

Evaluation of the sector health and childcare under the EEA/Norway Grants



EEA/Norway Grants

Country Report Lithuania

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Responsibility for the contents and presentation of findings and recommendations rest with the evaluation team. The views and opinions expressed in the report do not necessarily correspond with those of the EFTA Financial Mechanism Office.

Country report - Lithuania

1. Introduction

From 2004-2009, 42 health and childcare projects were supported by the EEA/Norway Grants in Lithuania.

This evaluation of the grants provided to health and childcare projects in Lithuania from 2004-2009 builds on information collected through a desk study, an in-depth review of individual projects (LT0052, LT0058, LT0086, LT0042) and interviews with the Focal Point (NFP), the Ministry of Health and project promoters. The evaluation results are presented below following a brief presentation of the Lithuanian health system, the national health strategy and the national set-up for the implementation projects under the EEA/Norway Grants.

The mapping of the 42 Lithuanian health and childcare projects found that 11 of the 42 projects have received grants above the average. There are only three partnership projects, of which one has an above-average grant.

There are almost twice as many projects in the "develop infrastructure" strand as in the "affect lifestyle" and "prevent and treat diseases" strands.

A disease category has only been assigned to a limited number of projects; seven of these concern "cancer", and three concern "other diseases". Two projects in the "cancer" category and one in the "other diseases" category have received funding above average.

None of the projects specifically target the elderly, and only six projects target the population in general, including the elderly.

1.1 The Lithuanian health system in brief

Primary care

Since 1996, where Lithuania began developing its healthcare system, primary healthcare has been considered the key component in the provision of satisfactory healthcare services organised through Family Medical Centres and polyclinics offering diagnostics, preventive treatment and basic surgery. Currently, about 25% of physicians work in the primary care sector under contracts with the State Patient Fund. Salaries are adjusted for capitation per registered patient (which represents 85% of the primary care payments in 2008), fees for preventive services (9%) and a bonus for the achievement of performance indicators (6%).

Basic healthcare and preventative care services towards children and adolescents in Lithuania are provided by GPs at Family Medical Centres and paediatricians at children's polyclinics in the cities. In the primary healthcare, one paediatrician is in charge of 600-800 children. In general, the existing network is well functioning.

In order to strengthen health of children and the young, much attention is given to healthcare in schools, the objective being to help school children maintain a healthy lifestyle. In this regard, activities for children health promotion are being developed for use at schools.

Public health care specialists who have completed a special health education programme targeted to schools work with teachers, parents, psychologists and social experts to support children and the young to build awareness of the importance of a healthy lifestyle and of taking part in society. Responsibility for school health services rest withof the Public Health Offices.

The Public Health Offices are the new public health institutions in Lithuania. Established by local authorities, their main functions include co-ordinating the implementation of municipal public health programmes, monitoring trends in the health of the municipal population, supporting and coordinating public health education and encouraging community involvement in solving public health problems. Improving the quality and accessibility of public healthcare services to citizens is the main challenge of these institutions.

Secondary care

Lithuania's secondary care network comprises about 170 hospitals, including 30 specialized facilities.

The Vilnius University Hospital Santariskiu Klinikos is one of Lithuania's major teaching hospitals responsible for training Lithuanian doctors to high standards. The diagnostics, medical treatment and tertiary medical care are provided by the hospital, which is one of the leading healthcare providers for advanced medical treatment in the country. Cardiac surgery, transplant procedures and hematology treatments are carried out at the Klinikos Hospital. The Klinikos is also able to provide primary healthcare services and has a network of over 2,000 medical professionals working within the facility. There are also university hospitals in Kaunas and Klaipeda cities.

Hospitals are paid by the State Patients Fund on a "per case" basis. In addition, they receive payment for specific services or procedures provided.

Mental care

As many other countries in Eastern Europe, Lithuania has a system of mental healthcare that relies on the hospitalization of mentally ill patients in large institutions. Lithuania has three segregated long-term institutions for intellectually disabled children, housing a total of more than 600 residents. An analysis of existing data on resources invested in the mental healthcare system raises questions about the effectiveness of this traditional route of investment (Puras et al., 2004).

Community-based mental health services for children have not yet been developed in Lithuania. Consequently, only a limited number of services are provided at community level. There are, however, pedagogical and psychological centres under the Ministry of Education, which serve children suffering from pre-clinical mental health problems. Most preventive mental health programmes for the young population are run by non-governmental organisations (NGOs), but there is no system of state funding to underpin preventive mental health services for children. Sustainability and reimbursement mechanisms for NGO ventures have yet to be defined and there is lack of agreement between the health, social welfare and educational sectors on how the costs of these services should be covered. Intersectoral collaboration is encouraged by the state programmes, but no single institution has taken on the responsibility for mental healthcare development for young people in Lithuania (Zaborskis et al., 2008).

Data indicate that young people in Lithuania have a particular risk of developing mental health problems. This challenge requires a new understanding of problems facing young people and

innovative approaches towards mental health care and promotion for this group. Particular attention will be given to children's mental health during the implementation of the project "Mental Health of Children and Teens after the EU Enlargement: Development of Effective Policy and Practices", which is funded by the EU structural funds.

Financing

After a decade of strong growth and remarkable economic and social progress, Lithuania is now facing the worst economic crisis since independence.

Over the past 10 years, the health system has moved away from an integrated system towards a contractual system where universal insurance is provided to the population by the State Patient Fund (SPF), which pools more than 80% of the total health expenditure and purchases services from providers. The Ministry of Health still runs several health facilities, but its primary function is to be a supervisory body.

In 2007, Lithuania spent about 6.3% of its GDP on health (about EUR 1.8 billion). Total health expenditure, as a percentage of the GDP and in absolute terms, remains comparable to countries in the region (Poland, Latvia and Estonia) in the same income range (National health accounts, 2007).

The Lithuanian social security system offers healthcare services including maternity care, sickness benefits, cover for accidents at work and occupational health diseases as well as retirement, unemployment and family benefits. In Lithuania, an employer must contribute 30.7% and the employee 3.0% of gross earnings to the social security system. Contributions are collected through the social insurance scheme. Children are insured by the State.

Ongoing and projected reforms

Since Lithuania's independence in 1991 national policies for the healthcare system have been under development. First, the healthcare reform was oriented towards changing organisational and managerial structures and towards substituting financing resources and the financing mechanisms of the healthcare system nationwide.

In the first stages (1993-2003) of the healthcare reform, the status and property rights of healthcare institutions were changed, the healthcare system act was formulated, and the statutory health insurance scheme was implemented, which became the cornerstone of the healthcare system financing mechanism.

The second stage (2004-2006) of the healthcare system reform focused on Lithuania's entry into the EU. The financial basis of the healthcare system was developed and voluntary health insurance was introduced.

The situation of the healthcare system during the third stage of the reform (since 2007) has been changing. The increasing unemployment rate and decreasing income from statutory health insurance affect the healthcare system and the further implementation of the reform.

The future potential development of the healthcare system and possible weaknesses of and threats to the development process were defined in the State's Long Term Development Strategy (Implementation Strategy, 2006) and in the World Bank report (Lithuania. Social Sector's Public Expenditure Review, 2009). Although significant progress has been made since the independence, a

number of problems in primary care and at hospitals were identified in the above-mentioned documents.

