



NORWAY GRANTS:  
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MINISTRY OF HEALTH  
OF THE REPUBLIC OF LITHUANIA

**NORWEGIAN FINANCIAL MECHANISM 2009-2014  
PROGRAMME LT11 “PUBLIC HEALTH INITIATIVES”**

**ANNUAL PROGRAMME REPORT No. 3**

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## ABBREVIATIONS

Bilateral Fund	Fund for Bilateral Relations
CPMA	Central Project Management Agency
FMO	Financial Mechanism Office
Government	Government of the Republic of Lithuania
Grants	European Economic Area Financial Mechanism and Norwegian Financial Mechanism
NFP	National Focal Point
MoH	Ministry of Health of the Republic of Lithuania
Parliament	Parliament of the Republic of Lithuania
PO	Programme Operator
Programme	Norwegian Financial Mechanism 2009-2014 Programme LT11 "Public Health Initiatives"
Programme Agreement	Norwegian Financial Mechanism 2009-2014 Programme Agreement between the Norwegian Ministry of Foreign Affairs and the Ministry of Finance of the Republic of Lithuania for the financing of the Programme "Public Health Initiatives"
Regulation	Regulation on the implementation of the Norwegian Financial Mechanism 2009-2014
WHO	World Health Organization

## 1. EXECUTIVE SUMMARY

During the reporting period 21 project contracts were signed and implementation of these projects started. 3 other projects (which contracts signed in second half of 2014) were under the smooth implementation. Fact that the fund allocated for Programme projects was contracted in amount of 100% should be noted as a **success of the Programme management**.

**Programme focus area remains among the priorities on political agenda** and is very much in line with the Government programme, Public Health Strategy for 2016-2023, adopted by the Government in 2015, as well as with MoH policy priorities placing main focus to health inequalities, public health promotion and disease prevention. Promoting inter-sectoral actions for health and well-being in the frame of implementation of the Health 2020 was also one of main topics of the WHO 65 Regional Committee for Europe, held in Vilnius on 14-17 September 2015.

Programme will **contribute to tackling economic and social disparities** as one of the objectives of the 2009-2014 Norwegian Financial Mechanism by supporting child and youth healthcare initiatives, providing assistance in capacity building for identification and reduction of health inequalities through inter-sectoral approach and promoting exchange of skills and knowledge with Norwegian counterparts. Programme projects will contribute to the cohesion objective with particular attention devoted to problematic areas and regions (as projects include 13 problematic areas / regional centres of Lithuania). The developed national Child health monitoring information system (upon its implementation in 2016) will enable systematic analysis of preventive medical check-up data and health-related factors and provide possibilities for purposeful health policy making on national and municipal levels (pre-defined project 1). The developed unified system for monitoring health inequalities will enable systematic assessment of inequalities in population health on different levels (national, regional, municipality, sub-districts of municipality), this alongside with practical guidelines and strengthened administrative capacities will create prerequisites for improved planning and implementation of inter-sectoral actions for addressing disparities in population health (pre-defined project 2). Modernization of student health offices in schools and pre-schools will improve quality and accessibility of health care services provision in more than one third of Lithuanian schools and pre-school educational institutions. In long-term period, this will result in added value, i.e. creating and fostering healthy environment in schools/pre-schools and respective municipalities, improving physical and mental health of children and youth (Measure 1). The Programme will contribute to the prevention and reduction of life-style related diseases of youth as it will increase the accessibility and quality of youth-friendly health care services by implementing the created Model for such services in 12 municipalities (Measure 2 and Small grant scheme). Upon implementation of the Model, approximately 200 000 young people in urban and rural areas (about 36 % of total Lithuanian youth population) will benefit from improved access and quality of health care services. This will also contribute to the improvement of youth quality of life, reduction of inequalities in youth health, thus improvement of social and economic well-being in Lithuania.

Achievement of Programme outcomes and outputs according to the established indicators is set in project contracts and **no deviation is foreseen** at the moment. Significant **progress in achieving target output indicators** was reached: 1 target indicator was fully achieved, 6 target indicators are in final stage of achievement and it is foreseen even to exceed some of them.

Strengthening **bilateral relations** between Lithuania and Norway is also very important objective of the Programme. During the reporting period the bilateral element was very visible and implemented initiatives laid foundations for bilateral partnerships and further common activities. It should be noted that Norway has valuable experience in Programme fields and willingly shares it. During the reporting period 100 % of the Bilateral Fund expenses allocated for applicants under measure A were absorbed, both official (4) and unofficial (3) partners in Norway were found, common activities were implemented, best practice were shared. Successful implementation of new and continued bilateral cooperation activities and high interest

in developing bilateral relations expressed from both sides should be pointed out as a **positive trend**. Although the Programme has no official donor partner, use of Bilateral Fund is one of the highest among other programmes in Lithuania, funded from EEA and Norway Grants.

One of the **opportunities** and an effective tool for experience exchange proved to be **complementary activities** providing possibility for networking with colleagues implementing similar programmes in other countries and learning from external experience. Complementary Action funding during the reporting period was used to attract high quality input and expertise from Norway, Poland, Scotland and other countries. Participation in international events provided not only with latest public health innovations, knowledge and inspirational experience but also with useful contacts and new insights, which are being used by implementation of the Programme measures and for the future international events to be organized within the Programme.

Various information and **publicity activities** were carried out by the MoH, project promoters and partners during the 2015. These activities have raised public awareness about the Programme, its projects, results and their significance as well as bilateral dimension and increased visibility of the Grants and the Programme not only on local, national, but also on international level. During the reporting period there were 43 organized events which gathered in total over 2000 participants. These events were very useful also in terms of exchanging professional knowledge and experience, discussing relevant issues and possible solutions in relevant fields.

Looking forward the **main challenge** is to stimulate partnerships further and develop bilateral dimension of the Programme. The most immediate **tasks of the upcoming year** are effective mitigation of risks, attentive monitoring of the projects to ensure smooth implementation and timely achievement of Programme outcomes, outputs and objectives.

## 2. PROGRAMME AREA SPECIFIC DEVELOPMENTS

All conditions and data presented in Programme proposal for Programme justification are still relevant and up to date. No actual changes or trends that could negatively affect the context within which the Programme is implemented were observed. At the same time during the reporting period there were positive trends which could have beneficial influence on Programme implementation and sustainability.

