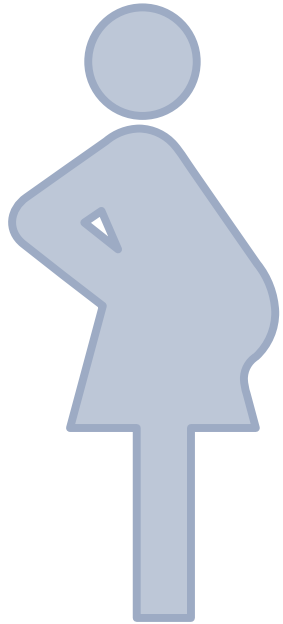


ANNUAL DATA REPORT

NFP Bulgaria

January 2024 – December 2024





CLIENT ENROLLMENT

(2016 – 2024)



CLIENT ENROLLMENT

- **479*** clients enrolled
- **44 new clients enrolled in 2024**
- (7 less than last period)

- **416** children born within the program

- **39** children born in 2024

*2 are grandmothers who took over the care for the children

CLIENT ENROLLMENT

Sofia

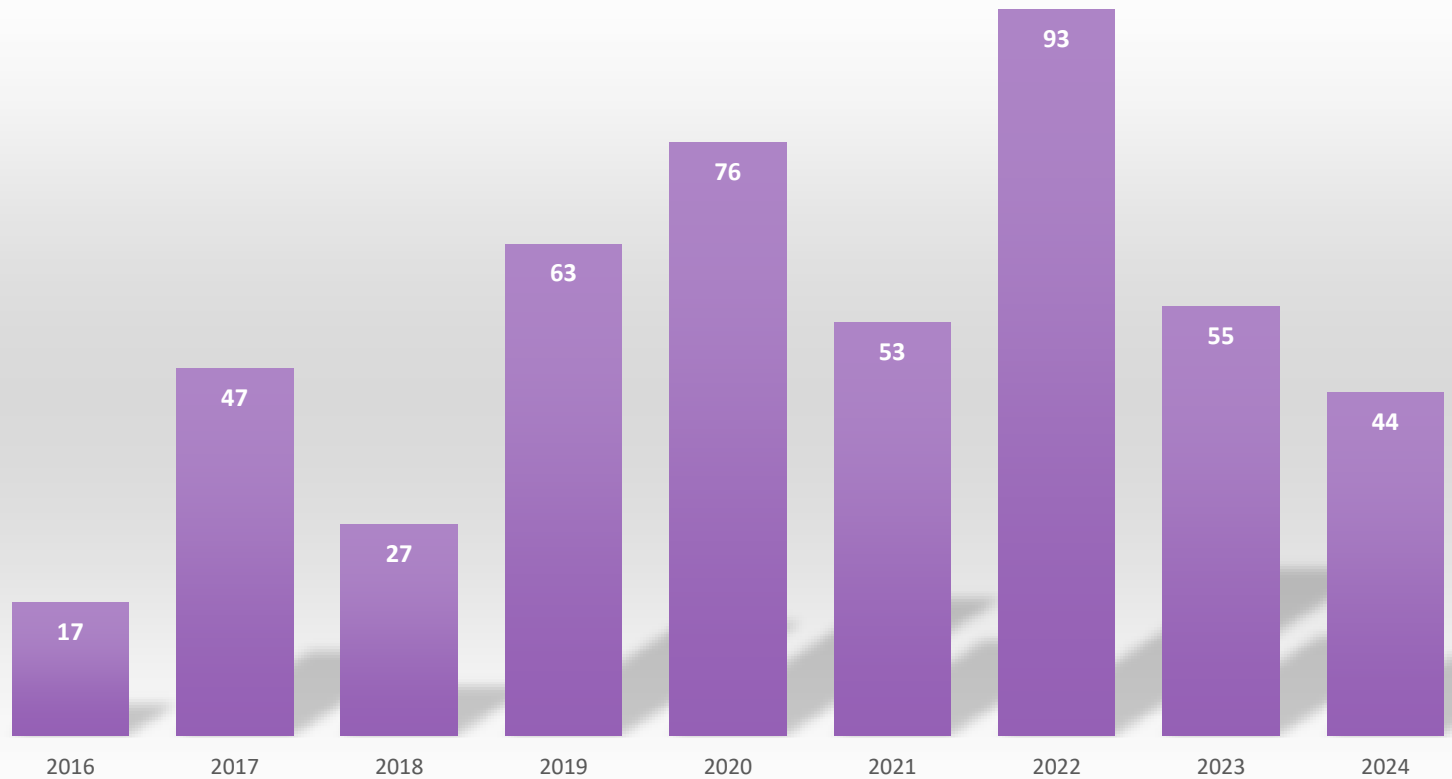
- 280* enrolled clients
- **27 enrolled in 2024**
- 101 active clients
- 45 left the program (0 in the last year)
- 178 graduated

Plovdiv

- 199* enrolled clients
- **17 enrolled in 2024**
- 75 active clients
- 94 left the program
- 64 graduated

* Two grandmothers (1 in Plovdiv and 1 in Sofia) are included

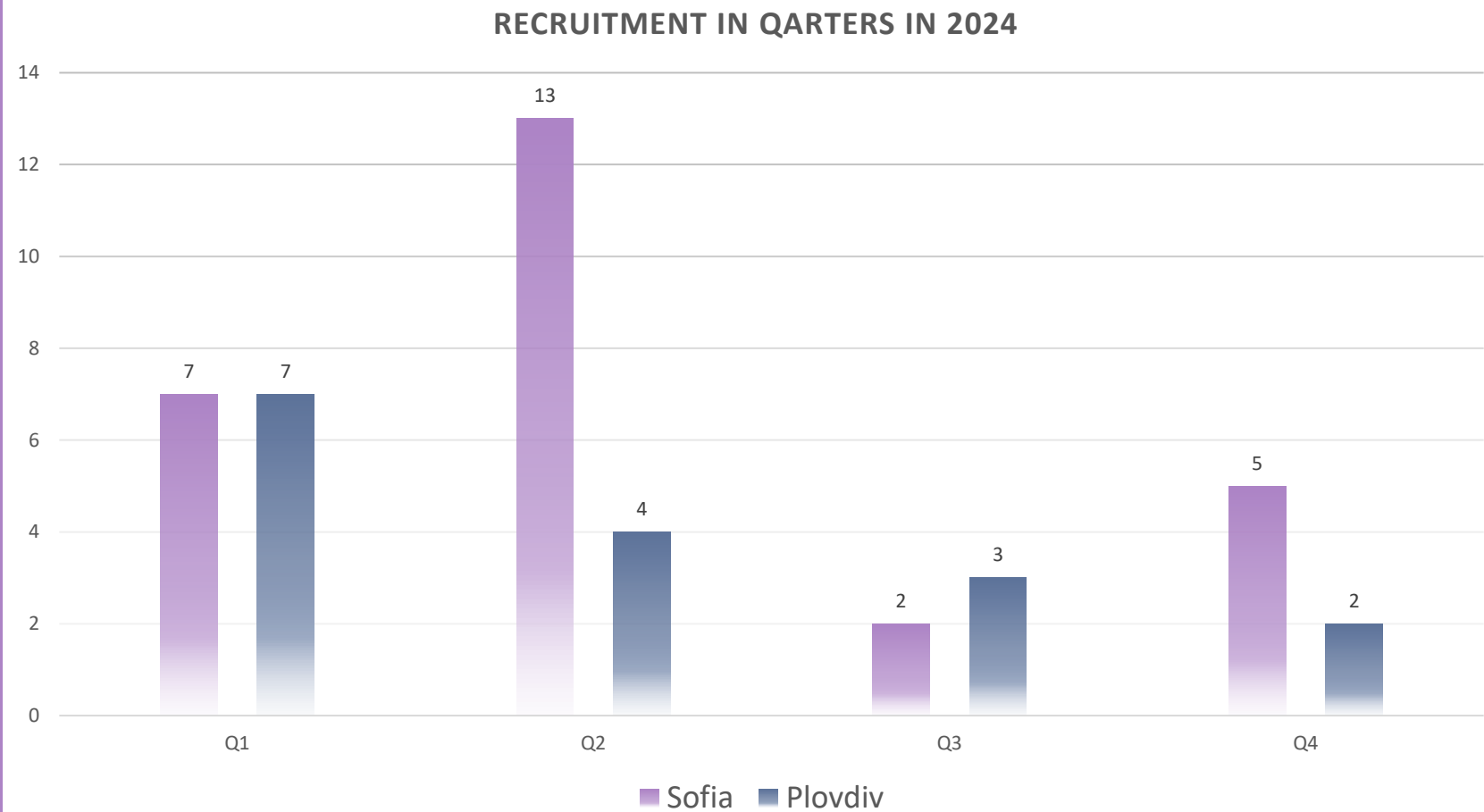
Recrutement per year



RECRUITMENT

Total number of recruited
for 2024 – 44 clients

RECRUITMENT



REFERRALS TO NFP

Women Referred



Eligible Women



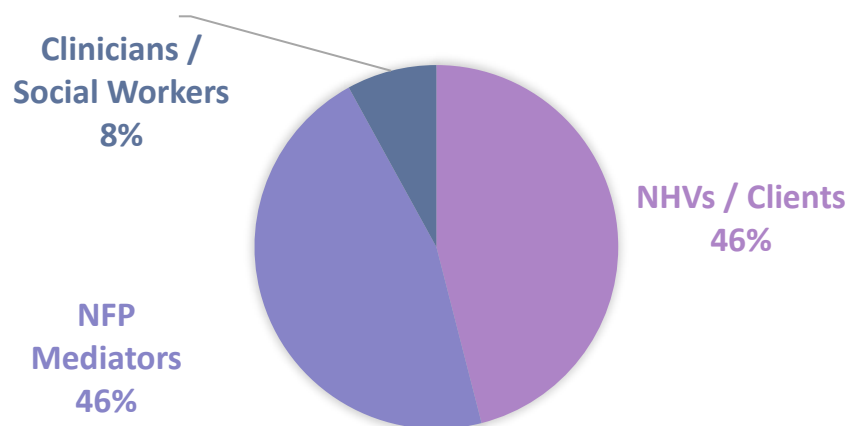
Enrolled Women



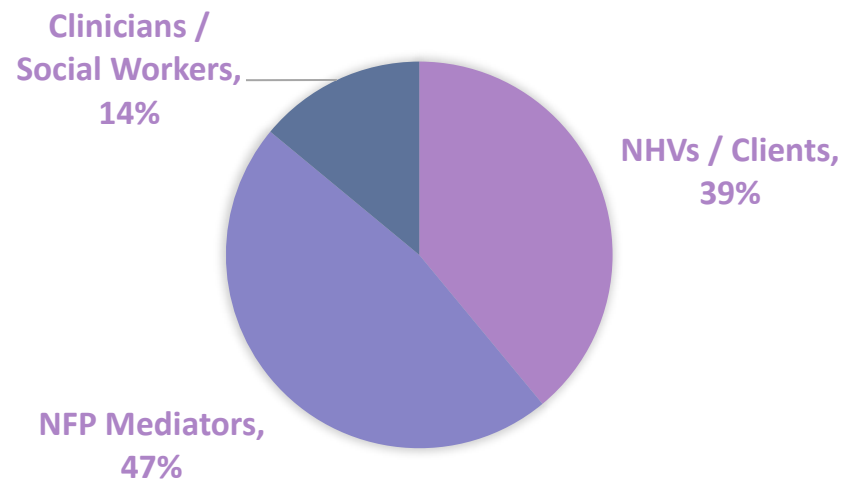
*As per nurse records

REFERRALS TO NFP

CLIENT REFERRALS 2024



CLIENT REFERRALS 2016-2024

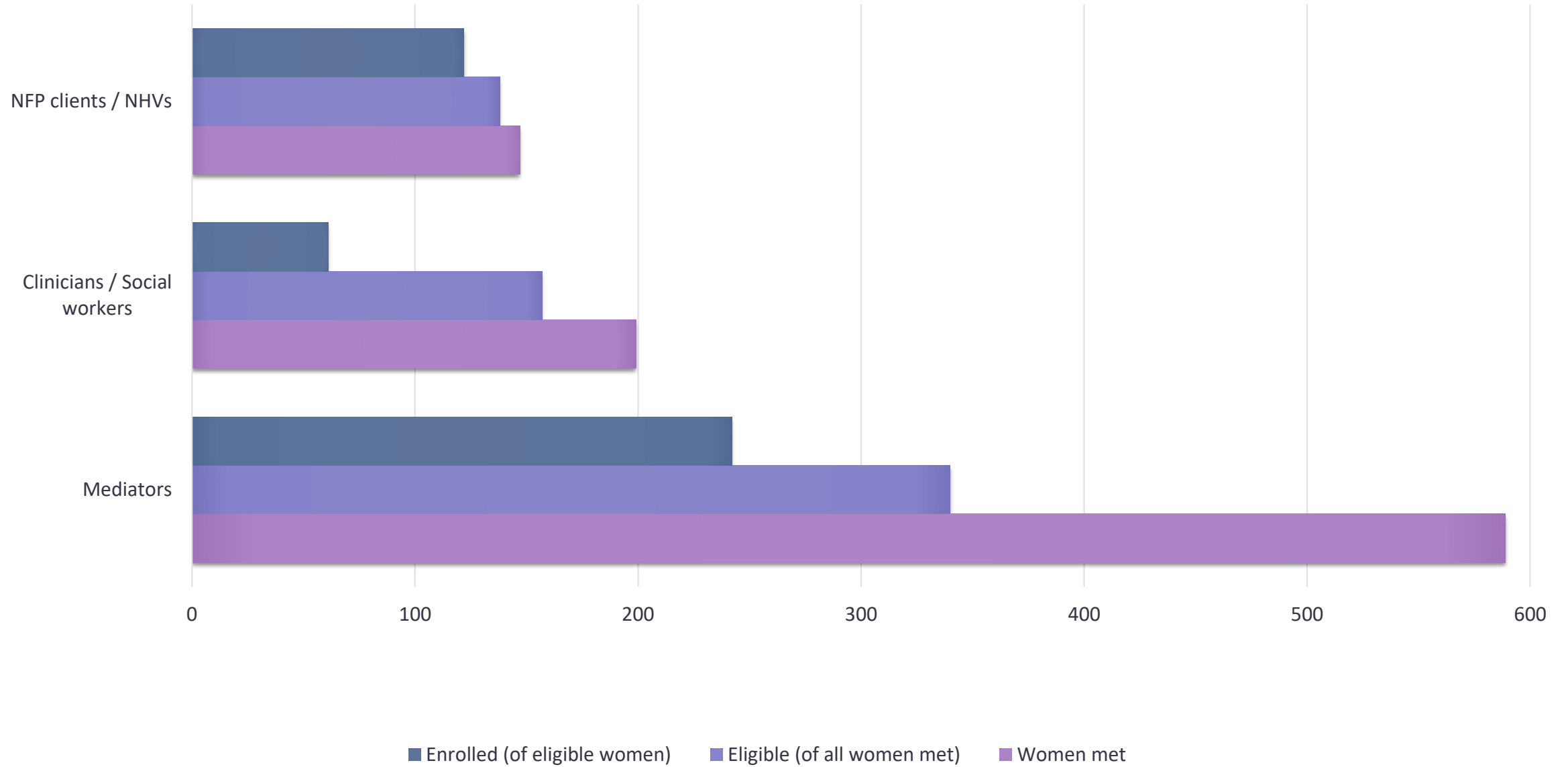


In 2024, referrals are more evenly distributed: about one-third of clients were referred by NFP mediators, another third by past and current clients, and the rest by clinicians/social workers, though clinician referrals saw a slight 6% decline.

Recruitment patterns continue to differ between Sofia and Plovdiv.

In Sofia, 74% of clients (20) were recruited by NFP Mediators, a sharp increase from last year when most referrals (54%) came from NHVs and NFP clients. Meanwhile, 18.5% (5) were referred by clients, and 7% (2) by clinicians/social workers.

In Plovdiv, recruitment is overwhelmingly client-driven, with 94% of new clients referred by current/past NFP clients. Only one recruitment came from a clinician/social worker, and none from mediators.



Sofia

Out of 53 active clients:

7 pregnancy phase

21 infancy phase

25 toddler phase

Plovdiv

Out of 40 active clients:

2 pregnancy phase

17 infancy phase

21 toddler phase

ACTIVE CLIENTS END OF 2024

Phase	Range	N Mothers
Phase 0	Pregnancy	7
Phase 1	0-6 M	21
Phase 3	6-12M	19
Phase 4	12-18M	28
Phase 5	18-24M	16
Phase 6	24M+	2

CHILDREN

Sofia

- 253 children born within the program
- 46 active
- 29 discontinued
- 178 graduated

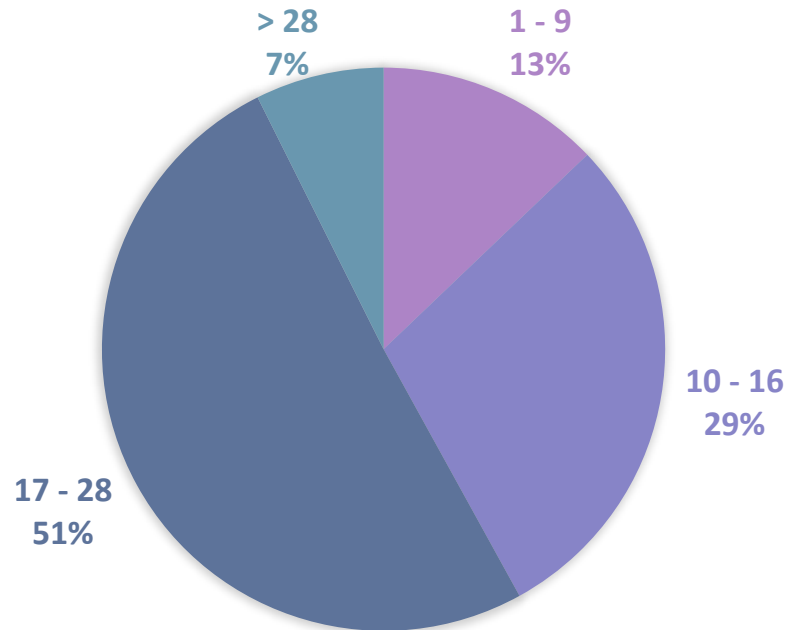
Plovdiv

- 161 children born within the program
- 38 active
- 59 discontinued
- 64 graduated

ENROLLMENT - 16TH GESTATION WEEK OR EARLIER

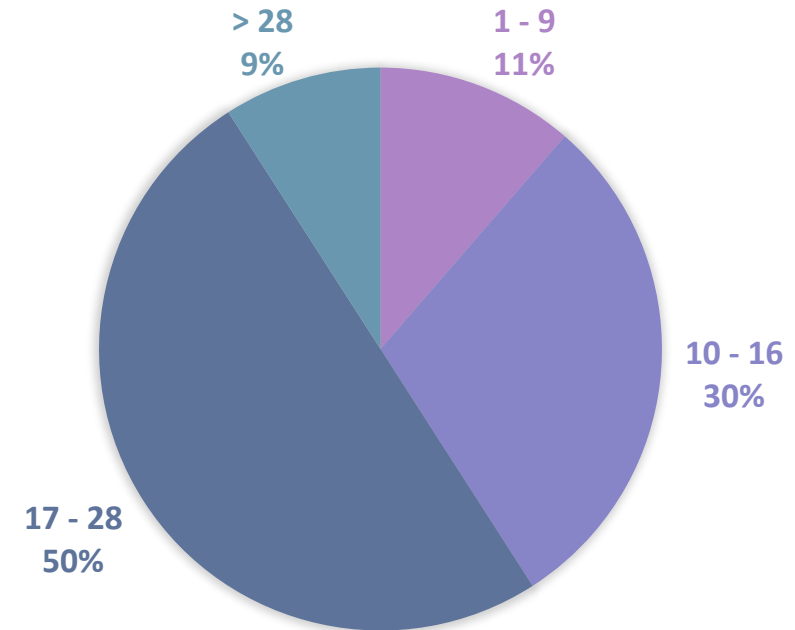
2016-2024 | average gestation week at enrollment **18th**

42% of all clients enrolled in 16th gestation week or earlier



2024 | average gestation week at enrollment **19th**

41% of all clients enrolled in 16th gestation week or earlier



RETENTION – 70.4% NFP BULGARIA

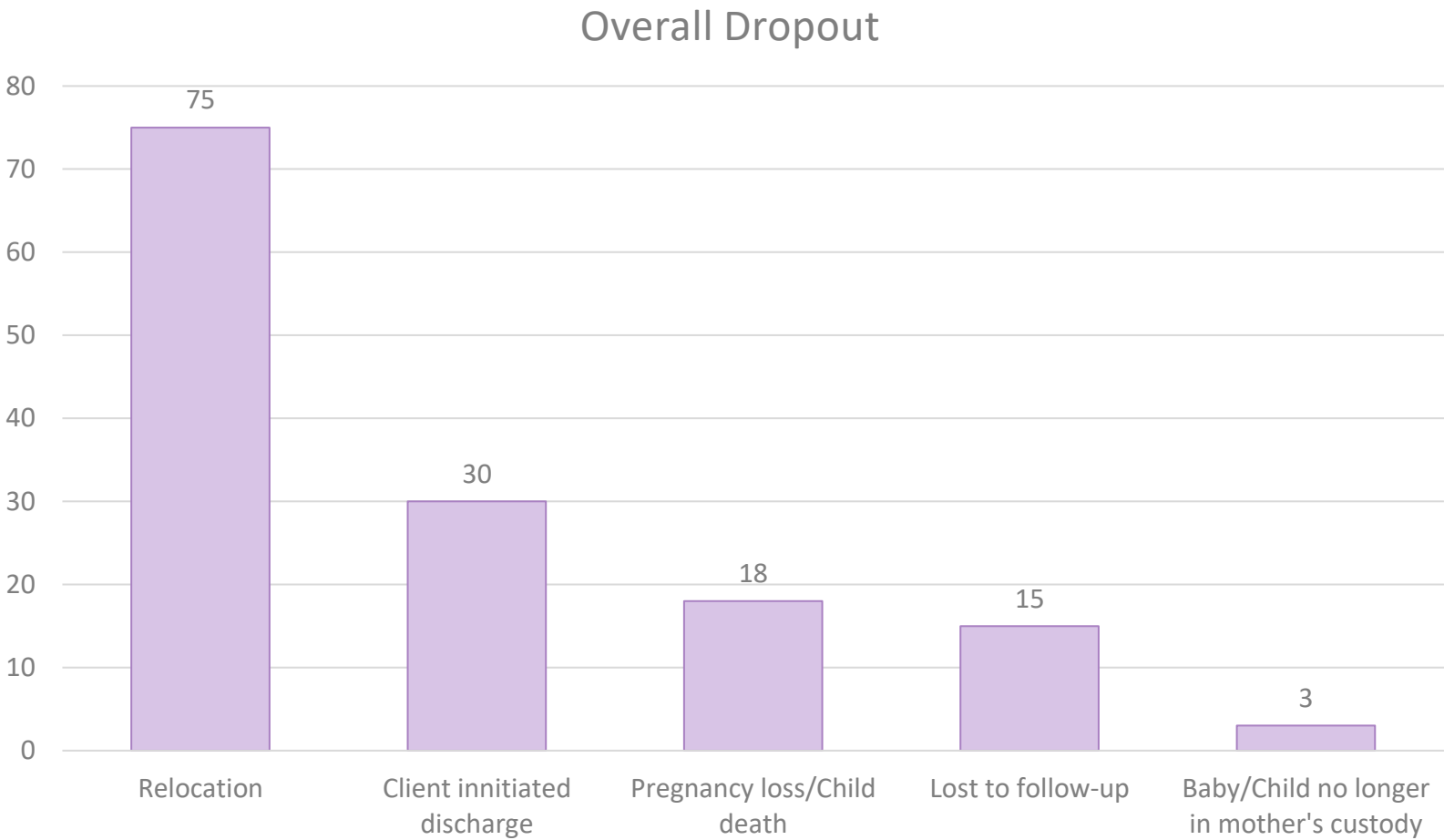
Sofia

- 83% (↑1%) retention rate
 - 93.5% at pregnancy
 - 87.4% at infancy
 - 83% at toddler

Plovdiv

- 52.5% (↓1.5%) retention
 - 84.8% (↑1.8%) at pregnancy
 - 63.6% at infancy
 - 52.5% at toddler

DROPOUT BY LEAVE REASONS



Relocation emerges as the most significant factor, with 75 cases of families moving, often in pursuit of better living conditions or employment opportunities. Other reasons include loss of a child through miscarriage (10 cases), stillbirth (3 cases), or postnatal death (4 cases), as well as voluntary program exits due to elective abortion (1 case). Additionally, 13 participants left the program citing sufficient knowledge gained, while another 13 reported pressure from family or partners. Challenges like lack of time (2 cases), absence of suitable visitation spaces (1 case), or refusal of visits (1 case) also contributed to attrition. Further, child removal by authorities (3 cases) and loss of contact with families (15 cases) underscore the vulnerability and instability impacting program retention.