The assessment of primary healthcare in Lithuania found that efforts to strengthen primary care need to be accelerated. A key criterion of the strategy to reduce the use of hospital services requires primary care providers to provide more services than today. Different reasons were invoked, such as lack of incentive to treat patients, equipment, capacity and/or authority to provide more comprehensive services.

Lithuania's hospital infrastructure remains oversized and needs to be better adapted to the needs of the population. The number of hospital beds and hospitals relative to the size of the population and the inpatient admission rate are among the highest in the EU (number of hospitals and hospital beds for a 100,000 population is 1.5 times higher than the average of European countries). Moreover, the number of births per year in each obstetric bed is too low to ensure adequate patient safety. Downsizing hospital infrastructure and adapting it to the needs of the population would bring about savings and contribute to improving patient safety. .

Recent studies on patient' satisfaction with healthcare services show that Lithuanians are dissatisfied with the health system, particularly with its high level of corruption (Bankauskaite, 2003; Eurostat, 2007). In 2003, more than one in four adults declared that they were dissatisfied with the health system. Data from the 2007 survey suggest that Lithuanians are in fact less satisfied with their health system than other European citizens. Although people are generally reluctant to provide such information, 8% of interviewees declared they had made an unofficial payment in the health sector (compared to 3% in Latvia and less than 1% in Estonia). Health facilities were the four most frequently cited public institutions where residents state they had paid a bribe (Bankauskaite et al., 2003; Eurostat, 2007). Overall, this information suggests that the rapid increase in public health expenditure over the past few years, driven by increases in health workers salaries, has not translated into improvements of the health system's responsiveness to patient needs and health outcomes.

A second set of concerns broadly relates to health outcomes. The national health statistics show that Lithuania lags behind comparable countries in terms of health outcomes, which have not improved in recent times. Life expectancy, which used to be above that of other Baltic countries, is now the lowest in the region with a continuous downward trend. According to data from the WHO, the incidence of tuberculosis is 70% higher than the average in the new EU countries. Compared with the same group of countries, maternal and child mortality are slightly lower; mortality by cancer is about average, but mortality from diseases of the circulatory system, and in particular ischemic heart diseases, is the worst among the countries in the region. Mortality by external causes is also staggeringly high, and the suicide rate is the highest in Europe and Central Asia. Alcohol-related mortality is more than twice that of the average of new EU members, and mortality induced by smoking is the highest among the countries compared. Many of these premature deaths could be avoided through public health interventions, prevention, and early detection and treatment in primary care settings, which are still relatively underdeveloped.

Today, prevention of children's diseases is one of the most important tasks. Although some positive trends are observed from the general indicators of child healthcare, however, the birth rate in

Lithuania is comparatively low, and the abortion rate among adolescents is rather high. Children and pregnant women morbidity also remains a problem. The total number of disabled children is increasing (in 2000 it transcended 13 thousands). Most attention should focus on the prevention of psychotropic substances (tobacco, alcohol and drugs) among adolescents. The WHO cross-national study on Health Behaviour in School-aged Children (HBSC) revealed that the rate of use of these substances among 11-15-year-old children in Lithuania increased more than three times from 1994 to 2006 (Currie et al., 2008). These data remain a challenge not only to the Ministry of Health but also to society at large. Data suggest that Lithuania should and could expect better health outcomes from its current investment in child and maternity health. This issue is consequently a focus area in the political debate.

1.2. National health strategy

In implementing the European health policy "Health for All in the 21st Century' and the strategy for the health policy described in the National Health Concept, the main challenges of the Lithuanian Health Programme are (Lithuanian Health Programme, 1998):

- Reduction in mortality rates and increase in average life expectancy
- Equality in health and healthcare
- Improvement of life quality.

These challenges can be met by the main strategic approach that involves the combined efforts of society, the Government and healthcare services. National and regional health programmes should include realistic and specific measures for reaching the following objectives (Implementation Strategy, 2006):

- Improvement of the accessibility and quality of healthcare services
- Fundamental change in the attitude of the health workforce towards healthcare: instead of disease diagnostics and treatment, redirecting attention to disease prevention and the promotion of a healthy lifestyle
- Reallocation of the share of inpatient and outpatient care services, given that a significant part of inpatient care will be replaced by outpatient care development
- No less than 75% of healthcare needs to be met at primary healthcare level, which would be dominated by GPs and independent contractors;
- Concentration of highly specialized healthcare at university hospitals
- Reorganisation of the healthcare institutions network and its structure to ensure more effective funding of the healthcare sector; inefficient healthcare technologies will also be withdrawn
- Improvement of work conditions and salaries of the health workforce due to the improvement of the general economic situation and development of the EU integration processes, funding of the healthcare system and progress in the use of advanced medical technologies.

The Strategy acts as a platform from which additional evaluations of the implementation of the key documents of the healthcare system can be made. The State budget funds the Strategy's implementation measures by directly funding competent institutions and providing financial funds to them through relevant health programmes.

1.3. National set-up for the implementation of EEA/Norway Grants

By entering the European Union, Lithuania also joined the European Economic Area (EEA). The Agreement establishing the multilateral EEA Financial Mechanism (funds of Norway, Iceland and Liechtenstein), and the bilateral Norwegian Financial Mechanism came into force on 1 May 2004. In order to receive the assistance from both Financial Mechanisms, on 14 April 2005 Lithuania signed the Memorandum of Understanding on the Implementation of the Norwegian Financial Mechanism 2004-2009, and on 22 April 2005 the Memorandum of Understanding on the EEA Financial mechanism 2004-2009. The Memorandums established the institutional framework for the implementation of the Financial Mechanisms in Lithuania and indicated Lithuanian priority areas for assistance.

The selection of projects

Two open calls for individual projects were organised (in 2006 and 2008). Health and Childcare were among the priority sectors in both calls. The Monitoring Committee approved specific focus areas under the priority sectors. The Central Project Management Agency (CPMA) was responsible for organising and undertaking the assessment of applications. This assessment included the following stages (1 and 2 were joined in the second open call): 1) Administrative compliance (performed by CPMA), 2) Eligibility (performed by CPMA), and 3) Value-for-money assessment, with max 100 points in the first call and max 80 points in the second call, according to a detailed assessment checklist.

The value-for-money assessment was made by an Assessment Committee consisting of CPMAs, external experts, observers from NFP, and social and economic partners. Each application was assessed by two experts (one from CPMA, one external expert). If assessment results differed by more than 10 points or if one expert recommended financing the project while the other did not, a third expert was included. The average would then be calculated based on the two closest results. The Assessment Committee made the final decision on which projects to recommend for financing.

Applications that reached the value-for-money assessment were also assessed by the relevant line Ministry regarding the relevance of the project.

After examining the assessment results, the Monitoring Committee made a final decision on the list of applications to be submitted to the FMO. After the final corrections (some applications needed budget corrections due to technical mistakes or assessment experts' recommendations to reduce or cancel some expenses), the Focal Point submitted the application to the FMO.

