthy lifestyle and to protect themselves against diseases and disabilities

Social Assistance Agency

The measures to improve the skills of older people to care for themselves, to lead a healthy lifestyle and to protect themselves against diseases and disabilities, which are undertaken in the social services sphere, are in compliance with the requirements of the standards and criteria for educational services and information stipulated in the Implementing Regulations of the Social Assistance Act. Users are assisted to take part in educational programmes in accordance with their age and personal choice.

The major objective of the educational programmes for elderly people is their training with emphasis on the potential for social integration, enhancement of the quality of life and meaningful use of spare time.

The topics in the educational programmes designed for older people are: recovery and maintenance of acquired or restored social skills; acquisition and consolidation of newly acquired knowledge about caring for oneself, leading a healthy lifestyle and protecting oneself against diseases and disabilities; etc.

Ministry of Health

1. Health educational activities targeting older people have been performed under the Chronic Integrated Noncommunicable Disease Intervention (CINDI) Programme:

- the Information and Advisory Centre at the Regional Health Inspectorates (RHIs) in the city of Yambol organizes consultations and training of people in different age groups, including pensioners;
- a functional room for free advice on healthy nutrition issues was opened at the Centre for Social Rehabilitation and Integration of Elderly People and Persons with Disabilities in the city of Lovech;

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- groups for mutual assistance of people with chronic noncommunicable diseases have been set up under the “Together with the Third Age People” sub-project.

2. Under the National Food and Nutrition Action Plan 2005-2010

In connection with the establishment of a healthy nutrition model a Healthy Nutrition Manual for the Bulgarian Population Aged over 65 is in a process of development.

The following events were held in partnership with the Bulgarian Masters Sports Association (former Veteran Sportsmen Federation):

- in 2008 – “Second Youth” sports festivities;
- in 2009 – in the city of Sofia – Sports, Health and Longevity Festival dedicated to the National Obesity Week, with demo physical exercises suitable for people aged over 65; the participants were males and females of advanced age from the 30 Health and Longevity sports clubs (SCs) across the country practicing physical exercises suitable for their age and health status; a national championship in gymnastics was held and educational seminars on physical activity and healthy nutrition for people aged between 60 and 95 were organized;
- in 2011 – a zonal gymnastics review was held in the city of Vratsa with the participation of the Health and Longevity SCs dedicated to the European Obesity Day (EOD) – 21 May. Teams of the Vratsa RHI and Montana RHI took measurements to determine the overweight and obesity parameters of the participants.

7.7. Taking measures to ensure efficient, equitable and sustainable financing of social services for people of all ages

MLSP, Social Inclusion Directorate

The mechanisms for financing social services have undergone highly dynamic changes. The sources for funding social services provided by municipalities and natural and legal persons registered with SAA are: the national budget, the municipal budgets, the Social Protection Fund, national and international programmes. In implementation of the financial decentralization programme the activities funded from the municipal budgets are divided into local and government mandated ones. Social services with the status of government mandated obligations are financed on the basis of uniform standards for the upkeep of one position for a beneficiary in the different specialized institutions and of the community-based social services. Municipalities have the power to provide funds for improving social services according to their financial capacity. A system for evaluating the efficiency of the services and comparing the invested funds and resources to the achieved effect for the users will be designed until 31 December 2012. The same deadline has also been set for the drafting of a concept paper on the efficiency of social services. This will be done in the process of implementation of the joint project with the Dutch NGO “De Pasarel” a part of which is the design of a monitoring instrument for measuring the efficiency of social services.

Social Assistance Agency

The funding for the social services, when they are government mandated activities, comes from the State Budget. Every year the Council of Ministers passes a decision on the

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division of the activities financed via the municipal budgets into local and government mandated ones and on determining standards for financing the government mandated activities in the respective year.

The sustainability of the new social services operated as part of projects under the Human Resources Development Operational Programme and closed along with the project activities within the respective year is ensured in the process of budget execution by means of offsetting modifications of the individual social services on the proposal of the Minister of Labour and Social Policy.

National Social Security Institute

Like the other social risks, for which the respective autonomous funds have been created on a contributory and solidarity-based principle in the state social security system, long-term care could also be financed from small social insurance contributions, from the pension benefits of the person and possibly from partial balance payments from the family. This can ensure efficient, equitable, sustainable and predictable financing of the social services for incapacitated retirees receiving occupational disability pension benefits or contributory old-age pension benefits, if long-term care is added to the social insurance system.

7.8. Measures to facilitate the leading of a healthy lifestyle (including awareness campaigns)

Ministry of Health

1. Activities focused on the establishment of a healthy lifestyle have been performed under the Chronic Integrated Noncommunicable Disease Intervention (CINDI) Programme.

The strategic objective of the programme is to improve the health status of the population by reducing premature deaths, morbidity and the other health effects of the most common chronic noncommunicable diseases (CNCDS). Priority is given to cardiovascular diseases, malignant neoplasms, chronic lung diseases, traumas, etc. A number of studies and analyses have been carried out on the health and demographic status of the population and on the distribution of the health risk factors and CNCDS:

- Studies have been conducted on the level of street noise, on air pollutants and on drinking water quality;
- Campaigns are held on an annual basis to mark global and international days, focused on the prevention and treatment of cardiovascular and mental diseases, chronic obstructive pulmonary disease (COPD), diabetes, cancer diseases, as well as on healthy nutrition promotion and obesity fighting. The following theme days have been marked: of smoking and alcohol abuse reduction, of osteoporosis, tuberculosis, drug addiction; days of third age people, of disabled people. Marches, parades, concerts, exhibitions and other initiatives have been organized with an emphasis on changing the behavior of the population. The following activities have been carried out as part of such events: free-of-charge breast cancer screening, functional breath measurements (spirometry), measurements of arterial pressure, height and weight, blood sugar, bone density, as well as training of high-risk groups – persons who have experienced a myocardial infarction or brain stroke, hypertensives, diabetics etc.;