CASELOAD

Sofia

NHV	Active clients 55/96	% of caseload 57%
S003 – nurse	1/2	50%
N002 – nurse	15/25	60%
N003 – midwife	14/19	74%
N005 – nurse	6/25	24%
N006- midwife	19/25	76%

Plovdiv

NHV	Active clients 40/45	% of caseload 88%
N012 - nurse	18/20	90%
N013- midwife	22/25	88%

*As of 31.12.2024



HOME VISITS

19 804

2 641 COMPLETED VISITS IN 2024

LOCATION

16 neighborhoods in Sofia

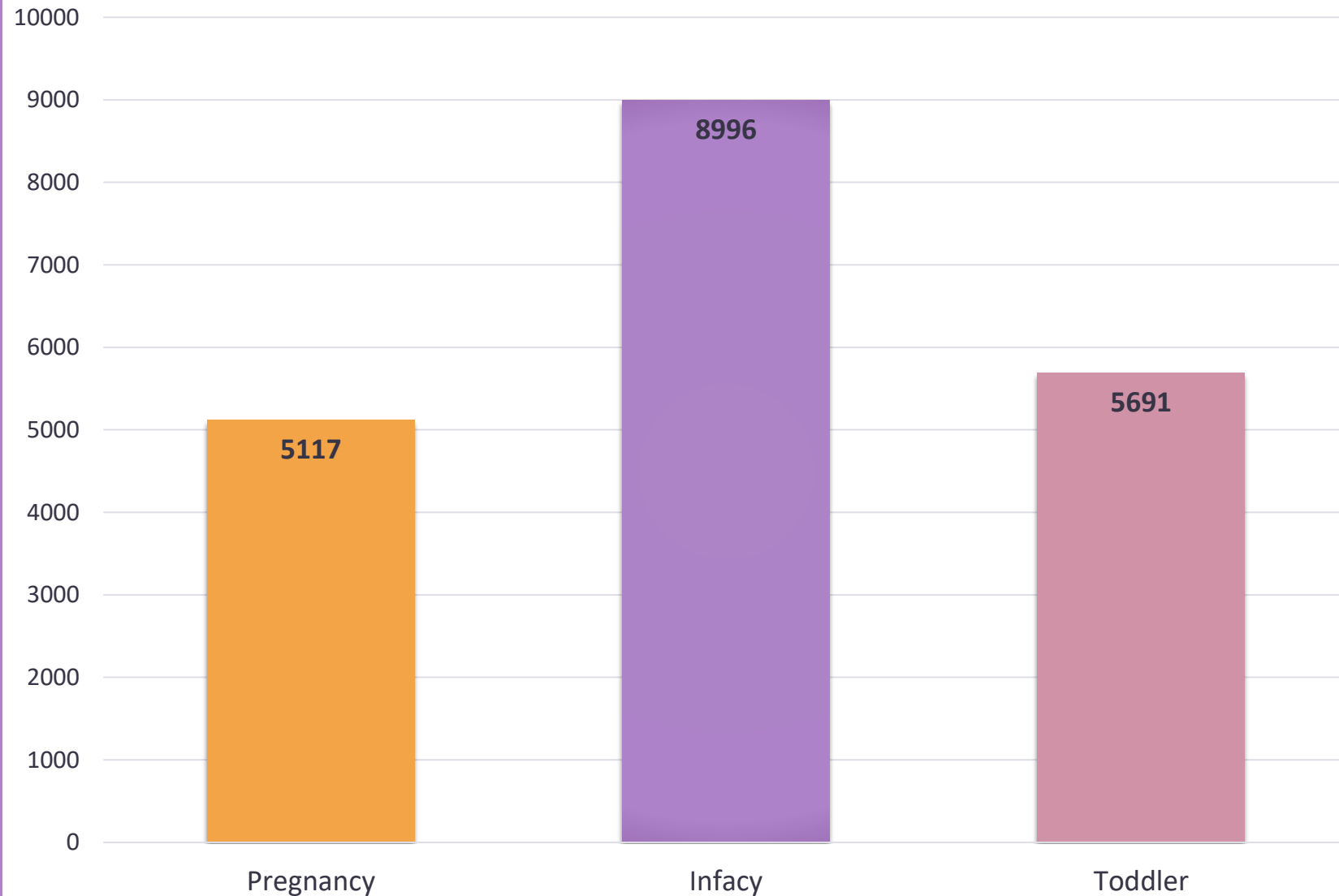
7 neighborhoods in Plovdiv

COMPLETED HOME VISITS

TOTAL COMPLETED VISITS:
19804

COMPLETED VISITS IN 2024:
2 641

Finished home visits by program phase



COMPLETED VISITS BY THE END OF 2024

Sofia – 13 175 visits
Home visits – 11 182
Telehealth – 1993

Plovdiv – 6629 visits
Home visits – 5554
Telehealth – 1075

COMPLETED VISITS IN 2024

Visits completed – 2 641
1537 in Sofia
1104 in Plovdiv

Data on completed home visits	
Sofia – 11 182	Plovdiv – 5554

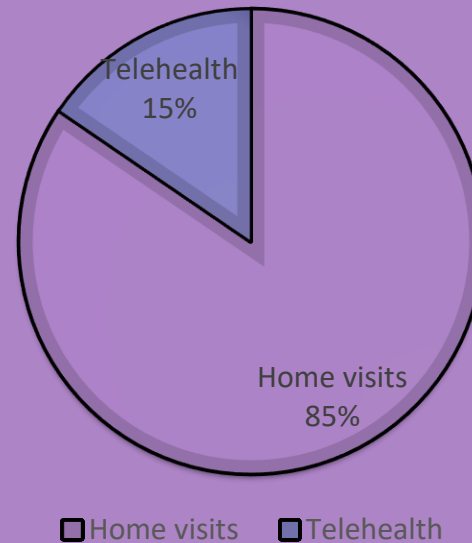
Average length of home visits – 65 min.	
Sofia – 64 min.	Plovdiv – 65 min.

Percent of visits 1-to-1 (only nurse and client) – 55%	
Sofia – 60%	Plovdiv – 47%

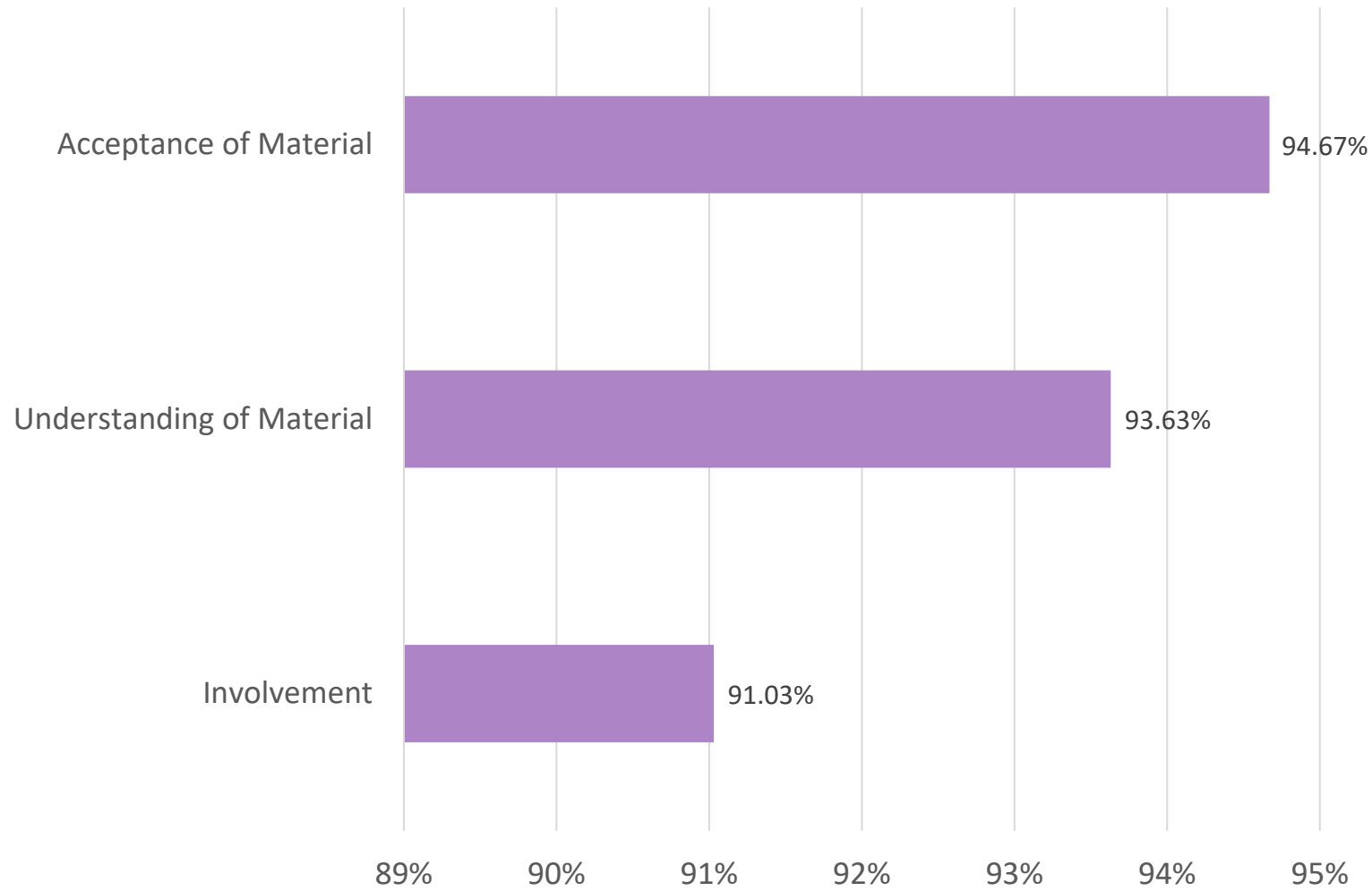
Percent of visits in client's home – 93%	
Sofia – 92.5%	Plovdiv – 94%



TELEHEALTH VS. HOME VISITS



Out of a total of 19,804 visits conducted in the NFP program across both locations, 16,736 were home visits, while 3,068 were conducted through telehealth. The relatively high percentage of telehealth visits reflects various challenges, including seasonal illnesses affecting clients, their babies, or family members, as well as a measles outbreaks. Other contributing factors include logistical difficulties such as poor weather conditions, client temporary relocations, or missed appointments, which make virtual interactions a critical alternative.



INVOLVEMENT IN HOME VISITS OF CLIENTS

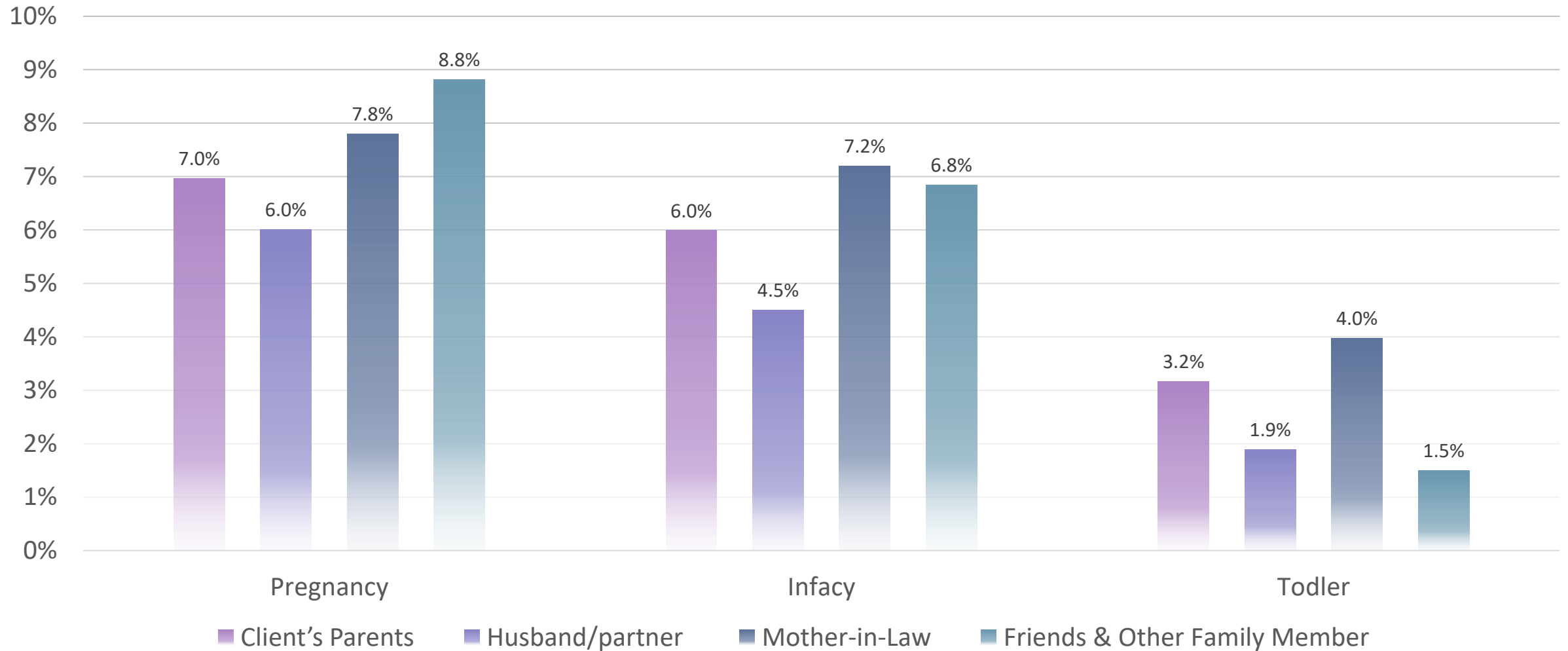
Very minimal differences (less than 1%)
are observed since the last report

CLIENT PARTICIPATION DURING HOME VISITS



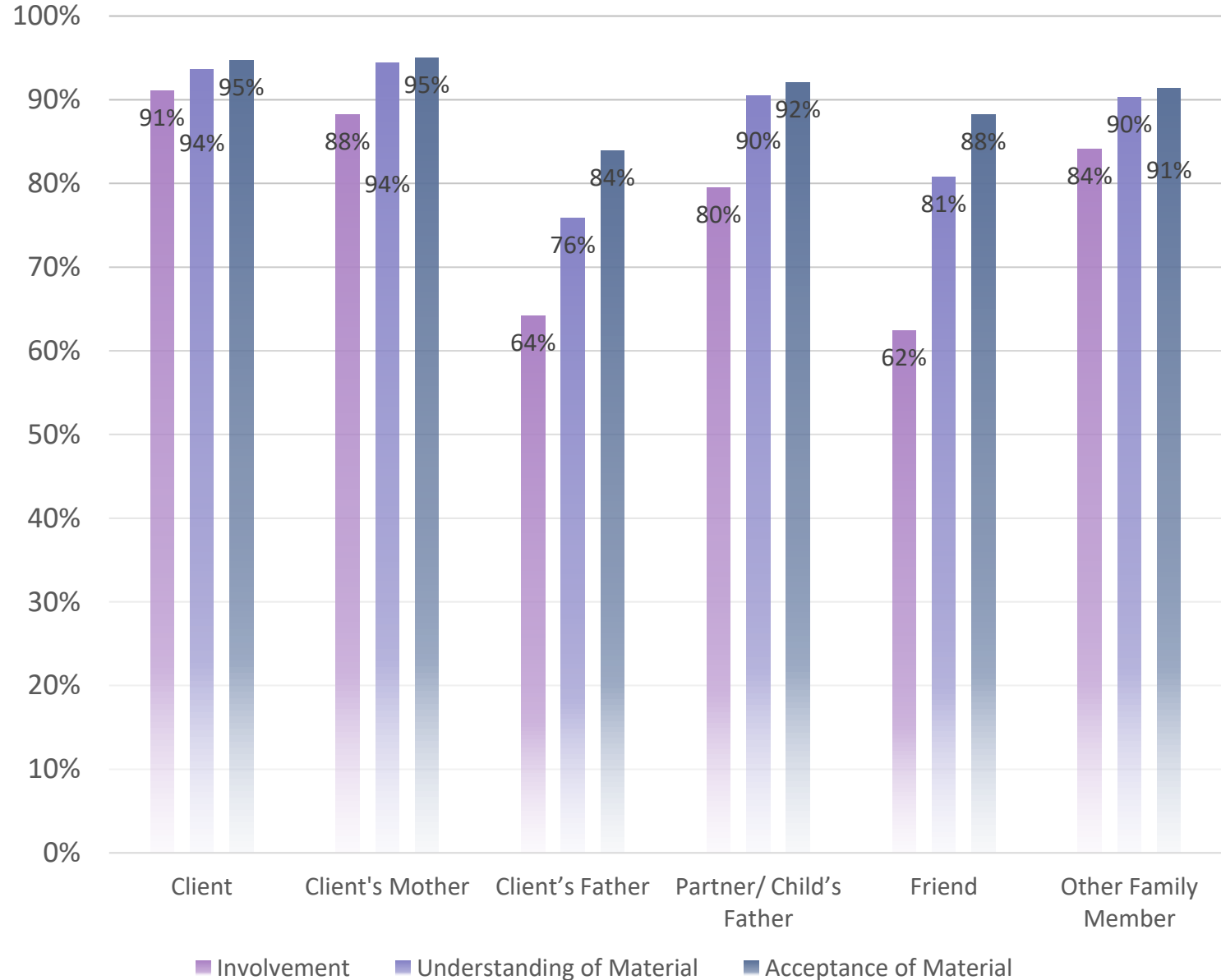
OTHER PARTICIPANTS IN HOME VISITS

We observe a slight overall decrease across all domains, except father participation. Largest decrease in parental participation (0.5%).



ALL PARTICIPANTS' INVOLVEMENT IN HOME VISITS

Apart from clients, who demonstrate the highest levels of involvement, understanding and acceptance of material, their mothers also showed high engagement, with an average of 92.53%, closely aligned with the prior period. Fathers and other family members displayed moderate involvement, with fathers averaging 74.64% and other family members 88.59%. Partners or fathers of children participated more actively than other secondary participants, with an average score of 87.34%. Friends exhibited lower levels of engagement, averaging 77.13%, although this marks an improvement from past periods (73.86%).



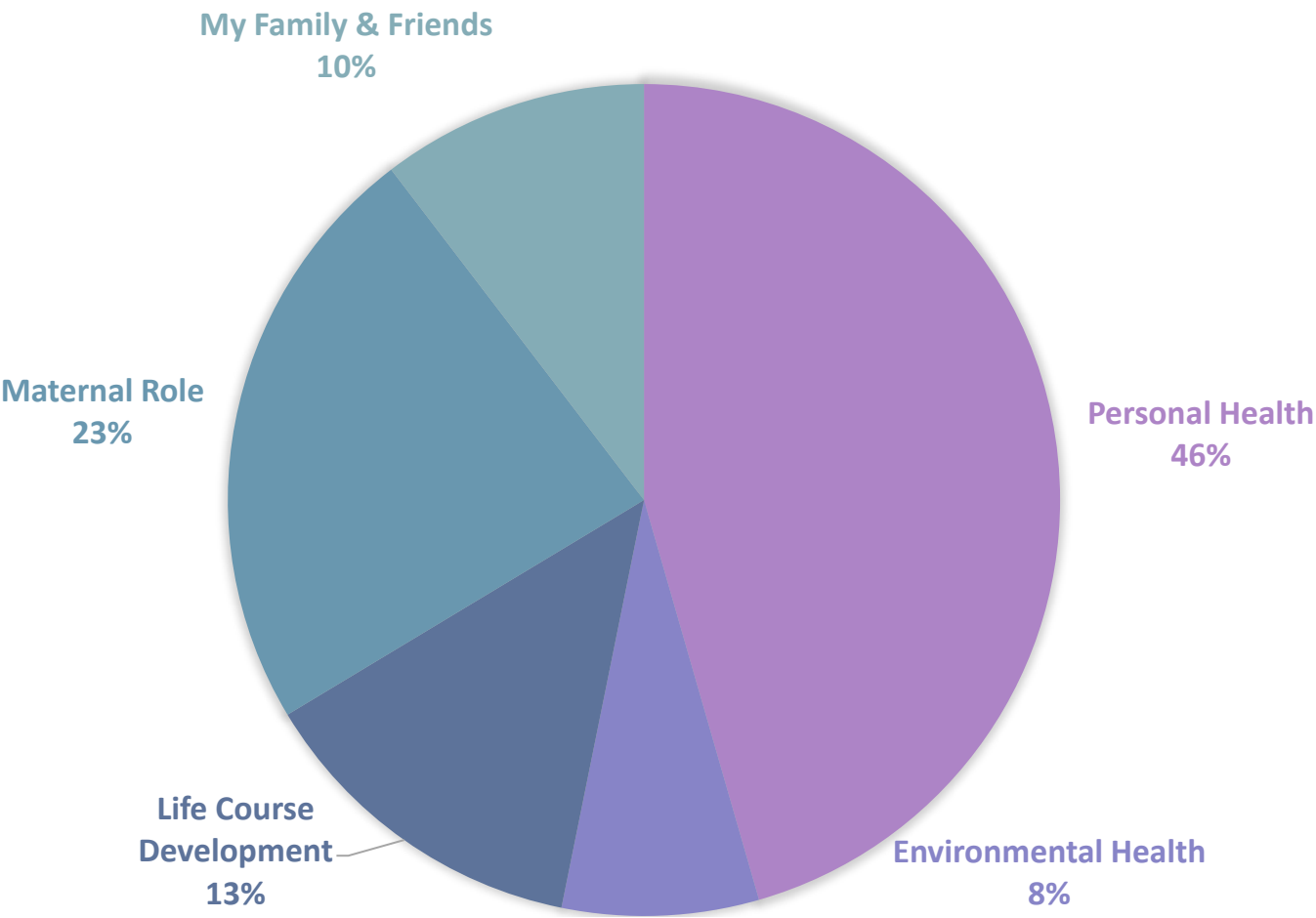
MEAN PERCENTAGE OF TIME SPENT ON EACH DOMAIN

PREGNANCY PHASE

Area	Bulgaria	NFP Objective
Personal Health	45.5% (9%↓)	35-40%
Maternal Role	23.2% (3%↑)	23-25%
Environmental Health	7.6%	5-7%
My Family & Friends	10.4% (2%↑)	10-15%
Life Course Development	13.2% (3%↑)	10-15%

*arrows show trends against last annual report data

PREGNANCY

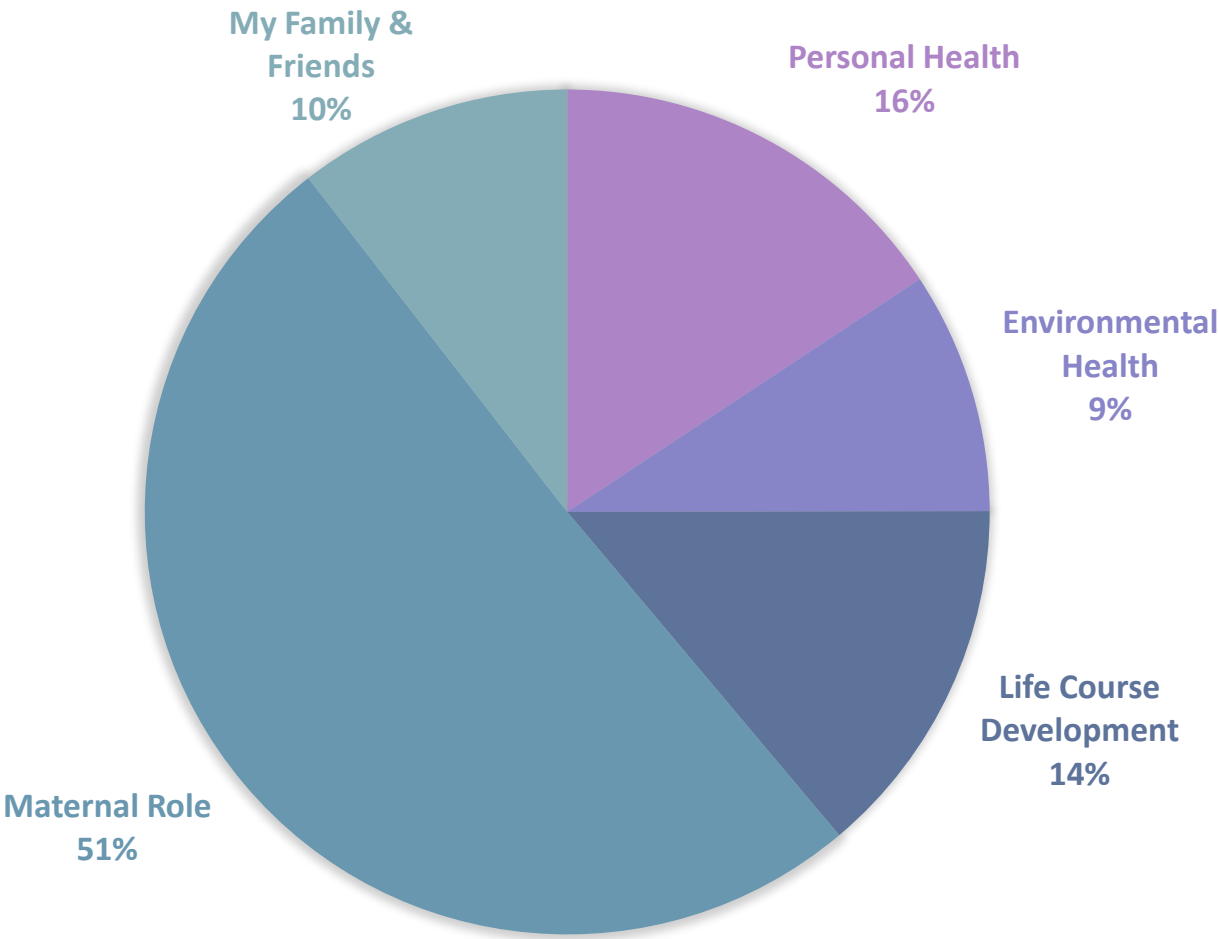


MEAN PERCENTAGE OF TIME SPENT ON EACH DOMAIN

INFANCY PHASE

Area	Bulgaria	NFP Objective
Personal Health	15.7% (1%↓)	14-20%
Maternal Role	50.6%	45-50%
Environmental Health	6.3% (3%↑)	7-10%
My Family & Friends	10.5%	10-15%
Life Course Development	14%↓ (4%↑)	10-15%