The measures of the Programme are in line with the 16<sup>th</sup> Government programme and national health policy priorities, set out in national health strategic documents:

- the Lithuanian Health Programme 2014-2025, adopted by the Parliament in 2014, endorsing the strategic aim of having a healthier population, increasing life expectancy and reducing health inequalities by 2025;
- the Inter-institutional action plan under the horizontal priority "Health for all" within the National Progress Programme 2014–2020, adopted by the Government in 2014, with focus for coordinated measures aimed at improvement and development child and youth friendly, high quality, accessible and effective healthcare, with particular focus on public health and inter-sectoral cooperation;
- the Plan for reduction of health inequalities in Lithuania in 2014-2023, adopted by the Minister of Health in 2014;
- the Public Health Strategy for 2016-2023, adopted by the Government in 2015 (promotion of healthy life-style and improvement of health literacy over the life course, development and implementation of integrated public health care models, use of "Health in all policies" approach to improve public health and reduce health inequalities are among priority objectives).

Guidelines for planning and implementation of adult and children life-style surveys (including questionnaires) prepared within the pre-defined project "Development of the Model for the Strengthening

of the Capacities to Identify and Reduce Health Inequalities”, according to the order of the Minister of Health, will be used as unified methodology for all Lithuanian municipalities starting from 2016 to perform life-style surveys every 4 years.

In 2015 network of health promoting schools was extended with extra 17 new members and consists of 390 educational institutions (covering about 20 percent of all educational institutions in Lithuania). The activities of the network of health promoting schools in Lithuania are highly acknowledged in context of global network of health promoting schools. This shows Programme measures synergy with local needs and motivation.

Establishment of the Suicide prevention bureau in 2015, as a state institution for in-depth analysis of the suicide situation and root causes, as well as for planning and coordination of complex measures by involving different sectors and social partners in suicide prevention and postvention, is very important step forward in field which has beneficial influence on Programme implementation and sustainability.

During the national annual public health conference held in November 2015 the Programme was acknowledged both by the high level national (the Minister of Health) and local (Mayor of Plungė district, Mayor of Rokiškis district) politicians as successfully addressing topical public health issues.

The measures of the Programme have also synergy with priorities of EU structural funds (reduction of inequalities in health care (especially in-patient health care) for disabled, elderly, socially disadvantaged people, risky health behavior groups). This may have in long term complementary effect on planned Programme outcomes.

All these initiatives show that Programme outcomes addressing child and youth health as well as health inequalities remain on the top of national health policy agenda.

### **3. REPORTING ON OUTPUTS**

During 2015 the implementation of 2 pre-defined projects and one project under Measure 2 continued. Furthermore, in 2015 21 project contracts (10 project contracts under the Measure 1 and 11 project contracts (4 of them involves Norwegian partners) under the Small grant scheme) were signed and projects’ implementation started.

MoH is closely following the projects implementation to ensure timely and effective achievement of projects outputs and their synergy with relevant policy developments.

In order to ensure effective project management and mitigation of risks identified in Risk management plan project promoters were obliged to provide *a report on implementation of the project* every 3 months. The report includes the description / evaluation of:

- planned / implemented project activities (also including communication and administrative activities) in the current period, main activities in next period;
- reasons if there have been differences between planned and implemented activities in time line;
- reasons if there have been difficulties implementing the project and how these complications are influencing accomplishing project aims and expected outcomes, risk assessment.

This tool proved to be very beneficial for effective project management and contributing to better governance at the Programme level, as it allows to follow in detail the progress of achievement of project aims and expected outputs, the implementation of the project activities and the deviations from the plan, as well to identify risks and assist project promoters to solve difficulties while implementing the project in early stage. Furthermore, during the reporting period 7 meetings with representatives of project promoters, partners, different divisions of MoH, CPMA, NFP and other relevant institutions were held.

*Programme Steering Committee*, being a high level governing body for assessment and facilitation of the Programme implementation, proved to be useful tool for taking high level governing decisions, including those aiming to ensure better projects complementarity and sustainability as well Programme coherence with national public health policy. During the reporting period 6 meetings of the Programme Steering Committee were held.

All project activities are being implemented according to the timetables provided in the project contracts. The progress towards achievement of the planned Programme outputs is summarized in the table below.

**Progress of the contribution towards Programme expected outputs**

Output	Output indicator	Indicator value			Progress
		Base line	Target	Target reached during 2015	
Child health monitoring information system developed and implemented	Number of municipalities covered by the developed Child health monitoring information system	Base line	Target	Target reached during 2015	The Child health monitoring information system was developed and upon implementation (in 2016) it is foreseen to achieve and even to exceed the target indicator. It is foreseen to equip with computer software and hardware student health offices in 1130 general education schools (94,8% of all general education schools in Lithuania).
		0	50	0	
	Number of prepared templates for annual child health monitoring reports at municipal level	Base line	Target	Target reached during 2015	Draft template for annual child health monitoring reports at municipal level is prepared. Final version of the template will be prepared in 2016.
		0	1	0	
Users' Guides on Child health monitoring information system developed	Number of User's Guides on Child health monitoring information system developed	Base line	Target	Target reached during 2015	Draft User's Guide on Child health monitoring information system is prepared. Final version of the Guide will be prepared in 2016.
		0	1	0	
Student health offices in schools meet set criteria	Number of repaired/equipped student health offices in schools meeting the criteria set in the course of the project	Base line	Target	Target reached during 2015	Regular repairs were carried out, the equipment of student health offices in schools was acquired / appropriate public procurement procedures were implemented in 2015. Totally it is foreseen to repair / equip 334 student health offices in schools in 22 municipalities.
		0	90	0	
Health offices in pre-school education institutions meet set criteria	Number of repaired/equipped health offices in pre-school education institutions meeting the criteria set in the course of the project	Base line	Target	Target reached during 2015	Regular repairs were carried out, the equipment of student health offices in pre-school education institutions was acquired / appropriate public procurement procedures were implemented in 2015. Totally it is foreseen to repair / equip 203 student health offices in pre-schools in 22 municipalities.
		0	60	0	
Youth-friendly health care services provision model developed and implemented in accordance with the needs of municipalities	Number of models developed for the provision of youth-friendly health care services	Base line	Target	Target reached during 2015	The model for provision of youth-friendly health care services was developed in 2015. Further project activities (piloting in Rokiškis district municipality, extension of the algorithms, functionality of the Portal, consultations and trainings for municipalities implementing the Model) are implemented.
		0	1	1	
	Number of municipalities involved in the implementation of the developed model for the provision of youth-friendly health care services	Base line	Target	Target reached during 2015	Implementation of the model for provision of youth-friendly health care services started in 12 municipalities.
		0	10	0	