Monitoring of projects

Project monitoring is performed by checking project's procurements (risky projects had to receive CPMA's approval for procurement documents before carrying out the procurement), evaluating the need for project amendments, verifying payment claims (every one to three months: project promoters could choose the frequency of payment claims most suitable), projects' interim and completion reports, organising unplanned and planned on-spot checks, consultation meetings with project promoters and other stakeholders (also involving the NFP in more problematic cases).

Evaluation of projects

Project completion reports and supporting documentation are checked to ensure that all planned results are achieved and post-completion obligations followed. In each of the projects at least one

on-spot check was organised (usually in the end of the project) in order to make sure that the project results were achieved and that work was carried out and goods delivered according to the technical specification requirements set in the public procurement contracts. The external evaluation of the impact of the projects with regard to contribution to the overall objective of the FMO and the separate priority sectors will be procured by the NFP in autumn of 2011.

2. Relevance

The overall objective of the EEA/Norway Grants is twofold; i.e. to contribute to the reduction of economic and social disparities in the EEA and to strengthen bilateral relations between the donor and beneficiary countries. In health and childcare, the focus areas of the EEA/Norway Grants to Lithuania in the programming period 2004-2009 were:

- Improvement of prevention efforts, early diagnostics and adequate treatment of cancer diseases
- Improvement of the access to and quality of paediatric care (early diagnosis and treatment) and assurance of health services quality control
- Prevention and treatment of communicable diseases and improvement of the epidemiological surveillance system
- Improvement of the juvenile justice system through improvement of living and educational conditions of juveniles in penitentiary institutions as well as through training of relevant staff
- Resocialisation of juveniles released from imprisonment
- Renovation of foster care homes for children and training of relevant staff
- Informal education for children and the young through after-school and summer activities.¹

Table 1 below provides an overview of how stakeholders have assessed relevance to the health and childcare priorities. All stakeholders state that social cohesion has been addressed in all projects. This is not surprising since Lithuania suffers from a high degree of inequality in health and social matters, and there is a huge need for funding in all health and childcare areas, so anything is adding value.

The project promoters working with donor country partners found bilateral relationships (to Norway) important. While the exchange of knowledge and staff was highly appreciated, it did not lead to any new cooperation, since the project promoters and the donor country partners knew each other beforehand. The focus of the cooperation was on the scientific parts of the projects such as e.g. improving the quality of the Lithuanian projects. The NFP underlined the need to strengthen partnerships and to focus more on establishing long-lasting relationships.

All stakeholders agree that the Lithuanian projects fall under the focus areas of the EEA/Norway Grants sector health and childcare strands as well as national and EU health strategies.

¹ MoU on the implementation of the EEA financial mechanism, 2004-2009: MoU on the implementation of the EEA financial mechanism, 2004-2009

Table A8-1 Relevance of EEA/Norway Grants support to Lithuania

	Focal point and intermediate bodies	Project promoters	EFTA (Norwegian) stakeholders
EEA/Norway Grants - social cohesion	There is an widespread need for funding in any health area, so most activities will add value.	<p>The projects all contribute to enhancing social cohesion by increasing health and/or improving living conditions for children.</p> <p>Impacts related to social cohesion were highlighted as:</p> <ul style="list-style-type: none"> • Equal ways of treating cancer • Skills/equipment meeting EU standards • Competitive advantages • Childcare 	The donor country partners find that the projects address social cohesion.
EEA/Norway Grants - bilateral relations	<p>The NFP expressed a wish for more focus on pursuing partnerships, especially when objectives are not only related to infrastructure.</p> <p>To this end, the NFP also noted that it takes time to establish lasting relationships.</p>	Two of the four projects have donor country partners. These projects both found that bilateral relations were strengthened, e.g. through the exchange of staff and by conferences. The bilateral relationship (to Norway) is important. Priority should be given to projects that involve exchange of knowledge and staff should be prioritised.	According to the LT0042 partner, the focus on bilateral cooperation was limited. In both projects the partners and project promoters knew each other beforehand. The focus of cooperation was rather on the scientific part of the projects as e.g. increasing the quality of the Lithuanian projects.
EEA/Norway Grants - focus areas in the sector health and childcare	The NFP ensured that the objectives addressed the priorities in the health and childcare sector, by looking at the priorities of the donors and the Lithuanian focus area. This was done in dialogue with the relevant Ministry.	All projects are related to the focus areas within the health and childcare sector. Three of the projects address children's health and living conditions and one addresses cancer.	According to the donor country partners, the projects' focus areas are in line with the sector health and childcare .
National/EU health strategies	The Lithuanian public health initiatives focus on childcare. This will also be a focus area in the new Health Strategy 2011-2015.	The projects are in line with both national and EU strategies except from one project.	The projects are in line with EU strategies for increasing children's health and reducing the occurrence of diseases

	Focal point and intermediate bodies	Project promoters	EFTA (Norwegian) stakeholders
			such as cancer.

Sources: In-depth project reviews and interviews.

- (1) The Soviet Juvenile approach is an approach facilitating the reintegration of juvenile offenders into society. It includes social supervision and social education.

2.1. Objectives of the EEA/Norway Grants

All projects meet the objective of enhancing social cohesion. The four projects selected for in-depth review were all successful in addressing the objective of social cohesion, i.e. contributing to the reduction of economic and social disparities in the European Economic Area (EEA). Generally, Lithuania still lags behind the standards of Western European countries in the area of health and childcare. In LT0052, this was even pointed out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) before the renovation. In enhancing social conditions and health for vulnerable groups and patients, the funding contributes to decreasing economic and social disparities.

Two of the selected projects, LT0042 and LT0058, had formal Norwegian partners, with whom knowledge and experiences were exchanged. According to the Norwegian partner in LT0042, knowledge transfer only went from Norway to Lithuania. Both bilateral relationships were established before funding was granted.

The partnerships should be evaluated in each particular project by assessing whether the project adds value to both countries. In general, by giving priority to projects in which project promoters find a Norwegian partner, the point system may come to support activities that would have been implemented in any case or activities that are not core activities of the project.

All projects were successful in meeting the objective set out in the Memorandum of Understanding of the two financial mechanisms.

Table A8-2 How successful was the project in addressing the objectives of the EEA/Norway Grants?

Project	Prevent or treat diseases	Develop infrastructure	Prevent or treat diseases	Develop infrastructure
Was the project successful in addressing the objective of social cohesion?	Yes. The project was successful in addressing this objective. Lithuania still lags behind the standards in Western Europe in terms of enhancing quality and accessibility to cardiology.	Yes. The project was successful in addressing this objective. Juvenile interrogation in Lithuania still lags behind the standards in the Western Europe.	Yes. The project aims to improve early diagnosis of cancer. Yet, it is still too early to assess if cancer mortality has been reduced due to the methods used, leading to reduced inequality in health.	Yes. The foster home aims at securing deprived children basic needs and skills, by improving prospects of a healthy and independent adulthood.
Was the project successful in addressing the objective of	Yes. The project made it possible for three professors from Riks-	The project had no partner.	Yes. The project involved 18 staff rotations, Norwegians	The project had no partner.