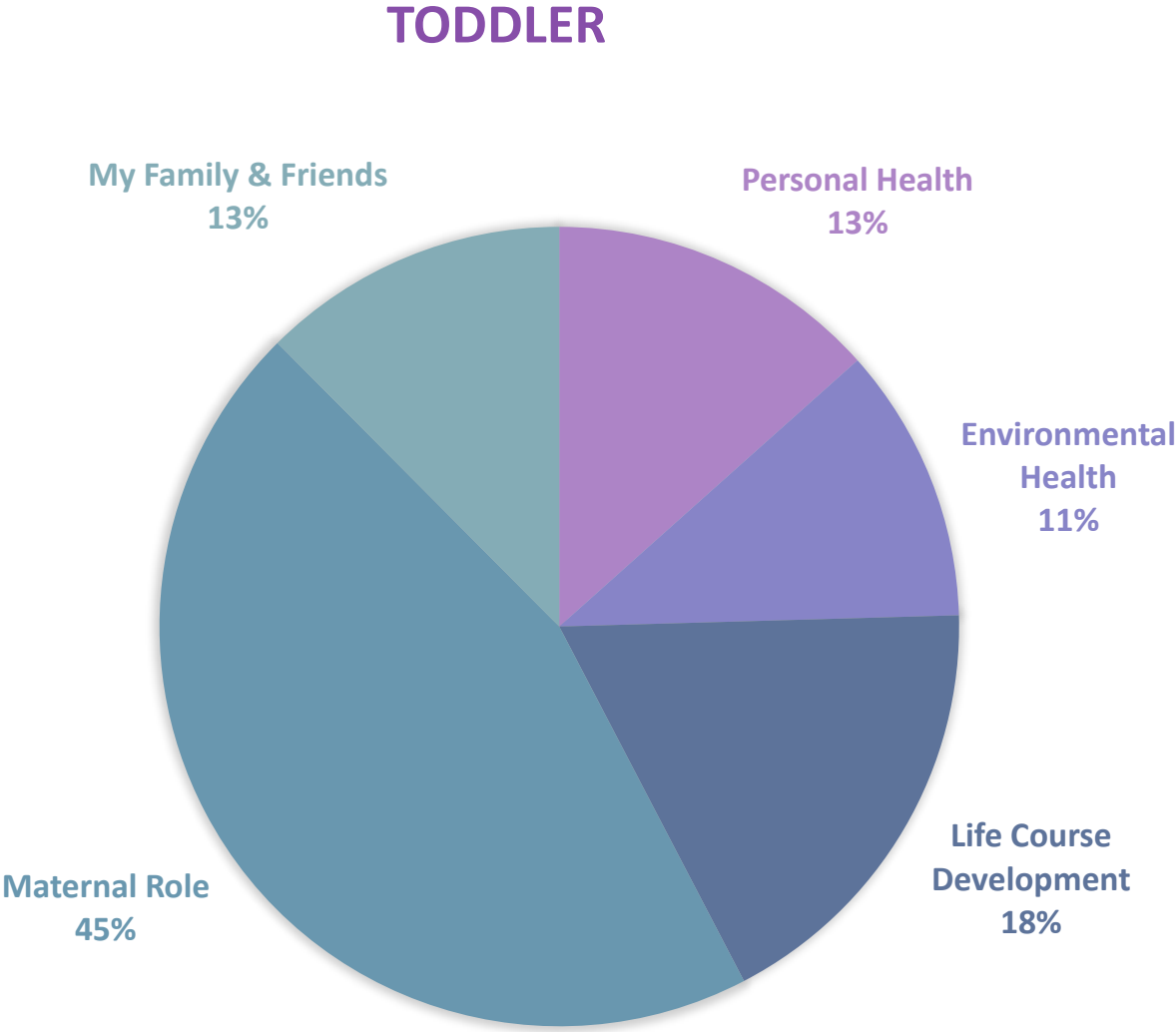
INFANCY



MEAN PERCENTAGE OF TIME SPENT ON EACH DOMAIN

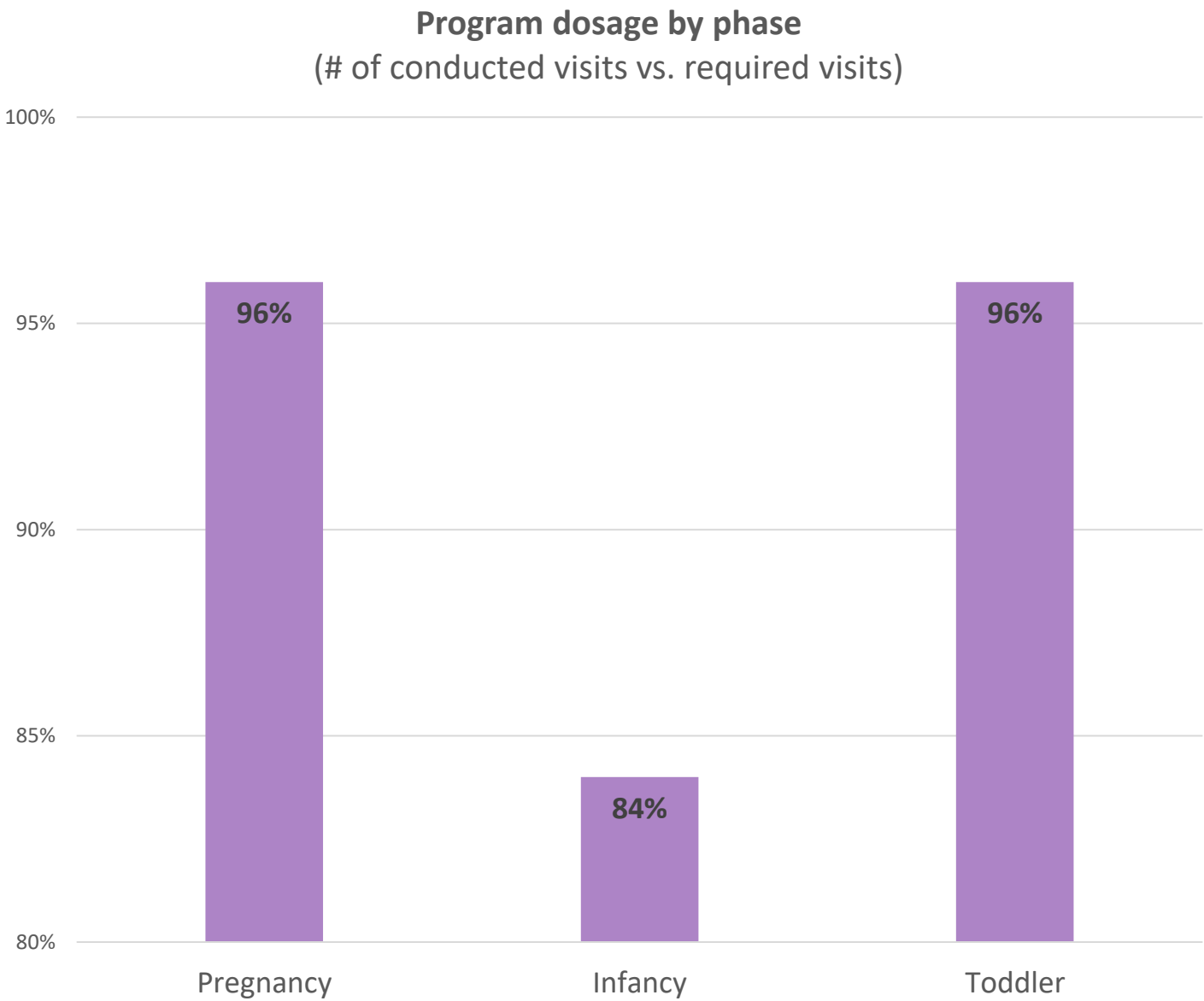
TODDLER PHASE

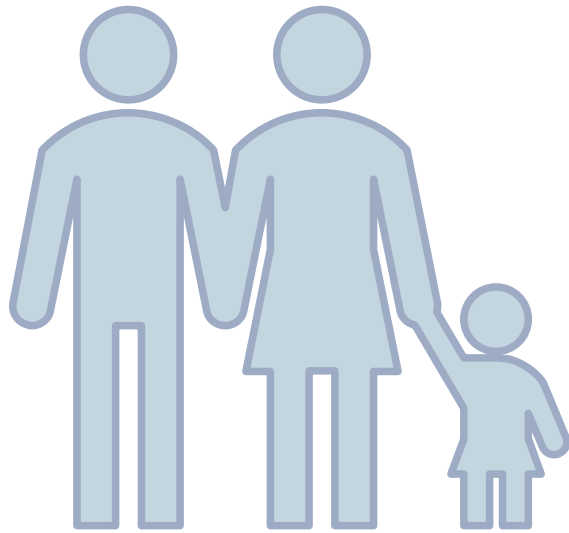
Area	Bulgaria	NFP Objective
Personal Health	13.4% (3%↓)	10-15%
Maternal Role	45.2% (7%↑)	40-45%
Environmental Health	11.2% (4%↑)	7-10%
My Family & Friends	12.5%	10-15%
Life Course Development	17.8% (1%↑)	18-20%



PROGRAM DOSAGE

Program dosage	Total # of women who completed each stage		
	Pregnancy 335	Infancy 276	Toddler 242
Below 60%	28 (8.4%)	30 (10.9%)	24 (10%)
60% - 100%	203 (60.6%)	201 (72.8%)	121 (50%)
Above 100%	104 (31%)	45 (16.3%)	97 (40%)



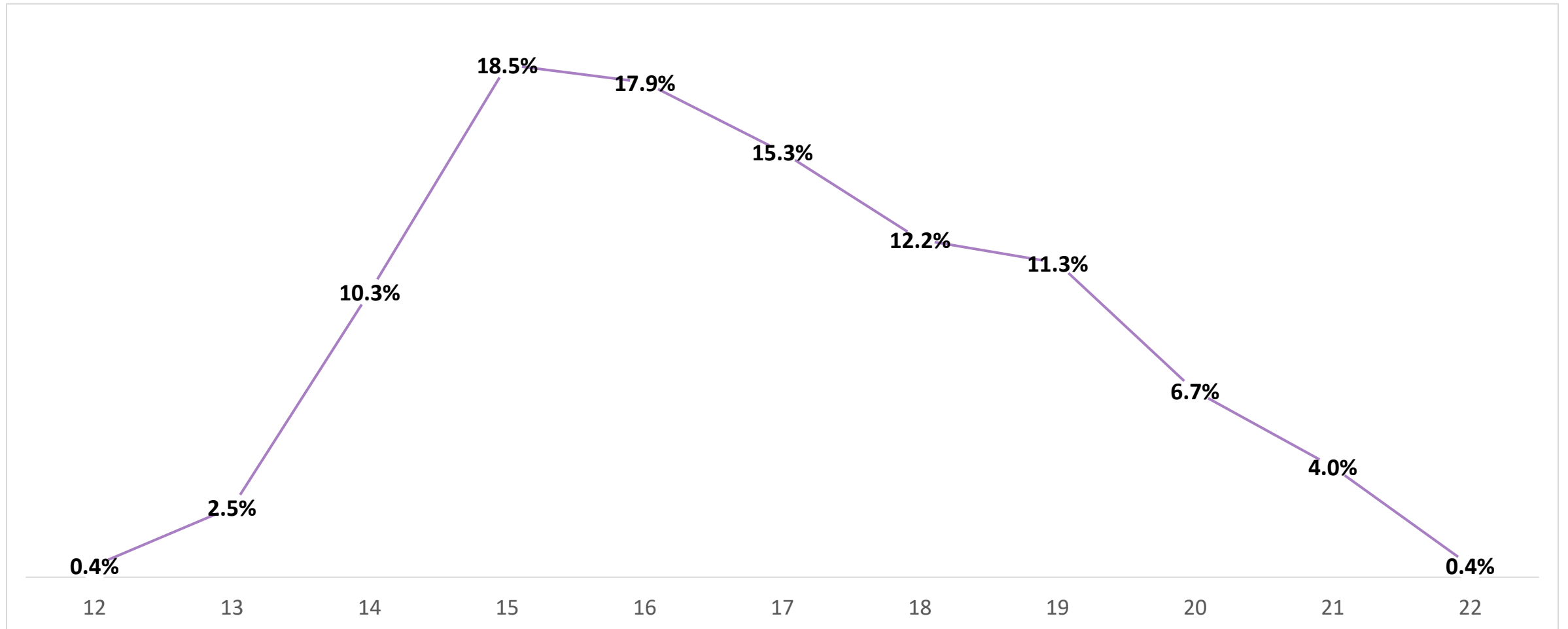


CLIENT CHARACTERISTICS

(2016 – 2024)

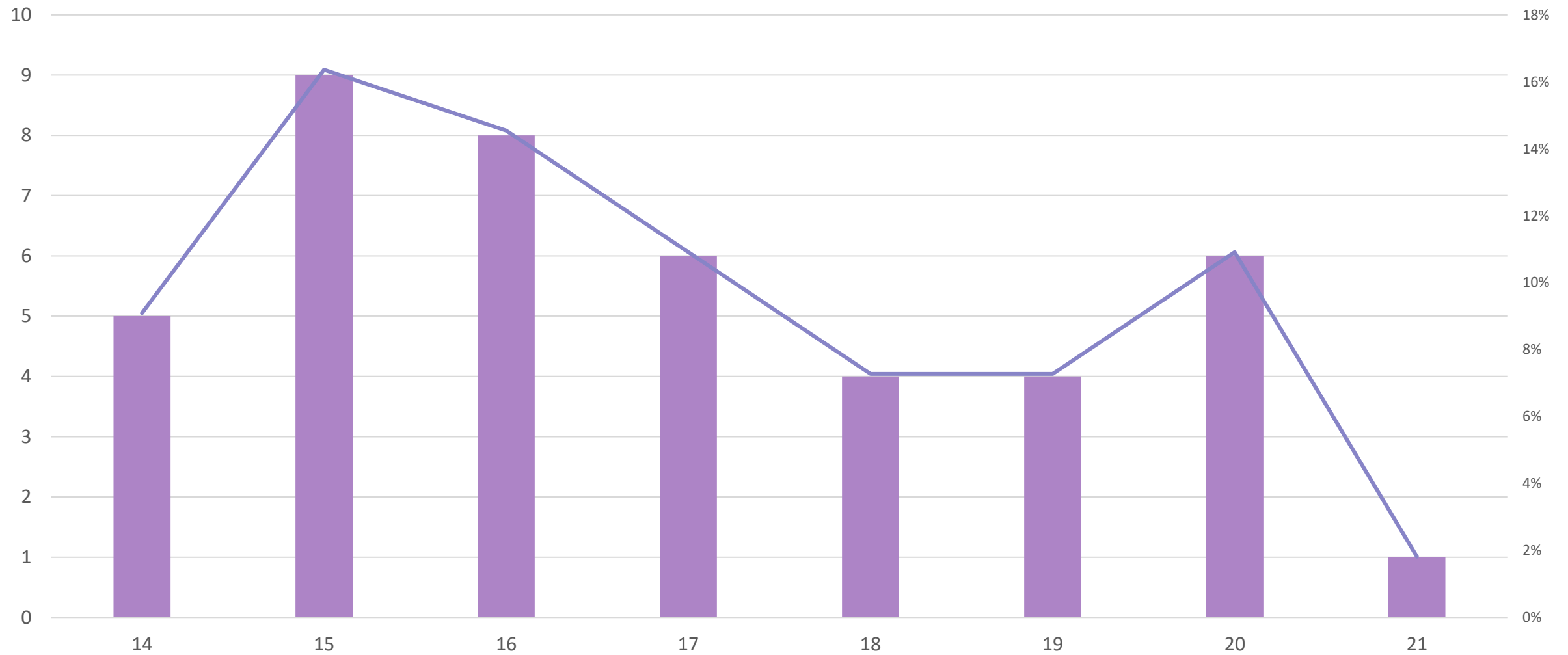
AGE AT CONCEPTION (2016-2024)

Average age **16**

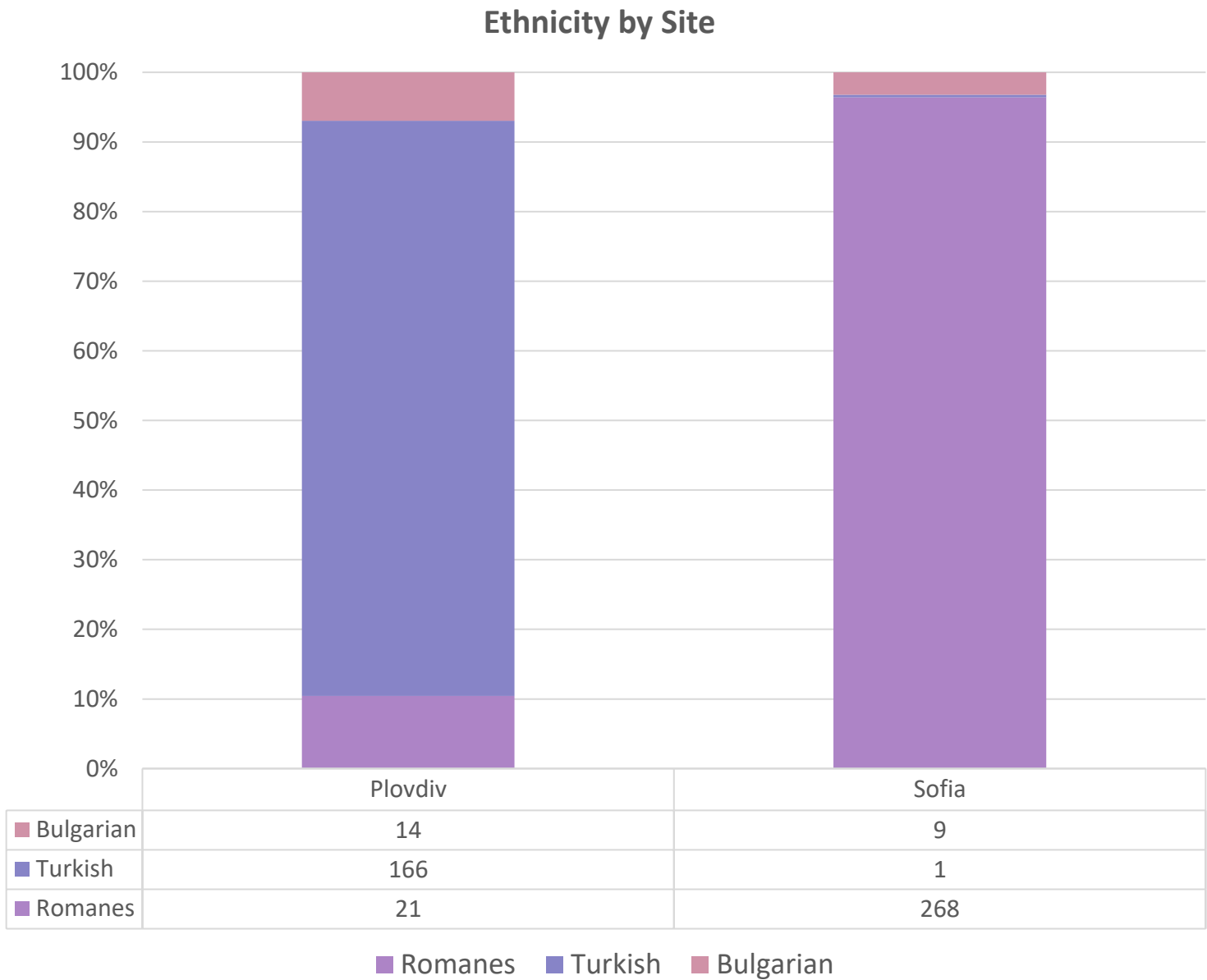


AGE AT CONCEPTION 2024

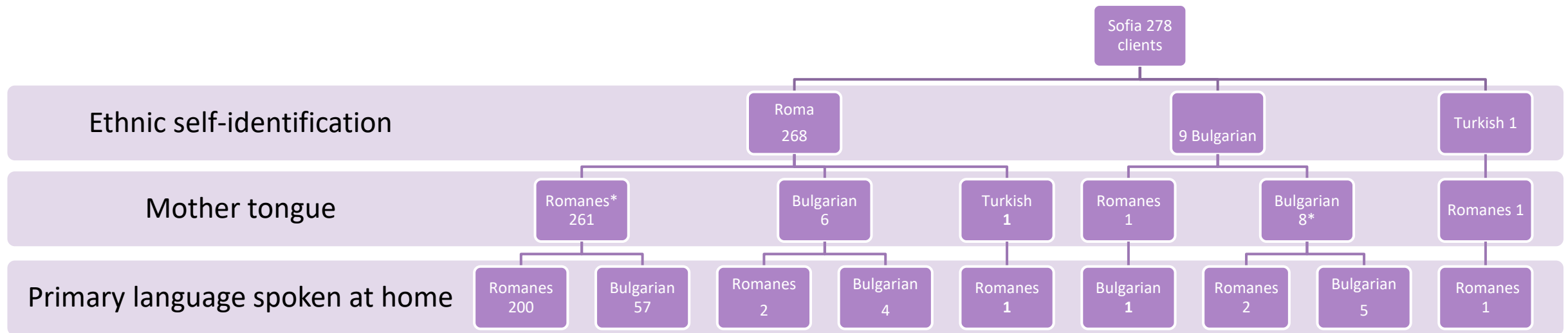
Average age **17**



CLIENT CHARACTERISTICS

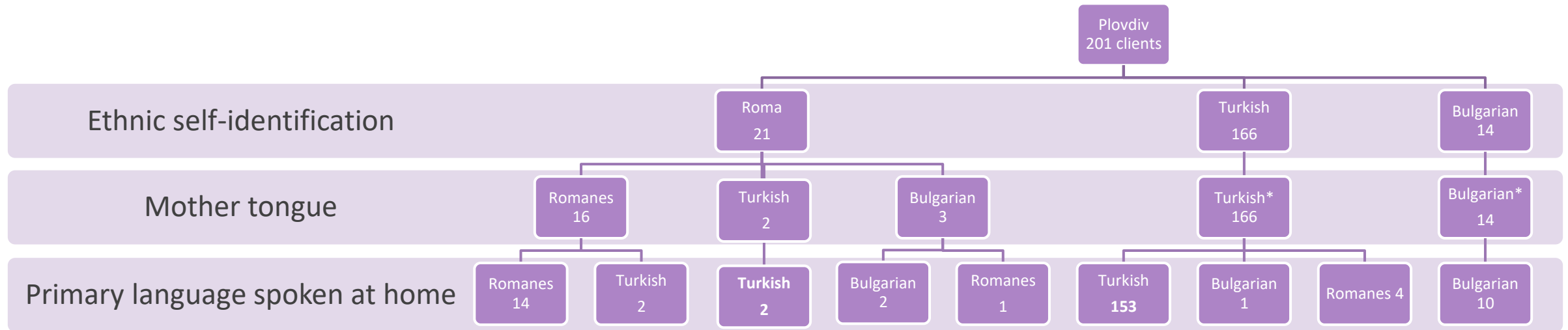


Sofia



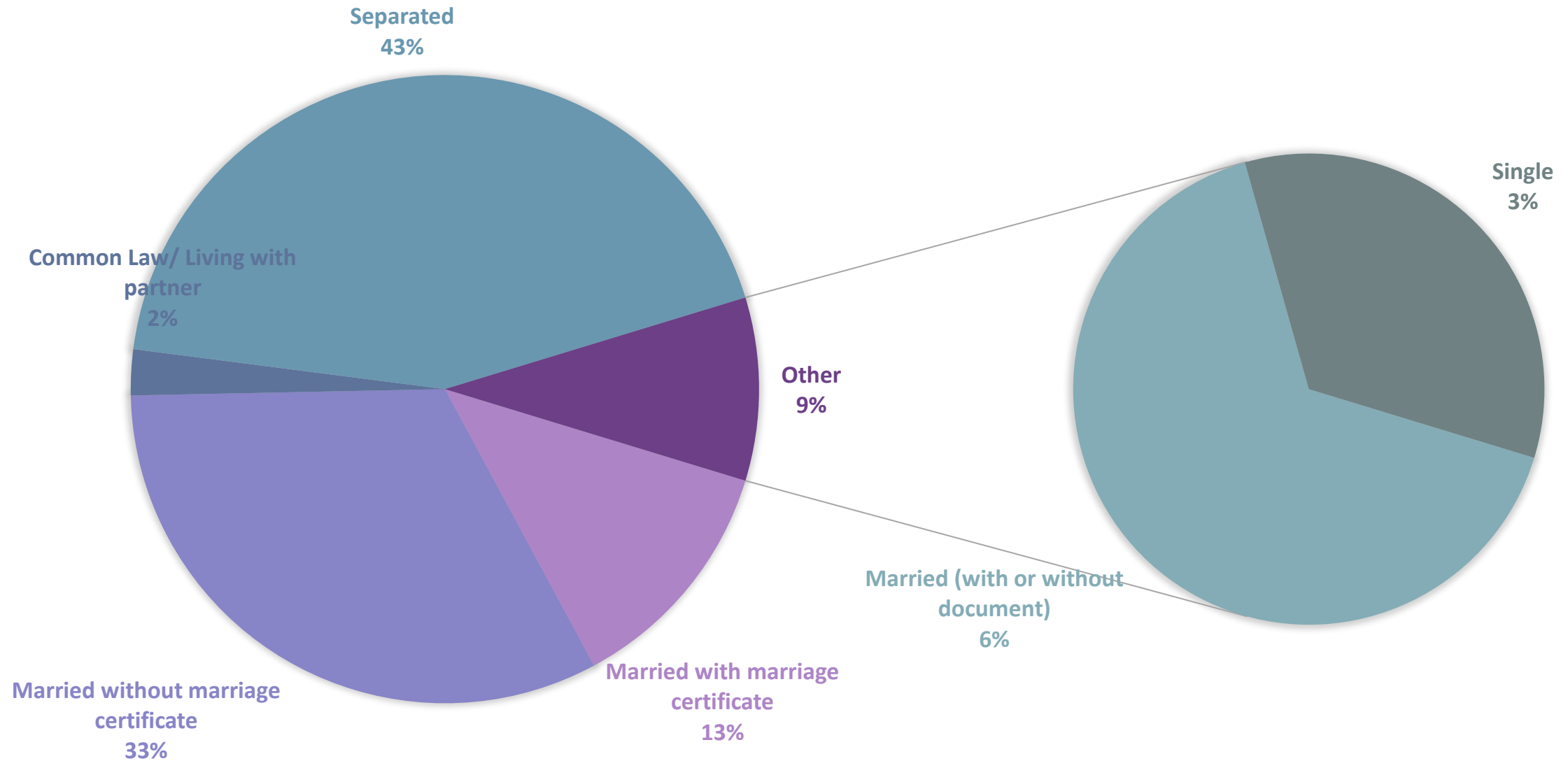
*data about primary language spoken at home is missing for 1 client