Methodological recommendations/guidelines and training programmes for identification, evaluation and reduction of health inequalities in place/developed	Number of prepared methodological recommendations/guidelines	Base line	Target	Target reached during 2015	Guidelines for monitoring health inequalities were developed in 2015. Guidelines for reduction of health inequalities will be developed in early 2016.
		0	2	1	
Number of prepared training programmes for identification, evaluation and reducing health inequalities	Number of prepared training programmes for identification, evaluation and reducing health inequalities	Base line	Target	Target reached during 2015	2 training programmes for monitoring, evaluation and reducing health inequalities will be prepared in 2016.
		0	2	0	
Capacity building events/training courses for the strengthening of the capacities to identify and reduce health inequalities organized	Number of organized capacity building events/training courses for the strengthening of the capacities to identify and reduce health inequalities	Base line	Target	Target reached during 2015	Capacity building events/training courses for the strengthening of the capacities to identify and reduce health inequalities at national and local levels will be organized in 2016.
		0	9	0	

Achievement of target output indicators will be reported at the end of the projects implementation and be presented in the project promoters' reports.

The detailed status overview for Programme measures / projects is presented in the summaries below.

### 3.1. Open calls

During the reporting period no open calls were announced, except the one for small grant scheme. Status of implementation of 2 Open calls measures is provided below.

#### Measure 1 "Improvement of the provision of healthcare services in schools and pre-school institutions"

In the reporting period 2 calls for proposals under the Measure 1 were merged, 6 projects from the reserve list were funded by the order of the Minister of Health and totally 10 project contracts with the project promoters were signed in February – June 2015 (Sections 5 and 8 of the Report). After the implementation of these projects 537 health offices will be repaired/equipped: 203 health offices in pre-school education institutions and 334 in general education institutions; thus already more than 3,6 times exceeding the expected output indicators. The project activities were implemented according to the planned timetables: regular repairs of health offices in schools and pre-school education institutions were carried out (regular repairs of 165 health offices were finished in 2015), equipment for the assessment of public health risk factors and environment of an education institution, as well as information and communication technology equipment, methodological aids, modern visual aids for the development of healthy lifestyle skills were acquired or the public procurement procedures for acquisition of the appropriate equipment were implemented. As part of the regular repairs were finished and part of the equipment was acquired the direct beneficiaries (children attending schools and pre-school educational institutions) started to experience the benefit of the measure results in 2015.

Rate of incurred projects expenses since the beginning of their implementation till 31 December, 2015 – 38,78 %.

#### Measure 2 "Development of the model for the provision of youth-friendly health care services"

In the reporting period project was implemented according to the planned timetable. 4 analysis and 1 survey on youth health care needs were performed and the Model for youth-friendly health care services (hereinafter – YFHCS) provision (hereinafter – the Model) was prepared involving wide range of stakeholders: representatives of youth organizations, NGOs dealing with youth health issues, primary health care institutions (both service managers and providers), emergency centres, academy, social, education, police sectors. The main function of the Model is to combine into a single network existing



health care services providers through service delivery algorithms and improve cooperation among them to provide effective and coordinated youth-friendly health services. The Model includes:

- Establishment of **YFHCS Coordinating Centre** in municipality and employment of active, motivated and trained coordinator for low threshold, case management and human rights principles-based health care services.
- Establishment of the **National Youth health internet portal** <http://www.sveikatostinklas.lt> (hereinafter – the Portal) via which youth and specialists can obtain reliable, systematic, easily accessible information in a clear and attractive form.
- Establishment of institutional and functional network for YFHCS based on principle of case management on local level. Complex cross-sectorial and inter-institutional activity network of health care services is described in 4 protocols (formalized **service delivery algorithms in 4 priority areas**: mental health, nutrition, reproductive health, prevention of trauma and unintentional accidents) developed.

The conference "**The model for provision of youth friendly health care services**" organized by the project promoter "Health Economics Centre" in April 2015 aiming to present project and the developed Model was attended by participants, representing national and local public health institutions, NGOs, youth organizations, academia, experts in field, the WHO Country Office in Lithuania, as well as journalists.

After the Model has been developed and validated, **piloting activities in Rokiškis district municipality** were taking place in 2015. Based on the piloting of the Model the methodological guidelines for implementation of the Model and provision of YFHCS were prepared as assistance tool for other municipalities implementing the Model.

After launching the Call for applicants under the Small grant scheme measure consultations on practical aspects of implementation of the Model were provided for municipalities by the project promoter and partners.

On 8-9<sup>th</sup> of October 2015 training on implementation of the Model and administration of the Portal on municipal level was organized which was attended by 43 participants representing 12 municipalities implementing the Model.

One of the strengths of this project is a well composed team which developed the Model (experts, practitioners in public and personal health care (both on national and local levels) playing important role for continuity of post-completion activities of the project. Another strength is a good communication between team which developed the Model and municipalities implementing the Model. According to the statistics of the Portal usage, interest in the Portal was shown not only by municipalities implementing the Model (1460 visiting showings), but also by other 8 municipalities (544 visiting showings). This implies the Portal has strong potential to get high interest on national level.

Rate of incurred project expenses since the beginning of its implementation till 31 December, 2015 – 45,86%.

### **3.2. Pre-defined projects**

#### **Pre-defined project "Development and Implementation of the Child Health Monitoring Information System for Systematic Monitoring of the Children's Health Condition and Purposeful Health Policy Making"**

In the reporting period the project was implemented according to the planned timetable. The Child health monitoring information system was developed; documents (Regulations of Child health monitoring information system, Regulations on data protection of Child health monitoring information system, Regulatory Specification of the Child health monitoring information system, data security documents and etc.) needed for the implementation of national information system were prepared, aligned with the

relevant stakeholders (data providers and etc.) and adopted by the orders of the Minister of Health. Developed information system as well as the capabilities of the information system was presented in the Conference "Children's Health Monitoring Issues" organized by the project promoter Institute of Hygiene in November 2015. The professionals from public health bureaus and the MoH as well as chief doctors of municipalities and other specialists from municipalities related to child health monitoring attended the Conference to discuss the developed model of the Child health monitoring information system. Furthermore, the Guidelines for completion of statistical form "Child health certificate" were prepared and adopted by the order of the Minister of Health in November 2015. As the project will ensure electronic transmission of a form "Child health certificate" to the institutions of general education, the Guidelines prepared will decrease the risk of incorrect completion of this statistical form. Therefore, public health care specialists working in general education institutions will not have to correct or interpret the incorrect data filled; thus the time for more efficient children's health care in the institutions of general education and implementation of doctors' recommendations will be saved. Moreover, during the reporting period, the public procurement (for the implementation of the developed information system) procedures were carried out.