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Project	Prevent or treat diseases	Develop infrastructure	Prevent or treat diseases	Develop infrastructure
strengthened bilateral relations?	<p>hospital in Oslo to lectures on children's heart surgery in Vilnius.</p> <p>The connection to the Norwegian partner was established long before the EEA/Norway Grants.</p>		<p>participated in four conferences, and two consultancy contracts were signed.</p>	
Was the project successful in addressing the focus areas in the sector health and childcare?	<p>Yes, the project contributed to the health and childcare objective: to improve the access and quality of paediatric care.</p>	<p>Yes, the project meets the health and childcare objective: improving the juvenile justice system through improving living and educational conditions of juveniles in penitentiary institutions.</p>	<p>Yes. The project meets cancer priorities: Improvement of prevention measures, early diagnostics, and adequate treatment of cancer diseases. Still, project formulation was completed before project promoters heard of EEA/Norway Grants.</p>	<p>Yes, the project meets the health and childcare objective: Renovation of foster care homes for children and training of relevant staff.</p>
Evaluator assessment*	<p>4: The project contributes to achieving both of the overall objectives of the EEA/Norway Grants (social cohesion and strengthened bilateral relations) and the focus areas in the sector health and childcare.</p>	<p>3: The project contributes to achieving social cohesion and specific focus areas in the sector health and childcare.</p>	<p>4: The project contributes to achieving both of the overall objectives of the EEA/Norway Grants (social cohesion and strengthened bilateral relations) and the focus areas in the sector health and childcare.</p>	<p>3: The project contributes to achieving social cohesion, and the specific focus areas in the sector health and childcare.</p>

Source: In-depth project review.

*Explanation of the score: The score 4 is given if the project contributes to achieving both of the overall objectives of the EEA/Norway Grants (social cohesion and strengthened bilateral relations) and the focus areas in the sector health and childcare. The score 3 is given if the project contributes to achieving two of the objectives (social cohesion, strengthened bilateral relations or specific focus areas in the sector health and childcare). The score 2 is given if the project contributes to achieving one of the objectives (social cohesion, strengthened bilateral relations or specific focus areas in the sector health and childcare). The score 1 is given if the project does not contribute to any of these objectives.

2.2. National and EU health strategies

Two projects were particularly successful in addressing the objectives of national health strategies, whereas the two other projects address other policy areas, i.e. the legal and the social affairs areas.

Three projects were in line with the EU health strategy, and one project (LT0052) concerning juvenile interrogation is outside the scope of the EU health strategy.

Table A8-3 How successful was the project in addressing the objectives of national and EU health strategies?

Project	Prevent or treat diseases	Develop infrastructure	Prevent or treat diseases	Develop infrastructure
Was the project successful in addressing the objectives of national health strategies?	Yes. The overall aim of the project was to reduce mortality, which is a main objective in the Lithuanian Health Programme, although not a main strategic approach.	To some extent. Caring for juveniles is under the auspices of the Ministry of Justice in Lithuania, where the project promoter is also situated. As such, it is not linked to the national health strategy and the Ministry of Health.	Yes. Pursuing early diagnostics is in line with the Lithuanian national cancer programme.	To some extent. The project did not directly address the National Health Strategy, but rather the social affairs area. For instance, the Ministry of Social Affairs will pay the remaining funding of the project.
Was the project successful in addressing the objectives of EU health strategies?	Yes. The project addressed the objective of lowering the child mortality rate, which is an EU goal. Moreover, the EU Public Health Programme (PHP) places emphasis on improving the health condition of children.	No, i.e. the Soviet juvenile approach and the purely infrastructural nature of the project.	Yes. Cancer and early diagnostics are EU priorities (Europe against cancer). The topic is also very relevant in Norway.	Yes. The beneficiary did not specifically address the EU health strategies, but still the project aimed to level out inequality in health, which is an objective of the PHP. In addition, the 2008 European Pact for Mental Health and Well-being calls for action in five priority areas, including Mental Health in Youth and Education.
Evaluator assessment*	4: The project contributed significantly to the achievement of the objectives of the national health and childcare priorities - it would not have been implemented without the EEA/Norway Grant support.	2: On the one hand, the project contributed to meeting childcare priorities under the Ministry of Justice, but on the other hand, the project does not appear to have been linked to national or EU health strategies. The project would not have been implemented without the EEA/Norway Grants.	4: The project contributed significantly to the achievement of the objectives of the national health and childcare priorities - it would not have been implemented without the EEA/Norway Grant support.	3: The project contributed indirectly to achieving the objectives of national or EU health strategies. It would not have been implemented without the EEA/Norway Grant Support.

Source: In-depth project review.

*Explanation of the score: The score 4 is given if the project contributes directly to achieving objectives of national or EU health strategies. The score 3 is given if the project contributes indirectly to achieving the objectives of national or EU

health strategies. The score 2 is given if the project contributes to achieving objectives of other national or EU strategies. The score 1 is given if the project does not contribute to any of these objectives.

3. Impact/effectiveness

The overall evaluation of the impact and effectiveness of the projects in Lithuania is based on the input presented in the table below. Overall, all projects have been successful in achieving the planned deliverables. The four selected projects are all infrastructural investment projects. Monitoring of the projects has therefore primarily focused on the construction and purchase of hardware, but training of staff and transfer of expertise from Norway to Lithuania were also important deliverables.

The projects have to a high degree obtained impacts on institutional capacity. While it is still too early to assess the impact on target groups, preliminary reports are positive. There was one unplanned, highly positive effect following from the economic crisis. Construction prices went down, and the projects were allowed to spend the additional budget on additional infrastructure.

All dissemination activities of the projects, but one, took place at national and local levels, and visibility has been good. One project only included limited dissemination activities and efforts to secure visibility. The NFP has only limited focus on dissemination and visibility.

The NFP and project promoters alike mention the Lithuanian procurement rules, which appear to be difficult to follow.

Table A8-4 Impact/effectiveness of EEA/Norway Grants support to Lithuania

	NFP and intermediate bodies	Project promoters	EFTA (Norwegian) stakeholders
Project deliverables	The NFP states that all projects were successful in achieving project deliverables (except for one project, which was delayed). Monitoring has focused on hardware purchased. Soft activities are also monitored as far as it was relevant taking into account the nature of these activities (lectures, training etc.). There have been problems with public procurement.	These projects received primarily funding for buildings, equipment and the capacity of infrastructure. Most of the deliverables were completed, however, one building needs additional funding to be completely finished. All deliverables are in use.	The funding mainly covered investment costs so the main deliverable was new equipment. The deliverables from the donor partners to Lithuania was teaching, education and knowledge transfer (expertise).
Dissemination and visibility of EEA/Norway Grants	The NFP submits reports to the FMO annually (the Annual reports). The Ministry of Health only participated in dissemination and visibility activities on invitation.	Dissemination has mainly been national, addressing users, participants at conferences and visitors. One project claims that funds for dissemination activities were inadequate, which is why dissemination activities were	Norwegian partners explain that the EEA/Norway Grant is visible on posters, conferences, press conferences, visits from the Norwegian Minister of Foreign Affairs etc.