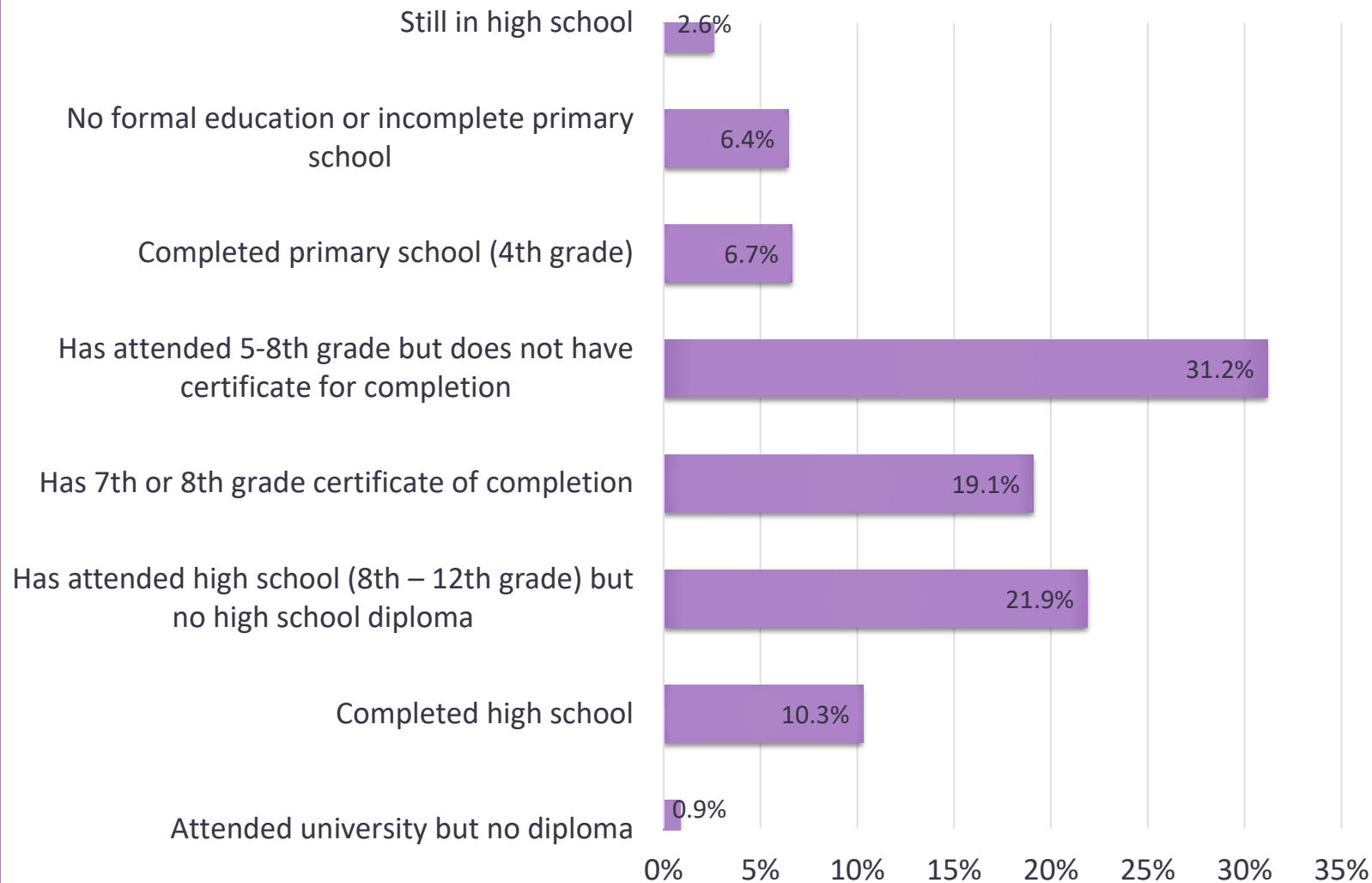
Plovdiv



*data about primary language spoken at home is missing for some clients

MARITAL STATUS

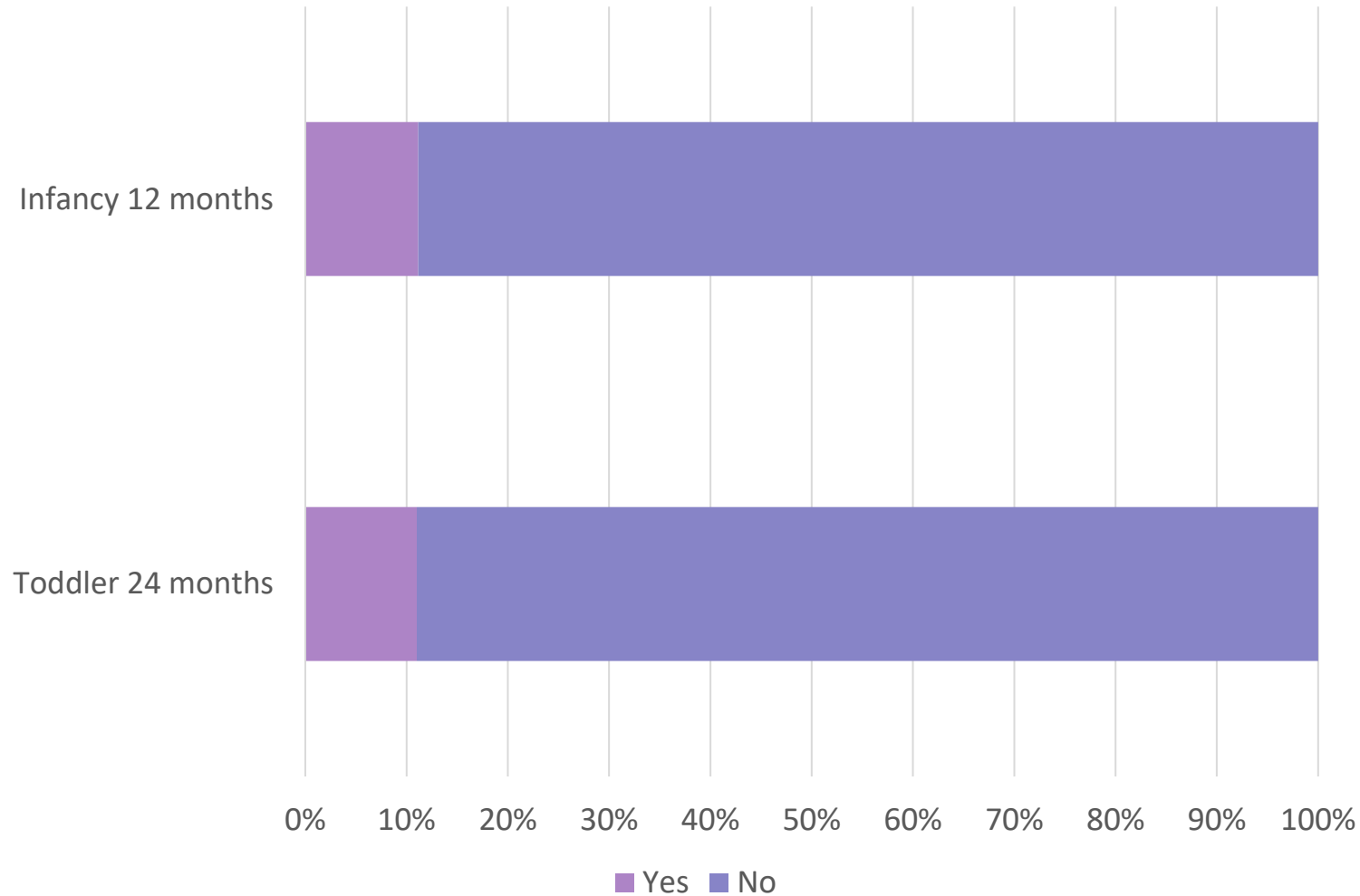




At pregnancy intake, the highest educational level reported by most clients was having attended 5th to 8th grade without a certificate of completion (31.19%), followed by those who attended high school without earning a diploma (21.89%), while only 10.30% had completed high school and 0.86% had some university education without a diploma.

EDUCATIONAL LEVEL AT INTAKE

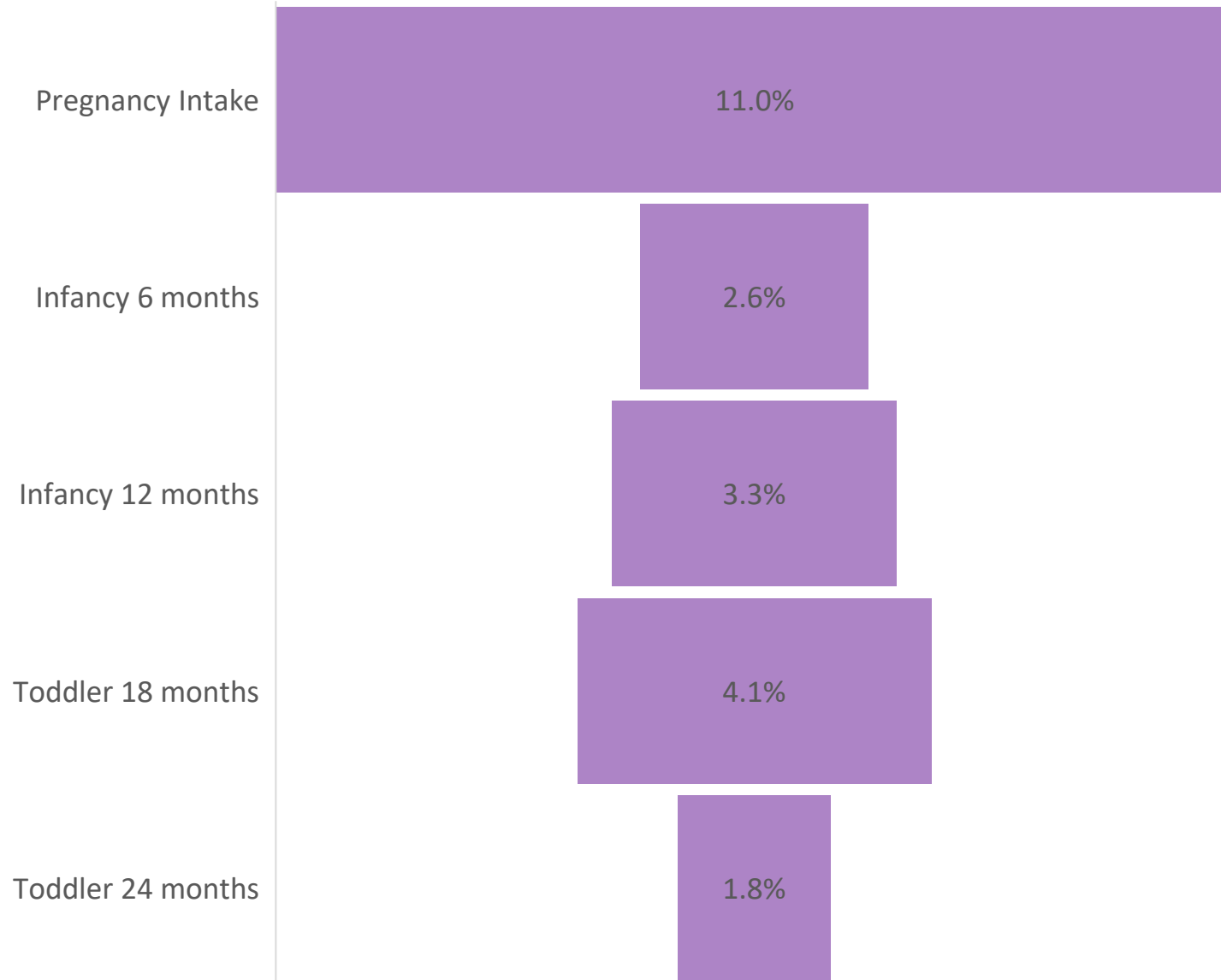
Higher level of education compared to intake



CHANGE IN EDUCATION LEVEL

The percentage of clients reporting a higher level of education than at intake increased slightly from the previous infancy period (10.15%) to the current infancy period (11.15%), but decreased slightly during the toddler period, from 11.31% in the previous period to 11.01% in the current period, showing modest fluctuations over time.

% of women enrolled in educational program by phase



ENROLLMENT IN EDUCATIONAL PROGRAM

The percentage of women currently enrolled in an educational course has slightly increased across most age groups compared to the previous period. For example, the percentage for "Pregnancy Intake" increased from 10.38% to 10.99%, while the percentage for "Infancy 6 months" rose from 2.01% to 2.62%.

However, the percentage for "Toddler 24 months" decreased from 2.42% to 1.76%.

Number of women	Pregnancy Intake	Infancy 6 months	Infancy 12 months	Toddler 18 months	Toddler 24 months
Unemployed and seeking employment	5	3	4	4	8
Working women	13	4	6	10	17
Worked since giving birth	-	5	9	15	26

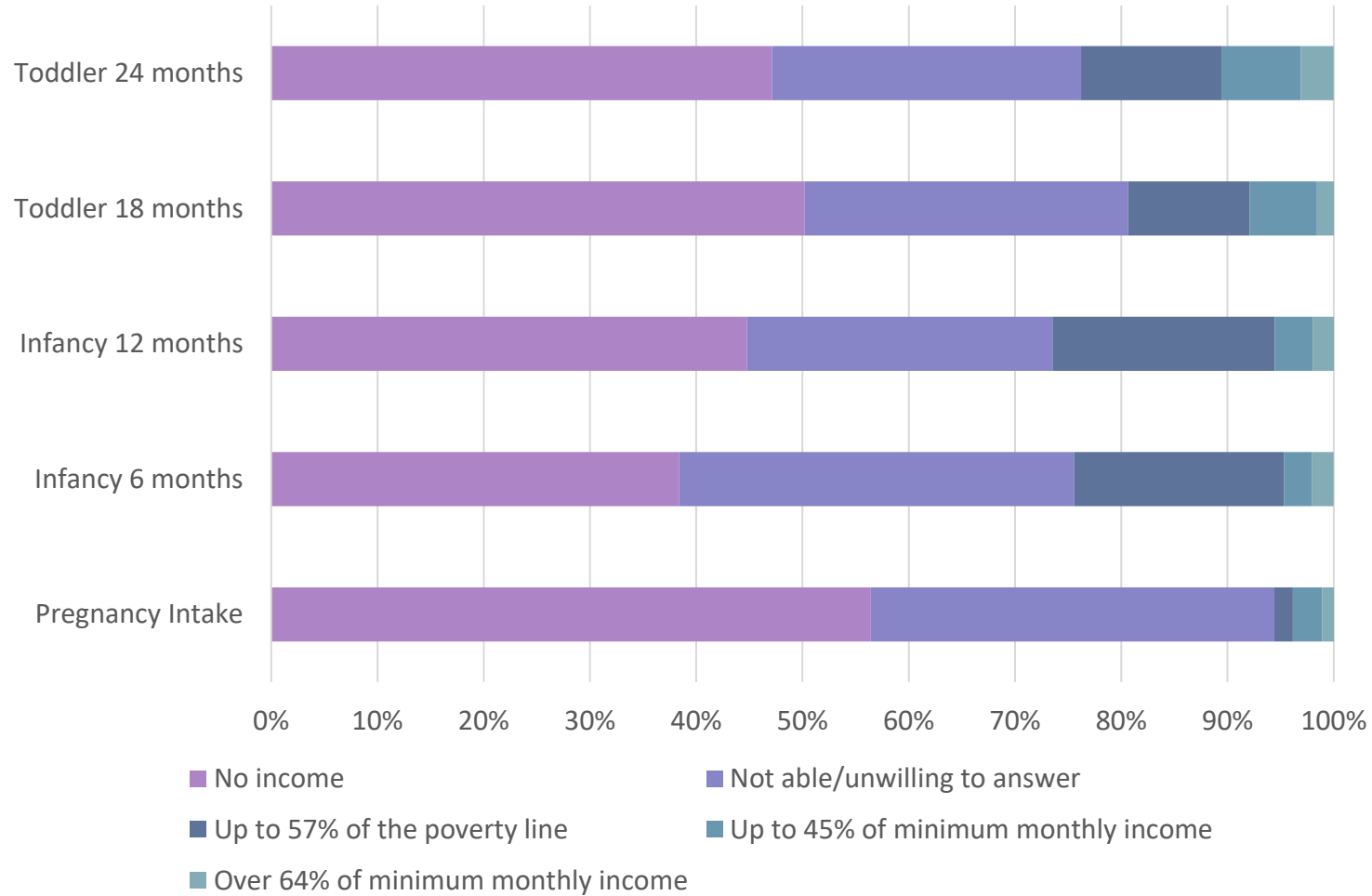
EMPLOYMENT

There are +7 clients who entered employment since giving birth.

There are +3 women seeking employment

*Data compared with the last report

% of women who have answered the question



MONTHLY INCOME

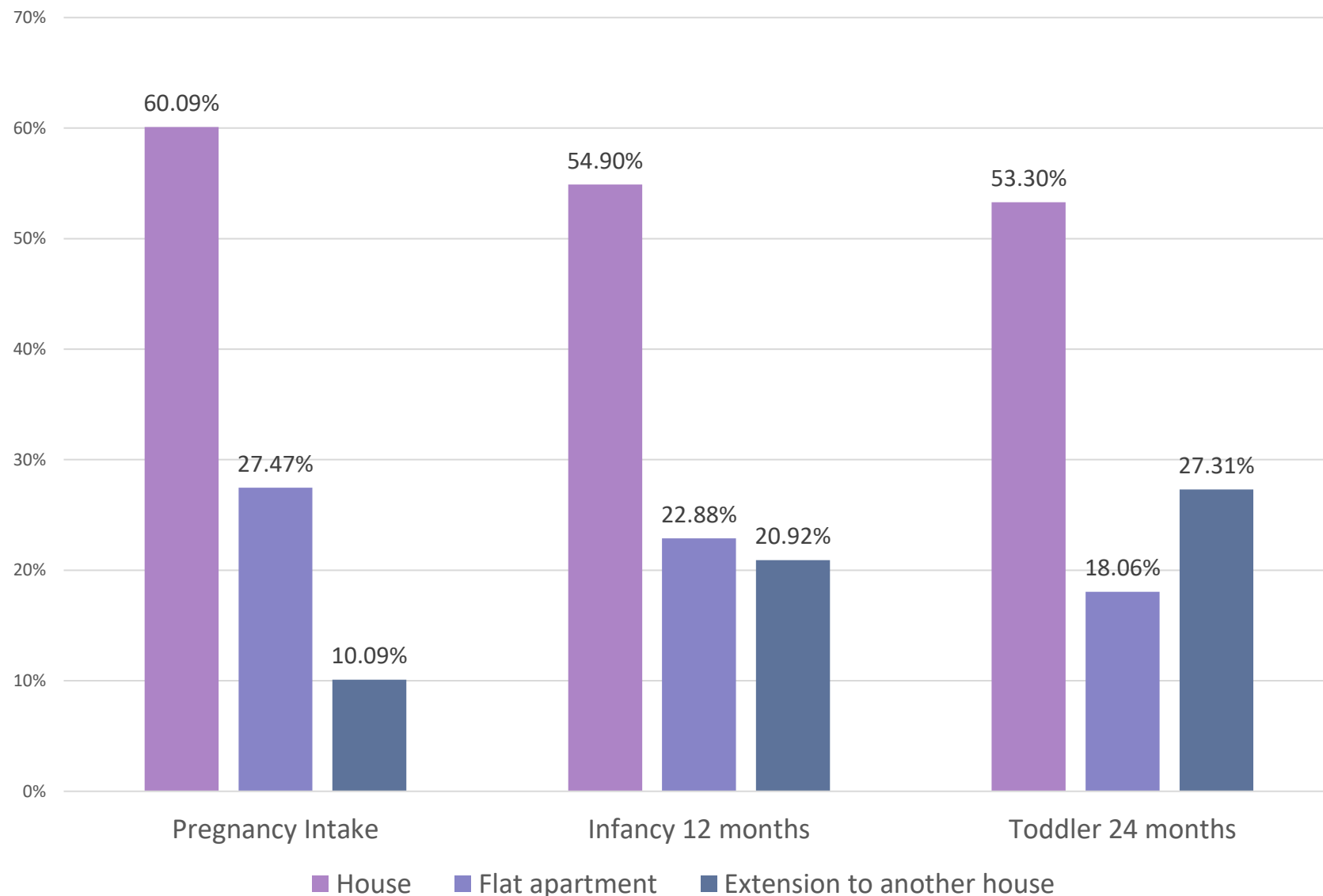
FOR 2024 IN BULGARIA

- \$276 USD POVERTY THRESHOLD

- \$490 USD MINIMUM MONTHLY INCOME

- \$1195 USD AVERAGE SALARY

Type of housing

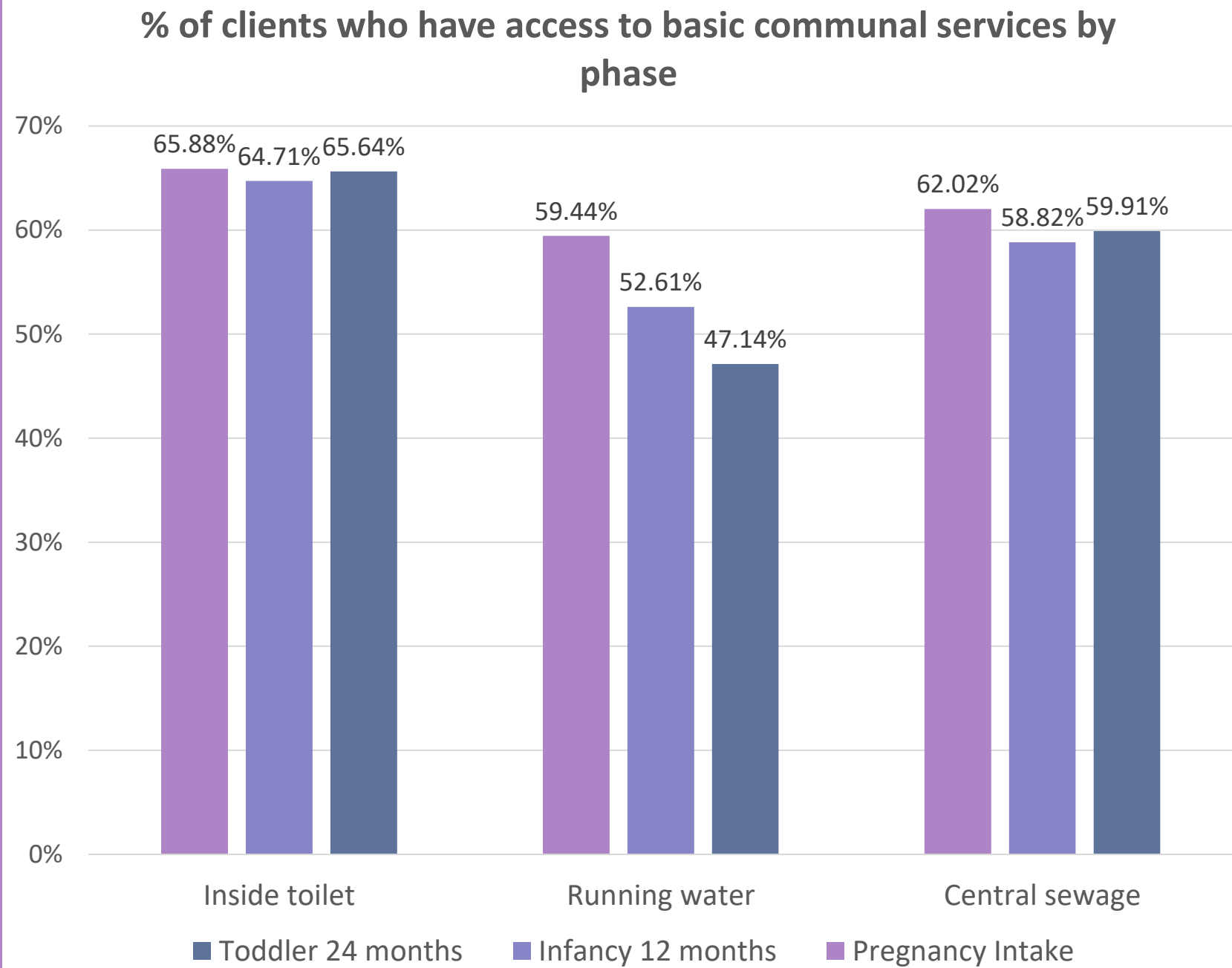


HOUSING

Continuing a stable trend, the data shows a slight decline in clients living in houses and flat apartments over time, while the percentage of those residing in extensions to another house has steadily increased, reaching 27.31% by toddlerhood in the new period compared to 24.9% in the old one. This indicates a shift toward more shared or extended housing arrangements.

HOUSING CONDITIONS

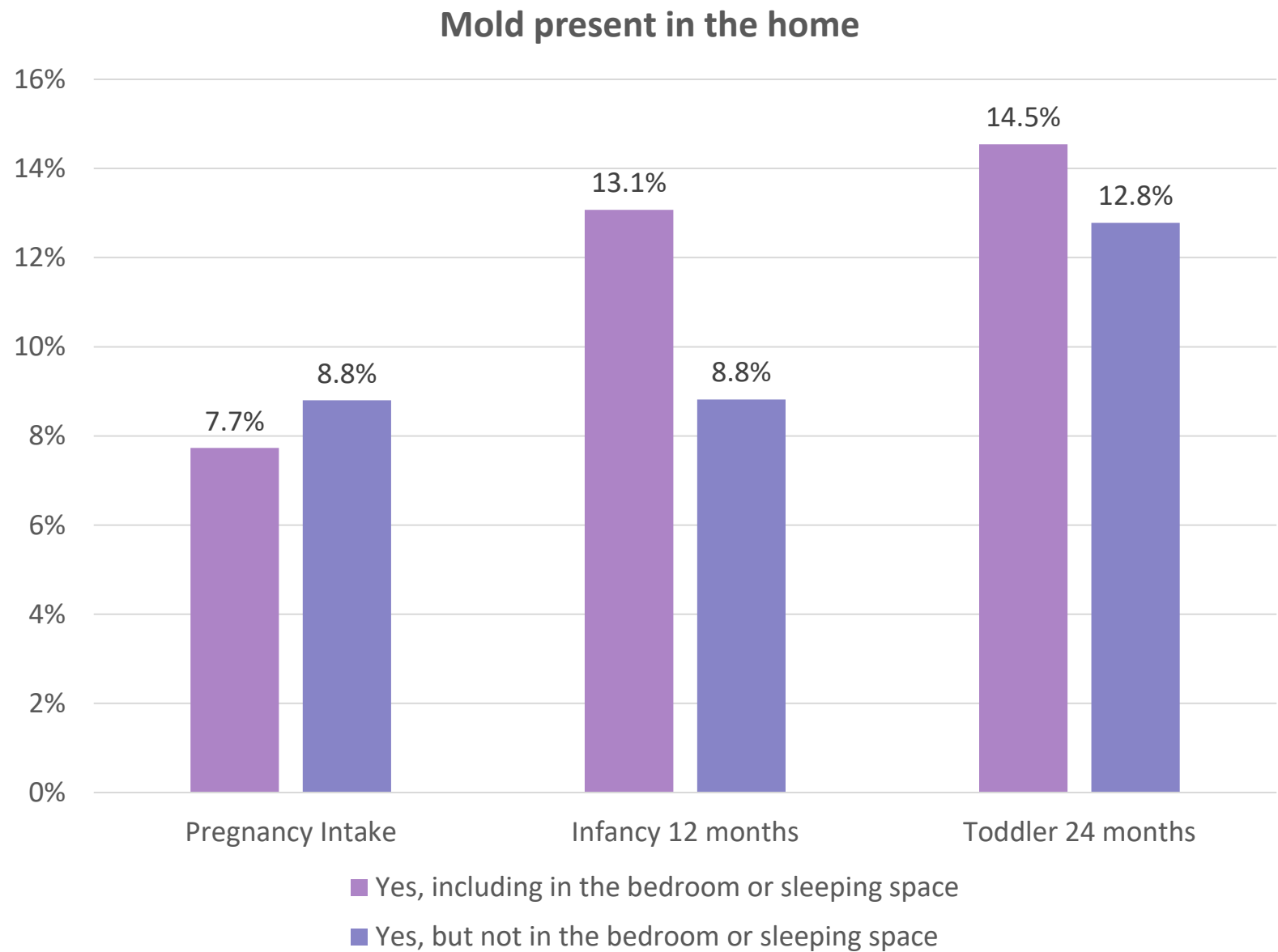
As a steady trend, the data highlights slight declines in key living conditions over time. Access to running water and inside toilets has worsened by toddlerhood, with running water dropping from 47.8% (old) to 47.14% (new) and inside toilets declining from 69.1% to 65.64%. Access to central sewage shows mixed results, decreasing slightly at intake (64.9% to 62.02%) but improving marginally by toddlerhood (58.8% to 59.91%). Overall, the most notable shifts are the declines in access to running water and inside toilets, particularly by toddlerhood.