Rate of incurred project expenses since the beginning of its implementation till 31 December, 2015 – 30,77%.

### **Pre-defined project "Development of the Model for the Strengthening of the Capacities to Identify and Reduce Health Inequalities"**

In the reporting period project was implemented according to the planned timetable. 3 analysis and 1 study necessary for preparation of the Guidelines for monitoring health inequalities were performed. The conference "**Monitoring and reduction of health inequalities**" organized in January 2015 for presenting project was gathered wide audience for discussing experience in field of health monitoring and reduction in Lithuania and other countries. The Guidelines for monitoring health inequalities (including Guidelines for planning and implementation of surveys of adult and children life-style) were prepared in close cooperation with municipal public health bureaus (future users of the Guidelines) and other stakeholders (on that purpose 4 meetings and discussions on the Guidelines were held). Pro-active approach taken by involving users and other stakeholders in early stage of development of the Guidelines will ensure high quality and practical utility of this methodological tool. The developed unified system for visualization of health inequalities "SveNAS" will enable assessment of inequalities in population health on different levels (national, regional, municipality, sub-districts of municipality). The developed measures for identification, analysis and reduction of health inequities are on high demand both on national and local levels. Good communication (including publicity measures taken on international level) is also strong element of this project: e.g. 4 e-posters on results of analysis made during the project presented in 8th annual European Public Health Conference (EUPHA) "Health in Europe - from global to local policies, methods and practices" held in October 2015 in Milan, 4 articles published in the European Journal of Public Health, presentation made in the annual European Health Management Association Conference (EHMA) "Evidence-Based Management: Better Decisions, Better Healthcare" held in June 2015 in Breda.

Rate of incurred project expenses since the beginning of its implementation till 31 December, 2015 – 77,81%.

### **3.3 Small grant scheme**

During the reporting period (Q2) call for applicants under the **Small grant scheme measure "Improving the accessibility and quality of youth health care services in municipalities by implementing the model for provision of youth-friendly health care services"** was announced, 11 applications were selected for funding. Implementation of those 11 projects (both in urban and rural municipalities) started in September 2015. 4 of 11 projects have official partners from Norway, many other while having no official Norwegian partner also communicate actively with Norwegian institutions. Summary of the implementation of the projects (*including pilot implementation of the Model in Rokiškis district municipality, performed within the*

Open call project “Development of the model for the provision of youth-friendly health care services”\*) is provided in the table below:

Municipality	Number of YFHSC established / full time staff employed	Number of specialists trained	Number of young people participated in events organized	Number of young people who received YFHCS	Number of organized publicity events/ persons participated	Number of news published in the Portal	Number of the Portal visitors, total / unique	Number of bilateral initiatives/ persons involved
Biržai district	1/1,3	-	147	3	1/27	5	116/69	-
Elektrėnai	1/1,25	-	70	11	1/35	14	104/56	1/9
Jonava district	1/1	-	5	2	1/20	6	79/48	-
Klaipėda city	1/1	110	10543	659	5/193	12	92/52	-
Klaipėda district	1/1	-	-	-	1/163	6	60/39	-
Pasvalys district	1/1	20	30	18	4/110	7	67/39	2/68
Plungė district	1/1	-	-	3	1/35	7	54/30	2/25
Rokiškis district*	1/1	15	300	56	2/75	28	85/55	-
Šakiai district	1/1,25	-	150	20	8/400	12	227/156	-
Ukmergė district	1/1,25	-	266	99	1/73	11	64/39	-
Varenā district	1/1,25	-	175	-	2/98	3	41/26	-
Vilnius city	1/3	-	-	8	-	28	84/46	-
<b>Total</b>	<b>12/15,3</b>	<b>145</b>	<b>11686</b>	<b>879</b>	<b>27/1229</b>	<b>139</b>	<b>1073/655</b>	<b>5/102</b>

Although the implementation of the Model started only in September significant numbers of activities have been performed in municipalities reaching local communities, specialists (health and other sectors) as well as the target group – youth. Also, successful cooperation with the Norwegian partners gave possibility to share ideas, implement common activities and extend on bilateral dimension useful professional contacts.

Rate of incurred small grant scheme measure expenses since the beginning of the projects implementation till 31 December, 2015 – 36.65%.

#### 4. REPORTING ON PROGRAMME OUTCOME

##### 4.1 Expected Programme outcomes

During the reporting period no deviations from contribution of projects to planned Programme outcomes were identified. Contribution to the Programme outcomes is expected to be achieved at the end of the projects implementation and will be presented in the project promoters’ reports. However, some progress in contribution towards Programme outcomes was made in 2015:

##### Progress of the contribution towards Programme expected outcomes

	Outcome	Indicator	Description	Indicator value			Progress
				Base line	Target	Target reached during	
1	National health registers and health information systems, data management and use improved	Number of developed/ improved data collection and registration systems on health issues	The Child health monitoring information system which allows collecting, analysis and comparing data according to various criteria will be developed.	0	1	0	The Child health monitoring information system was developed and upon implementation (in 2016) will significantly improve child health data management and use for policy making and target interventions in field. Information system will enable to monitor children’s health on a regular basis, evaluate the amount and nature of health disorders and identify risk groups and trends of changes; will enable to plan appropriate measures of prevention of health disorders, evaluate their results and impact, ensure targeted and efficient formation of the children and youth’s health policy both at the national and local levels.
2	Improved access to	Percentage of schools/ pre-	Conditions for provision of	Base line	Target	Target reached during	According to the projects contracts it is foreseen to achieve and even to exceed the