	NFP and intermediate bodies	Project promoters	EFTA (Norwegian) stakeholders
		limited.	
Impacts	Unplanned positive impact followed from the economic crisis; construction prices went down, and the FMO approved additional construction activities within the budget.	Project promoters state that it is too early to measure the impact. The planned impacts can only be assessed on the long term, but trends are positive.	One partner states that capacity building in the institution concerned did not improve. However, this was not foreseen since the partner found that his role was to teach, not to learn, and that the impact should primarily be to the benefit of Lithuania.

Sources: In-depth project reviews and interviews.

3.1. Project deliverables

Three of the projects have completed deliverables, which are reported to be in use. LT0086 has provided the expected deliverables, but it will not be inaugurated until 1 September 2011 when the new school year started. It should be mentioned that monitoring the use of infrastructure is quite simple, while monitoring health impacts is more difficult. This is why projects LT0042 and LT0058 are only able to present limited results at this stage. Still, there are positive indications of good results.

Table A8-5 Have the project activities resulted in the planned project deliverables and have they been used?

Project	Prevent or treat diseases	Develop infrastructure	Prevent or treat diseases	Develop infrastructure
What was the purpose of the project?	The major purpose of the project was to provide new equipment for paediatric cardiology, cardio surgery and anaesthesiology. At an overall level, the aim of the project was to reduce child mortality.	The major purpose of the project was to improve living conditions at the Correction Facility, in order to facilitate the reintegration of juvenile offenders into society. Moreover, the project involved management and publicity activities.	The major purpose of the project was to improve the diagnostics of breast, cervical and colorectal cancer, and to lower cancer mortality in general.	The major purpose of the project was the construction of the Moletai district children's foster home and training of staff, with the overall objective of improving living conditions for children without parental care in the Moletai district and improving their chances of successful integration into society.

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Project	Prevent or treat diseases	Develop infrastructure	Prevent or treat diseases	Develop infrastructure
What are the pre-defined targets (indicators)?	Reconstruction of the premises of the 2nd Cardio Surgery Department, purchase of medical equipment, purchase of medical furniture and hard inventory, training by Norwegian experts, and management and publicity activities.	Renovation of prison premises and roof, purchase of furniture and equipment (medical equipment, computer equipments, sports equipment and household appliances).	Enhancing the capacity, increasing the competences of the employees of the National Centre of Pathology in new methods of diagnostics of cancer-related diseases and implementation of new analysis methods. (1)	1)Preparation and implementation of tender procedures, 2) Construction of one foster home building, 3) Purchase of relevant equipment for the foster home, 3) Training of specialists, 4) Management and publicity activities.
Have pre-defined targets (indicators) been met?	Yes, project deliverables were provided according to plan. There are indications on reduced mortality following surgery.	Yes, project deliverables were provided according to plan. The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) visited the establishment in June 2010 and noted a remarkable improvement in the facilities, although still some minor suggestions for improvement were made.	The above mentioned targets were met. It is not yet feasible to measure mortality impacts, and such measurements were not part of the project. In the period from February 2009 to February 2010, 6836 people with a high risk of lung cancer were tested. In more than a half of them (52.4%), at least one focal lesion was found in the lung parenchyma. 186 people were admitted to the Department of Thoracic Surgery for further diagnostics of lung lesion (people with lesion >1cm in diameter). Among these, 56 were diagnosed with lung cancer. ²	According to the project promoter, the project is not fully completed due to lack of funds, but the Ministry of Social Affairs has indicated that it will provide the remaining funding. According to the NFP the project has been completed in full and additional results not initially planned in the application were achieved (building of block E). Interior works of block E were never intended to be part of the project and works will be completed outside of this project.
Have project deliverables been used?	All new equipment is in use. The project has met its publicity plan.	The new facility provides better school facilities, including subjects such as learning how to keep a home, how to be in contact with an em-	All new equipment is in use, and by learning-by-doing, progress is continuous.	The new buildings will be inaugurated on 1 September 2011 to avoid forcing pupils to move to the new school during school

² http://moltest2013.gumed.edu.pl/index.php?option=com_content&view=article&id=78&Itemid=55&lang=en

Project	Prevent or treat diseases	Develop infrastructure	Prevent or treat diseases	Develop infrastructure
		ployment officer, how to stay of drugs, etc.		year.
Evaluator assessment*	4: Project activities have resulted in the planned deliverables, which are of high quality due to the EEA/Norway Grants support, and which have been used extensively by the users.	4: Project activities have resulted in the planned deliverables, which are of high quality due to the EEA/Norway Grants support, and which have been used extensively by the users.	4: Project activities have resulted in the planned deliverables, which are of high quality due to the EEA/Norway Grants support, and which have been used extensively by the users.	3 (because it is not in use by the time of the evaluation)

Sources: In-depth project reviews and interviews.

- (1) Project activities include purchase of laboratory equipment and materials, purchase and installation of audiovisual equipment, implementation of new diagnostic methodologies, training of employees of the National Pathology Centre at Oslo University, conferences and training seminars for medical professionals, and management and publicity activities.

*Explanation of the score: The score 4 is given if the project activities have resulted in the planned deliverables (pre-defined targets have been met) and all project deliverables have been used by the users. The score 3 is given if the project activities have resulted in the planned deliverables (pre-defined targets have been met) and most project deliverables have been used by the users. The score 2 is given if the project activities have resulted in the planned deliverables (pre-defined targets have been met) but project deliverables have only been used to a limited extent by the users. The score 1 is given if project activities did not result in the planned deliverables (pre-defined targets have not been met).

3.2. Dissemination and visibility of the EEA/Norway Grants

Based on interviews with project promoters, it appears that three of the projects succeeded in ensuring effective dissemination and visibility of the EEA/Norway Grants. The projects have used measures such as press releases/conferences and the mass media to communicate results and deliverables to the public. Stickers and boards with the EEA/Norway Grant logo are placed on equipment and buildings, and the logo appears on project websites. All dissemination activities were national.

One project, LT0052, had a limited budget for dissemination activities and was only able to produce a few leaflets. EEA/Norway Grant logo does not appear on the project website.

In terms of ensuring the dissemination and visibility of EEA/Norway Grants, the Norwegian embassy has been extremely active. Among other activities, a travelling photo exhibition visited several cities and was actually attended by thousands of people. A publication on programme results was prepared and disseminated to a wide audience. The embassy organised a number of thematic events, a Partnership conference, and prepared a number of publications targeting national and regional media. The EEA/Norway Grants were also an important element of the media effort supporting Norwegian Days'10, which resulted in numerous reports. The embassy also actively supported and participated in visibility efforts of individual projects.

Table A8-6 How effective were dissemination efforts and has the EEA/Norway Grants support become visible?