HOUSING CONDITIONS

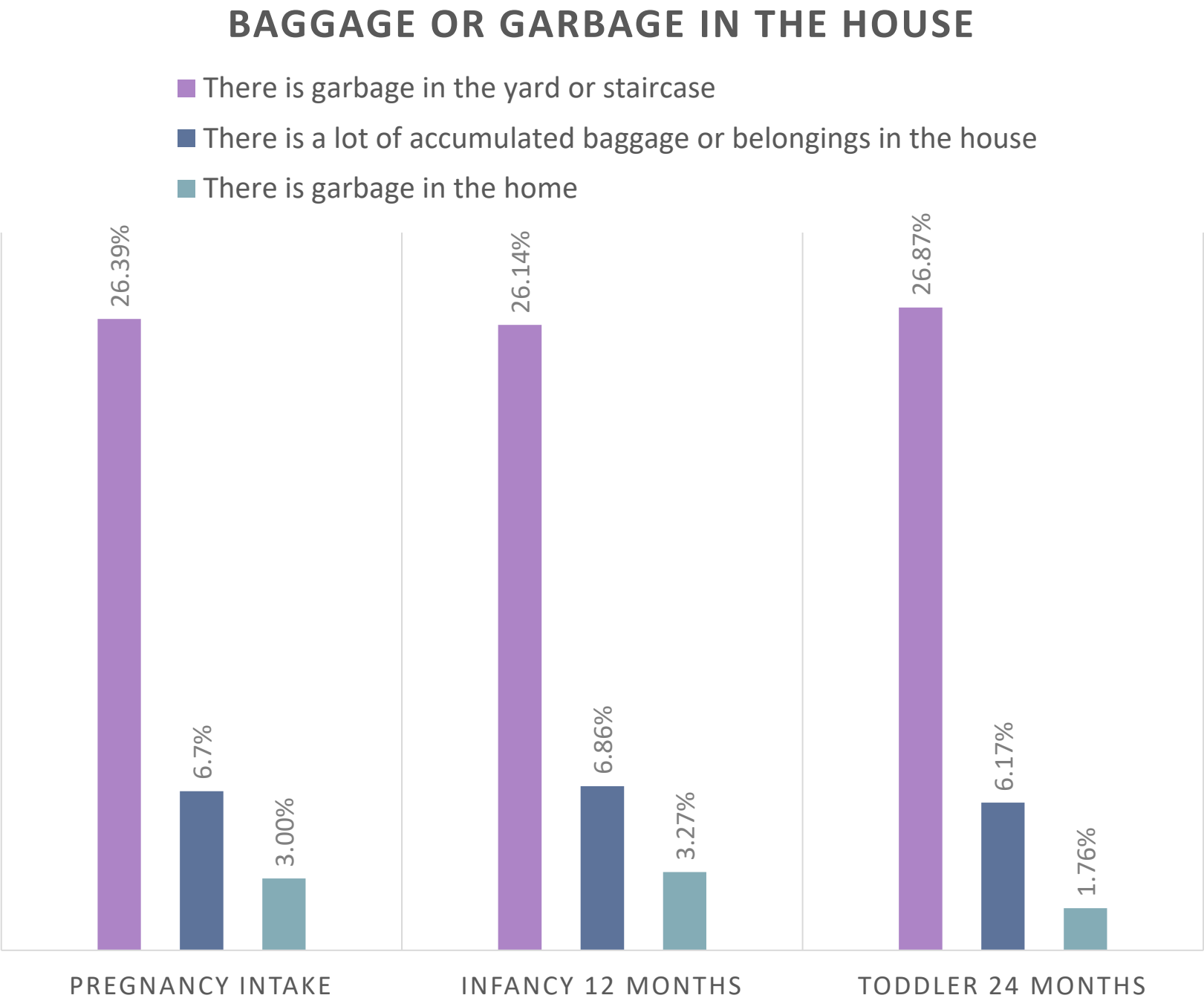
The data shows a concerning increase in the presence of mold in homes over time, particularly in sleeping areas. In the previous reporting period, mold in the bedroom rose from 8.49% at intake to 18.18% by toddlerhood, whereas according to the up-to-date data, it increased from 7.73% to 14.54%. Mold outside the sleeping area also rose, from 8.80% to 12.78% in the new period compared to 8.02% to 12.12% in the old one.

While the percentages are slightly lower in the new reporting period, the overall upward trend highlights growing exposure to unhealthy living conditions as children age.



HOUSING CONDITIONS

Comparison with the previous reporting period shows some changes in environmental conditions over time. The presence of garbage in the yard or staircase increased slightly in the new period, from 25.2% to 26.39% at intake and from 23.0% to 26.87% by toddlerhood. However, accumulated belongings in the house decreased by toddlerhood in the new period (6.17%) compared to the old (7.9%). Garbage inside the home also declined significantly by toddlerhood, dropping from 3.0% to 1.76%. These shifts indicate some improvements in indoor cleanliness but ongoing challenges with outdoor waste.

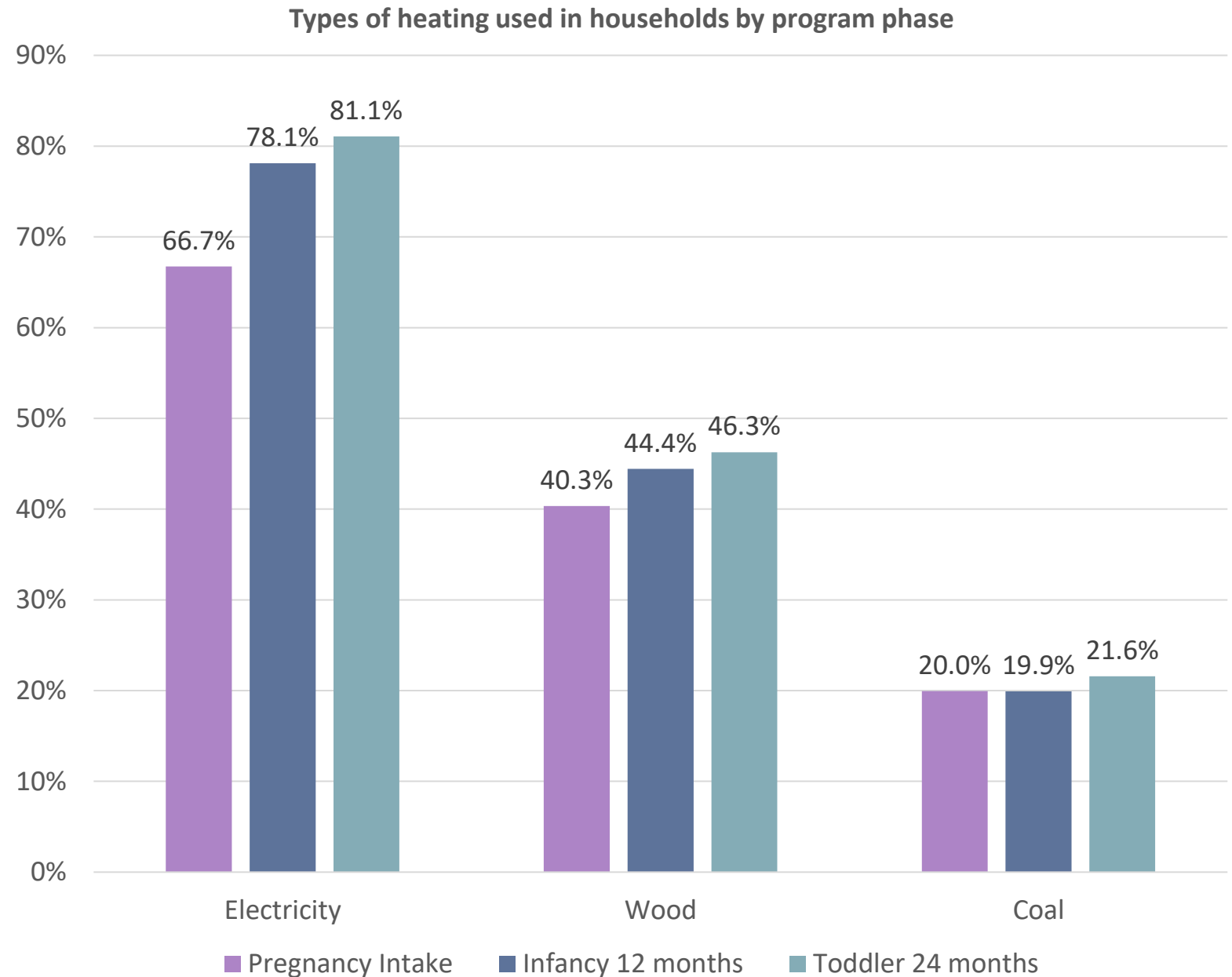


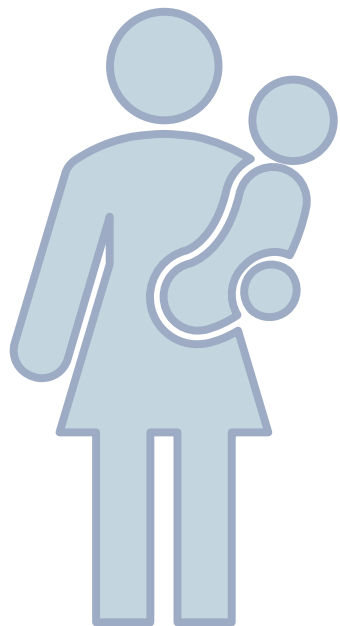
HOUSING CONDITIONS

Overall, we observe a gradual shift toward electricity and away from wood and coal as heating sources*.

Reliance on wood for heating has slightly decreased in the new period, dropping from 42% to 40.34% at intake and from 48.5% to 46.26% by toddlerhood. Coal usage also shows a small decline in the new data.

*Clients usually use more than one type of heating. Most vulnerable clients sometimes use garbage instead of coal or wood with the heating units directly used in the room where the child sleeps and/or plays, which presents an additional health hazard for the child.





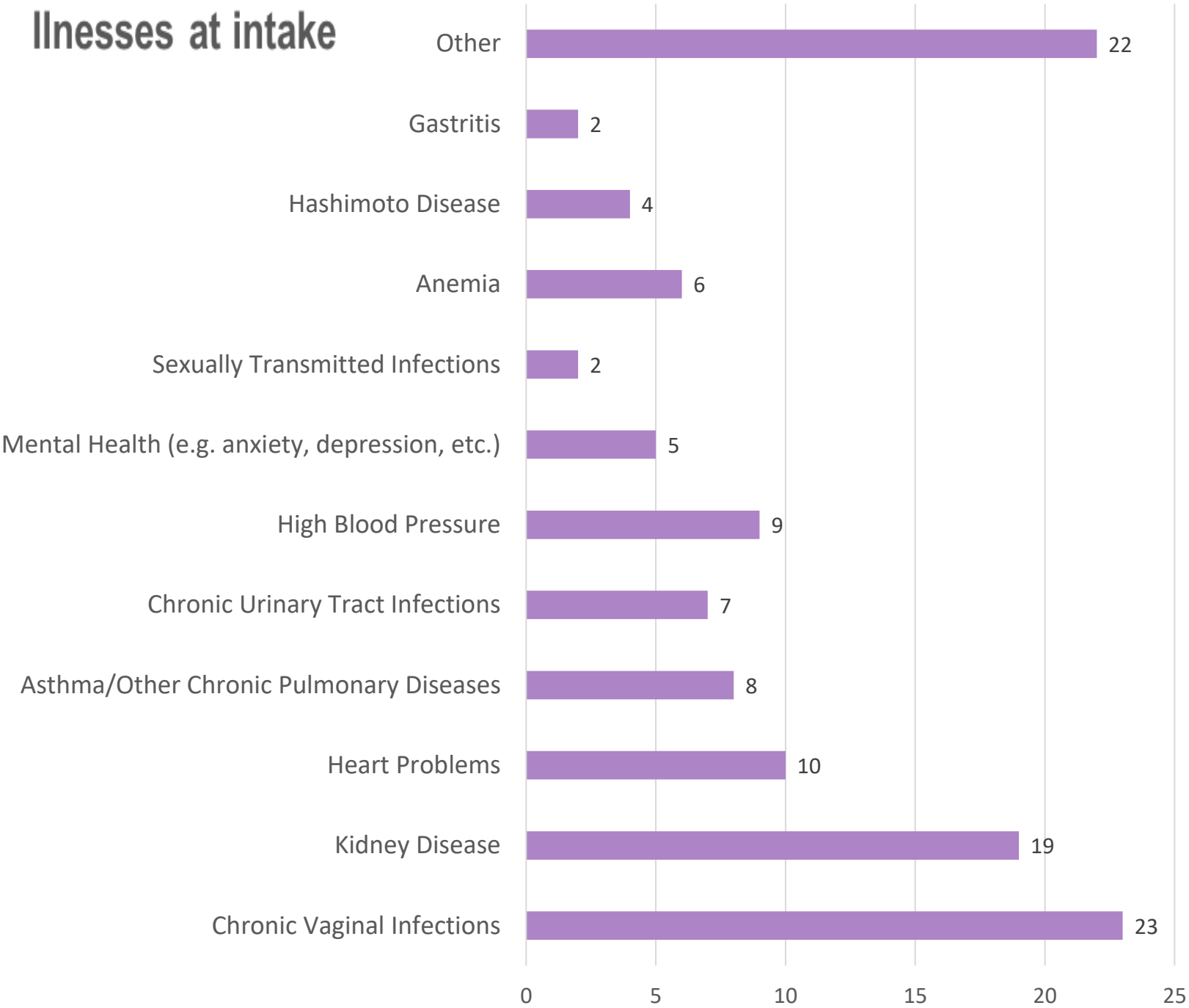
MATERNAL HEALTH AND WELL-BEING

(2016 – 2024)

MATERNAL HEALTH

Pregnancy related complications	Number of clients
Asthma/ Other Pulmonary Diseases	1
Vaginal infections	5
Kidney Disease	3

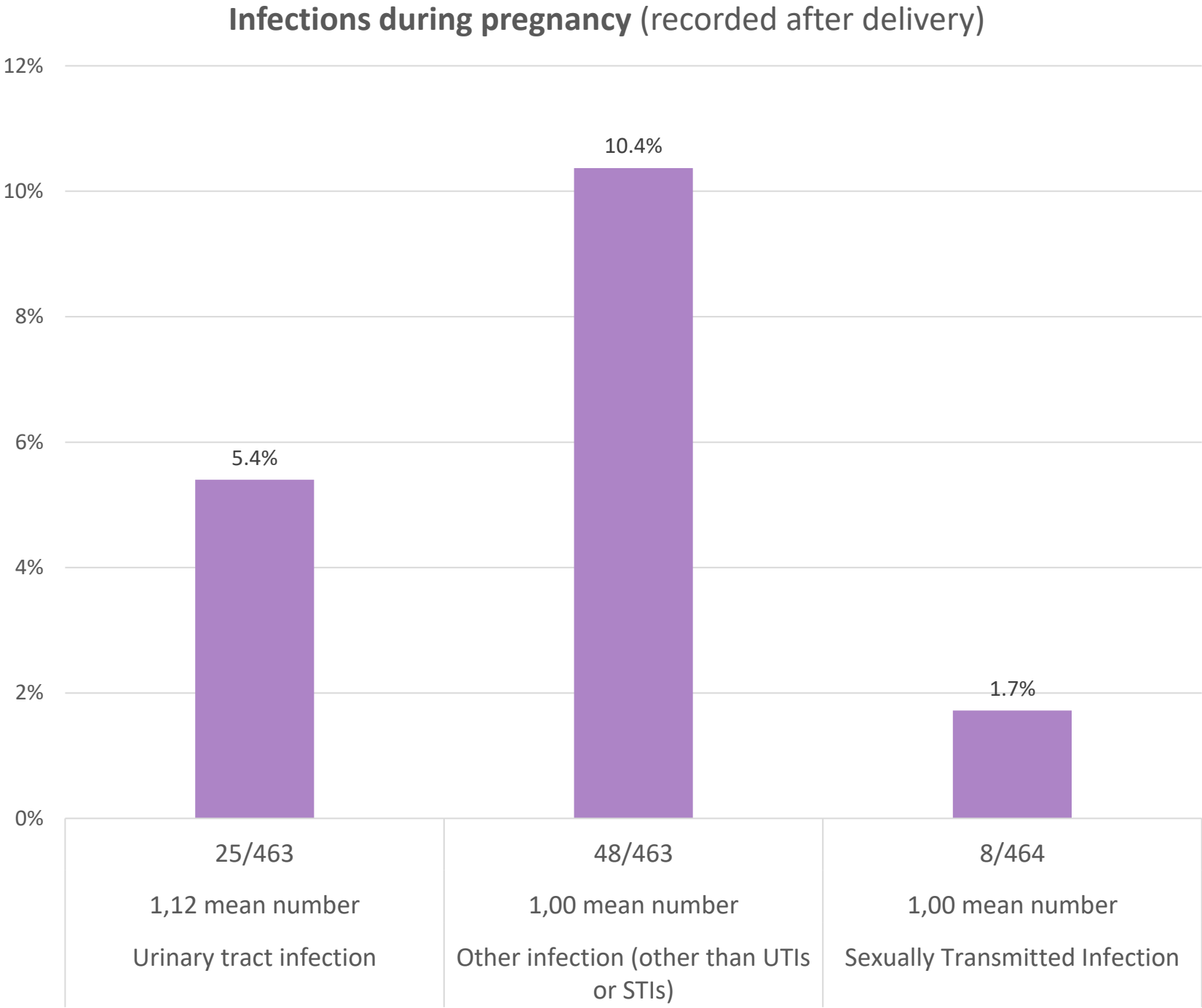
Chronic vaginal infections rose from 18 to 23 cases, kidney disease from 16 to 19, and anemia from 4 to 6. Other conditions, such as mental health issues and sexually transmitted infections, remained consistent, while "other" illnesses stayed at 22 cases in both periods. These trends suggest a marginal rise in certain chronic conditions among clients at intake.



MATERNAL HEALTH

During the reporting period we have +4 clients with infections during the pregnancy (recorded at intake).

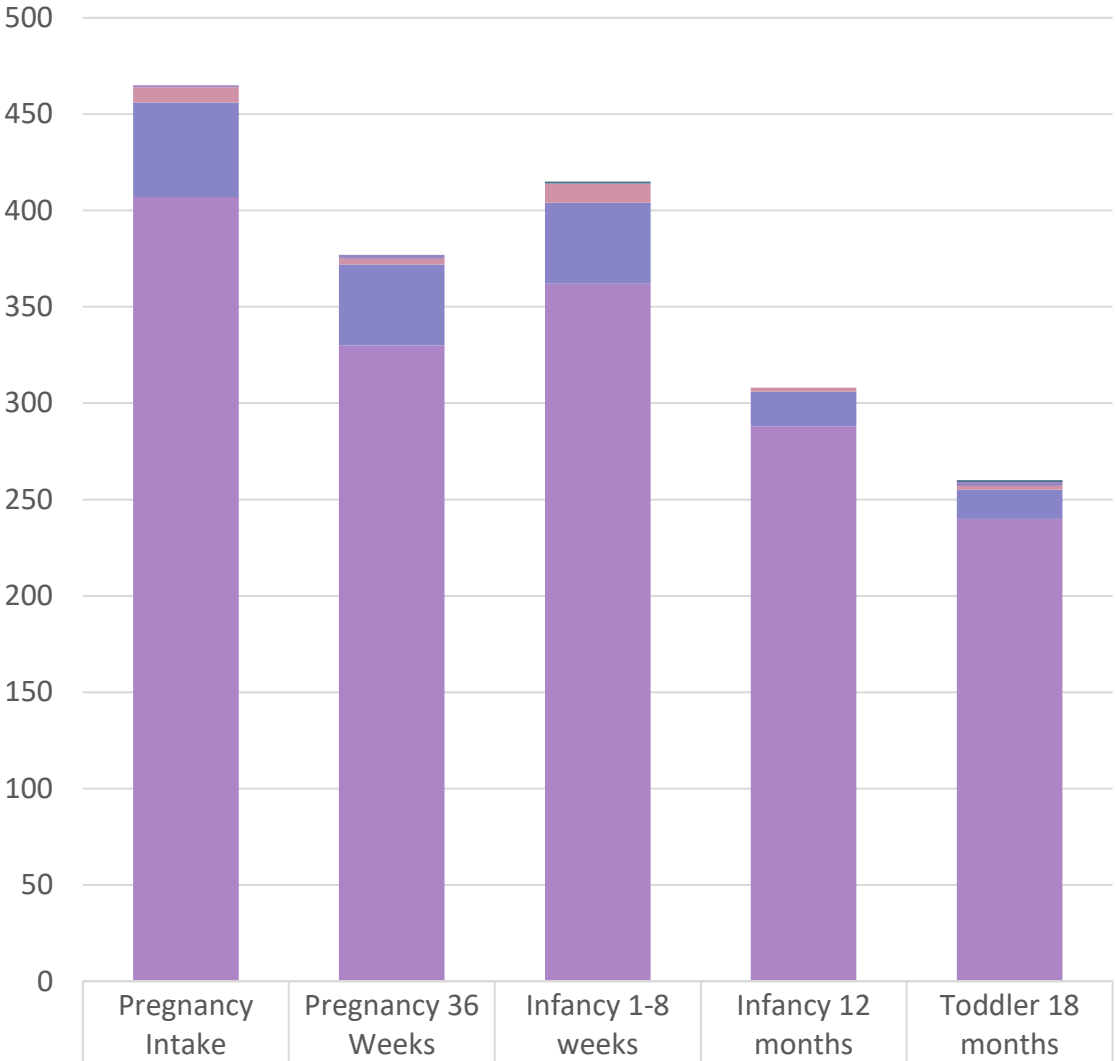
Infections during pregnancy (recorded at intake)	Number of clients
Urinary tract infections	25/419
Sexually transmitted infections	8/421
Vaginal infections	48/420



PATIENT HEALTH QUESTIONNAIRE - 9 (PHQ-9)

Overall, the data suggests a small increase in mild and minimal depression in the new reporting period:

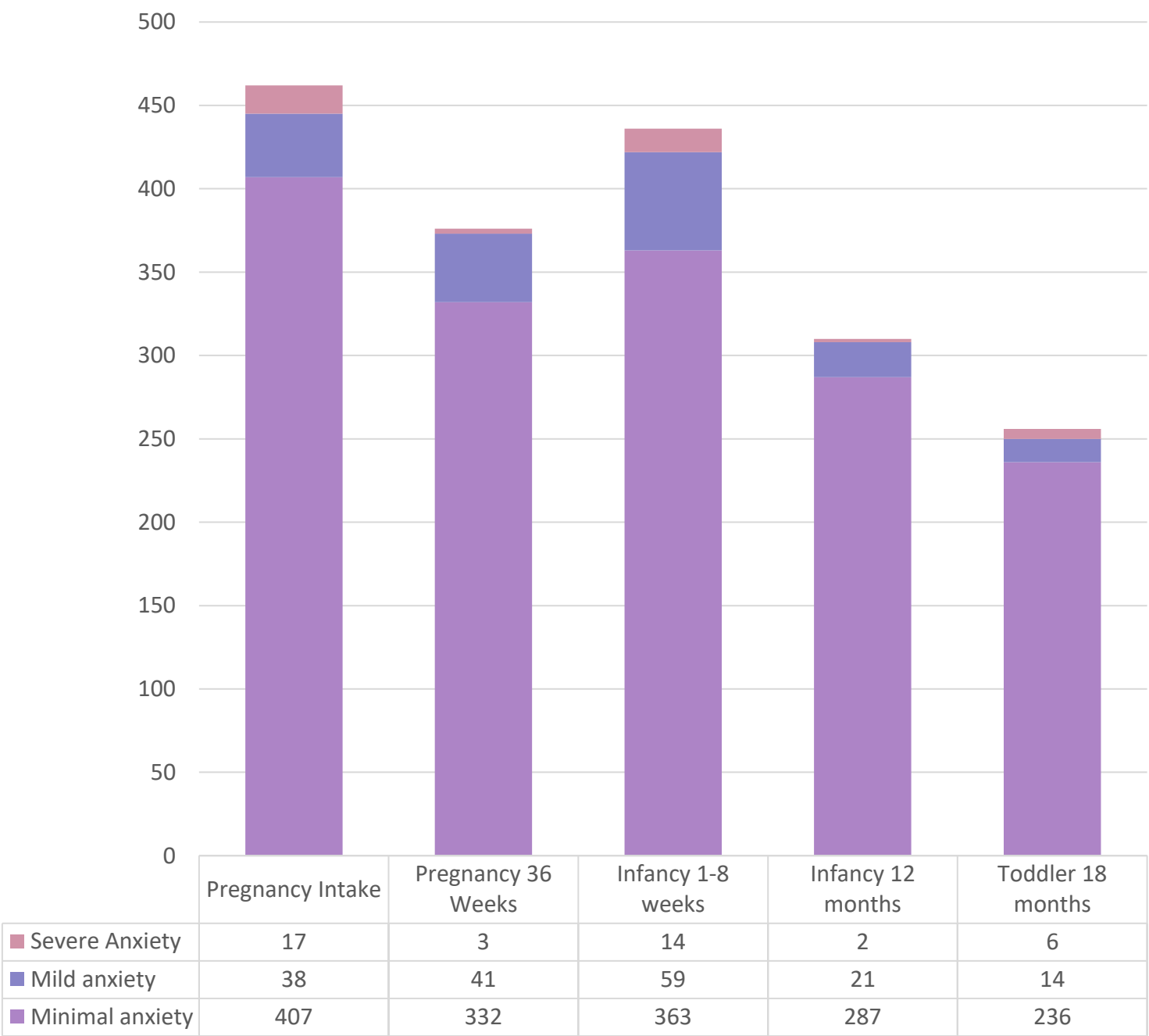
We observe a slight increase in reported cases of minimal depression, rising from 365 at pregnancy intake to 407 and remaining higher across all time points. Mild depression also increased slightly at intake and at other stages. Moderate depression remained relatively stable, with a minor rise after birth. Moderately severe and severe depression cases remain rare, with no significant changes between periods.