	and quality of health services including reproductive and preventive child health care	school education institutions participating in the project, fully equipped according to the list of necessary measures for the provision of school health services	health services in schools and pre-school education institutions participating in the project will be improved.	0 %	>50 %	2015 0	target indicator – more than 50 % of health offices in schools and pre-school education institutions participating in the projects will be fully equipped according to the list of necessary measures.
3	Life-style related diseases prevented or reduced	Number of models for the provision of youth-friendly health care services developed and implemented in accordance with the needs of municipalities	A model for the provision of youth-friendly health care services will be developed; upon implementation of this model, youth health consultation centres will be established in municipalities.	Base line 0	Target 1	Target reached during 2015 0	The Model as a tool for effective and coordinated prevention and reduction of life-style related diseases in youth population is developed and being implemented in 12 municipalities in accordance with local needs (with 12 YFHCS Coordinating Centres already established). Upon implementation of the Model, approximately 200 000 young people in urban and rural areas (about 36 per cents of total Lithuanian youth population) will benefit from improved access and quality of health care services. This in turn, will contribute significantly to prevention and reduction of life-style related diseases in youth population.
4	Reduced inequalities between user groups	Percentage of municipalities having possibility to use new measures for identification, evaluation and reduction of health inequalities developed during the project	Municipalities will have a possibility to use new measures for identification, evaluation and reduction of health inequalities developed during the project.	Base line 0 %	Target 100 %	Target reached during 2015 0 %	Guidelines for monitoring health inequalities (including inequalities in health care services provision / access to health care) were developed in close cooperation with municipal public health bureaus, which are responsible for public health monitoring on municipal level.  Guidelines for reduction of health inequalities (including inequalities in health care services provision / access to health care) are being developed by involving municipalities and municipal public health bureaus.  After the testing of the developed guidelines in pilot municipalities, preparation of training programmes and organization of trainings for strengthening administrative capacities on national and municipal levels (representatives from all 60 municipalities will be invited) (activities to be implemented in 2016), 100% of municipalities will have possibility to use developed measures for identification, evaluation and reduction of health inequalities.

#### 4.2. Main risks related to Programme outcomes

Main risks that may affect the achievement of the expected Programme outcomes remain the same with one new risk (related with ensuring post-completion continuity of the implemented Model on municipal level) identified in the reporting period. Main risks related to Programme outcomes and their mitigation actions are summarized in Annex 2.

#### 4.3. Relevant horizontal concerns

No specific relevant horizontal concerns are addressed by the Programme.

## 5. PROJECT SELECTION

In the end of 2014 Project Selection Committee was held and it proposed to finance 4 applications under the **Measure 1**. The order of the Minister of Health was adopted in Q1, 2015 and project contracts with 4 project promoters were signed in Q1, 2015.

As interest and demand in funding under the Measure 1 was very high (total amount applied for was more than 2,7 times higher than amount available) and applications covered 54 out of 60 municipalities Project Selection Committee and Programme Steering Committee recommended to merge two calls and reallocate to this measure additional funding available. After the modification of Programme agreement (entered into force on January 21, 2015) the order of the Minister of Health was changed and 5 additional applications were financed.

After another modification of Programme agreement (entered into force on March 18, 2015) which was made in order to redistribute the funds between Programme measures, the order of the Minister of Health was changed and 1 additional application was financed.

All 10 project implementation agreements under the Measure 1 were signed in Q1-Q2, 2015.

**Selected projects are very much in line with expected Programme outcome “Improved access to and quality of health services including reproductive and preventive child health care”.** Projects results while improving significantly the quality of public health care services provision in educational institutions, will improve quality of and access to public health care services provided for children and contribute to improvement of children life-style and health as well to reduction of health inequalities between the urban and rural municipalities in Lithuania.

The Guidelines for applicants for **Small grant scheme measure** were approved and the call for proposals was announced in Q2, 2015. The call was open for 2 months. During this period there was one training organized for 33 participants and one open-door day for consultations was organized for 4 participants. 17 project applications were received and assessment of the administrative compliance and eligibility for the financing application as well as assessment of the benefit and quality was fulfilled. 2 project applications were rejected during the assessment of the administrative compliance and eligibility for the financing application, 1 project application was rejected during the assessment of the benefit and quality. In Q3, 2015 Project Selection Committee was held and the order of the Minister of health was adopted. 11 project applications were financed; projects contracts were signed in Q3, 2015. After signing the project contracts, trainings for all project promoters about project implementation were organized on 10<sup>th</sup> of September 2015 (26 participants), additional training courses were held on 24<sup>th</sup> of September 2015 – for project managers and on 28<sup>th</sup> of September 2015 – for project financiers.

**Selected projects are very much in line with expected Programme outcome “Life-style related diseases prevented or reduced”.** Project results will contribute to the improvement of youth health both related with life-style and other root causes of youth ill-health and deaths (due to traumas, accidents, suicide, mental determinants and other) by preventing diseases (including those related with life-style), reduction of morbidity and mortality due to leading causes, as well as to the improvement of youth quality of life, reduction of youth health inequalities, thus improvement of social and economic well-being in Lithuania.

## 6. PROGRESS OF BILATERAL RELATIONS

### 6.1. Bilateral relations

Strengthening bilateral relations between Lithuania and Norway is one of the essential objectives of the Programme. Main activities of Bilateral Fund under the Programme include open calls for potential applicants and project promoters / partners (under measures A and B) for developing bilateral contacts

with Norwegian partners and boosting cooperation related to Programme area, as well as initiatives implemented by MoH.

Call under the Bilateral Fund **measure A** was announced in January 2015 and was open till March 2015. This call for proposals was dedicated to strengthen bilateral cooperation between Lithuania and Norway in searching partners prior and during preparation of project applications under the measure “Improving the accessibility and quality of youth health care services in municipalities by implementing the model for the provision of youth-friendly health care services”. 3 applications for implementation of bilateral contacts establishment activities were received. Bilateral Fund Selection Committee evaluated the eligibility of applications and decided to allocate funding to the implementation of all 3 bilateral activities:

1. In Q2 2015 the representatives of Plungė municipality in the framework of bilateral activity “Study visit to Bjerkreim Kommune” have visited **Bjerkreim, Egersund, Time (Bryne) Kommunes** in Norway. During the visit new contacts were established, innovative ideas, practical advises and best practice experience in the field of provision of youth-friendly health care services was accumulated. What is most important, the Bjerkreim Kommune became the official project “Healthy youth – prerequisite to wellbeing of Plungė district” partner. As project application was granted, common activities started to be implemented (experience exchange visit to Bjerkreim Kommune was already organized in Q4 2015). Following activities are foreseen in 2016.

2. In Q2 2015 the representatives of Alytus city municipality, Alytus polyclinics and Alytus Public health bureau in the framework of bilateral activity “Public health initiatives in Alytus” have visited **Lyngdal Kommune** in Norway. Partnership possibilities during the implementation of the project as well as further bilateral cooperation ideas in the dimensions of social and health care were discussed at the meetings. Visit was very useful in terms of new contacts, relevant experience and valuable insights, that will be applied in Alytus municipality. During the visit Alytus representatives met with representatives of Lyngdal Kommune responsible for coordination of health measures in the regional level and became acquainted with Norwegian healthcare system, best practice experience in the field of provision of youth health care services and actual issues.