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- Various educational forms have been used to raise the awareness of the population on the prevention of CNCs – atherosclerosis, hypertension, diabetes type 2, COPD, breast cancer, osteoporosis etc. – such as: talks, lectures, discussions, round tables, TV shows and radio programmes, audio and video clips, theme days, health festivals, sporting events, campaigns. General practitioners (GPs), cardiologists, endocrinologists, oncologists, obstetricians, pulmonologists, rheumatologists, neurologists and psychiatrists are involved in the health educational activities, including organized media events (press conferences, radio and television broadcasts, interviews, reports, press publications);

- the programme teams also perform health educational activities outside CINDI targeting certain specific groups of the population: pregnant women, especially among the Roma population, disadvantaged and disabled people (free medical examinations, consultations and training on healthy nutrition, physical activity and hygiene). A number of sports initiatives for persons with disabilities were carried out in the city of Yambol (para championship in track and field events, table tennis and wheelchair relay; para championship in weightlifting, a car race for disabled people). A club premise equipped with exercise bike, treadmill and step has been provided to the people with impaired or residual vision; the Information and Advisory Centre at RHI continues its operation in the area where people of different age groups, including pensioners, are advised and trained.

Partners of the teams under the CINDI Programme are local mass media, NGOs, as well as representatives of pharmaceutical companies, associations and unions (of disabled, diabetic, blind people), food manufacturers, tourism companies, school clubs.

2. Under the National Program to Reduce Osteoporosis in the Republic of Bulgaria 2006 – 2010:

Annual campaigns are carried out to identify the personal risk of osteoporosis by completing the One-Minute Osteoporosis Risk Test of the International Osteoporosis Foundation and to measure bone density. RHIs perform bonedensity screening tests (osteodensitometry) for females and males of different age groups. In connection with 20 October, the World Osteoporosis Day, RHIs perform joint activities with the Women without Osteoporosis-21 Associations in the district centres in the country.

3. Under the National Food and Nutrition Action Plan 2005-2010

Experts of the National Center of Public Health and Analyses (NCPHA) have designed different approaches and practices to establish a model of healthy nutrition. The following are disseminated on an annual basis among the relevant age groups in the population: Healthy Nutrition Manual for Children Aged 3 to 6 in Bulgaria, Healthy Nutrition Manual for Schoolchildren aged 7 to 19 in Bulgaria, Healthy Nutrition Manual for the Population Aged 18 to 65 in Bulgaria.

4. Under the National Programme for Limitation of Tobacco Smoking in the Republic of Bulgaria 2007 – 2010”

Campaigns to mark the World No Tobacco Day (31 May) and the International No-Smoking Day (19 November) are organized every year.

Explanatory and awareness raising activities are carried out regarding the harm caused by tobacco smoking and the need to introduce a total smoking ban in indoor public places by disseminating health educational materials, via the web sites of the Ministry of Health and RHIs and via the smoking cessation advisory rooms at RHIs.

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National Health Insurance Fund (NHIF)

The aim of NHIF, as an institution responsible for the mandatory health insurance in the Republic of Bulgaria is also to be of maximum benefit to the health insured citizens by providing information about their rights at all levels of access to health services, namely, to respond to many important questions concerning the provision of health services to the citizens:

- what rights do they acquire in return for their health insurance contributions, when do they need seek medical assistance from their GP, from the dental physician, from the specialist physician, as well as from the medical facility for inpatient care; which groups of people are exempted from user charge collected by the doctor and for which diseases; what is the way for them to receive their medication; which drugs are fully paid by the health insurance fund and when do they have to pay the balance; who should prescribe them: the GP or the specialist physician; what is the procedure of issuing protocols for the necessary medication. Most frequently the questions asked by citizens above middle and of retirement age concern the way and procedure of admission to hospitals for rehabilitation covered by the NHIF, as well as whether they are exempted from user charge, when they are certified by a Territorial Expert Medical Commission (TEMC).

The rules governing the healthcare system in the Republic of Bulgaria are described in a number of laws and regulations. These documents are available on the official NHIF web site – www.nhif.bg where the persons insured under the mandatory health insurance scheme and elderly people can find information. A special section has been designed with subsections: “For patients” and “Online consultations”.

Both subsections include detailed information, which describes the path of the patient: from his visit to the GP to his hospitalization and treatment, and to the possibility to find data about the medical facilities that have concluded contracts with the NHIF, where he could get outpatient, inpatient and dental care of his own choice. There is also detailed explanation as to what he should do and whom he should address when his rights of a health insured person have been violated.

The idea behind **the subsection for online consultations for the public** is to enable citizens to make inquiries at any time round the clock. The questions are answered by experts from different NHIF directorates depending on their competence vis-à-vis the topic. Besides being accessible, the “Online consultations” e-service is also intensively used by the beneficiaries. From the beginning of 2011 until 1 October 2011 written answers were provided to 3670 questions and only in the first two months after the signing of the National Framework Contract their monthly average was 560.

NHIF has created a possibility for the public to ask questions not only on the NHIF web site, but on its premises as well – at the NHIF Reception Room, as well as by using the “hotline”: 0800 14 800 and the landlines which can be dialed from any part of the country. From the beginning of 2011 until 1 October 1000 persons visited the NHIF Reception Room, while experts from the institution have responded to 16 122 and 5 270 hotline (0800 14 800) and landline citizen calls respectively.