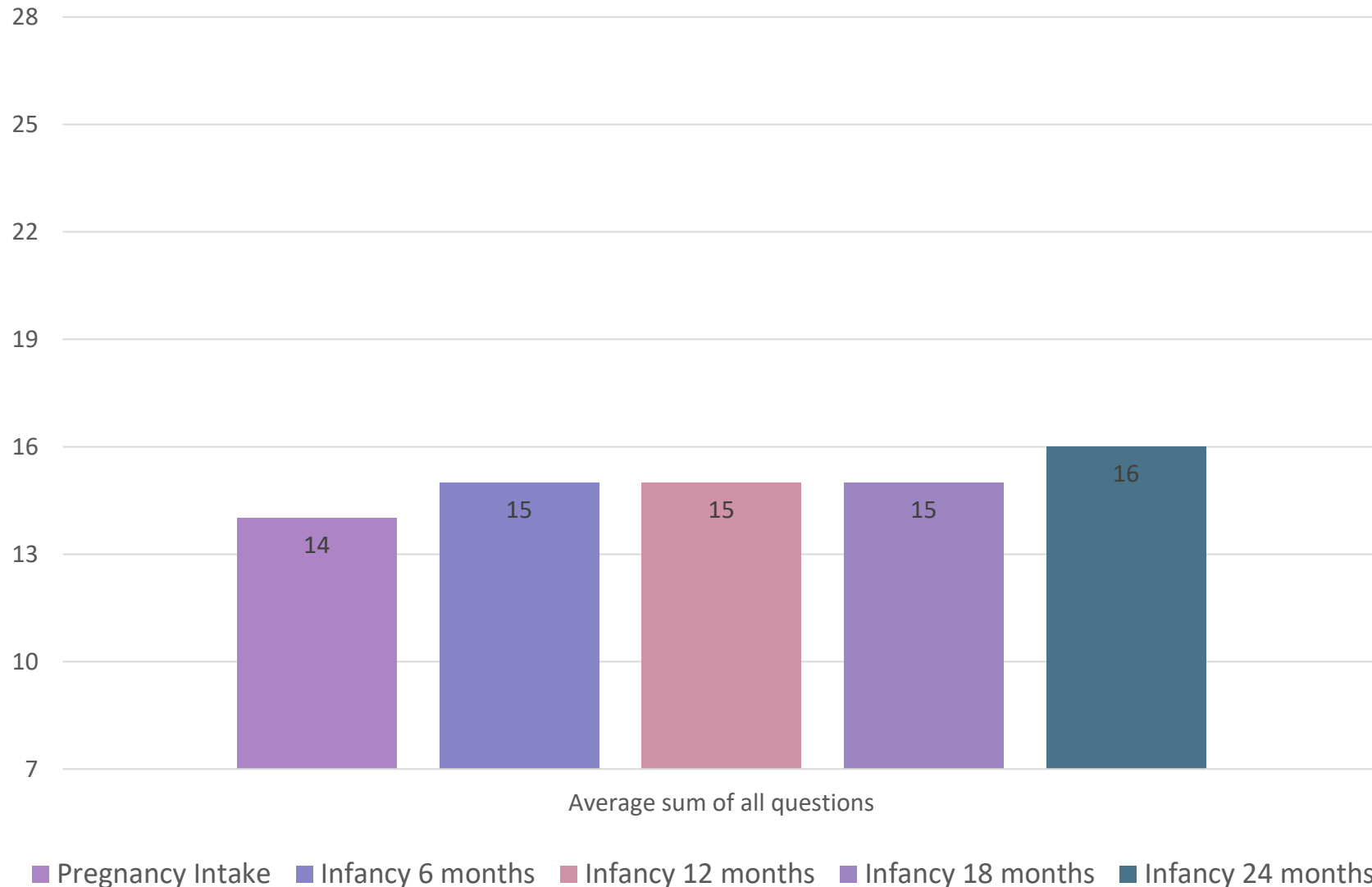
Severe depression	0	0	1	0	1
Moderately severe depression	1	2	0	0	2
Moderate depression	8	3	10	2	2
Mild depression	49	42	42	18	15
Minimal depression	407	330	362	288	240

GENERAL ANXIETY DISORDER 7-ITEM SCALE (GAD-7)

The data indicates an increase in minimal anxiety in the new reporting period, with cases rising from 366 to 407 at pregnancy intake and maintaining higher numbers across all stages, reaching 236 by toddlerhood compared to 184 in the old period. Mild anxiety also shows a slight increase at most stages, particularly after birth. Severe anxiety remains stable, with no notable changes between periods. Overall, there is a trend toward higher instances of minimal and mild anxiety, while severe anxiety remains consistent.



CONTROL AND MASTERY



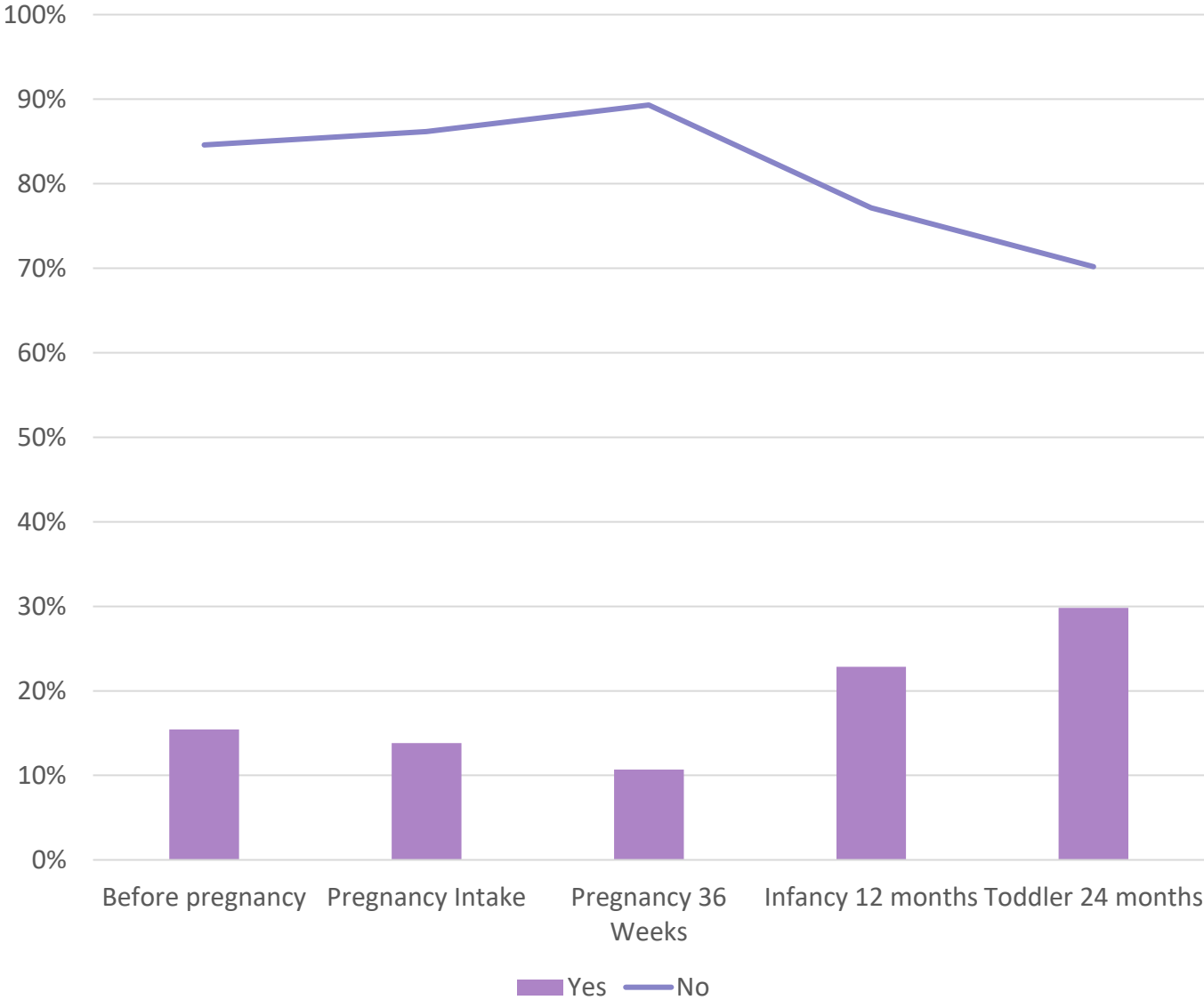
Two items, "I often feel helpless in dealing with the problems of life" and "Sometimes I feel that I'm being pushed around in life," show a slight increase by 24 months. This indicates a growing sense of external influence or challenges over time.

The average score increased from 14 at intake to 16 by 24 months, reflecting a gradual shift in perceived control and mastery, with some leaning toward greater difficulty or reduced optimism.

SMOKING (BOTH LOCATIONS)	Before pregnancy	Pregnancy Intake	Pregnancy 36 Weeks	Infancy 12 months	Toddler 24 months
% women that smoke	28.3% (↓0.75%) (131 / 462)	26.62 (↓0.6%) (123 / 462)	20.87% (↓0.3%) (77 / 369)	29.18% (↓1%) (89 / 305)	27.83% (↓2.3%) (64 / 230)
Average cigarettes per day (only based on smokers)	8.5	3	2.8	3.6	3.5

We observe a steady decrease in smoking across all periods.

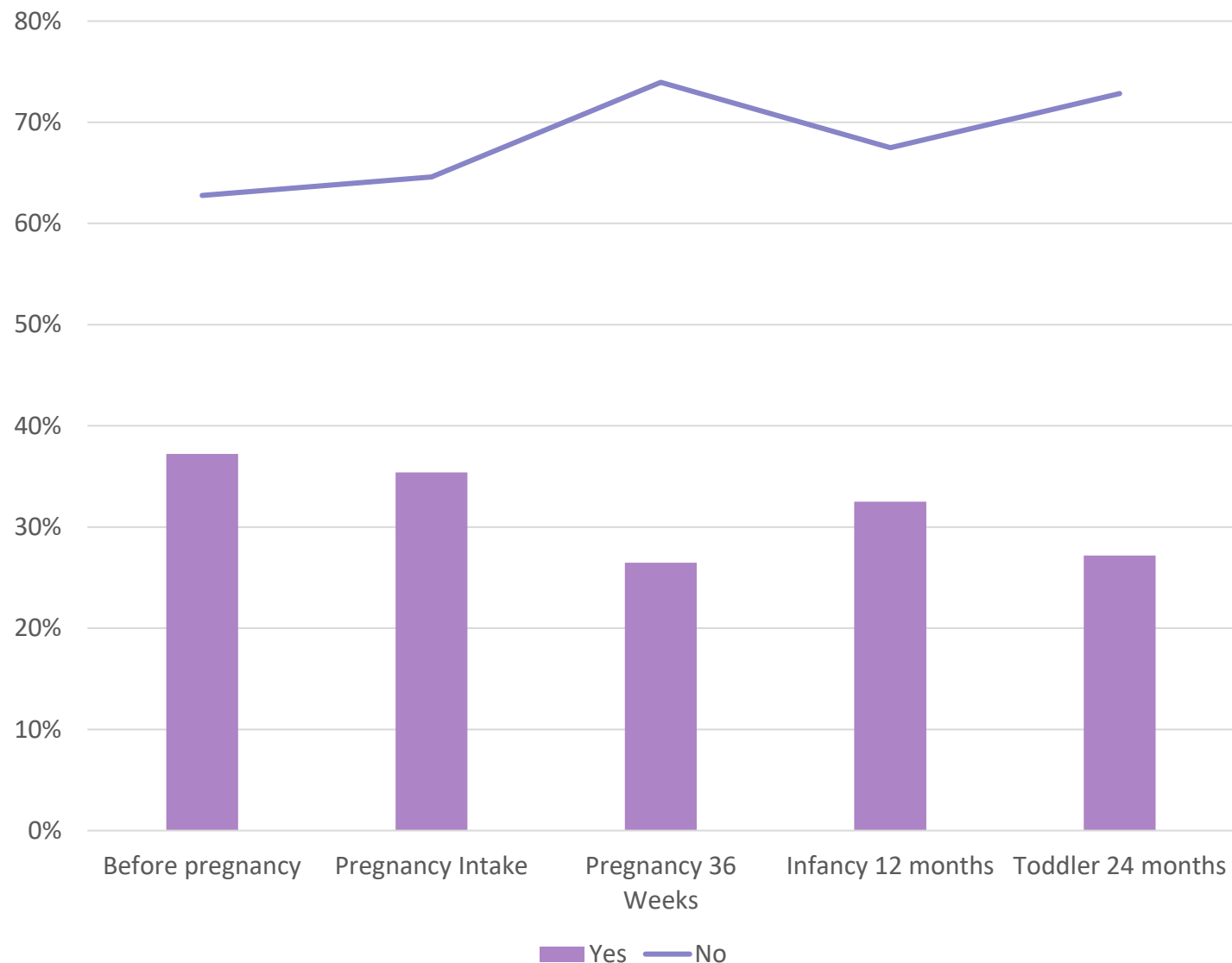
Smoking in Plovdiv



The data on smoking in Plovdiv indicates a concerning trend of increasing smoking prevalence postpartum, rising from 13.83% at pregnancy intake to 29.82% at 24 months, slightly higher than the previous reporting period. While smoking during pregnancy remains relatively stable, with a marginal increase at 36 weeks (10.69% vs. 9.65%), postpartum smoking resumption or initiation is evident.

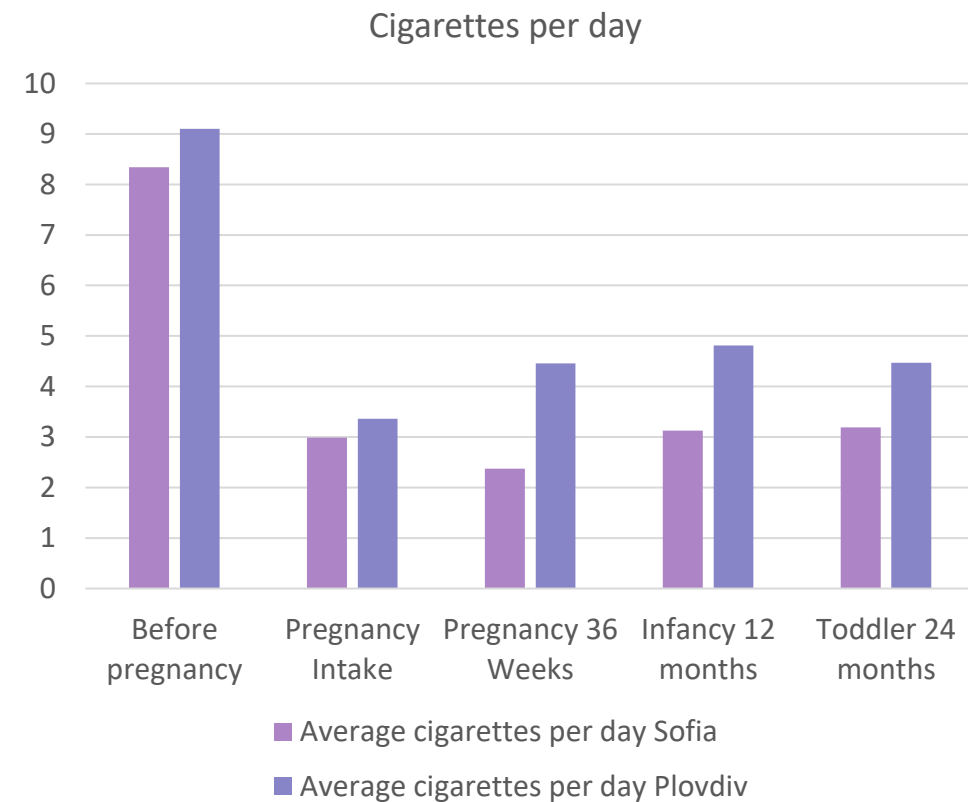
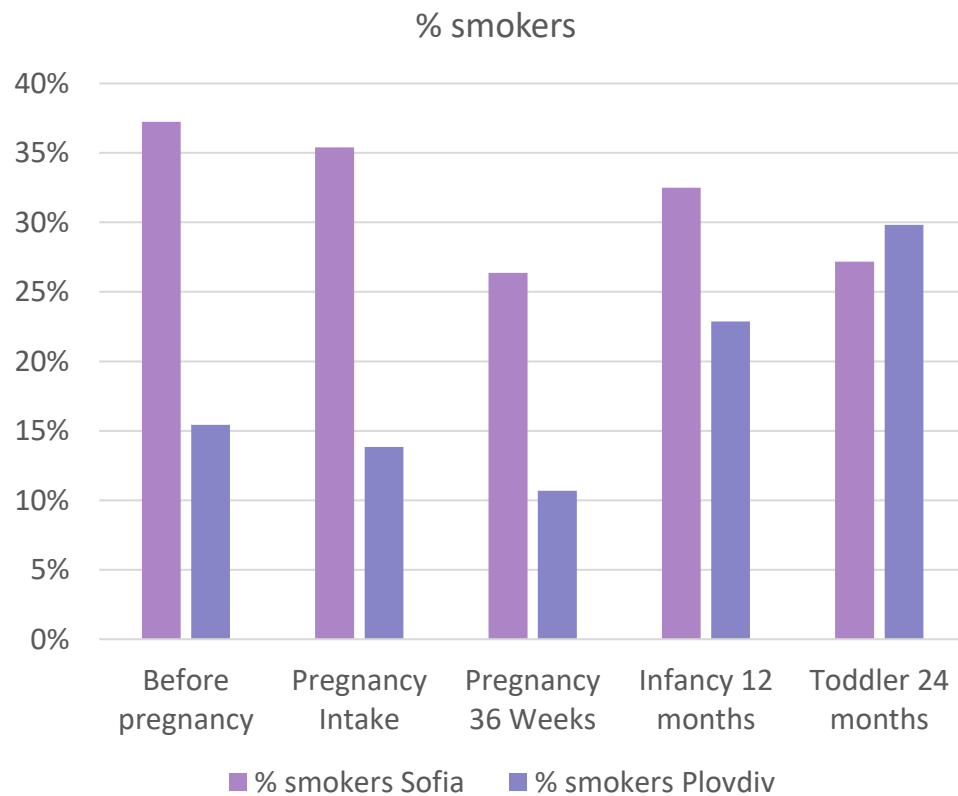
Average cigarettes per day among smokers decreased slightly during pregnancy but increased at 24 months postpartum (4.47 vs. 3.50 in the old period).

Smoking in Sofia

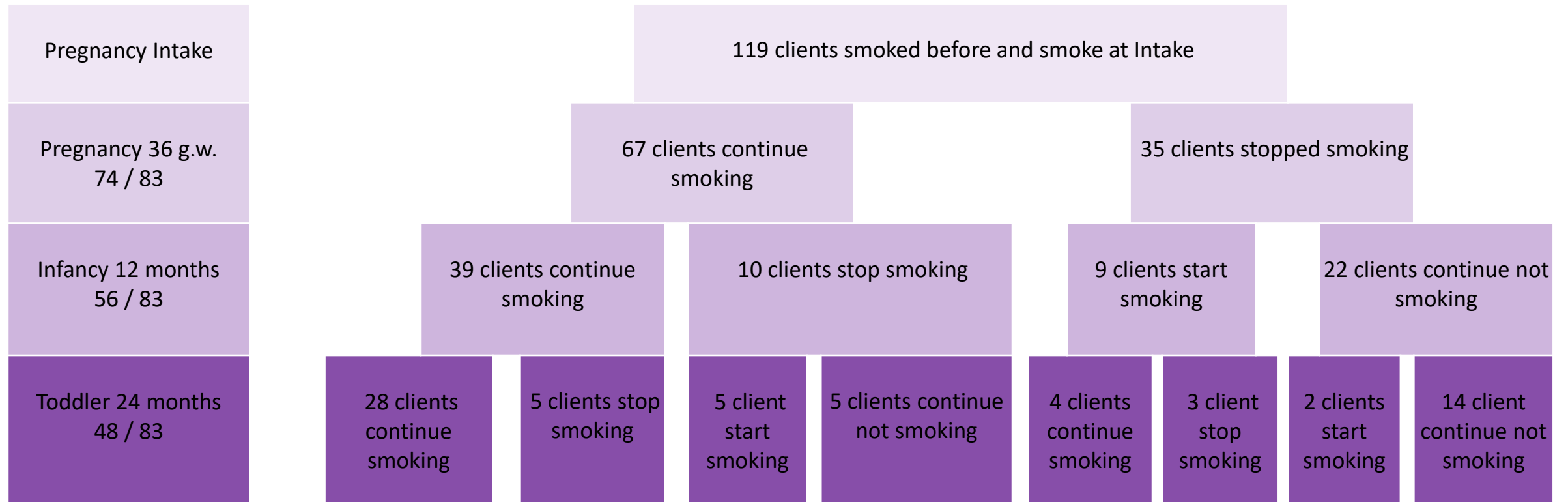


The data reveals a slight decrease in smoking prevalence compared to the old reporting period across most time points. Smoking rates at pregnancy intake declined marginally (36.69% to 35.40%), as did rates at 36 weeks of pregnancy (27.06% to 26.36%) and 24 months postpartum (30.77% to 27.17%). However, smoking at 12 months postpartum showed a 0.75% increase. The average number of cigarettes per day remained largely consistent with the previous period, showing minimal fluctuations. These findings suggest a modest improvement in smoking behavior

Smoking rates in Plovdiv are still significantly lower compared to Sofia. This is probably due to religious and cultural specifics of the communities served in Plovdiv.



Clients who smoke before and after pregnancy



ALCOHOL CONSUMPTION*	Pregnancy Intake	Pregnancy 36 Weeks	Infancy 12 months	Toddler 24 months
% of women that use alcohol	1.73% (8/420)	0.54% (2/331)	0.98% (3/255)	2.17% (5/166)
Number of days on which alcohol was consumed over the past 14 days	0	1	3	4,33
Average number of drinks per day	1	0	1	1

MARIJUANA USE	Pregnancy Intake	Pregnancy 36 Weeks	Infancy 12 months	Toddler 24 months
% of women that use marijuana	1% (4/418)	0.3% (1/331)	0.4% (1/255)	0% (0/166)
Number of days on which marijuana was used over the past 14 days	0	1	0	0
Average number of pipes or joints used per day	0	0	1	0

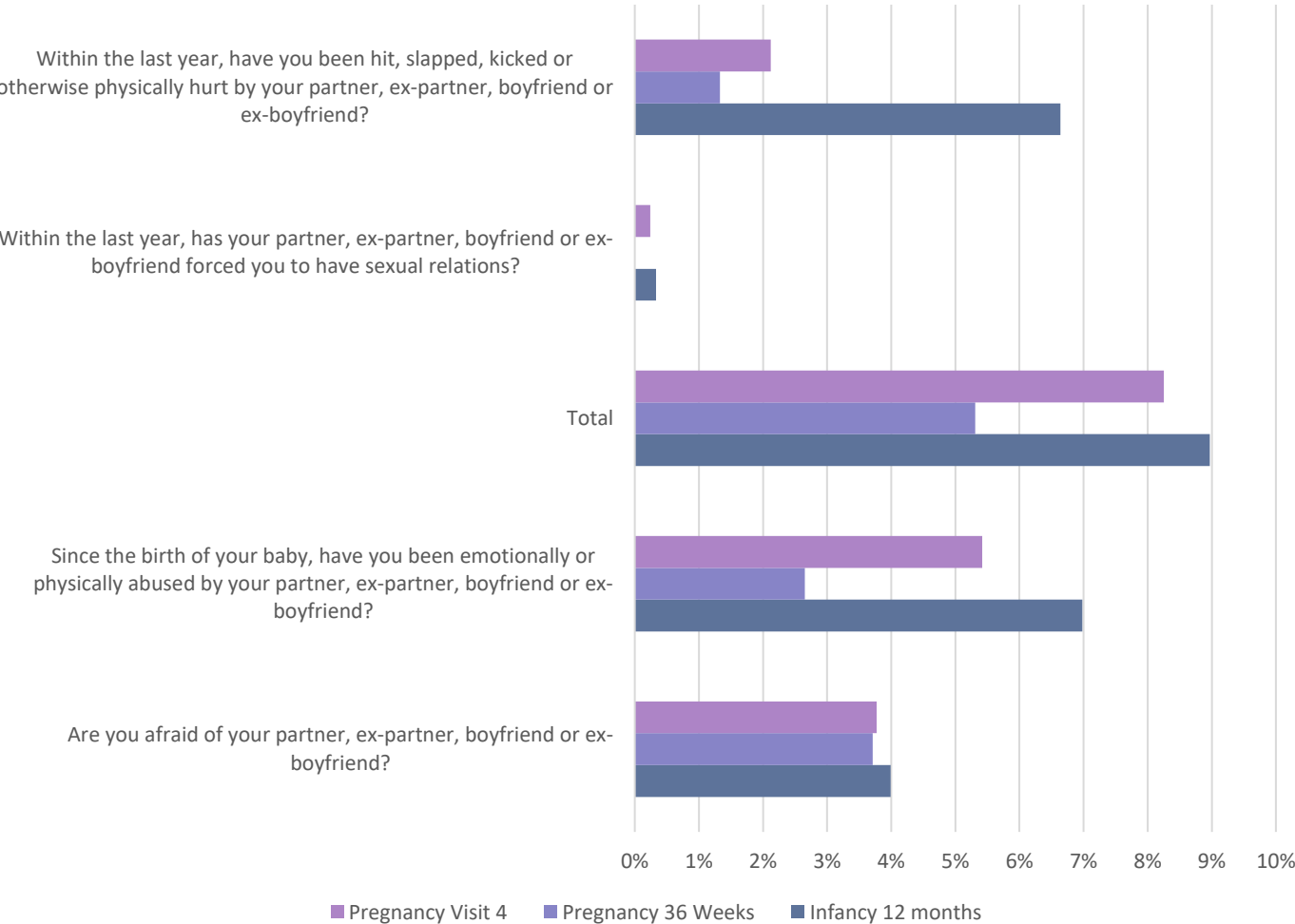
*We observe a very slight but stable decrease in alcohol consumption.

