

CHILD MORTALITY AS A HUMAN RIGHTS CONCERN

1. About NNC

The National Network for Children (further referred as NNC) is a non-government organization from Bulgaria working in the area of children and families in Bulgaria with the aim to ensure rights and welfare of children. The NNC is an umbrella organization of over 120 NGOs in the country. Our mission is to strengthen and facilitate partnership between NGOs and all other parties concerned in order to guarantee children's rights and wellbeing. NNC was created in 2003 as a non-formal alliance of NPOs. In 2006 it was officially registered as a public non-profit organization.

1.1. Thematic working groups

The organization has four thematic working groups (TWGs), corresponding to the four main spheres of experience, competence and interest of our members. These are: "Family" (including children in alternative care and deinstitutionalisation), "Health", "Education" and "Child and juvenile justice". The TWGs carry out two regular meetings per year and actively communicate throughout the year on preparation of policy statements and proposals, discuss key issues in the corresponding political spheres, exchange inspiring practices and cooperate in project activities. TWG "Health" has some main priorities, among which improvement of mother and child healthcare and advocacy for providing better services for isolated and marginalized communities in Bulgaria, for pregnant women, for children at risk of poverty and risk of institutionalization, among others.

1.2. Advocacy Tools

One of the main focuses of NNC is advocacy work in partnership with NGOs, businesses, institutions, individuals, as well as with the support of children themselves. We actively work to consolidate NGOs working in the area of children and families and to enhance communication and exchange of good practices and experience among them. We develop policy statements, proposals and recommendations for child and family policy change. One of the strongest advocacy tools of NNC is the annual independent monitoring report "Report Card: What is the average Government score for childcare".¹ This document aims to appraise the implementation of selected government commitments in the area of child and family policies in Bulgaria during the previous calendar year and to include recommendations to support the decision-making process of the state administration. The document contains five main areas: "General principles of the UN Convention of the rights of the child", "Family environment", "Healthcare", "Education" and "Juvenile justice". Child mortality is one of the subareas in "Healthcare" and the NNC pays great attention to that indicator in the country.

2. Analysis of current situation in Bulgaria in terms of child mortality and morbidity

The child mortality rate among children up to one year of age in Bulgaria in 2012² stands at 7.8‰ (a total of 536 children below one year of age died in that period) compared to 8.5‰ (601 death children under 1 year of age) in 2011. Yet the child mortality rate for children under 1 year is nearly twice as high as that in the European Union (EU). This parameter is higher in rural regions (9.6‰), while in urban areas it stands at 7.1‰ in 2012. Among the reasons for that difference is the

¹ For more information, please see http://nmd.bg/wp-content/uploads/2012/03/Report-Card-2011_EN.pdf

² All data in the report is for 2012 as there's no yet official data for 2013.

worsened socio-economic situation in rural regions, limited access to health services and lower education of population in general.

Perinatal mortality³ stands high in 2012 (11 of 1,000 live born children) but yet it is lower than in 2011 (11.7‰). The average EU data stands at 7.14‰. The indicator of stillborn children goes up in 2012 to 8.0‰, compared to 7.8‰ in 2011 and is higher than the EU average of 5.27‰. Neonatal mortality rate⁴ follows a downward trend after 2000 and reaches its lowest rate in 2012, standing at 4.5‰. The average value of this indicator in the EU also follows a steady downward trend and in 2012 it is 2.74‰. Postneonatal mortality rate⁵ increases in 2012 to 3.3 of 1000 live births from 3.2 of 1000 in 2011. The EU average stands at 1.38‰ for 2012.

The analysis of newborns' deaths up to 1 year of age shows that 44.2% of infants die due to perinatal conditions, including respiratory and cardio-vascular problems. Death causes are followed by inborn abnormalities and deformations, respiratory system diseases and blood circulation problems.