The use of medical care by Bulgarian citizens in European Union countries also accounts for a significant portion in the total number of inquiries. People above middle age are mostly interested in the forms they would need for a long stay in the EU.

National Association of Municipalities in the Republic of Bulgaria (NAMRB)

Ensuring of quality living and active municipal measures for social inclusion of the ageing population are envisaged in almost all local and regional strategic documents:

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development plans, district and municipal strategies for social services development, as well as other regulatory documents relevant to the conditions and procedure for supporting vulnerable groups.

Municipal plans are consistent with all national strategic and planning papers related to the development of the planning regions and district development strategies. Municipalities also comply with the European Union (EU) regulations and with the international plans.

The strategies for social services development include major institutions that have responsibilities in terms of planning, creation, presentation and management of social services. They encompass social services for all risk groups on the territory of the respective municipality and give priority to certain target groups and services for their effective period. Prioritization is based on the severity of the problems and on the availability of the resources, at that particular attention is attached to the people in the small and medium-sized municipalities as well as to the remote rural areas and their population, which is mostly ageing.

The local level applies and provides integrated services in support of elderly people, which are relevant to its powers and resources.

7.9. Measures to reduce unequal access to health and social services, including those for people in rural or remote areas

National Social Security Institute

The National Social Security Institute has 28 territorial divisions or regional social security directorates, the larger of which also have field reception rooms in other settlements for the convenience of the public. Persons with disabilities and elderly people have been given access to the administrative buildings and premises within the NSSI system. The architectural environment of the buildings is adjusted to the needs of disadvantaged people, with very few exceptions due to lack of a technical decision.

From a statutory point of view there is no unequal access to social insurance rights, benefits, allowances and services, when the individuals have met the regulatory requirements that concern them.

NHIF

NHIF has envisaged incentives for the providers of primary outpatient medical care (POMC) and for the providers of primary outpatient dental care (PODC) working in remote settlements, centres of practices, with unfavourable conditions, whose residents are mostly ageing people. In this connection the following special documents have been developed: “Methods to determine the monthly pay for work in settlements, centres of practices, with unfavourable working conditions for providers of primary outpatient medical care (POMC) for 2011”, and “Methods to determine a list of settlements, centres of practices, with unfavourable working conditions for providers of primary outpatient dental care (PODC) for 2011”.

The two sets of methods identify objective criteria for the allocation of the funds for work under unfavourable conditions on the part of general practitioners and dental physicians acting as providers of primary outpatient dental care and seek to ensure easier access to primary medical and dental care for the ageing population living in these regions.

8. ADAPTATION OF THE GENDER MAINSTREAMING APPROACH IN THE AGEING SOCIETY

8.1. Measures for gender mainstreaming in all sectoral policies, removal of all barriers for attaining gender equality, elimination of all forms of discrimination against women and promotion of lifelong individual development of females

National Social Security Institute

The National Social Security Institute applies the gender mainstreaming approach and initiates (where appropriate) proposals for regulatory changes for the purpose of reducing inequalities between women and men in social insurance.

Ministry of Defence

The Ministry of Defence pursues a consistent policy of ensuring equality of females and males in the armed forces. In 2009, 2010 and 2011 the main efforts were focused on opening up all specialties in the military schools to females, on lifting the restrictions for the holding of certain positions by women, on health protection measures:

- The possibility for women to apply for all specialties in the military schools has been approved. In the academic 2010/2011 year all courses were open to females and the quota principle was abandoned;
- The principles of career development of the servicemen in the armed forces are the same for the two genders. It is pursued in the context of respect for their interests and for the military service;
- The payment for the work rendered by the military is the same for males and females and depends on the military rank and its degrees;
- 2010 saw the revocation of Ordinance No 14 of 18 October 2005 issued by the Minister of Defense, which used to impose restrictions on the holding of certain positions by female servicemen;
- Expansion of the participation of women in the processes of peacemaking, peacekeeping and recovery. Female soldiers participate in operations and missions in countries other than the Republic of Bulgaria on an equal footing with male servicemen;
- In 2011 the Ministry of Defence approved a plan on the implementation of Resolution 1325 of the UN Security Council;
- The Ministry applies special measures to protect the health of female soldiers and civilian employees:

In 2009 and 2010 a programme for free vaccination of military females against the human papillomavirus was put through.

In 2011 military females as well as civilian female employees in the armed forces underwent breast cancer and cervical cancer screening.

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- military females enjoy all the rights of women in the Republic of Bulgaria in case of pregnancy and childbirth ensuing from the Labour Code;
- pregnant or nursing female soldiers who practice jobs that are not suitable for their conditions may perform their official duties under alleviated conditions in accordance with the prescription of the health authorities;
- mothers of children up to the age of 3 cannot be posted without their consent;
- the Ministry collects data disaggregated by sex.

Ministry of Interior

The Ministry of Interior participates with its own representative in the work of the National Council on Gender Equality at the Council of Ministers, it implements tasks stemming from the National Action Plan for Promotion of Gender Equality.

A considerable volume of work in the area of responsibility of MoI has been and is being performed and regularly reported. In implementation of the tasks under the Plan, the provisions of the Ministry of Interior Act (MoIA) and of the secondary legislation relevant to its implementation have been aligned with the gender equality requirements.

Equal opportunities have been provided for access to government service at the MoI and to professional and career development. There is no difference in the age limit for service at the MoI for men and women.

The introduction of the competitive principle in staff recruitment and career development at the MoI has created a possibility for appointing females, also at managerial positions, given equal other conditions. A growing number of females are being appointed to different positions at the MoI, including managerial ones.