SUBSEQUENT PREGNANCIES

- **32.6%** (79/242) of graduated women with **86 subsequent pregnancies**
- There is an increase by 0.6% compared to the last report
- On average - **12** months after the birth of the first child
 - **31** live births (+14 since last report)
 - **7** miscarriages (+3 since last report)
 - **25** abortions (+14 since last report)
 - **3** still birth (+1 since last report)
 - **20** still pregnant at reporting point

IPV 2016 - 2024

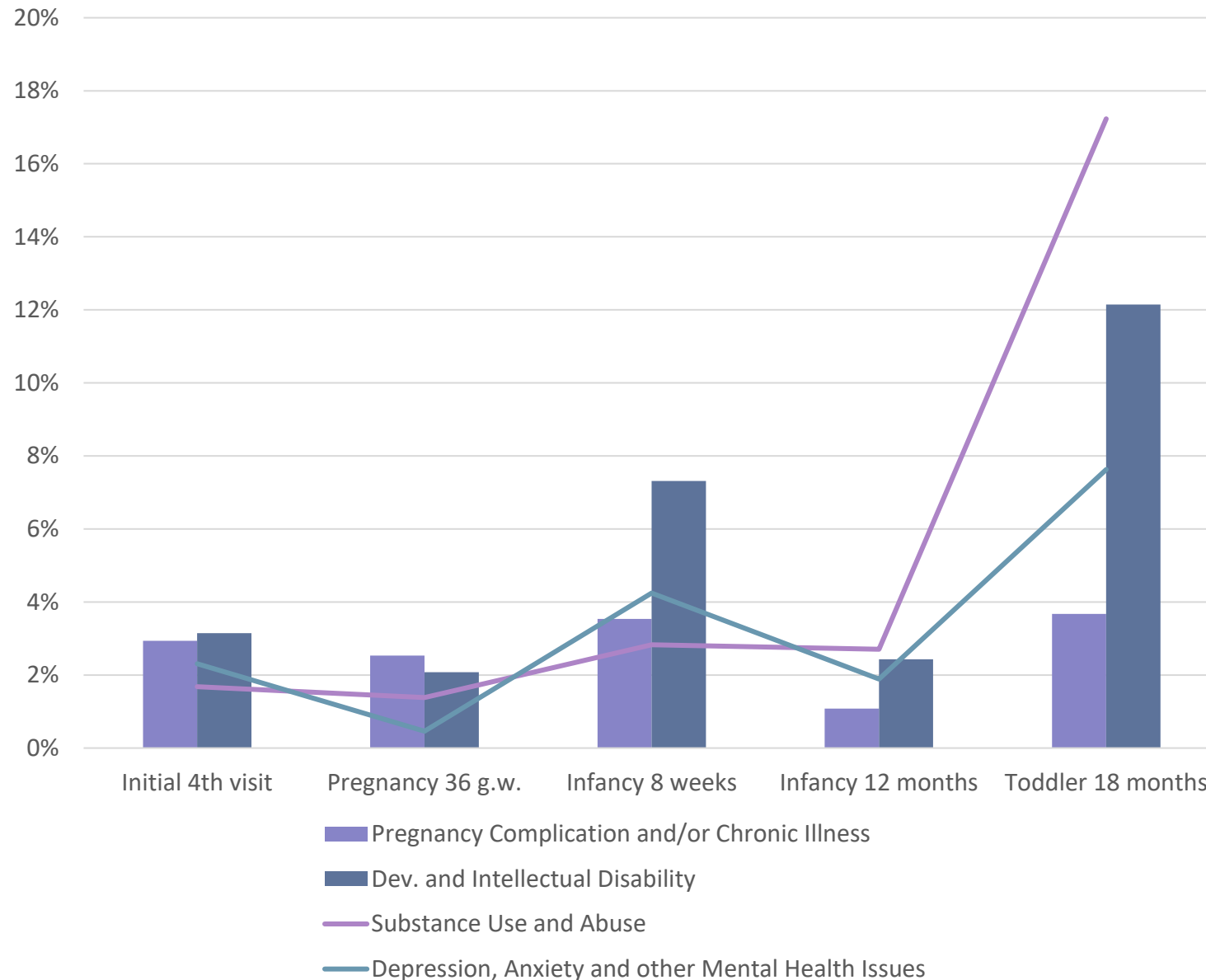
% of women who have answered "yes" to the questions



The data on women reporting IPV shows a slight increase in prevalence at the 36th week of pregnancy, rising from 4% in the previous period to 5% in the current period, while the other rates remained consistent.

Women who have reported IPV	Pregnancy 4th visit	Pregnancy 36 g.w.	Infancy 12 months
Total 2016 - 2018	6 % (5 / 87)	5 % (4 / 79)	10 % (4 / 41)
Total 2016 - 2019	7 % (11 / 152)	4 % (5 / 123)	7 % (5 / 70)
Total 2016 - 2020	8% (16/208)	4% (7/169)	9% (10/110)
Total 2016-2021	9% (21/246)	5% (11/207)	10% (14/148)
Total 2016-2022	8% (24/309)	5%(12/265)	11% (19/173)
Total 2016-2023	8% (31/398)	4%(15/348)	9% (25/268)
Total 2016-2024	8% (35/424)	5% (20/377)	9% (27/301)

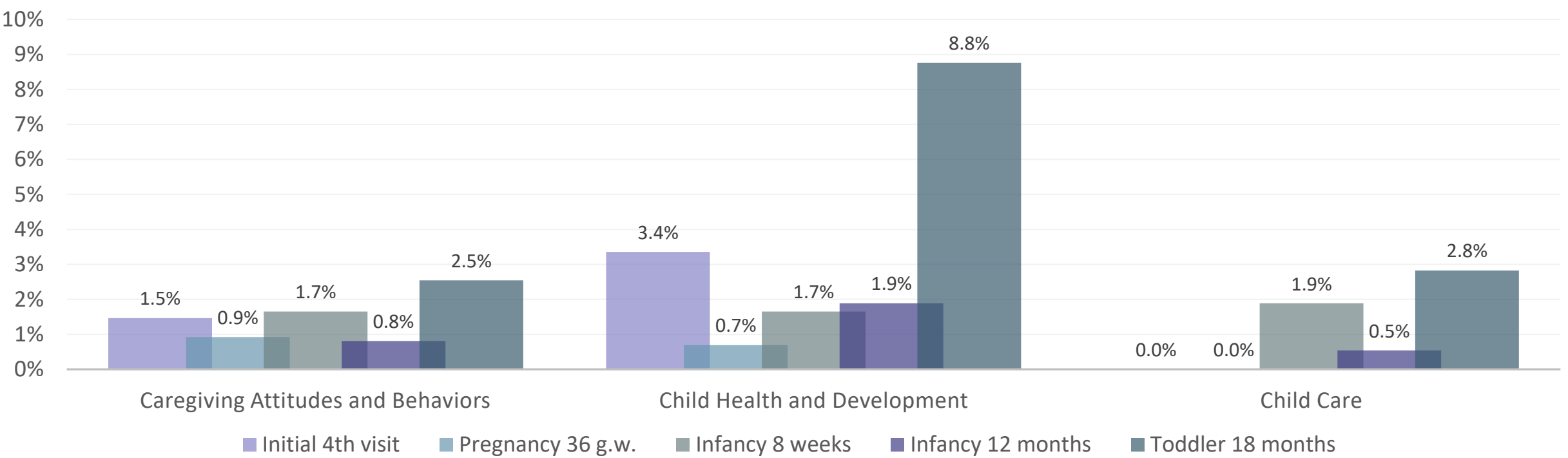
% of women with high and moderate risk of all assessed



STAR FRAMEWORK ASSESSMENT: PERSONAL HEALTH

The data reveals a mixed trend: while substance use and abuse, as well as developmental and intellectual disability, have significantly increased at the toddler stage (from 11.9% to 17.2% and 8.1% to 12.1%, respectively), rates of pregnancy complications, chronic illness, and mental health issues show smaller or stable fluctuations across most periods.

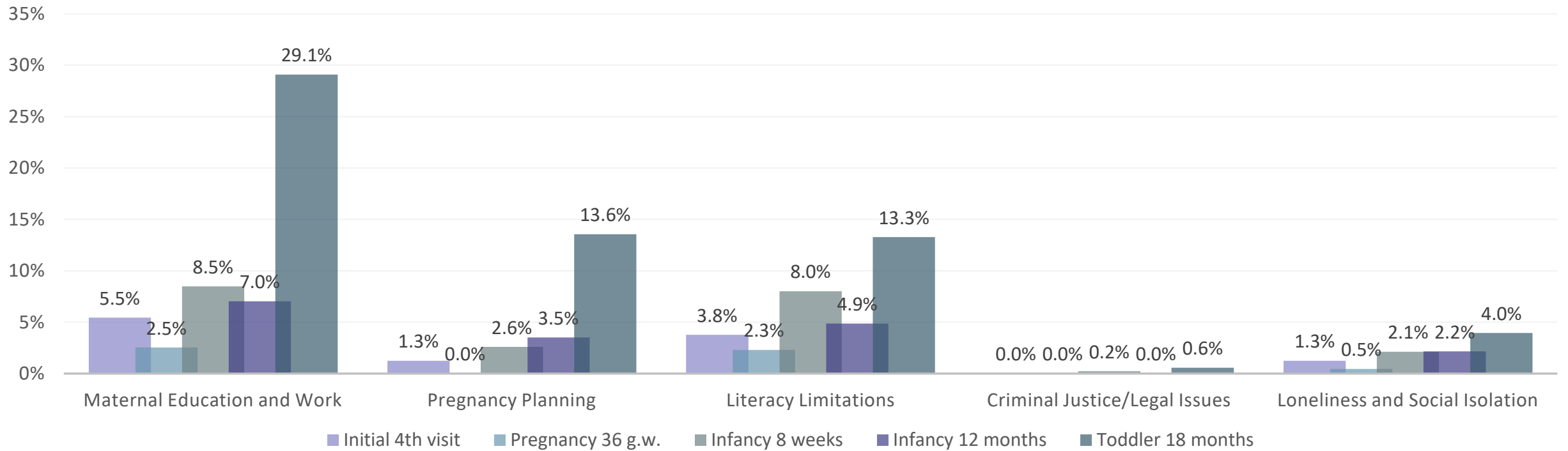
% of women with high and moderate risk of all assessed



STAR FRAMEWORK ASSESSMENT: MATERNAL ROLE

The data indicates slight increases in caregiving attitudes and behaviors (e.g., from 2.2% to 2.5% at the toddler stage) and childcare concerns (from 2.4% to 2.8%), while child health and development issues rose significantly at the initial visit (from 0.2% to 3.4%) and modestly at the toddler stage (from 8.1% to 8.8%).

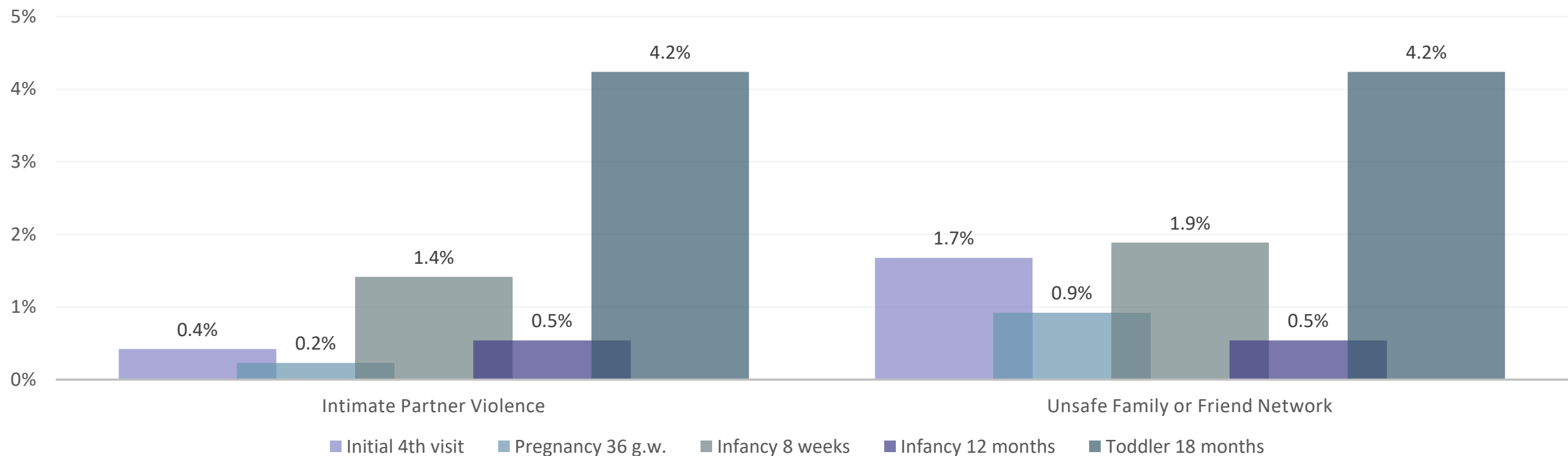
% of women with high and moderate risk of all assessed



STAR FRAMEWORK ASSESSMENT: ENVIRONMENTAL HEALTH

Data shows a slight decrease in the risk related to maternal education and work at most stages, except for a significant increase by toddler age (29.1% vs. 24% previously). Pregnancy planning risk saw a reduction at infancy 12 months (3.5% vs. 7%) but rose notably by toddler age (13.6% vs. 9%). Literacy limitations increased during infancy 12 months (4.9% vs. 2%) and toddler age (13.3% vs. 11%), while loneliness and social isolation remained largely stable across periods.

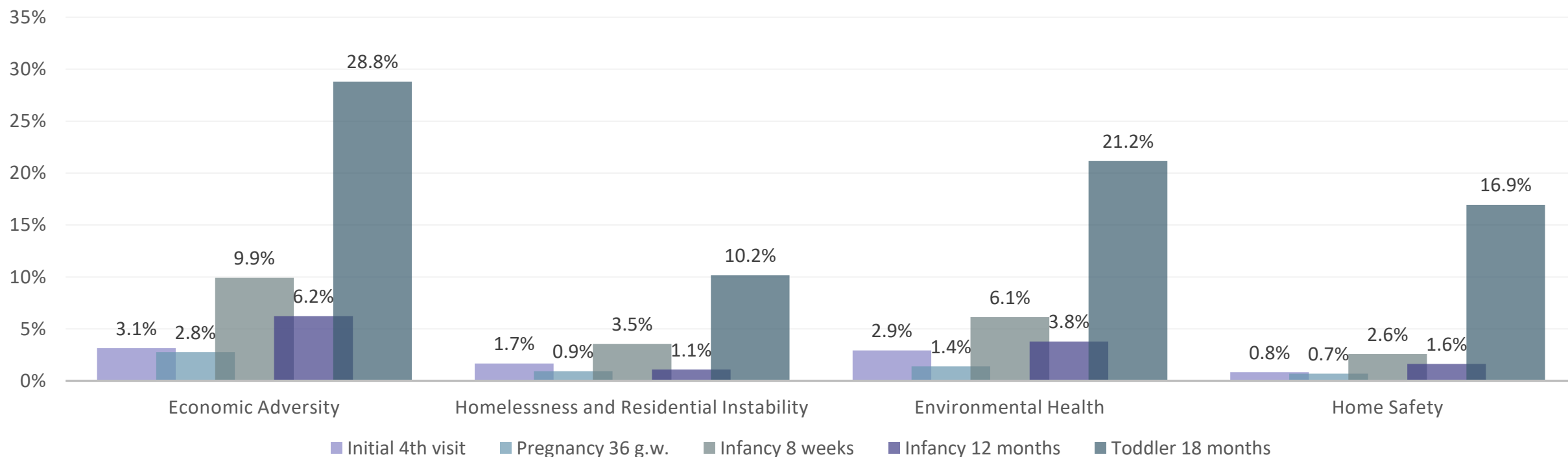
% of women with high and moderate risk of all assessed



STAR FRAMEWORK ASSESSMENT: MY FAMILY & FRIENDS

The data indicates a slight decline in intimate partner violence risk during the initial visit (0.4% vs. 0.5%) and at infancy 8 weeks (1.4% vs. 1.5%), with a modest increase by toddler age (4.2% vs. 3.5%). The risk of unsafe family or friend networks shows a decrease at the initial visit (1.7% vs. 2.1%) and by toddler age (4.2% vs. 4.9%), while slightly rising during pregnancy at 36 weeks (0.9% vs. 0.7%) and infancy 8 weeks (1.9% vs. 1.5%).

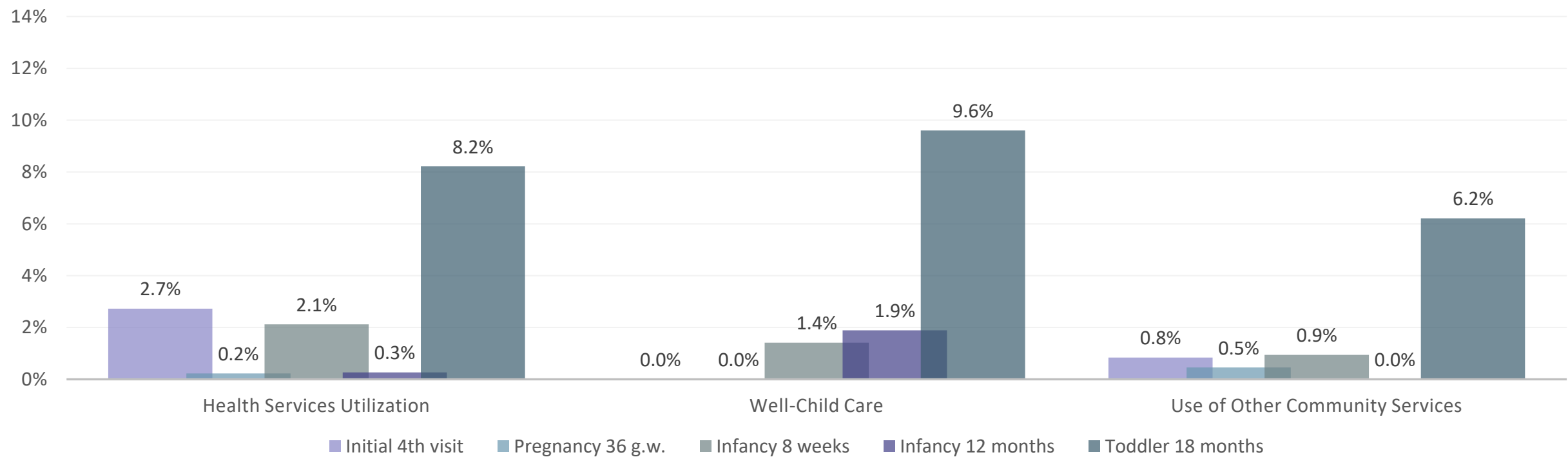
% of women with high and moderate risk of all assessed



STAR FRAMEWORK ASSESSMENT: LIFE COURSE DEVELOPMENT

Economic adversity, homelessness, and environmental health risks decreased during pregnancy and infancy but showed significant increases by toddler age (e.g., economic adversity: 28.8% vs. 21.0%, environmental health: 21.2% vs. 16.2%). Home safety risks followed a similar pattern, rising sharply to 16.9% from 12.9%.

% of women with high and moderate risk of all assessed



STAR FRAMEWORK ASSESSMENT: HEALTH & SOCIAL SERVICES

Health services utilization decreased notably during infancy and toddlerhood (e.g., 8.2% vs. 7.0% by 18 months), while well-childcare risks and use of other community services rose slightly, with well-childcare increasing from 7.5% to 9.6% by toddler age.

Referrals type/area	1	2	3	4	5
Financial Assistance	16	0	1	0	1
Pregnancy and Parenting Programs +14	30	1	3	0	0
Mental Health/ Crisis Intervention	3	1	0	0	0
Substance Use and Harm Reduction	0	0	0	0	0
Health Care 56	241	4	92	2	0
Children's Services 29	57	1	1	0	1
Child Welfare 3	8	2	0	0	0
Shelter and Housing	7	0	1	1	0
Education and job services	7	0	1	1	0
Other Community Programs and Services 29	36	0	3	1	1
Total	287	8	104	6	3

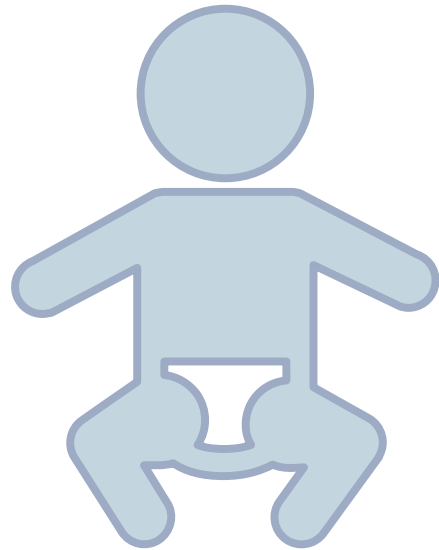
REFERRALS TO OTHER SERVICES

We have additional 131 referrals for the reporting period.

- 56 of them are for health care or these are 43% of the referrals for the period.

Overall, the data reflects a strong emphasis on immediate healthcare and financial needs, with fewer referrals for specialized or crisis intervention services.

Key areas of support include referrals for physician specialists, general practitioners, charitable services such as food banks, and programs related to child care. Financial assistance referrals were also significant, particularly for direct financial support and health insurance payments.

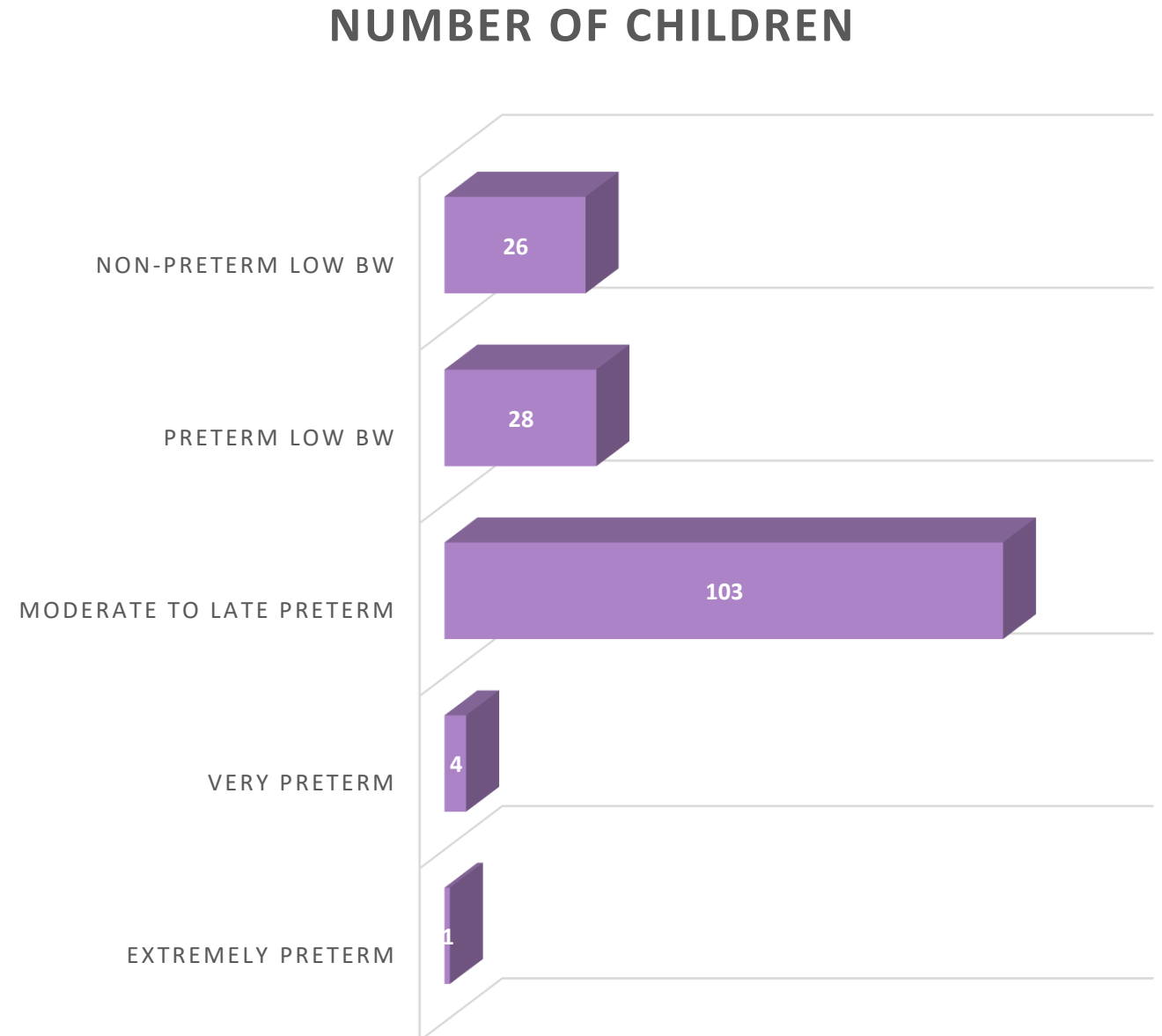


CHILD HEALTH AND WELLBEING

(2016 – 2024)

PRETERM BIRTHS

- 16% (↑1%) of children (66) are born before 37
 - 1 extremely preterm (less than 28 weeks)
 - 4 very preterm (28 to 32 weeks)
 - 103 moderate to late preterm (32 to 36 incl. weeks)
- 13% of children (54) have low birthweight (less than 2500 grams) – 28 of them are born preterm
- 13% (56) infants spent on average 9,8 days in an NICU





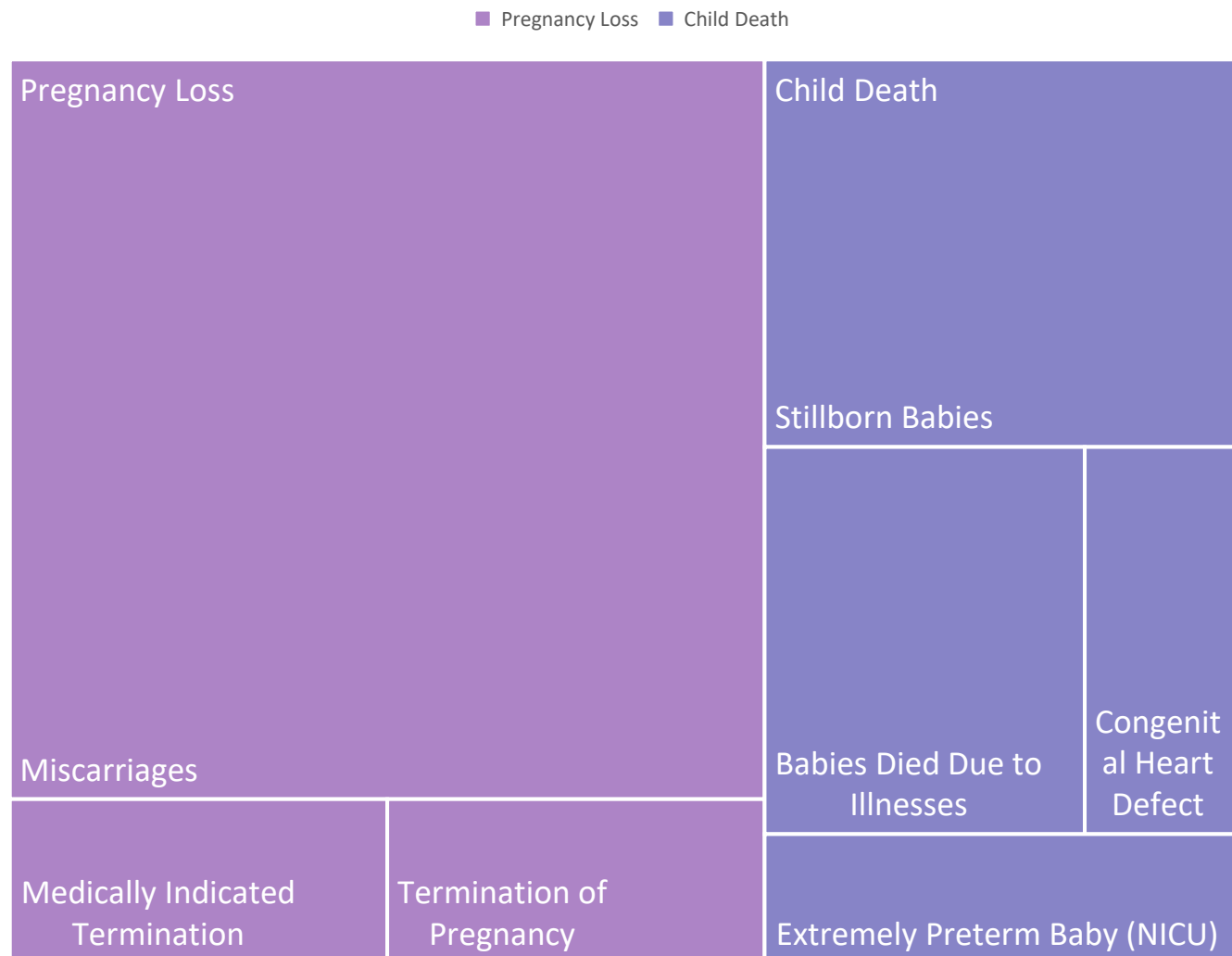
BIRTH WEIGHT

There is a 15 grams drop in overall baby weight:

- 92 grams drop in boys
- 63 grams rise in girls

Mean birth weight	
Girls (200)	2994 (+58 g.)
Boys (216)	2990 (-10 g.)
Total (416)	2999

CHILD LOSS



- **11 pregnancy losses**

- 9 miscarriages
- 1 medically indicated termination
- 1 termination of pregnancy

- **7 child deaths**

- 2 babies died due to illnesses
- 3 baby stillborn in 2022 and 2023
- 1 baby born with congenital heart defect died at three months
- 1 extremely preterm baby (26th gestation week / 900 grams) – the baby died after a month in NICU

CHILDREN

There have been only 4 (none in 2024) hospitalizations - due to injury and ingestion, 2 before 6 months of the children, and 2 hospitalization before 18 months.