3. In Q3 2015 the representatives of Pasvalys municipality administration and Pasvalys primary health care centre visited the **Drangedal Kommune** while implementing activity “Partner search – visit to Drangedal commune, Norway”. The main result of the visit – Drangedal Kommune becomes an unofficial project “Improving the accessibility and quality of youth health care services in Pasvalys district municipality” partner. As project application was granted, common activities started to be implemented (experience exchange visit to Drangedal Kommune was already organized in Q4 2015). Furthermore, during the visit the representatives met with Drangedal politicians and Kommune representatives who are responsible for health care, also visited the institutions providing health care services with particular reference to the organization of services for youth, best practices examples and experience were shared. Moreover, Honorary Consul of Lithuania Dr. Carl Tom Carlsten handed certificate of honor to Drangedal Kommune for cooperation and development of relations with Lithuania and Pasvalys district municipality.

Although the Programme is implemented without donor partners and developing bilateral element and timely finding relevant Norwegian partners willing and able actively engage in project activities is a significant challenge, 4 projects have found official and 3 projects unofficial Norwegian partners (i. e. 29% of all projects have official / unofficial partners) and 100 % of the Bilateral Fund expenses allocated for applicants under measure A were absorbed. During the reporting period in order to develop and strengthen bilateral relations extra points were foreseen for applications submitted with Norwegian partners in the open call announced under the Small grant scheme. Moreover, PO was putting all efforts while promoting use of Bilateral Fund in the events that were organized, sharing contacts and helping to find project partners, consulting project applicants. The significant input on searching bilateral contacts was also made by the Norwegian Institute of Public Health.

Applications under the call of the **measure B** (allocated for networking, exchange, sharing and transfer of experience and best practice) are accepted on continuous basis (the call was announced in June 2014).

In Q1 2015 one application under the measure B was received, approved and a visit to Oslo / Lillehammer was organized in Q2 2015. During the visit representatives of the project „Development of the Model for the Strengthening of the Capacities to Identify and Reduce Health Inequalities“ promoter and partner (the Lithuanian University of Health Sciences, Institute of Hygiene) and MoH participated in the National meeting of Sunne kommuner in Lillehammer and in the discussion in Norwegian Institute of Public Health. Visit proved to be useful and informative in terms of contacts and information, mainly focusing on Norwegian experience in the field of identifying and reducing health inequalities and assessment how this experience can be adapted while implementing the project. During the visit bilateral contacts were established, potential cooperation in implementing forthcoming bilateral activities and possible future cooperation prospects in identifying and reducing health inequalities as well as in other related fields of the Programme were discussed.

**Bilateral indicator** stated in the Programme proposal (2 articles on the experience of Lithuania/Norway in the relevant field published in the other country) contributes to the result of improved knowledge and mutual understanding between Lithuania and Norway. One of the two articles was prepared and published after the aforementioned visit to Oslo / Lillehammer (which took place in Q2 2015). The article “Norway invests in the reduction of health inequalities. What could be its lessons for Lithuania?” was prepared by prof. Mindaugas Stankūnas from the Lithuanian University of Health Sciences (project manager of the pre-defined project “Development of the model for the Strengthening of the Capacities to Identify and Reduce Health Inequalities”). The article was published in the prestigious Lithuanian magazine “Valstybė” (“State”) JUNE 2015, NO. 98 (6) (Annex 3).

Selected bilateral indicator remains valid and reasonable, it demonstrates the accumulated experience during the project implementation, and thus there is no need for its revision.

During the reporting period, project promoters who have the official / unofficial Norwegian partners started to **implement common bilateral activities**:

- **3 experience exchange visits** to Norway (Bjerkreim, Lyngdal, Tromsø Kommunes) were organized by the project promoters (Plungė, Pasvalys and Elektrėnai municipalities). During the visits essential issues of relevant experience in the field of provision of youth health care services, as well as possibilities for future cooperation were discussed.
- Project promoter Vilnius city municipality started to implement **common project activity** with the Norwegian partner (University Hospital of North Norway) while creating unique (without analogues in Lithuania) training programmes based on cognitive-behavioural therapy principles. The Norwegian partner input – related material, consultations provided.

It is obvious that there is a high interest in a Norwegian experience as some of the project promoters and partners who do not have official / unofficial Norwegian partners already had expressed interest in developing bilateral relations (in organizing experience exchange visits to Norway during the next reporting period). The interest was expressed while contacting MoH and asking for the possibility to apply for the Bilateral Fund funding and for help in searching / establishing contacts. Norwegian experience is very actual and relevant also for the project “Development of the model for the provision of youth-friendly health care services” which has analyzed Norwegian experience in the field of provision of youth-friendly health care services. Furthermore, planning of the experience exchange visit to Norway for the next reporting period has already started (expectations were discussed; preliminary programme of the visit prepared).

During the reporting period the bilateral element was visible and implemented activities contributed to closer cooperation in establishing contacts and laying foundations for partnerships and later activities. Following implementation of bilateral activities it was noted that Norwegian counterparts have valuable

practical experience in the fields which are relevant and essential and could contribute to the achievement of the Programme objectives, particularly in the field of child and youth health care as well as health inequalities.

Rate of incurred Bilateral Fund expenses since the beginning of its usage till 31 December, 2015 – 31%.

## 6.2. Complementary action

Complementary Action funding proved to be a very beneficial tool contributing to strengthening of the Programme. It provided a possibility to attract high quality input and expertise as well as to accumulate best practice from other countries, share and enrich knowledge by organizing and participating in international events. All this stipulates the overspill of experience between the similar Programme activities in different countries and contributes to the achievement of Programme objectives.

During the reporting period MoH has used Complementary Action funding for several activities implemented according to Complementary Action plan. First of all, for **networking with other Programme Operators**, i. e. participation of MoH representatives in PO network meetings in Warsaw and Prague (June and December 2015), which could be pointed out as an excellent initiative helping to ensure synergy between public health programmes implemented in different countries, share the implementation progress, results and benefit for public health and health professionals achieved, learn from the experience of counterparts as well as a very good possibility for future bilateral visits for further exchange of information and best practices in the relevant fields. Useful knowledge received and practical skills developed during the training sessions of the PO network meetings (effective communication strategies and publicity measures, assessment of the results achieved, reporting) have contributed to strengthening of administrative capacities both for more effective implementation of the Programme and its projects (relevant training information and key messages received were presented for project promoters and partners during the organized meetings and events). Participation in PO network meetings is also excellent possibility to discuss and in effective way coordinate urgent questions on the Programme implementation with representatives of the FMO, as well issues on development of bilateral cooperation with representatives of the Norwegian Public Health Institute.