Regulatory provisions have ensured equal pay for equal work on the part of women. The requirements for holding positions in accordance with the approved job descriptions do not contain or allow the introduction of gender-based advantages.

There are no gender-based restrictions when organizing competitions for entry into government service at MoI, and the appointment is determined by the results of the ranking by score.

8.2. Special collection of disaggregated data by gender and age

National Social Security Institute

Traditionally the National Social Security Institute maintains statistics on pensions and pensioners by social insurance indicator disaggregated by gender and age.

In response to the needs for monitoring gender equality in the social security system, the statistical data base in the information system of the institute has already been enriched by new indicators and data with regard to short-term benefits by gender.

The expansion of the set of indicators involving gender-based data in different cross-sections is still underway.

8.3. Measures to promote the economic rights of women – legislative measures to guarantee equal pay for equal work, protection of the rights of females at the workplace, reconciliation of family and professional life, etc.)

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Ministry of Labour and Social Policy
Labour Law, Social Insurance and Labour Conditions Directorate

The provision under Article 8(3) of the Labour Code explicitly stipulates that the following shall not be allowed when implementing labour rights and obligations: direct or indirect discrimination based on nationality, origin, gender, sexual orientation, race, colour of skin, age, political and religious beliefs, membership in trade union and other public organizations and movements, family and economic status, existence of mental or physical disabilities, as well as differences in the contract term and the duration of the working time.

Pursuant to Article 243 of the Labour Code, women and men shall be entitled to equal remuneration for the same or equivalent labour, and this shall apply to all payments under the employment relationship.

The Council of Ministers shall decree:

1. the minimum national salary;
2. the types and minimum amounts of the additional labour remuneration and compensations under employment relationships insofar as they have not been defined in this Code (Article 244 of the Labour Code).

According to Article 4 of the Ordinance on the Structure and Organization of the Salary, the basis salary is remuneration for the implementation of the identified professional tasks, obligations and responsibilities proper to the respective workplace or position, in compliance with the accepted standards on the quantity and quality of work and on the duration of its performance.

The basic salary is determined by taking into account the evaluation and grading of jobs and positions and it is negotiated in the employment contract concluded between the parties to the employment relationship.

The amounts and/or mechanisms of forming the basic salary are negotiated in a collective labor agreement and/or by the parties to the individual employment relationship and then they are included in the company's in-house rules on the salary.

Entry level basic salaries can also be negotiated in the collective agreement by profession and position.

In the case of organizations and activities supported by the State Budget, the maximum amounts and/or the range of the basic salaries by position levels are determined by virtue of a regulatory instrument – Article 5 of the Ordinance on the Structure and Organization of the Salary.

According to Article 163(1) of the Labour Code (LC), female employees shall be entitled to pregnancy and childbirth leave of 410 days for each child, out of which 45 days are necessarily used before giving birth.

Should the medical authorities err in predicting the date of childbirth and it occurs before the expiry of the 45 days from the beginning of the leave, the remainder of these 45 days shall be used after the childbirth (Article 164(3) of LC).

In case of still-birth or infant death, or if the child is given up to a child-care establishment in the entire care of the State or for adoption, the mother shall be entitled to a leave of 42 days after the date of childbirth. The medical authorities may extend this period in the event that they find that the mother's ability to work has not been restored after the 42th day, until her working capacity is recovered. Up to the expiry of the term under Paragraph 1, such a leave shall be paid as a leave for pregnancy and birth (Article 164(4) of LC).

As per Article 164(1) of LC, after the leave for pregnancy, childbirth or adoption has been used, in case the child is not placed in a child-care establishment, the female employee

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shall be entitled to an additional leave for raising a first, second and third child until they reach 2 years of age, and 6 months for each subsequent child.

Article 228a of the Labour Code regulates the obligations of the employer to maintain and improve the professional qualification of employees. It stipulates that in case of prolonged employee absence from work (also in case of using a leave due to pregnancy, childbirth or adoption and raising of a child until he/she reaches the age of 2), the employer is obliged to provide conditions that enable the employee to acquire the new work-related knowledge and skills that have come about during his/her absence, and to ensure that the employee reaches the required level of qualification to be able to efficiently perform his/her employment duties.

In order to facilitate the reconciliation of professional and personal life, in 2010 the social partners on national level signed a National Agreement to provide for the regulation of home-based work and a National Agreement to organize and implement teleworking in the Republic of Bulgaria. The arrangements included in them served as a basis for designing amendments to the Labour Code. The texts on the regulation of home-based work are promulgated in *SG*, No 33 of 2011, and those concerning teleworking have been discussed by the Labour and Social Policy Committee of the National Assembly. A law amending and supplementing the Labour Code in terms of work via temporary employment agencies is being drafted at present.

National Social Security Institute

For the purpose of removing the obstacles to the reconciliation of family and professional life, changes were introduced in the labour and social insurance legislation concerning parental leave and the benefits for that period, which should be equal for women and men in their capacity of parents. For the same objective the social security rights of the father related to the raising of the child have become as close as possible to those of the mother. Complete alignment is impossible for objective reasons – due to the biological function of the woman to give birth and to nurse.

Legal prerequisites have been created for women and men to share in a balanced way the care for the children and for other family members, who stand in need for attendance for a relatively short period of time. There are equal opportunities for them to go on a leave in that period and to receive a benefit from the state social security system. It is another matter that, due to corrupt stereotypes in the mentality, upbringing and traditions, very few men avail themselves of the legal opportunities.