Number of preliminary born children in 2012 stands at 5 750, which is 8.3% of live births, while their number stood at 5 941 in 2011 (accounting for 8.4% of live births). The preliminary birth rate has an important contribution to the total perinatal mortality rate. The integral indicator showing the death probability of children in Bulgarian below 5 years of age is steadily going down, standing at 24.55 of 1000 live births in 1980, 15.94‰ in 2000, 11.14‰ in 2010 and 10.22‰ in 2011. Yet it stands twice as high as the indicator in the EU – 4.78‰. The most common death reasons among children of up to 5 years of age are conditions taking place during the perinatal period, respiratory diseases, inborn abnormalities, blood circulation diseases and external reasons for morbidity and mortality.

Analysis of child mortality data in Bulgaria in 2012 shows some positive trends in general indicator of child mortality, neonatal child mortality and the integrated indicator, showing probability of children deaths before reaching five years of age. Among the reasons for improvement are better prenatal services for pregnant women, particularly for those from marginalized and isolated communities with no health insurance, for integrated social and health services offered by some NGOs in regions and communities of high risk of poverty and in some prenatal examinations for inborn abnormalities of the foetus for all pregnant women. Yet in program documents of Bulgarian Government in 2013 there was a deficit of mechanism and clear measures aimed at reducing child mortality and morbidity rates in the most affected regions of the country, such as Sliven (16.6‰ child mortality rate in 2012), Montana (with 14.4‰) and Razgrad (13.1‰). The region with lower child mortality rate in 2012 was the capital city of Sofia with 4.4‰. These regional gaps show the huge social and economic differences among regions in Bulgaria.

Child mortality reduction is an aim set in the draft of National Health Strategy of Bulgaria 2014-2020, in the National Child Strategy 2008-2018, in the updated National Strategy for Demographic Development in Republic of Bulgaria (2012-2030), in the National Strategy of Republic of Bulgaria for Roma Integration 2012-2020, Health Strategy for Disadvantaged Persons from Ethnic Minorities, and

³ Perinatal mortality is calculated as a ratio of stillborn children and alive children, died in the period from 1 to 6 days after birth, and total childbirth rate.

⁴ The neonatal mortality rate is calculated as the number of children died between 0 and 27 days after birth is divided by number of alive born children in the current year.

⁵ The postneonatal mortality rate is the number of newborns dying between 28 and 364 days of age, divided by the number of live births, subtracted the number of newborns dying between 0 and 27 day of age.

National Programs for Child Protection. NNC experts recommend to the Government in their current “Report Card of the Government 2013” (under development, to be released in April 2014) to set reduction of child mortality rate in Bulgaria as a priority and to harmonize all activities aimed at reducing it in various strategic documents. Another recommendation is with regard to improving prenatal services for pregnant women. The Ministry of Health of Republic of Bulgaria uses mobile doctors and equipment for prenatal examinations of pregnant women in rural, isolated and marginalized communities. The annual aim of the Ministry is at least 6,000 obstetric examinations with mobile equipment. Yet data of Ministry of Health, presented to the NNC for 2013, showed that the number of obstetric examinations with four mobile equipment cabinets stood at 2,711 in 2013.

According to WHO European Region office, death rates are higher in children under 5 years and in boys, who account for 61 % of all deaths due to child maltreatment in the Region. NNC supports the WHO recommendations for the urgent need to develop and put in place prevention programmes tackling also child maltreatment and a public health, evidence-based approach. This should include home visiting, parenting programmes, multi-component preschool programmes, enhanced pediatric care, etc.

3. NNC members’ activities for reducing child mortality and morbidity

3.1. Advocacy for child access to sewage and water sanitation facilities

In the previous edition of “Report Card: What is the average Government score for childcare”, NNC paid attention to the National Program for Environment and Healthcare 2008-2013, chapter “Child health and environment”. There are regions in Bulgaria where no sewage and water sanitation facilities are available, hence there are children in the country with limited or no access to clear potable water. The NNC experts recommended that the Government make a road map of the most vulnerable children in terms of access to drinkable water.