Project	Prevent or treat diseases	Develop infrastructure	Prevent or treat diseases	Develop infrastructure
Have the dissemination efforts been effective?	The project claims to have fulfilled its publicity plan including posters, conferences, and press conferences. National dissemination only, though the Norwegian Minister of Foreign Affairs visited the project.	No. According to the project promoter the budget for dissemination activities was very limited and only a few leaflets were produced. According to the project promoter, there are plans for an NFP produced documentary of the facility, but this documentary has not (yet) been assessed by the evaluator. According to the NFP, the NFP has purchased a short promotional video on the project for the internet and television (http://www.finmin.lt/web/finmin/eee_vaizdo_klipai). Dissemination activities have only been targeted at the national audience.	External users of the services (hospitals and doctors) are aware of the increased quality of diagnostics work. The project held end-project meetings with important stakeholders, including the Norwegian ambassador. Moreover, the project promoters made press releases according to the dissemination plan in the agreement with the EEA/Norway Grants, resulting in the mass media reporting on the project deliverables.	The project received visits from other parts of Lithuania interested in the idea. Events were held during construction, attended by high-level persons and experts, including from the Czech Republic. Communication included articles in local newspapers and mass media coverage on the project deliverables. National dissemination only.
Has the EEA/Norway Grants support become visible?	Mass media reported on project deliverables and all equipment carries stickers with the EEA/Norway Grants logo. Furthermore, being beneficiary is a quality stamp for the project promoter. This is also used in verbal communication.	According to the project promoter, there is limited evidence of visibility, and there is no EEA/Norway grant on the website: www.nti-pn.lt	The EEA/Norway Grant logo was displayed. All equipment carries stickers with the EEA/Norway Grant logo.	The EEA/Norway Grant logo appears on a large board.
Evaluator assessment*	4: Dissemination efforts were effective at both local and national levels, and the EEA/Norway Grants support is visible.	2: The project made limited dissemination of findings and project results have only limited visibility.	4: Dissemination efforts were effective at both local and national level and the EEA/Norway Grants support is visible.	4: Dissemination efforts were effective at both local and national level and the EEA/Norway Grants support is visible.

Source: In-depth project review.

*Explanation of the score: The score 4 is given if the dissemination efforts were effective at both local and national level and the EEA/Norway Grants support is visible. The score 3 is given if the dissemination efforts were effective at either local or national level and the EEA/Norway Grants support is visible. The score 2 is given if the dissemination efforts were not effective or the EEA/Norway Grants support is not visible. The score 1 is given if the dissemination efforts were not effective and the EEA/Norway Grants support is not visible.

3.3. Impacts

Overall, all projects achieved planned objectives regarding institutional capacity. Impacts on target groups are more difficult to assess due to the nature of the planned objectives (such as improving reintegration of criminals and providing a good childhood for children). One project (LT0042) states that there seems to be a lower mortality rate for children as a result of project activities, although no final conclusion has been reached so far. With respect to the other three projects, it was too early to assess whether impacts have been realised, but there are positive indications of this in all projects.

An example of an unplanned impact, one project promoter mentions the positive experience of being part of an international project. A negative experience mentioned concerned the difficulties of coping with the public procurement system.

Table A8-7 What have been the planned and unplanned impacts?

Project	Prevent or treat diseases	Develop infrastructure	Prevent or treat diseases	Develop infrastructure
Have the projects achieved the planned impacts (on institutional capacity and the targeted areas/groups)?	The overall planned impact was a lower mortality rate for children. Other objectives included, reducing length of hospitalization and increasing the number of surgeries. At this point, there seems to be evidence of lower mortality. Impacts are based on the positive contribution from better equipment as well as improved knowledge and expertise.	The planned impact is improved re-integration of juvenile criminals into society via the low security centre of re-socialisation. Still, it is too early to assess whether the aim of low return to crime and to the centre has been achieved. The centre states that it receives good feedback - i.e. from those who have contact with the children and that there will be data to measure this in the future.	The main planned impact for the target group was lower mortality for cancer patients. Still, it is too early to assess whether this was achieved. Improvements in institutional capacity can be identified locally. There are measurable improvements in the capacity and quality of diagnostics.	The major planned impact was to provide a good childhood to children in the target group, including preparing them for adult life. It is still too early to assess whether this has been achieved.
Have the project achieved unplanned impacts (on institutional capacity and the targeted areas/groups)?	The major unplanned impact was the positive experience with internationally monitored projects.	N.A.	A negative impact was the difficult national procurement process.	N.A.
Evaluator assessment*	4: The project outcomes have success-	3: The project outcomes have more or	3: The project outcomes have	3: The project outcomes have more or

Project	Prevent or treat diseases	Develop infrastructure	Prevent or treat diseases	Develop infrastructure
	fully led to the planned impacts, and any unplanned impacts have not changed this view.	less successfully led to the planned impacts and unplanned impacts have not changed this view.	more or less successfully led to the planned impacts and unplanned impacts have not changed this view.	less successfully led to the planned impacts.

Source: In-depth project review.

*Explanation of the score: The assessment is based on information from the project promoter. No quantitative data has been available. The score 4 is given if the project has achieved the planned impacts, and unplanned impacts only enhance the overall positive impacts of the project. The score 3 is given if the project has achieved the planned impacts, and any unplanned impacts have not changed this view. The score 2 is given if project has achieved the planned impacts, but unplanned impacts have reduced the overall positive impacts of the project. The score 1 is given if the project has not achieved the planned impacts.

4. Efficiency

The project promoters state that reporting procedures seem excessive and strict and that administrative procedures and communication with the Central Project Management Agency (CPMA) and the NFP are very time consuming. According to Annual Report 2009-10, this critique has already led to changes in the reporting and financing procedures, the hiring additional administrative staff at the CPMA and the initiation of other relevant administrative activities.

It is relevant to mention that, according to the NFP, project promoters often forget to take into account the necessary involvement of the FMO and the time required by all bodies involved (the FMO, NFP and CPMA).

One project promoter states that it has been a challenge to motivate the Norwegians to be a partner. This might be because it is difficult to define "what's in it" for the donor country partners. The project promoter acknowledges that partners from the donor country are primarily a benefit to the Lithuanian projects. In contrast, the partner of the project LT0058 thinks that it is a win-win situation having a Lithuanian partner, since research data from Lithuania are different; due to the late detection of cancer (i.e. tumours are bigger). Overall, collaboration between stakeholders went well, but it should be mentioned that the project promoters and partners knew each other beforehand.

Furthermore, the Lithuanian Ministry of Health would like to establish contact with the Norwegian Ministry of Health to exchange knowledge and experience.

In general, the NFP and CPMA have not experienced any significant problems or constraints. The NFP finds collaboration with the FMO valuable and flexible.

Table A8-8 Efficiency of EEA/Norway Grants support to the Lithuania

	NFP and intermediate bodies	Project promoters	EFTA (Norwegian) stakeholders
Problems and constraints	No significant problems or constraints.	In the focus group interview with the project promoter the challenge of motivating Norwegian partners was mentioned. It is suggested that benefits to Norwegian partners should be clearer and that the Norwegian Embassy should play a more active role.	The partners did not experience any problems or constraints.
Collaboration between stakeholders	There is no contact between the Ministry of Health in Lithuania and the corresponding Norwegian ministry.	Project promoters suggest that priority should be given to projects that involve the exchange of knowledge with Norwegians and staff exchange. Staff exchange could be a requirement in relevant cases.	Cooperation between the partners in Lithuania and in the donor country went smoothly. The partners knew each other beforehand. Especially the Lithuanian partner benefitted from Norwegian knowledge.
Donor efficiency	Collaboration between the FMO and the NFP went smoothly. The EEA/Norwegian Grant programme was more flexible than e.g. EU projects, as things could be changed subject to FMO approval.	Two project promoters report that the financial reporting requirements were excessive and strict. An online reporting system is suggested.	The donor country partners did not have contact with the FMO.
Beneficiary country efficiency	Project promoters often forget that many amendment requests are subject to FMO approval. When all necessary documentation is received and requests are sufficiently justified, the NFP forwards these requests to the FMO within a few days. Receiving FMO's opinion can take up to several weeks.	According to the project promoters, the NFP takes quite a while to follow-up on requests. There was overregulation with too many formalities and one project promoter felt a lack of trust in the reporting process. Furthermore, project promoters mention that the public procurement rules in Lithuania are too complicated.	N.A.