8.4. Review of the social protection policy with a view to ensuring equal participation of females and males in the social protection system

National Social Security Institute

Traditionally females take care of family members (both children and elderly parents), who stand in need of attendance. In general this impedes their professional and career development, it deprives some of them of the option to practice a paid job, influences their

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remuneration and the accumulation of insurance rights. Ultimately average females receive lower pension benefits than males which reflects hidden inequalities.

Women are most strongly affected by the inadequate regulation of long-term care. They usually undertake commitments in the family, suffer from the negative aspects of the situation and this results in gender inequality.

Females, who are hired by the family to provide care for elderly people are part of the informal economy, they do not pay social security contributions or accumulate social insurance rights and remain excluded from their own social-insurance protection. They do not develop professionally.

Women who work at elderly homes, in the wards for bedridden people with the most difficult attendance cases, are working poor. They receive minimum pay for hard, unattractive, intensive labour, frequently without the necessary sanitary materials and other consumables. Given the minimum compensation for such work, they are insured on the basis of minimum income and this implies future minimum pension benefits. They do not develop professionally.

Social Assistance Agency (SAA)

The following shall not be allowed when rendering social protection: direct or indirect discrimination based on gender, race, colour of skin, ethnic affiliation, nationality, political or other convictions, religion or belief, disability, age, sexual orientation, family status or origin, membership in trade union or other public organizations and movements.

8.5. Measures to ensure equal distribution of the engagements and responsibilities relevant to caregiving between females and males

Ministry of Labour and Social Policy

In cases where the mother and the father are in matrimony or live in the same household, Article 163(7) of LC stipulates that the father is entitled to a 15-day leave upon the birth of the child counted from the date of discharge of the child from the medical facility.

Moreover, according to Article 163(8) of LC, with the consent of the mother (adoptive mother), when the child reaches the age of six months, the father (adoptive father) can use, instead of her, a leave for the balance to 410 days. The leave of the mother is discontinued for the period in which the father (adoptive father) uses his leave (Article 163(9) of LC).

Pursuant to Article 164(1) of LC, after the leave for pregnancy, childbirth or adoption has been used, in case the child is not placed in a child-care establishment, the female employee shall be entitled to an additional leave for raising a first, second and third child until they reach 2 years of age, and 6 months for each subsequent child. With the consent of the mother (adoptive mother), this leave shall be granted to the father (adoptive father) or to one of their parents in case they work under an employment relationship (Article 164(3) of LC).

According to the provision of Article 167a (1) of the Labour Code after having used the leave for raising a child up to the age of 2 as per Article 164(1), any of the parents, if they work under a labour contract, and the child has not been placed in an institution on a full public support, upon request shall have the right to use unpaid leave up to 6 months for taking care of a child before he/she becomes 8 years old. The right to this leave is a personal right of each of the child's parents.

National Social Security Institute

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There is maximum alignment of the social insurance rights of females and males to receive short-term benefits from the state social security system when providing care to family members.

9. SUPPORT FAMILIES IN PROVIDING CARE FOR OLDER PERSONS AND PROMOTE INTERGENERATIONAL AND INTRA-GENERATIONAL SOLIDARITY WITHIN ONE FAMILY

9.1. Adaptation of family policy to the changing demographic circumstances

In response to the changing demographic situation the Ministry of Labour and Social Policy implements programmes such as “Support for Families with Children” and National Programme “In Support of Maternity” – for reconciliation of parenthood with professional fulfillment, National Programme „Assistance for Retirement”.

The scheme “Back to Work” is implemented under the Human Resources Development Operational Programme.

The Employment Promotion Act encourages employers to hire unemployed persons aged over 60.

Social Assistance Agency

The major objectives of the ongoing reform in the sphere of social protection and social integration of elderly people in Bulgaria are: priority development of community-based social services in towards deinstitutionalization, continuous improvement of the living conditions of the people placed in specialized institutions and upgrading of the living standards of all elderly people in Bulgaria. Special emphasis is laid on preventing the risk of social exclusion of low-income elderly people and single old people.

A differentiated approach is applied when determining the amount of the monthly social assistance benefit under the Social Assistance Act. Priority is given to the granting of social assistance benefits to elderly people and single older people and in their case more favourable rates are envisaged for determining the differentiated minimum income. Within the target group of the elderly people itself there is further differentiation in setting the amount of the monthly benefits depending on age and social status.

9.2. Programmes and measures for meeting the needs of the family members of different ages

National Social Security Institute

One of the goals pursued with the proposal to regulate long-term care on fully-funded principle as part of the state social security system is exactly to create a possibility for meeting the needs of the members of the pensioners’ families who stand in need of long-term care. This will be a way to support the family, which now assumes full care on the basis of personal engagement instead of employment or payment of costs for care rendered in-home by a hired woman or in a hospice that would be unaffordable in terms of family budget. This would be a possibility to support the “children” of the elderly people to remain in the respective professional area of the labour market for a longer period of time rather than opting

for early retirement. Also the voluntary work of a family member in caring for a relative could be paid from the fund in the form of long-term care benefit, it could be recognized as length of service and create insurance rights while the person is of working age.

Intergenerational solidarity within one family will continue to be the basic mainstay but it should not be the only support for the family to rely on in periods of need for long-term care without the participation of the state. The role of the state is to create the necessary social security scheme or social security programme for long-term care for incapacitated elderly people.

9.3. Specific measures to promote gender equality

MLSP, Policy for People with Disabilities, Equal Opportunities and Social Assistance
Directorate

Equal opportunities

The policy in the area of gender equality and non-discrimination is focused on the prevention and elimination of different forms of discrimination on the basis of: gender, age, disability, ethnic affiliation, religion and belief, sexual orientation, etc., integration of disadvantaged groups by creating conditions for equal opportunities for all, establishing bodies and mechanisms for applying incentive measures for overcoming social inequalities.