During the **meeting organized by the Norwegian Ministry of health and care services** in Oslo in October 2015 insights and possible pre-defined projects under the Grants were discussed with Norwegian, Swedish, Estonian and Polish partners and experts of the Group on Alcohol and Substance Abuse of the Northern Dimension Partnership in Public Health (NDPHS).

Complementary Action funding was used also for exchange of experience and best practice by **participating in international events:**

- **Seminar on social inequalities in health**, organized by the Polish Ministry of Health and the Norwegian Directorate of Health in June 2015 in Warsaw. POs from different countries had a unique opportunity to learn from the effective Norwegian experience in monitoring and reducing social inequalities in health and to share their knowledge and good practices with each other. During the Seminar presentation on Lithuanian approach on health inequalities, health equity measures within the Programme and their relevance with national policies were presented.
- **International Conference "Embedding Health and Wellbeing across learning"**, organized by the Scottish Government, NHS Scotland and Education Scotland in September 2015 in Glasgow. It was unique opportunity to learn Scottish progressive and integrated policies and practices to ensure health and wellbeing through the daily learning experiences of children and young people in Scotland's educational establishments. Visits to educational establishments gave excellent possibility to see health and wellbeing actions taken in place, involving children / youth, parents and communities.
- **International Health Forum Gastein** (September–October 2015, Gastein) and **8th annual European Public Health Conference (EUPHA)** (October 2015, Milan). Participation in these great international events provided not only with latest public health innovations, knowledge and



inspirational experience but also with useful contacts and new insights, which are being used by implementation of the Programme measures and for the future international events to be organized within the Programme.

Rate of incurred Complementary Action Fund expenses since the beginning of its usage till 31 December, 2015 – 39%.

## 7. MONITORING

Monitoring of the Programme and projects was conducted according to the Monitoring plan for 2015 and consisted of the following actions: risk assessment, payment claims reviews and on the spot checks.

During 2015 2 pre-defined projects, one selected project (under Measure 2), 10 selected projects (under Measure 1), 11 selected projects (under the Small grant scheme measure) were being implemented. After signing each contract, risk assessments were made for every project (in Q1-Q3, 2015) and all projects were assessed as “small risk” projects, none of the projects was assessed as “high risk”. Due to this evaluation no other additional measures were required.

According to the implementation process and activities, CPMA had conducted 6 not planned **on the spot checks**. In one of the spot checks, insignificant discrepancy was set, but after additional explanations, according to the internal procedures of the CPMA it was considered as corrected.

**Payment claims reviews.** Payment claims were provided at least once every third month. In Q4, 2015 during the check of payment claims a part of expenditure (EUR 19,438.90) declared in Payment Claim No 4 under Project „Improvement of Healthcare Services in Schools and Pre-School Education Institutions in Marijampolė Municipality“ was temporarily recognized as ineligible, whereas an infringement of public procurement law was suspected when purchasing the video and sound devices and external hard discs. The investigation of the suspected irregularity was finished on 7 January 2016, and it was stated that the provisions of Article 3 of the Republic of Lithuania Law on Public Procurement as well as Item 42.3 of the Rules of the simplified public procurement of the public health bureau of Marijampolė municipality were infringed, whereas the purchased devices did not correspond with technical specification stated in the public procurement documentation. By applying the provisions of the Methodology for the Establishment of Ineligible Expenditure Related to the Irregularity (table 3, irregularity type No 9) approved by Director of the CPMA Order No 2014/8-282 of 17 November 2014, the incurred expenditure of EUR 388.78 (i.e. 2 % of the expenditure related to the irregularity (EUR 19,438.90)) was recognized as ineligible expenditure. This case of the irregularity falls under the provisions of Item 1(c) of Article 11.7 of the Regulation, thus, the regular report on irregularity under this irregularity case will not be submitted to the FMO.

Monitoring plan for the next reporting period is provided in the Annex 1.

## 8. NEED FOR ADJUSTMENTS

During the reporting period MoH used possibility to modify the Programme in line with Article 5.9 of the Regulation and the Article 2.9 of the Programme Agreement. All accomplished modifications were previously assessed and approved by the Programme Steering Committee.

Modification to Programme agreement (entered into force on the January 21, 2015) was made due to reallocation of balance of funds comprised in Measure 2 and pre-defined project 2 to Measure 1 and merge of 2 calls for proposals under the Measure 1. Such reallocation and merge was made due to the fact that demand for Measure 1 was very high. Furthermore taking into account the timing and number of applications received it was estimated to be very likely that most of applications included in the reserve list would be submitting for the second call under the Measure 1. Modifications which were made have positive effect for the successful implementation of the Programme, as it allowed efficient use of Programme expenses, optimized implementation of the Programme in relation to time and human resources management (saved time and human resources needed for administrative procedures as well as tsaved expenses by avoiding repeated evaluation of the same applications), improved and speeded-up

achievement of the Programme input indicators, gave possibility for target beneficiaries (children attending school and pre-school institutions and their parents, public health specialists in school and pre-school institutions) benefit earlier from achieved results under the Measure 1.

Modification to Programme agreement (entered into force on the March 18, 2015) was made due to reallocation of expenses between Programme measures (from Small grant scheme measure and Measure 1) and changes of requirements for implementation of Small grants scheme measure (maximum limit of the grant amount at project level, duration of the project, time limit for launching the open call). Modifications allowed funding of extra one application under the Measure 1 (reparation / equipment of extra 31 student health offices in schools and pre-school institutions in Alytus city municipality, recognized as problematic Lithuanian center), optimize implementation of Small grants scheme measure. Modifications made will have positive effect on Programme outcomes and direct achievement of 3 Programme output indicators.

Modification to Programme agreement (entered into force on the December 21, 2015) was made due to extension of period of eligibility of Programme costs. Decision to extend period of eligibility was made on the basis of individual assessment on project level, arguments provided by project promoters and their firm commitments to successfully conclude projects within the extended period. The extended period of eligibility of Programme costs will have positive effects on Programme outcomes and outputs, achievement of the Programme results. Extension will ensure quality and usefulness of the project results, efficient mitigation of risks (especially relevant for relatively short period for Small grant scheme projects implementation), it also gives possibility for developing bilateral cooperation in extended period.