Sources: In-depth project reviews and interviews.

All four projects were completed on time according to approved Project Implementation Plans. There were no reports on the activities and output not meeting specifications. The project LT0086 experienced some delay regarding building activities; still the project was completed on time.

The project promoter's report of an administrative burden connected to the financial reporting to the FMO and, to some extent, of slow processes within the CPMA and the NFP. Two project promoters point to the need for clearer disbursement plans.

The NFP stated that all regular communication with the FMO takes place through the CPMA and NFP and that applications evaluated and selected were submitted to the FMO by the NFP.

According to the NFP, financial reporting is clearly regulated, and the slow processes regarding approval of reports and payment requests result from incomplete or imprecise information provided by project promoters, rendering additional information necessary, which then needs to be re-evaluated. Furthermore, the NFP points to the FMO regarding slow processes, since the NFP, on receipt of all necessary documentation from the project promoters forwards the requests to the FMO within a few days. However, receiving FMO's opinion can take up to several weeks.

Table A8-9 How efficient was the project implementation set-up?

Project	Prevent or treat diseases	Develop infrastructure	Prevent or treat diseases	Develop infrastructure
Were anticipated activities and outputs delivered on time and according to specifications?	Yes. Investments were delivered and are in use. No report on delays.	Yes, no delays occurred.	Yes, no delays occurred.	Yes, the project was implemented on time according to approved Project Implementation Plan, but the buildings were delayed.
What are the main problems or constraints that project promoters have faced?	The project promoter found that the strict rules for financial information were difficult to meet, though only a low share of the budget was spent on administration. Another issue is the complicated public procurement rules in Lithuania. The period between calls for proposal and the contract is too long.	No significant problems reported. The size of the funding was sufficient. According to the project promoter there is, however, a need for a clearer disbursement plan.	Heavy administrative burden in order to comply with FMO reporting and to communicate with the NFP. Complicated public procurement rules in Lithuania.	Delay in the administrative processes with the CPMA. Sometimes it took 2-3 months to check documents provided by the construction company. Fortunately, the construction company was large and could survive late payments. A clearer disbursement plan is needed.

Project	Prevent or treat diseases	Develop infrastructure	Prevent or treat diseases	Develop infrastructure
To what extent are these problems related to donor efficiency?	The reporting rules of financing.	None reported. The beneficiary prepared the project application, without the involvement of any beneficiary country ministry/agency, and sent it directly to the FMO in Brussels. (This is not normal procedure!)	Requirements of the FMO as regards quarterly reports were excessive, and an online system would have been useful. The time passed between call for proposals and the contract was too long.	None. The beneficiary has not worked with the FMO.
To what extent are these problems related to beneficiary state efficiency?	Paper work at the NFP took a long time, in which period the technologies and equipment situation changed.	The beneficiary worked only with the CPMA. The CPMA took good care of the project, but in practice there was little contact.	The NFP took 1-2 months to respond to a request. There was overregulation with too many formalities.	The CPMA was attentive to the project and was very helpful in enabling available funds. Still, administrative procedures in the CPMA delayed the process.
Evaluator assessment*	4: anticipated activities and outputs have been delivered according to specifications without any significant extension of the project period	4: anticipated activities and outputs have been delivered according to specifications without any significant extension of the project period.	4: anticipated activities and outputs have been delivered according to specifications without any significant extension of the project period.	3: anticipated activities and outputs have been delivered according to specifications with a delay.

Source: In-depth project review.

*Explanation of the score: The score 4 is given if anticipated activities and outputs have been delivered according to specifications without any significant extension of the project period (< 6 months). The score 3 is given if anticipated activities and outputs have been delivered according to specifications, but the project period has been extended by 6-12 months. The score 2 is given if anticipated activities and outputs have been delivered according to specifications, but the project period has been extended by more than 12 months. The score 1 is given if anticipated activities and outputs have not been delivered according to specifications.

5. Sustainability

The project set-ups are stable and easily last for a long period of time (several years). The project activities have added value to existing set-ups, and therefore the institutional framework for the projects, including staff, is, to a large extent, a continuation of existing activities. All projects seem to have future operational costs covered, since implementing the projects does not contribute to higher cost than before the project activities.

Contact with the Norwegian partners is not formalised, but based on personal relations. Since two key pathologists of LT0058 will soon retire, there is a risk that the relationship does not sustain. In general, a project set-up with donor country partners is encouraged by the NFP and the CPMA, and this is considered very valuable to the development of the Health and Childcare sector in Lithuania.

The selected projects are infrastructural projects with deliverables mainly being buildings and equipment, which sustain for many years. It is difficult to assess if the impacts of the projects are sustained, but since the impacts are closely related to the sustainable deliverables and stable set-ups of the four projects, it is assumed that the impacts will last for many years. The LT0042 even expects wider project impacts, such as input to health policies.

Table A8-10 Sustainability of EEA/Norway Grants support to the Lithuania

	Focal point and intermediate bodies	Project promoters	EFTA (Norwegian) stakeholders
Project set-up	It is mentioned that cooperation with Donor country partners should be encouraged.	For the two partnership projects, the project set-up is frail as regards sustainability. In one of the projects, no arrangements of sustainability have been discussed, whereas in the other one, cooperation builds on a long-term relationship.	In LT0042, the involvement of the Norwegian partner has been limited, and it is not possible to foresee whether the project set-up will sustain. In LT0058, the partners knew each other, and they will continue to cooperate as they did before. This cooperation is based on personal contacts, which is assessed very important by the EFTA partner.
Project deliverables	N.A.	The project deliverables are mainly buildings and equipment, which will last for many years.	N.A.
Project impacts	It is too early to assess the impact of the projects.	There are indications that the target groups will benefit from the projects. The LT0042 even expects wider project impacts, such as input to health policies.	Nationally, the projects have had an important impact. For LT0042 the effect of the bilateral cooperation also resulted in the Lithuanian partner becoming part of the European heart surgery association.

Sources: In-depth project reviews and interviews.

Table A8-11 Are project set-up and outcomes sustainable?

Project	Prevent or treat diseases	Develop infrastructure	Prevent or treat diseases	Develop infrastructure
Does the project set-up sustain beyond the EEA/Norway Grant co-funding period?	Yes. Funding concerned only investments costs, while operating costs are financed by the Lithuanian state. No formal agreements have been made with the Norwegian partner.	Yes. The institutional set-up existed before the rebuilding. There is no partner in the project.	Yes. Funding concerned only investments costs, while the operating costs are financed through the use of the equipment - i.e. a user fee per diagnosis. Continuous education is secured by a learning-by-doing process.	Yes. The set-up existed before the rebuilding, and the future maintenance of project deliverables does not cost more than before. There is no partner in the project.