There have been 31 (7 in 2024) hospitalizations due to burns: 12 before 6 months, 9 before 12 months; 8 before 18 months and 2 before 24 months.

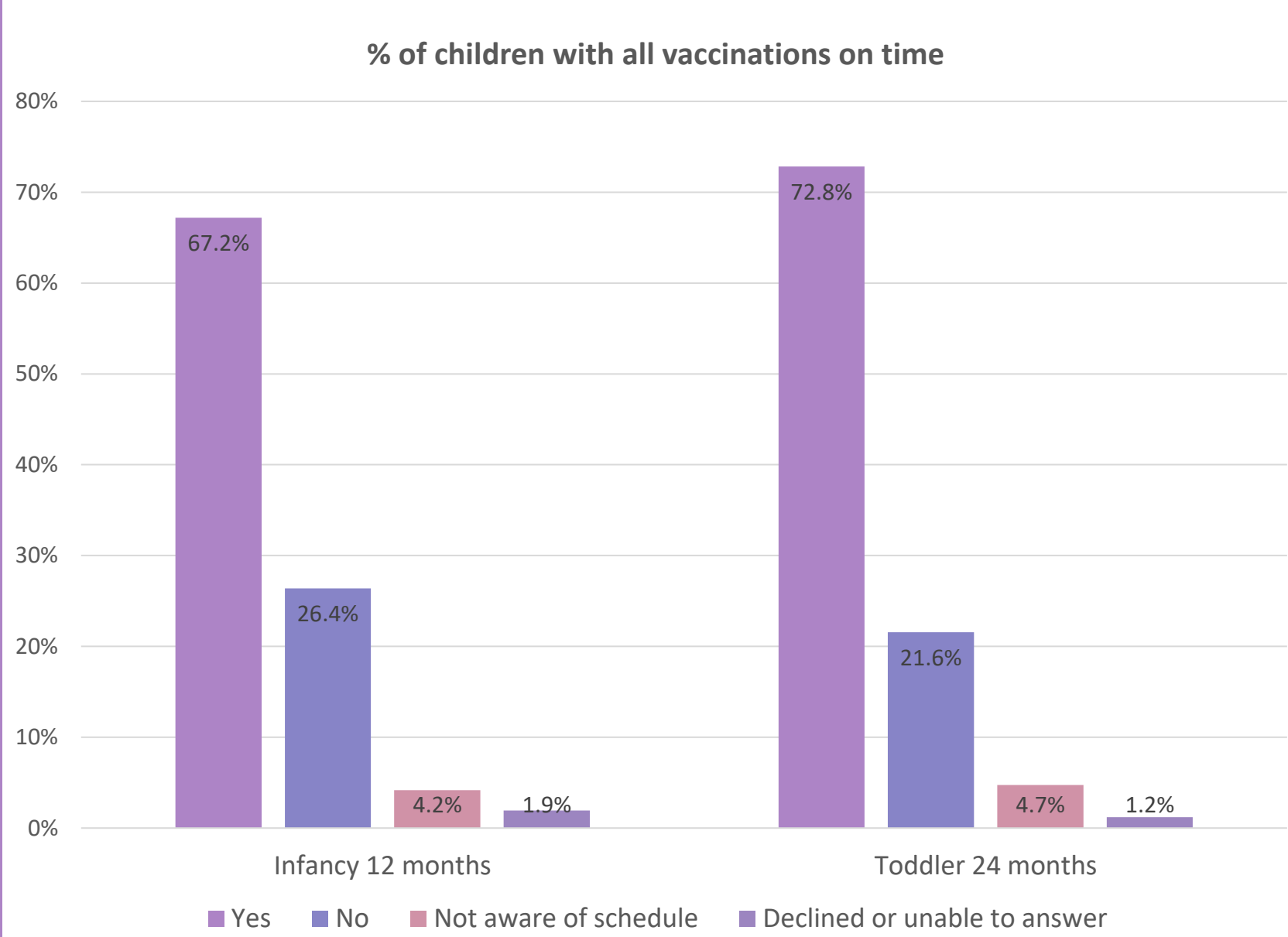
Because of the health insurance status of the parents and discrimination towards Roma in the medical profession, our clients seek different paths when in need of medical assistance. We track all of them, including calling an ambulance without follow-up hospitalization.

- Clinic for burns: 4 at Infancy 6 months and 1 at Toddler 24
- Clinic for ingestion: 1 Toddler 18 months
- Emergency for ingestion: 1 Infancy 6 months
- Emergency for injury: 4 Toddler 24 months
- Emergency for burns: 2 at Infancy 6 months; 1 at Toddler 18 months and 3 at Toddler 24 months
- Ambulance called without hospitalization:
 - 22 Infancy 6 months (+5)*
 - 7 Infancy 12 months
 - 7 Toddler 18 months (+1)
 - 5 Toddler 24 months

* calls in 2024

VACCINATIONS

Self-reported on-time vaccination rates show a steady improvement, with a 2.3% increase at 12 months (to 67.2%) and a 3.2% increase at 24 months (to 72.8%)—nearly double the improvement seen in the previous reporting period.

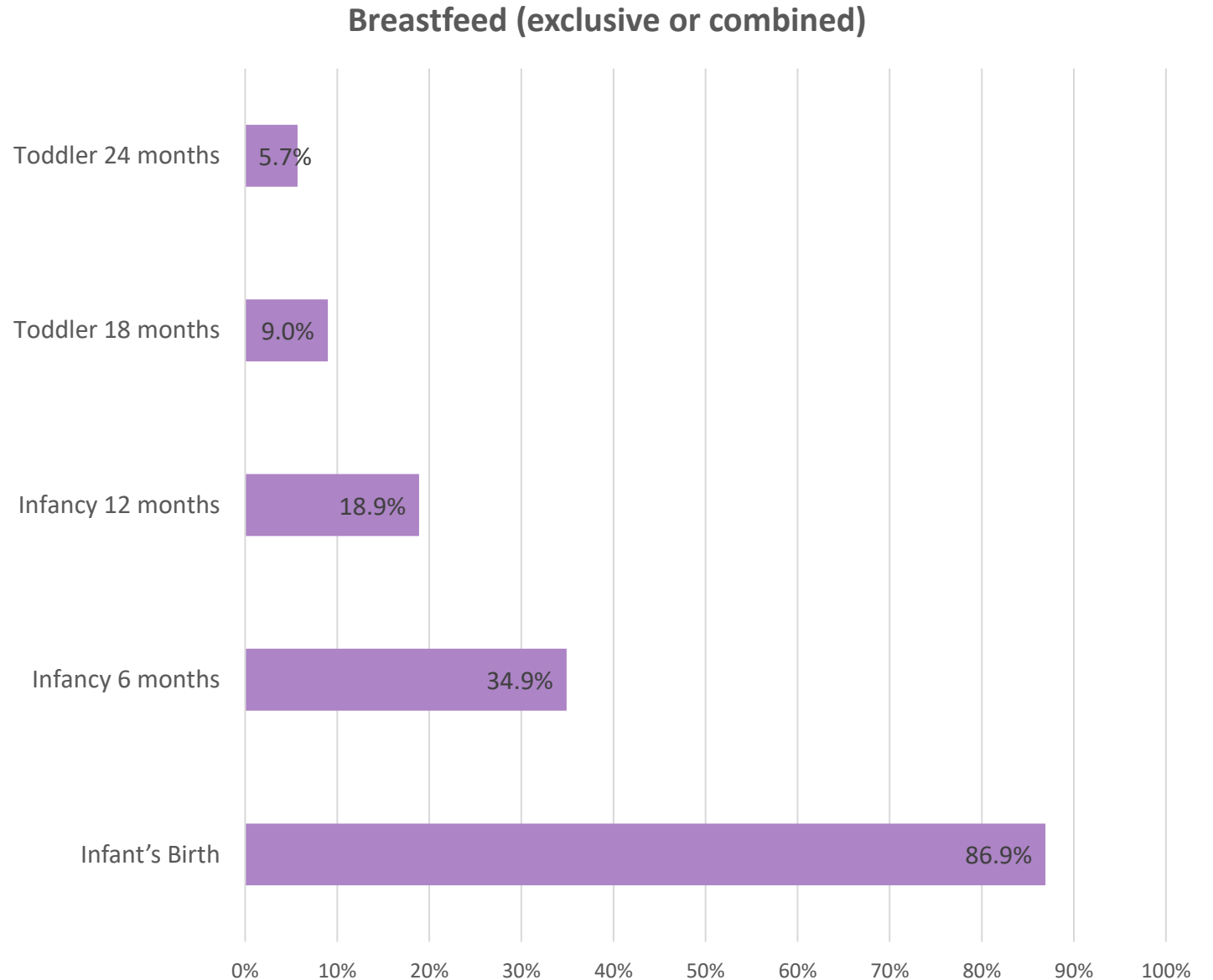


BREASTFEEDING

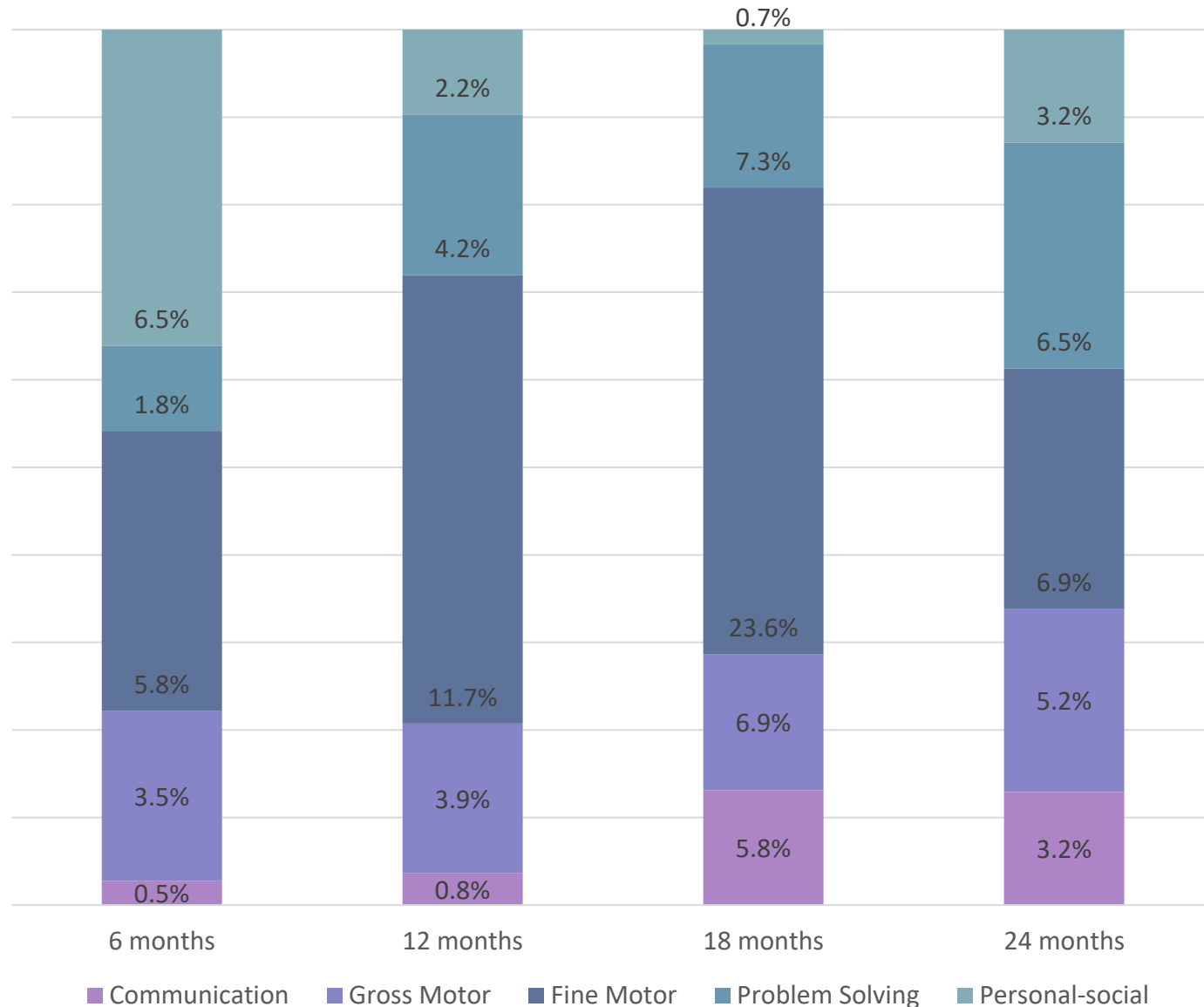
- 91% of women intend to breastfeed
- 66% breastfeed exclusively at birth (↓3%)

On average clients start introducing solid foods at around 4 months of the child.

There is an approx. 1% decrease of exclusive/combined breastfeeding across all phases, compared to last report, except Infancy 12 months where results remain the same.



% of children in the grey area

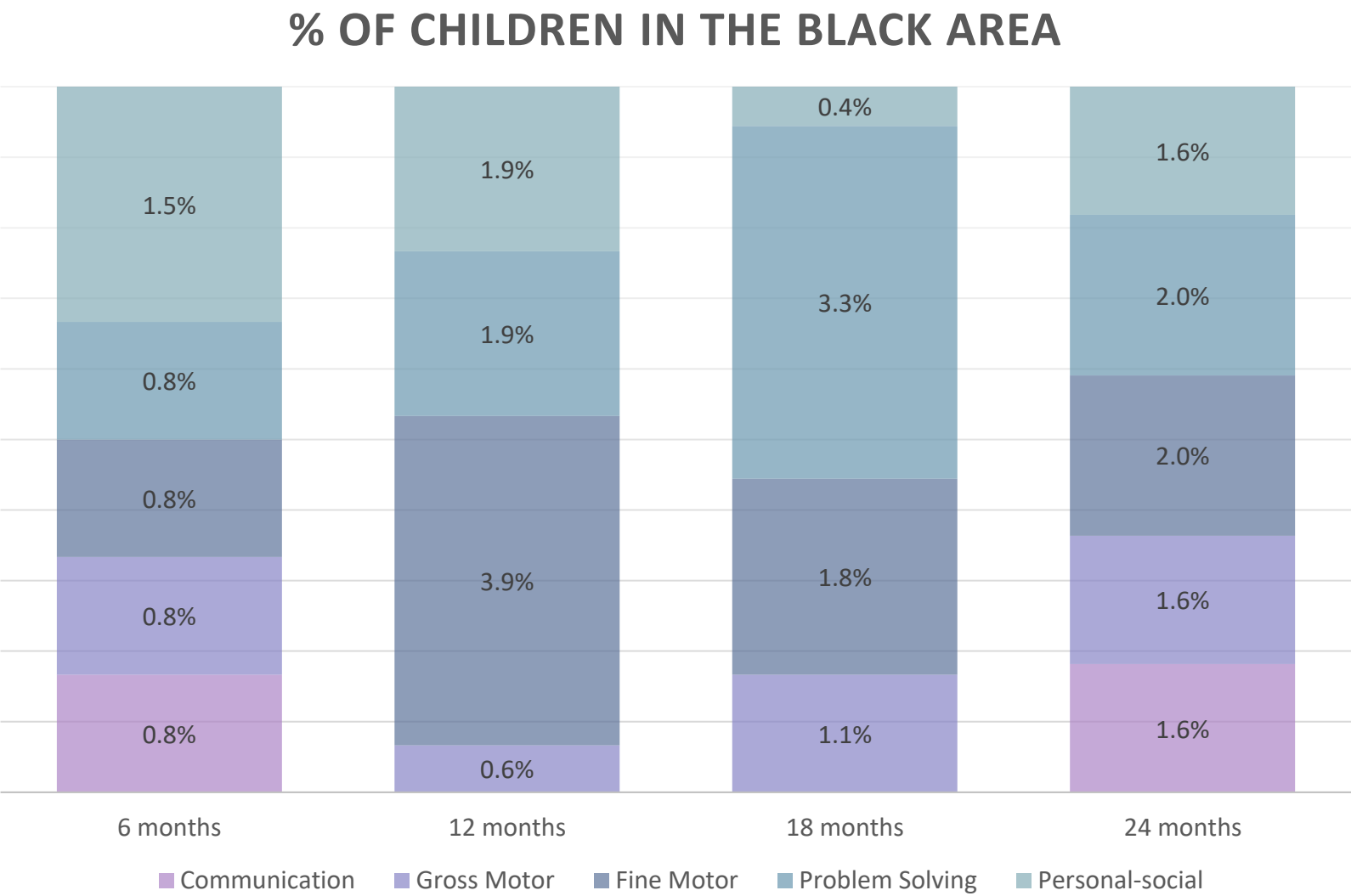


ASQ – 3: GREY AREA

ASQ results indicate minor shifts in developmental risk patterns. Communication in the grey area remains relatively stable across periods, while slight increases are noted at 18 months (5.8% vs. 4.4%). Gross motor risks decreased marginally at 6 months (3.5% vs. 4.1%) but increased slightly at 18 months (6.9% vs. 6.2%). Fine motor concerns rose significantly at 18 months (23.6% vs. 18.5%) but remained stable or decreased in other periods. Problem-solving risks saw moderate increases at 12 and 18 months, while personal-social risks remained largely unchanged, with slight improvements at 6 and 24 months.

ASQ – 3: BLACK AREA

Black area ASQ results show minor increases in developmental concerns. Communication remains stable, with a slight rise at 24 months (1.6% vs. 0.8%). Gross motor and fine motor risks saw small increases at 24 months, with fine motor peaking at 12 months (3.9% vs. 3.5%). Problem-solving risks showed a clear upward trend, with noticeable increases at 18 months (3.3% compared to 2.5% in the old data) and 24 months (2.0% compared to 1.3%). Similarly, personal-social risks experienced modest increases across most age groups, with the most significant differences observed at 12 months (1.9% compared to 0.9%) and 24 months (1.6% compared to 0.8%).



ASQ:SE	6 months > 45	12 months > 55	18 months > 70	23 months > 65
Children with results above the cutoff	0 % (1/353)	1 % (↓1%) (5/318)	0 % (1/353)	1% (5/353)

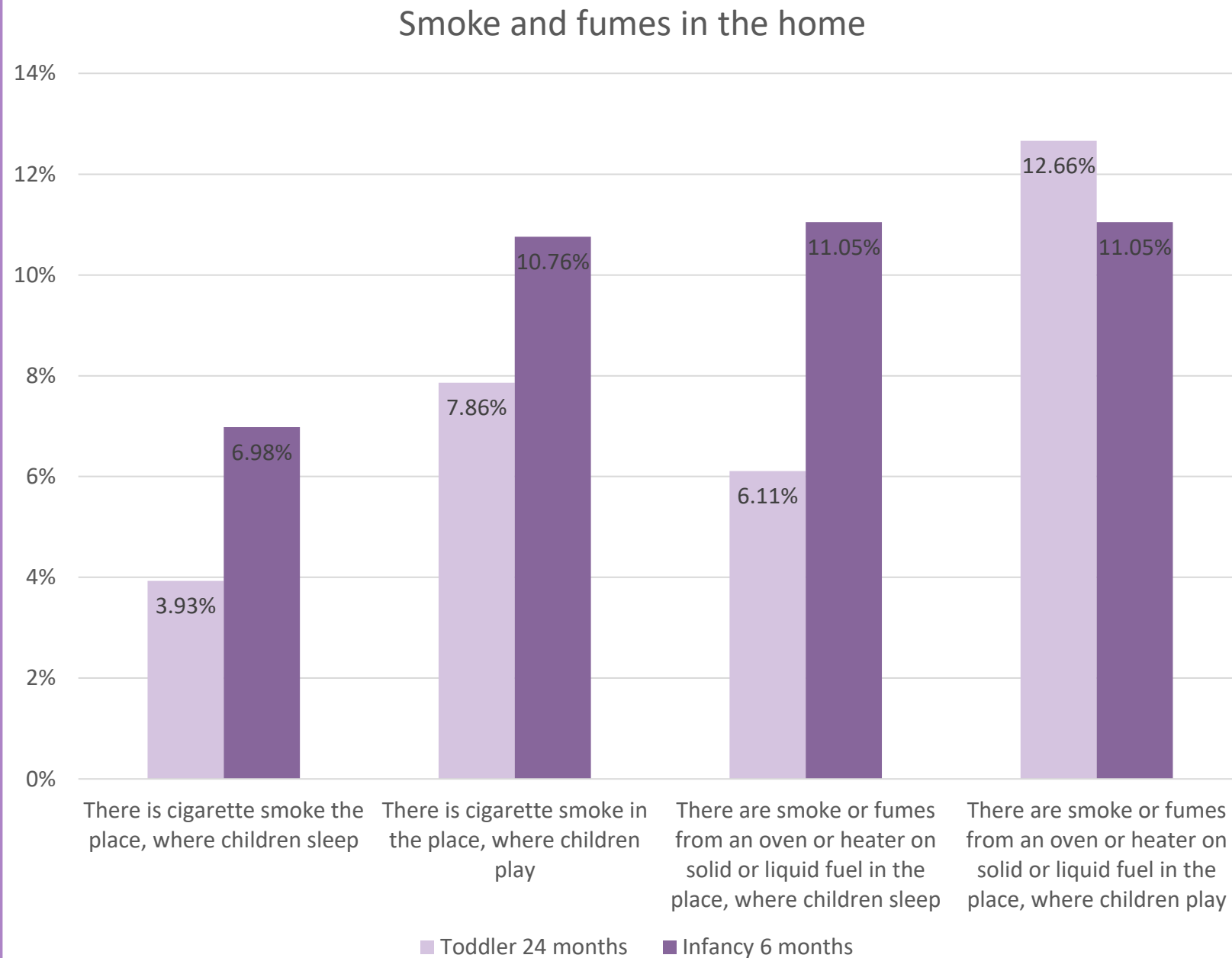


ASQ:SE

There is a 1% decrease of children above the cutoff in Toddler 12 months.

CHILD ENVIRONMENT AND SAFETY

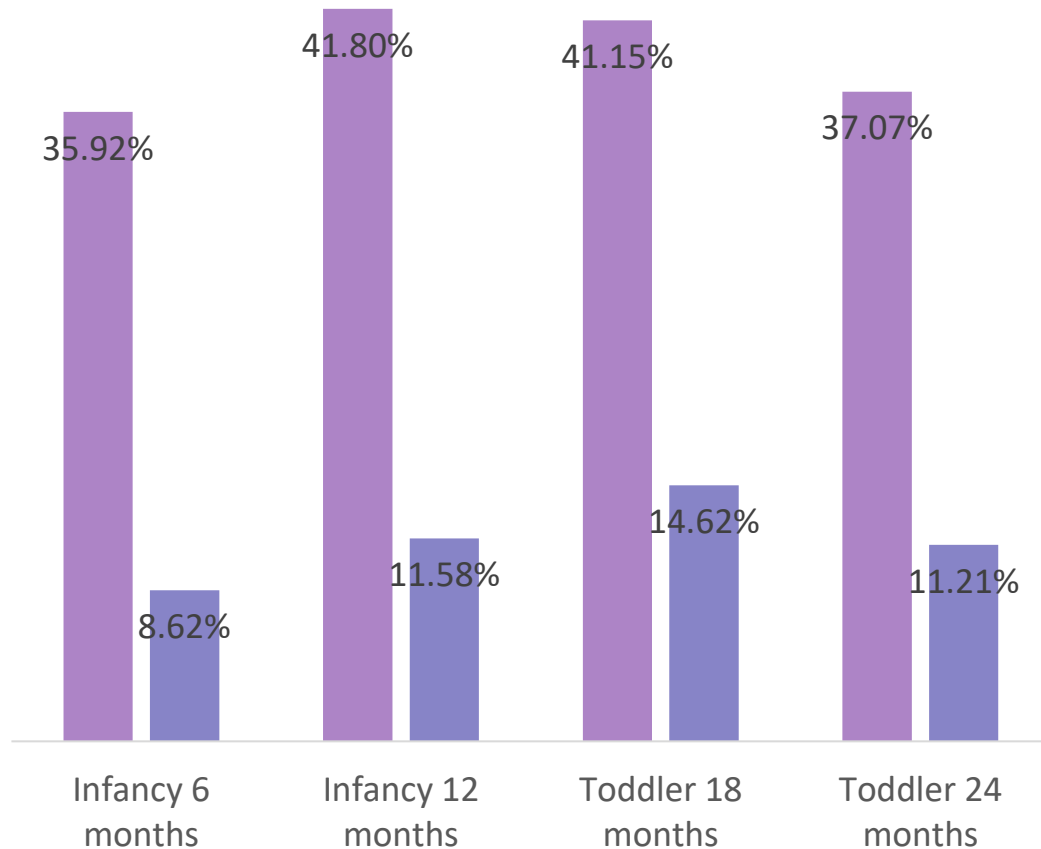
The latest data shows a general decline in cigarette smoke and fuel fumes in children’s environments compared to the previous period. Cigarette smoke in sleeping areas decreased slightly at 6 months (7.4% to 6.98%) but rose at 12 months (4% to 5.21%), while play areas saw slight increases early but significant drops by 24 months. Fuel fumes in sleeping and play areas improved overall, with the sharpest reduction at 24 months (sleeping: 7.8% to 6.11%, play: 9% to 12.66%).



CHILD ENVIRONMENT AND SAFETY

Access to hazards in the home

- Child has access to at least one hazard in the home
- Child has access to more than two hazards in the home



The data shows mixed trends in child safety hazards at home. Access to at least one hazard increased slightly at 6 and 18 months but decreased by 24 months. Access to more than two hazards remained stable in early infancy but increased notably at 18 and 24 months. This indicates some areas of improvement but highlights concerns about increased access to multiple hazards in later stages.

2 signals to child protective services for abuse (by NFP nurse)

6 signals to child protective services for abuse (by other than NFP nurse)

21 (3 of whom in 2023) clients were referred to child protective services (by NFP nurse)

14 (1 of whom in 2024) clients were referred to child protective services (by other than NFP nurse)