In the field of gender equality and non-discrimination efforts are focused on: building the administrative capacity of the central and local authorities, the judicial system, the social partners and society as a whole and strengthening the institutional mechanism/ structures for gender equality; implementation of a National Strategy for the Promotion of Gender Equality for the period 2009-2015; raising the awareness and sensitivity of society on the issues of gender equality and non-discrimination.

The Ministry of Labour and Social Policy coordinates the design and implementation of the national gender equality policy in cooperation with a multitude of institutions and organizations. Essential contribution in this respect is made by the National Council on Gender Equality at the Council of Ministers, which develops and implements the national gender equality policy in cooperation and coordination with the government bodies and the non-governmental sector.

The legal instruments listed below are effective in Bulgaria and concern non-discrimination in exercising the right to work and ensuring diversity at the workplace:

1. Constitution of the Republic of Bulgaria (Article 6);
2. Law on Protection against Discrimination (Chapter One and Chapter Two, Section I);
3. Labour Code (Article 8, 3);
4. Employment Promotion Act, etc.

The Bulgarian labour legislation has provided for equal rights of workers while reflecting less precisely many of the same principles outlined in the EU directives. The Labour Code (1986) bans all forms of discrimination, privileges and restrictions on grounds of nationality, origin, gender and race. The Code was amended in 2001 to introduce the principle of equal pay for women and men, and later on, in 2003 an amendment was added, which once again introduced the definition of indirect discrimination. Additional amendments were made in 2004 to define equal treatment of women and men and to integrate the EU directives regarding the protection of pregnant workers and those on parental leave.

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The pregnancy, childbirth and adoption leave is provided for under Article 163 of the Labour Code. Its length is 410 days, 45 of which are used before the childbirth. When the child becomes 6 months old, this type of leave may be used by the father (with the consent of the mother) for the rest of the 410 days. In such cases the leave of the mother is terminated.

According to Article 163(7) of LC, which became effective in January 2009, the father is entitled to a 15-day leave upon the birth of a child counted from the date of discharge of the child from the medical facility, when the mother and the father are in matrimony or live in the same household. This right is particularly important for the balanced participation of males and females in the work and for sharing the family obligations.

The leave for raising a young child up to the age of 2 is regulated under Article 164 of LC. It can be used after the expiry of the 410 days, until the child turns 2. It can also be used by the father or by one of the parents of the mother or of the father with the consent of the mother.

The unpaid leave for taking care of a child up to 8 years of age is regulated under Article 167a of LC. Its length is 6 months for each of the parents separately. It can be used in one go or in portions, after using up the other types of leave for raising a child. The part intended for one parent cannot be transferred to the other parent.

An important moment in the process of approximation of the Bulgarian legislation to the international and European standards in the area of equality, equal opportunities, equal treatment and prevention and elimination of discrimination was the adoption of the Law on Protection against Discrimination in 2003. The changes introduced in the Law on Protection against Discrimination allow the application of positive actions for achieving balance in the representation of the genders.

In the context of Bulgaria's membership in the European Union and for the purpose of aligning the national legislation and practice with the *Acquis* and the good practices in the Member States, the gender equality policy is focused on the creation of conditions for applying a common approach to promote gender equality and equality of all in society.

This approach is manifested by the activities envisaged in the National Strategy for the Promotion of Gender Equality for the Period 2009-2015, as well as in the National Action Plans for Promotion of Gender Equality.

The objective of the 2011 National Action Plan for Promotion of Gender Equality is to facilitate the implementation of a single gender equality policy, to raise the awareness of gender equality and of the significance of overcoming the related stereotypes.

The Plan accounts for the fact that in the context of the new economic and social situation facing the Member States of the European Union there is a need for serious mobilization of human resources and better utilization of the economic potential of all social groups. That is why the Government of Bulgaria attaches special attention to the development of measures for reconciling the professional and family life of men and women, for improving the access to vocational training for all social groups and for surmounting the inequality in the employment of women and men and their remuneration, also by way of consultation, motivation and training in accordance with their specific needs and development prospects.

The attainment of a better balance between professional and personal life both for females and for males depends on the modern organization of labour, on the availability of accessible and high-quality care services and on a more even distribution of the family responsibilities and tasks in the household.

The possibility to reconcile professional and family life exerts a direct impact on the employment of women and their position in the labour market, on their income and life-long independence and the major challenge is to focus on policies and incentives for promotion

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and provision of options for men to shoulder more responsibilities associated with care provision and with the family.

The measures in the 2011 National Plan are structured in several sections, which cover the identified lines of action of the European Gender Equality Strategy 2010 - 2015, as well as of the European Gender Equality Pact, namely:

- Government policy for promotion of gender equality;
- Equal degree of economic independence;
- Better reconciliation of professional, personal and family life;
- Promotion of the equal participation of females and males in the decision-making processes;
- Dignity, inviolability of personality and prevention of gender-based violence;
- Elimination of gender-based stereotypes and combating multiple discrimination.

A number of projects in the area of gender equality and non-discrimination are being implemented under the PROGRESS Programme, sections “Gender equality” and “Anti-discrimination”. Over 2000 persons have already been trained under these projects, and these are representatives of the central and local authorities, the judicial system, the social partners, non-governmental organizations, the civil society etc. which underwent training in the following areas: gender mainstreaming, gender equality, labour conditions, equal pay for the work of females and males, reconciling of the professional and family life of women and men. Information materials and brochures have been developed, printed and disseminated in the different institutions and organizations under these projects. Web sites have also been developed and they are still operational and updated for the purpose of raising the awareness on gender equality and on the significance of overcoming the related stereotypes.