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Project	Prevent or treat diseases	Develop infrastructure	Prevent or treat diseases	Develop infrastructure
			The relationship with Oslo University is long-term, as it was established already in 1995. Meanwhile, two of the main pathologists are close to the retirement ago, which indicates that the personal relation will end.	
Do project deliverables sustain beyond the EEA/Norway Grants co-funding period?	Yes, the equipment has an expected lifetime of 7-10 years (being used 24/7). As experience is gained, more and more complicated operations will be carried out in the future.	Yes. The buildings and the equipment will sustain beyond the EEA/Norway Grants co-funding period.	Yes. The equipment will be used for several years. More advanced diagnostics will be carried out in the future as experience grows, and at some point in the future technologies will have changed and new equipment will be needed.	Yes. The buildings and the equipment will sustain beyond the EEA/Norway Grants co-funding period.
Do project impacts sustain beyond the EEA/Norway Grants co-funding period?	Target groups are expected to continue to make good use of the project deliverables, and it is expected that the project will have a wider impact, such as input to health policies.	There are indications that the target group will continue to benefit from the project.	Target groups are expected to continue to make good use of the project deliverables, and it is expected that the project will have a wider impact, such as input to health policies.	There are indications that the target group will continue to benefit from the project. The final impacts have not yet been measured.
Evaluator assessment*	3: the project results partly sustain beyond the EEA/Norway Grants co-funding period.	3: the project results partly sustain beyond the EEA/Norway Grants co-funding period.	3: the project results partly sustain beyond the EEA/Norway Grants co-funding period.	3: the project results partly sustain beyond the EEA/Norway Grants co-funding period.

Source: In-depth project review.

*Explanation of the score: The score 4 is given if the project results fully sustain beyond the EEA/Norway Grants co-funding period, i.e. the project set-up sustain (if relevant), the project deliverables sustain for a period of at least 10 years, and sustainability of project impacts are likely. The score 3 is given if the project results partly sustain beyond the EEA/Norway Grants co-funding period, i.e. the project set-up partly sustain (if relevant) and the project deliverables sustain beyond the co-funding period but for a period of 5-9 years or sustainability or project impacts are not likely. The score 2 is given if the project results sustain only to a limited degree beyond the EEA/Norway Grants co-funding period, i.e. the project set-up partly sustain (if relevant), the project deliverables sustain beyond the co-funding period but for a period of < 5 years or sustainability of project impacts are not likely. The score 1 is given if the project results do not sustain beyond the EEA/Norway Grants co-funding period, i.e. the project set-up does not sustain (if relevant), the project deliverables do not sustain beyond the co-funding and sustainability of project impacts are not likely.

6. Cross-cutting issues

Three of the projects contribute indirectly to socially and economically sustainable development by improving the health and living conditions of children. The fourth project contributes to social sustainability by offering treatment of cancer, which also contributes to economic sustainability by early diagnostics and treatment of patients. Gender equality was not a selection parameter in these projects, but it should be mentioned that some of the cancer diseases of LT0058 are gender-specific. Regarding good governance, three of the projects comply with the relevant Lithuanian legislation and EU regulations. In LT0052, it is thanks to the EEA/Norway Grants that human rights at the Juvenile Interrogation Facility have now been introduced.

Table A8-12 Are project set-up and outcomes sustainable?

Project	Prevent or treat diseases	Develop infrastructure	Prevent or treat diseases	Develop infrastructure
Sustainable development (environmental, economic, social)	The project implicitly contributes to economic and social development by reducing child mortality and improving the quality of life of children.	In regards to energy usage, the project is saving energy/central heating thus contributing to environmental sustainability. The project implicitly contributes to economic and social development by improving the social skills of juvenile criminals.	This project contributes to a limited extent to sustainable development.	The project implicitly contributes to economic and social development by improving the mental health and quality of children's life.
Gender equality	Gender was not a selection parameter in the project.	Gender was not a selection parameter in the project.	Gender was not a selection parameter in the project.	Gender was not a selection parameter in the project.
Good governance	The project is compliant with the relevant Lithuanian legislation and EU regulations.	Before the renovation, human rights at the Juvenile Interrogation Facility were not followed.	The project is compliant with the relevant Lithuanian legislation and EU regulations.	The project is compliant with the relevant Lithuanian legislation and EU regulations.

Source: In-depth project review.

7. Conclusions

The four projects selected for in-depth review all addressed the objectives of the EEA/Norway Grants. Two of them are in line with national health strategies, and three are in line with the EU health strategies. Though not addressing directly the EU or national health strategies, the childcare projects still address serious issues of highly social relevance. A **key lesson learned** is that all projects are highly relevant to the objectives of the EEA/Norway Grant.

In general, Lithuania lags significantly behind the standards of Western European countries in the areas of health and childcare. There are gaps to be filled in most health areas. Projects selected for

future funding should be in the health and childcare areas where social and health inequalities are most pronounced.

Dissemination of the results of the projects supported by the EEA/Norway Grants has primarily taken place at national level. It would be desirable to improve the visibility, whenever natural. Regarding dissemination, especially research projects could be requested to disseminate results internationally via conferences, articles etc. While projects largely had an impact on the institutional capacity, more capacity is still needed in most areas.

The evaluation found that partnerships are very often based on previous relationships. One partner even states that he would only enter into a bilateral relationship if he knew the project promoter beforehand. In some cases, the partner only represents a "paper partner". Furthermore, there are indications that partnership projects are primarily beneficial to the beneficiary country. To attract more Norwegian partners, there is a need to define "what's in it" for the donor country partner. However, a situation where Norwegians or Norwegian expertise define the project should be avoided. A **key lesson learned** is that it should be considered on a case-to-case basis whether the partnership adds value to both the beneficiary and the donor country partner. In general, by giving priority to project promoters who find a Norwegian partner or who have already an established relationship to Norway, the point system may end up supporting activities which would have taken place anyway, or activities outside the project's core activities.

Proposed **area of improvement** is: assessment of whether all projects would benefit from including an EFTA partner.

All Lithuanian stakeholders find that the administrative burden is too heavy. This issue has addressed by the FMO in some respects. Furthermore, the project promoters claim that the administrative issues and communication with the CPMA and the NFP are very time consuming. Administrative procedures have already been changed and this is foreseen to reduce the response time of the different administrative and communication procedures. A persisting challenge is the complicated Lithuanian public procurement rules.

In general, it is difficult to assess the impact of health projects where the results cannot be expected to materialise within a short time frame, such as measuring the impact of improving living conditions for children. This also holds true for the projects assessed in Lithuania. To be able to assess the impact, it is necessary to define indicators for measuring the short-term impacts of each project. Such an indicator could be measuring the number of treated patients. Short-term effects can be expected within the time frame of the projects. A **key lesson learned** is that for each project short-term indicators should be defined.

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