

Lithuania

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012) ^a	3.03 M
Urban population (2012) ^a	2.03 M
Rural population (2012) ^a	0.99 M
Population growth rate (2012) ^a	-0.45%
Gross domestic product USD (2012) ^b	42.34 billion

^a World Population Prospects: The 2012 Revision, UNDESA 2013.

^b World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012) ^c	4.4
Under 5 mortality / 1,000 live births (2012) ^c	5.4
Life expectancy at birth (2012) ^d	72 yrs
Diarrhoea deaths attributable to WASH (2012) ^e	2

^c Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

^d World Health Statistics, WHO 2014.

^e Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING-WATER ESTIMATES

Use of improved sanitation facilities (2012) ^f	94%
Use of drinking-water from improved sources (2012) ^f	96%

^f Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

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Sanitation, drinking-water and hygiene status overview*

Governance: According to the GLAAS results contained in this Country Highlight, two ministries and institutions share the lead for sanitation and drinking-water services. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water. The National Environment Protection Strategy (draft) has been prepared, which defines four priority goals for environment protection policies. One of those goals is the sustainable use of natural resources and waste management. According to this point, it is envisaged to increase the rational use of water resources in water resources protection areas. For achieving this priority, it is planned to improve cleaner, more resource-efficient water protection methods, reuse of wastewater, and protection of the groundwater. The main task for improving these areas is to create the most effective pollution monitoring, prevention and control systems.

Lithuania is one of the few states in the European region and in the world whose citizens use just groundwater for their needs.

Monitoring: Lithuania's monitoring system has a high level of data availability for decision-making and response to WASH related diseases outbreak; however, more attention needs to be paid to performance reviews made in rural areas.

Human resources: Human resource strategies are not developed for sanitation and drinking-water, which is a concern. Fortunately, specialists are to be enlisted when there is sufficient funding and during the implementation of strategic plans.

Financing: It is important to note that a financing plan is in place and used for most WASH areas, however, there are reported difficulties in the absorption of wastewater funding. Also it is difficult to determine the amount of money invested each year for WASH because it depends on the number of contracts signed, project implementation speed and their quality. Furthermore, the finance plan does not provide a division for rural and urban areas; funding is allocated for the water sector and applicants, and the intensity of project financing is described.

Equity: The National Environment Protection Strategy (draft) highlights that the main policy implementation initiatives and directions are concerned with improving the quality and increasing the accessibility of water supply and sanitation services. It is important for the users and subscribers with optimal conditions and costs to be able to access public drinking-water supply and sanitation services or to have the possibility of using individual sources of drinking-water and wastewater services and improve their quality and accessibility.

* Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results

Highlights based on country reported GLAAS 2013/2014 data¹

I. Governance

The Ministry of Environment and the Lithuanian Geological Survey under the Ministry of Environment share the lead for sanitation and drinking-water services. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Environmental of the Republic of Lithuania	✓	✓	
Lithuanian Geological Survey under the Ministry of Environment		✓	
Ministry of Health of the Republic of Lithuania			✓

Number of ministries and national institutions with responsibilities in WASH: **7**

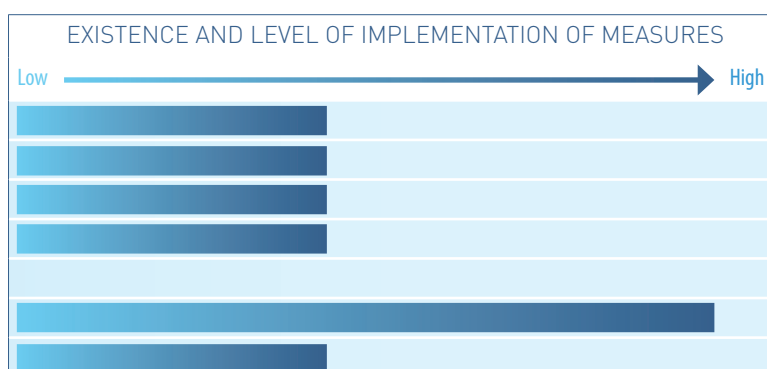
Coordination between WASH actors includes: ✓ All ministries and government agencies
 ✓ Nongovernmental agencies
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	YEAR
Urban sanitation	✓	95	2015
Rural sanitation	✓	95	2015
Sanitation in schools	✓	100	
Sanitation in health facilities	✓	100	
Urban drinking-water supply	✓	95	2015
Rural drinking-water supply	✓	95	2015
Drinking-water in schools	✓	100	
Drinking-water in health facilities	✓	100	
Hygiene promotion	✓	100	
Hygiene promotion in schools	✓	100	
Hygiene promotion in health facilities	✓	100	

There are several specific plans implemented addressing the issues of improving and sustaining services, however, there are none for the reuse of wastewater or seepage.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES^a

Keep rural water supply functioning over long-term
Improve reliability/continuity of urban water supply
To rehabilitate broken public latrines
Safely empty or replace latrines when full
Reuse of wastewater or seepage
Ensure DWQ meets national standards
Address resilience to climate change



^a Including implementation.