Taking into account the fact that gender equality is particularly important for reaching the employment and growth goals of Lisbon and of the Europe 2020 Strategy, and that it is a measure of democratic development of society, Bulgaria will continue to develop and improve the national legislation on the protection of citizen rights and on guaranteeing equal treatment of women and men, as well as to raise the awareness on gender equality and on the significance of overcoming the related stereotypes.

National Social Security Institute

Measures to promote gender equality are being initiated from the perspective of social insurance, examples being:

- Alignment of the social insurance rights of females and males in terms of short-term payments;
- Expansion of the data base of the social insurance system by adding gender-based indicators;
- Introduction of the broader concepts of “parental care” and “parental leave” in the Labour Code, in the Social Security Code and in the secondary legislation, as they cover both maternity and paternity during the provision of parental care by the mother or by the father of the child and the use of the respective parental leave. (The measure is included in the 2011 National Plan for Promotion of Gender Equality)
- Renaming the “General Disease and Maternity” Fund under the state social security system to “General Disease and Parental Leave” Fund. (The measure is included in the 2011 National Plan for Promotion of Gender Equality).

- Introduction of the changed terms in the regulatory documents while adding precision to the names of the statistical indicators in the data bases and statistical reference books that concern beneficiaries and benefits for the gender-based parental leave. (The measure is included in the 2011 National Plan for Promotion of Gender Equality)
- Proposal to regulate long-term care as an element of the state social security system. (The measure is included in the 2011 National Action Plan for Promotion of Gender Equality)

9.4. Raising the awareness of the contribution of older people to the family, to the community and to society in general

Measures to support families in case of care for elderly people

National Social Security Institute

A proposal has been made to regulate long-term care as an element of the state social security system. (The measure is included in the 2011 National Plan for Promotion of Gender Equality). If a political decision is taken to go ahead with the measure, it will be possible to support the families with cash benefits for long-term care to be provided to an incapacitated pensioner, regardless of whether the care is rendered in the person's home or in a specialized facility. Family members, who are forced to quit their jobs earlier, or fail to pursue their profession, or look after their elderly relatives without payment for their work or without its recognition as length of service, will be able to receive support from the "Long-term care" Fund in the form of cash benefit payments for such purposes.

9.5. Measures to support families in case of care for older people

Measures to provide support to the social protection system for better reconciliation of family and professional responsibilities (for example, special leave for working parents and caregivers)

By virtue of amendments to the Labour Code promulgated in *SG*, No 33 of 26 April 2011, Section VIIIa "Additional conditions for home-based work" was introduced in Chapter Five of the Labour Code. The regulatory change has to do with the regulation of home-based work as a flexible form of labour. The comprehensive legal arrangement on home-based work regulates the employment contract, the obligations of the employer to create conditions for home-based work, the obligations in case of performing home-based work, the working hours, breaks, etc., which creates a statutory possibility for work from the home. The 2011 National Action Plan on Employment, endorsed with Council of Ministers (CM) Decision No 960 of 2010, provides for hourly wages for persons included in certain programmes and measures under the Employment Promotion Act – in compliance with an effective Council of Ministers Decree on determining the level of the national minimum salary. According to CM Decree No 180 of 30 June 2011 on determining a new level of the national minimum salary, the labour remuneration of persons hired under employment programmes and measures, subsidized from the State Budget and set at BGN 240 for a complete month of work and at BGN 1.43 as an hourly wage under the 2011 National Action Plan on Employment, is changed respectively to BGN 270 for a complete month of work and BGN 1.61 as an hourly wage effective from 1 September 2011.

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The “Support for Life with Dignity” Project is being implemented. Its beneficiary is the Social Assistance Agency, while the partners are 262 municipalities and 23 city wards of the Sofia Municipality. The aim of the project is to apply a new approach to the provision of services in a family environment by introducing the principle of “individual budget for a personal assistant” on a national scale, as well as to move away from the established stereotypes for the “Personal assistant” social service. The specific objectives of the project are decentralization of the “Personal assistant” service; creation of opportunities for persons with long-term disabilities to participate actively in the planning of the service, in the identification of the individual budget and in the selection of a personal assistant; support for families of persons with long-term disabilities by providing opportunities for professional development of the family members involved in providing care to such persons; change in the understanding of the activity of the personal assistant – the users and their families should see it as a social service and not as an activity performed by family members; reduction of the risk of dependence on institutional type care for people in need of attendance care. The users can be persons with long-term disabilities, incapable of tending to their own needs, who will be selected in compliance with the Methods to assess the needs for the service and determine an individual monthly budget for a “Personal Assistant”. The assistants can be persons of working age, who are unemployed, employed – hired or self-employed, non-active persons (university students or individuals who have acquired a right to occupational pension according to the early retirement terms and procedure).

Support for care giving families; implementation of policies in support of families in connection with the demographic changes;

National Social Security Institute

The National Social Security Institute works on a survey of the options to regulate the migration of long-term care to the state social security system.