3.2. Activities of health mediators, family planning and services for sexual and reproductive health and rights, children immunizations

Among the efforts of NNC is also to advocate for better access to healthcare services for pregnant women and for women and children from marginalized communities. One of our members is the National Network of Health Mediators. The job position of the Health Mediator is the bridge between the Roma communities and the health and social services for the improved access of Roma to health and social services and for overcoming of discriminative attitudes towards them.⁶

Health mediators at present number 130 in the country and work in 71 municipalities all over Bulgaria. Yet there are some regions with Roma communities but there is no health mediator. Health mediators also help for children health services and better awareness of parents how to take care for infants and young children to enhance their physical and mental development and to provide them with family environment. NNC member organizations also provide lectures, courses and social campaigns for raising parenting capacity of vulnerable groups, campaigns for improving child immunization statutes, family planning and improving access to quality health care services mainly in

⁶ Definition from this source: <http://goodpracticeroma.ppa.coe.int/en/pdf/189>.

the field of sexual and reproductive health and rights, health and sexuality education, prevention of HIV/AIDS and sexually transmitted infections, among others.

3.3. Integrated services, community centers, family advice centers

There are quite a few NNC member organizations which work among Roma and other vulnerable and marginalized communities and provide integrated social, health and educational services. These organizations most often work in close cooperation with health mediators or another person who is “insider” and trusted among the community and offer awareness raising services, health promotion, prevention of socially significant infections, health education, psychological support for women at risk (prostitutes, single mothers, etc.), programs for healthy child care, school readiness improvement programs, violence prevention programs, etc.

Some of the NNC member organizations have developed and actively maintain community support centers and family advice centers. The aim of family advice centers is to support social inclusion of families at risk via improved access to social services and support. These centers offer courses for building parenting capacity, lectures on family planning and sexual health and other related services for families at risk of social exclusion and their children. Community support centers also offer services and parents’ education for prevention of child abandonment, social consultation, parenting capacity improvement, self-help groups for parents.

3.4. Promotion and support of breastfeeding and early mother-child contact in hospitals (bonding)

Some NNC members actively work to promote positive breastfeeding practices and early contact for mother-child in hospitals. It is evidence-based on international level that breastfeeding has many positive effects on children health and proper development, particularly for children with disabilities and premature babies, who are more prone to diseases and poor general health condition. Breastfeeding ensures full and healthy nutrition for infants and toddlers and prevents ear and respiratory infections, among others. A recent survey shows that “early start of breastfeeding could reduce neonatal death by 22%”⁷. Breastfeeding has also a positive effect on parental behavior toward children and contributes to building healthy relations between mother and child, hence helps to reducing child abandonment.

3.5. Early disease detection and early intervention

NNC members have recognized early disease detection and early intervention services as a strong tool to enhance children’s positive development, to boost parenting capacity to take care of the child, to prevent child abandonment and to prevent worsening of child condition due to any disability. Early intervention is an approach that is implemented in some community and mother-and-child-health-centers in Bulgaria and is aimed at children from 0-3 years. Early intervention includes different aspects, depending on child and family needs, but mainly rehabilitation; speech therapy; building parental capacity; playgroups for children and parents; home visits to offer support to the family in child care; self-help groups for parents.

3.6. Social and education campaigns for prevention of early marriages and teenage pregnancy

⁷ Mallik and Associates 2013:25

NNC is advocating and some of its members work with Roma and other ethnic communities for prevention of early marriages and teenage pregnancy. Number of marriages with girl below 18 years of age goes up in 2012⁸, with 80% of marriages are with males over 20 years of age. Over 60% of marriages are signed in towns of Sliven, Haskovo, Burgas, Yambol and Pazardzhik. Number of births by girls below 19 years of age account for 11% of all child births during the last two years, while the number of abortions by underage pregnant girls stands at 10% from all the abortions per year.⁹ The State agency for Child Protection announces that girls giving birth below 18 years of age are over 7,000 annually.

Health and sexual education is acknowledged by the Ministry of Health as a necessity in various strategic documents and plans, but yet there is lack of clear vision how to implement it. Among the advocacy efforts of NNC is also insisting for implementation of National Program for Improving of Sexual and Reproductive Health.

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Prepared by:

Milena Nikolova

National Network for Children – Bulgaria

Contact details: milena.nikolova@nmd.bg, +3592 9888 207

Appendix 1: Contacts of TWG "Health" members

⁸ National Statistics Institute data shows that marriages with girls below 18 years are 376 for 2012, 304 for 2011, 135 for 2010.

⁹ Data of National Statistics Institute and National Center for Public Health and Analyses.