## 9. RISK MANAGEMENT

Main risks (cohesion, operational, bilateral) identified on the Programme level are listed in the Risk Management plan (Annex 2). Most risks identified in Risk Management plan 2015 remain relevant, although some risks related with last open call (delays due to demanding harmonization of Guidelines for applicants, small number of eligible project applicants), allocating of funding (public and private interest conflict), some project specific risks (small number of eligible contractors for implementation of Child health monitoring information system) didn't occur and being not relevant in the future due to finished activities were removed. Also, risk related with insufficient use of Bilateral Fund due to effective mitigation actions taken by PO was well-managed, so likelihood of the risk was reduced significantly. Some additional mitigation actions (training, guidelines, meetings and etc.) were foreseen in order to mitigate remaining risks. New risk related with ensuring post-completion continuity of the implemented Model on municipal level was identified and relevant mitigation actions were included in the Risk Management plan (Annex 2).

## 10. INFORMATION AND PUBLICITY

The main objectives of the information and publicity activities were to ensure the dissemination of the information about the Norwegian financial mechanism support and to inform project applicants and promoters about funding opportunities.

Various information and publicity activities were carried out by MoH during the 2015. One of the measures was a conference-discussion "**Current issues of the implementation of the model for the provision of youth-friendly health care services in municipalities**" which was organized December 17, 2015 in Vilnius. Representatives of 12 municipalities implementing the Model, project promoter JSC "Health Economics Center" (which was responsible for development of the Model and the Youth health internet portal), as well as representatives of the MoH, NFP, CPMA discussed about the current issues of implementation of the Model in municipalities. Additionally, relevant information on possibilities to use Bilateral Fund (open call under the measure B) and practical information on effective communication strategies was presented. The discussion received wide attention of target audience and gathered together over 60 participants and was highly valued by attendees as being particularly timely and useful. This event was particularly successful in terms of sharing best practice (including bilateral cooperation, publicity activities performed),

discussing about the challenging issues, exchanging of plans and ideas; promoting Programme, projects and results achieved / expected.

During the reporting period information about Programme objectives, funding opportunities, calls for applicants, decisions concerning the award of the assistance for projects, project contracts signed, projects and bilateral activities implemented, past and future events, presentations delivered in the events, possibilities for the use of the Fund for Bilateral Relations in the search for partners, contacts, useful links was constantly published and updated on MoH website *www.sam.lt*, as well as in the main website of Norwegian Financial Mechanism *www.norwaygrants.lt*. In 2015 over 75 articles / current issues were published in the each of aforementioned website in both Lithuanian and English languages. The same amount of posts was published in Facebook account. In 2015 posts in Facebook account dedicated for the Programme totally reached 14 747 persons. Facebook account increased visibility of the Programme in social networks. Also entire "Newsletter (No. 6) on the EEA and Norway Grants for Lithuania" was dedicated for the Programme. Articles about the inspiring partnership of Lithuania and Norway, implementation of all Programme measures / projects were prepared and published, as well as disseminated within Programme Operators community in Lithuania.

Furthermore, the Programme dedicated roll up was prepared and used as a Programme publicity measure, as well as leaflets and other publicity measures with Norway Grant logo were prepared and disseminated by the representatives of MoH in various local, national and international events. Moreover, the presentations about the implementation of the Programme, its projects, achieved / expected results were presented by the representatives of the MoH (International Projects Management Division, the Public Health Department, vice ministers) in various events (both in events, organized within and outside the Programme).

The main objectives of the aforementioned measures / activities implemented by the MoH were to inform the project promoters and potential project applicants about the funding opportunities, raise public awareness about the Programme, projects objectives, results, their significance and benefits, to increase visibility of the Programme not only in the local, national, but also in the international level.

Various information and publicity activities were carried out by the projects promoters and partners during the 2015. One type of the activities were organization of the projects presentation events, youth-friendly health care services coordination centres opening events, as well as special events for target audiences (public health care specialists, youth and etc.). Aforementioned events (43 events organized, totally over 2000 participants attended) were particularly successful not only in terms of presenting achieved / expected project results but also for the increasing visibility of the whole Programme as well as Bilateral cooperation element.

Moreover, project promoters and partners implemented other activities / measures included in their Publicity Plans: prepared billboards dedicated to projects , published articles / posts (with photo material) in the various websites, local / regional / national magazines and newspapers, used Facebook accounts (as well as in the project dedicated accounts) and other social media. Furthermore, articles about implemented bilateral activities were published by the project applicants / promoters in various websites, magazines, newspapers and Facebook accounts as well. Norway Grants logo was used in all publicity measures by the MoH, project promoters and partners. Few project promoters had also created and are using their own project logo.

## **11. CROSS CUTTING ISSUES**

### **11.1. Good governance at the Programme level**

Management of the Programme is based on principles of openness, transparency and accountability. The principles of good governance were followed during the reporting period of Programme implementation. During the reporting period *Internal administration procedures of PO* were updated thus ensuring efficient

procedures for project coordination and inter-departmental communication within MoH on purpose to ensure strong coherence of the Programme and its projects within the public health policy and practice being underway. Following the internal administration procedures after annual risk assessment the *Register of the Programme implementation risks* was filled out and constantly reviewed.

*Internal procedures of the CPMA* (relating to application evaluation procedure, procedure of signing, modification and termination of project contracts, procedure of public procurement supervision, procedure of payment claims inspection and certification of eligible expenditure, procedure of possible irregularity investigation) were updated in the reporting period thus ensuring transparent and efficient procedures for project selection, monitoring and risk management and contributing to better governance at the Programme level.

### **11.2. Cross cutting issues at the project level**

Guidelines for applicants prepared in the reporting period included requirement for applicants to describe how issues of good governance, environmental protection, principles of economic sustainability, social sustainability and gender equality will be addressed while planning and implementing the Projects. Specific obligations related to the observance of principles of good governance, sustainable development and gender equality are set in all the project contracts and have to be followed in all stages of project implementation.

During the formation of project management team and implementation of public procurement procedures project promoters were obliged to observe principles of good governance, do not discriminate individuals and legal persons because of their sex, racial or ethnic origin, religion or belief, age, disability, sexual orientation, and other factors. Furthermore, during and after the implementation of the projects all related beneficiaries regardless of their sex, race or ethnic origin, religion or belief, age, disability, sexual orientation and other factors, will have an equal access to the benefits created by the project activities.

## **12. ATTACHMENTS TO THE ANNUAL REPORT**

Annex 1 Monitoring Plan for 2016

Annex 2 Risk assessment of the Programme

Annex 3 The article “Norway invests in the reduction of health inequalities. What could be its lessons for Lithuania?”, published in Lithuanian magazine “Valstybė” (“State”) JUNE 2015, NO. 98 (6).