¹ All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 survey unless otherwise stated.

II. Monitoring

There is a high level of data availability reported for decision-making and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	2013		2013		2013
Use of performance indicators^a	●		●		●
Data availability for decision-making^a					Health sector
Policy and strategy making	✓		✓		✓
Resource allocation			✓		NA
National standards	NA		✓		NA
Response to WASH related disease outbreak	NA		NA		✓
Surveillance^b	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	✓	✓	
Independent auditing management procedures with verification	NA	NA	✓		
Internal monitoring of formal service providers	✓	✓	✓	✓	
Communication^a					
Performance reviews made public	✓	●	✓	●	
Customer satisfaction reviews made public	✓	✗	✓	✗	

^a ✗ Few. ● Some. ✓ Most.

^b ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

III. Human resources

Human resource strategies are not developed for sanitation and drinking-water. Specialists are reported to be enlisted when there is clear funding and during the implementation of strategic plans.

HUMAN RESOURCES	SANITATION	DRINKING-WATER	HYGIENE
Human resource strategy developed^a	✗	✗	✗
Strategy defines gaps and actions needed to improve^a			
Human resource constraints for WASH^b			
Availability of financial resources for staff costs			
Availability of education/training organisations			
Skilled graduates			
Preference by skilled graduates to work in other sectors			
Emigration of skilled workers abroad			
Skilled workers do not want to live and work in rural areas			
Recruitment practices			
Other			

^a ✗ No. ● In development. ✓ Yes.

^b ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

IV. Financing

A financing plan is in place and used for most WASH areas, however, there are reported difficulties in the absorption of domestic commitments.

FINANCING

Financing plan for WASH	SANITATION		DRINKING-WATER	
Assessment of financing sources and strategies ^a	Urban	Rural	Urban	Rural
	✓	✓	✓	✓
Use of available funding (absorption)	Urban	Rural	Urban	Rural
Estimated % of domestic commitments used ^b	✗	✗	✗	✗
Estimated % of donor commitments used ^b	✓	✓	✓	✓
Sufficiency of finance	Urban	Rural	Urban	Rural
WASH finance sufficient to meet MDG targets ^b				

^a ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.

^b ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

WASH VS. OTHER EXPENDITURE DATA

Total WASH expenditure ¹	
NA	
Expenditure as a % GDP	
Education ²	5.4
Health ²	6.8
WASH ³	NA

¹ Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

² Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

³ WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013.

NA: Not available.

V. Equity

While Lithuania does not have specific measures for disadvantaged groups in WASH plans, the right to water and sanitation is recognized in legislation.

EQUITY IN GOVERNANCE

Laws	SANITATION		DRINKING-WATER	
Recognize human right in legislation	✓		✓	
Participation and reporting ^a	Urban	Rural	Urban	Rural
Clearly defined procedures for participation	✓	✓	✓	✓
Extent to which users participate in planning	●	●	●	●
Effective complaint mechanisms	✓	✓	✓	✓

^a ✗ Low/few. ● Moderate/some. ✓ High/most.

DISADVANTAGED GROUPS IN WASH PLAN

None reported.

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure

[No data available.]

EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

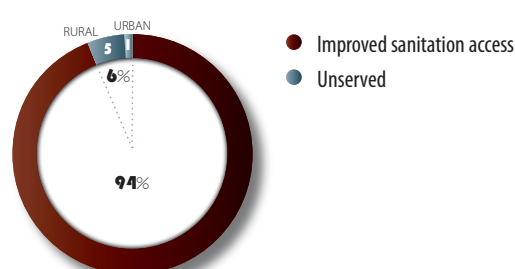
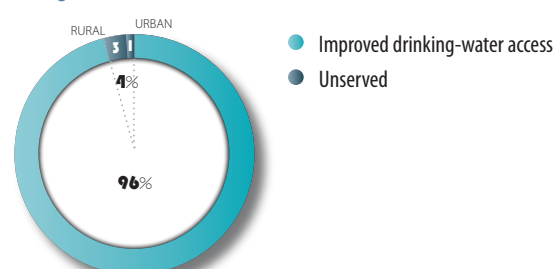


Figure 4. Population with access to improved drinking-water sources



¹ Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.