In the light of the demographic changes, the sustainable regulation of long-term care as a part of the state social security system would support, either directly or indirectly, care giving families. The expected effects of such a measure would be complex and would include:

- Promotion of gender equality;
- Reduction of poverty;
- Support for social inclusion /support for social integration;
- Strengthening of mental health;
- Reconciliation of professional and personal life;
- Job placement and social security for jobs related to long-term care with lawful employment, regulated payment and social security contributions;
- Training and vocational qualification for acquiring specific skills and knowledge for providing care to older people (for professionals or volunteers – family members, relatives);
- Relieved family members and potential for development in their walk of life, creative activity, postponement of retirement and longer presence in the labour market;
- Quality of the services in long-term care, respect for human dignity, maximum saving of pain, suffering, humiliation;

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- Possibility to choose whether to receive the service in a domestic or institutional setting;

Contribution to demographic development policies;

- Improved quality of life of the family of the person in need of long-term care via public finance assistance in support for the family budget, optimization of the personal time resource and reduction of stress and tension;
- The employer has at its disposal the complete intellectual, physical and mental potential of the employee, who is relieved of the burden of providing long-term care to a relative;
- The employee rests assured that his relative will receive the necessary care. He can dedicate his time and efforts to his professional or creative activities and obligations, he can use his working hours more adequately, which is to the interest of the employer and society. (This effect is also valid for the self-insured persons – the self-employed individuals.)
- Reduction of the migration of nurses and medical orderlies to other countries due to lack of alternatives.
- Simultaneous positive effect for the recipients of care, for the carers, for the family members of the needy person, for the employers of the family members, for the self-employed.
- Cross-disciplinary approach with a possibility for good resolution of multiple problems of social, economic, psychological or demographic nature.
- The psychological aspect of long-term care (LTC) has been traditionally ignored. It is highly important for each of the stakeholders. Relations in families where a need for LTC has emerged are subject to strong emotions fraught with uncertainty. The stigma of talking about LTC problems and seeking support from the public, the concomitant sense of guilt with a highly devastating impact on the psyche, the consequences of egocentrism can be mitigated by reasonable, balanced solutions provided by the public bodies and institutions.
- The expansion of the “old age” risk by including long-term care in the scope of state social security (SSS) may go along with the pension reform. It helps boost the employment in social economy, the shrinkage of the informal sector, the reduction of early retirement, the improvement of pension adequacy.
- It complements the pension reform with the popular direct measures, mostly concerning retirement age, required length of service, amount of social security contributions, minimum social security thresholds, where the debate has been focused for years now. Peripheral issues such as long-term care are still neglected.
- The pension benefit levels for the majority of pensioners are insufficient to pay for long-term care.
- Pension benefits can be supplemented by targeted cash benefits for long-term care from the SSS system.
- Thus the family will not be forced to cover the whole cost and to offset fully the lack of an alternative by shouldering the burden when such a social risk occurs. Currently the people in need of long-term care, who fail to meet the eligibility criteria of the social assistance system (presumably intended for vulnerable individuals), remain the sole responsibility of families, without support from the public institutions and public finance.

9.6. Mechanisms to support municipalities, organizations and associations in case of providing support and care to older people

National Social Security Institute

The National Social Security Institute works on a survey of the options to regulate the migration of long-term care to the state social security system. The regulation of long-term care as part of the SSS system on a fully-funded, contributory and solidarity-based principle will allow the coverage of the most needy incapacitated retirees. As insured persons, who have been granted an employment-based contributory old-age pension or a disability pension, they will qualify as beneficiaries of the Fund. Thus the philanthropic NGOs dealing with charity and care for elderly people, as well as municipalities, could provide quality services to a much smaller contingent of people in need, who have not participated in the social insurance system.

Long-term care based on a fully-funded social insurance principle will further differentiate social insurance from social assistance and will add order and clarity to the reallocation of public financial resources.

SAA

The support rendered by municipalities, organizations and associations for the development and operation of elderly social services, when they are government mandated activities, is secured through funding in compliance with cost standards determined on an annual basis. The government funding is carried out via the municipal budgets, and then the funds are provided to the organizations and associations, providing social services.

9.7. Adjustment of the urban infrastructure to the needs of families and in particular to the needs of young and elderly people

National Association of Municipalities in the Republic of Bulgaria (NAMRB)

The support given indirectly to the families of older people consists in rendering care to the senior members of the families by providing person benefits to assist them in their daily activities in a domestic environment, as well as in the possibility of using community-based social services. A significant proportion of the elderly people in need of social services may be referred to the group of persons with disabilities and their distinction from the group of persons with disabilities is very difficult. Often people, who have generally preserved their ability to lead an independent lifestyle, after experiencing stroke or complications of chronic diseases acquire sensory, physical or other disabilities and this brings about a necessity for adequate social services, tailored to these disabilities.

As a result of the extended professional life and high mobility many of the families have limited potential to care for their elderly parents.

The main community-based social services provided by municipalities are:

- Domestic assistant;
- Social assistant;
- Personal assistant;
- Home care service;
- Day care centre for adults;
- Day care centre for elderly people with physical disabilities;
- Centre for social rehabilitation and integration for elderly people and persons with disabilities.

The existing social services offer quality care. An individual approach is applied to each person in the course of social service provision and this is valid both for the work with

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persons placed with specialized institutions and for the provision of community-based social services. The operational multidisciplinary teams established to assess needs and plan the care for each individual guarantee the individualization of care.

The analysis of the social services provided on the territory of the municipalities indicates that there is good partnership established among the state, the local government and the non-governmental sector. Local governments in partnership with NGOs design various programmes and projects for the purpose of upgrading the quality of the offered social services, as well as the coverage of a broader range of risk groups, especially older people.

Many municipal councils have a policy to provide social assistance benefits to older people and their families in case of incidental occurrence of needs.

The improvement of the urban environment and of the settlements in the municipalities is a basic task of theirs which is consistent with the needs of the young and senior people. Urbanization and sanitation, equipment with facilities for recreational and leisure activities constitute an important local priority financed mostly from own revenues and projects and programmes.

Municipalities provide the services of city and intercity transportation and access to administrative services whose users are elderly people as well. At many places the municipal councils grant discounts and free season tickets to the elderly.