

Norwegian Financial Mechanism Programme 2009-2014 for Slovenia (SI05)

1. Executive summary

The Norwegian Financial Mechanism Programme 2009-2014 (SI05) includes two Programme Areas:

- Programme area 27 “Public Health Initiatives” and
- Programme area 28 “Mainstreaming Gender Equality and Promoting Work-Life Balance”.

The Objectives of the programme for both programme areas are:

- Improved public health,
- Reduced health inequalities,
- Gender equality,
- Work-life balance promoted.

The Programme will contribute to the achievement of objectives with development and testing of new innovative approaches/models/interventions that build on local partnerships between NGOs, public institutions and local communities. On the national level this programme shall also focus on capacity building and training of public professionals in collaboration with the Norwegian partner institutions.

For both programme areas within the programme, the same approach is used: narrowing focus of interventions to only 4 priority areas, capacity building in cooperation with partners from the donor state and achieving sustainability of the programme through partnership. With focus on few priority areas and key target groups, the programme funds are concentrated and can more significantly influence the development of the capacity on the local, regional and national level in relatively short time.

In the field of *Public Health Initiatives* the programme will focus on reduced inequalities between user groups, prevention and reduction of life-style related diseases and improving mental health services in the Republic of Slovenia. In the field of *Gender Equality and Work-Life Balance* the programme aims to raise awareness and promote research on gender equality issues, with a focus on challenging unequal power relations between women and men in economic and political decision-making and on reconciliation of work and family/private life. The programme aims to strengthen bilateral relations between the Kingdom of Norway and the Republic of Slovenia through cooperation with several Norwegian institutions by common programme and project development, implementation, monitoring and evaluation at the national, regional and local levels.

2. Programme motivation and justification

Challenges and needs analysis

Slovenia is facing rapid changes and development challenges in all areas that are important for societal progress and prosperity. The Slovenian population ranks health – an important element of quality of life and welfare – at the very top of the scale of values, while health also represents an important social capital, which is a prerequisite for social and economic development¹. Health system can significantly contribute to reducing health inequalities by securing equal access and utilization of health services. This includes also preventive and other public health programmes. However, the key to success in tackling health inequalities is a joint action of different sectors and stakeholders at all levels of society.

Slovenia's public health and primary health care structures are well-organised. They are facing changing needs especially in prevention of non-communicable diseases (NCDs), mental health and healthy lifestyle of different socio-economic groups. The capacity to meet complex public health challenges remains limited. Public health workforce is gradually changing from the traditional role (surveillance, identification of health hazards) to more proactive, action oriented and responsive approaches to current, complex public health problems. Although there are many good practices and areas of excellence in public health, key functions and infrastructure need to be strengthened and made more coherent with a view to the complex nature of health problems and increasing levels of health inequalities.

The lack of formal education in public health for non-medical professionals and limited capacities for in-service training are important obstacles in improving public health services in line with the changing need. It is clear that governmental commitments to the health of the population needs to be matched by programmes and processes at the national, regional and local levels (combined with coordination across them) if effective public health strategies are to be delivered. The main challenges for the area of public health in Slovenia are:

- To improve public health competences and capacity of public health system and to develop a multidisciplinary workforce which works together towards common goals and is supported by appropriate system solutions, adopted by the Government of the Republic of Slovenia.
- To improve public health research capacity. There is a strong need for new knowledge and knowledge exchange with an aim to have better evidence-informed policy and better policy informed research. Research that supports policy development and implementation needs to be strengthened and better translation of evidence into practice fostered.
- To integrate public health services into primary healthcare services, particularly primary care where integration between public health practice and health care is still fragmentary, requiring more linkages to foster health promotion and disease prevention within the traditional boundaries of the health care system.

¹Buzeti T. et al. Health Inequalities in Slovenia, Ljubljana, National Institute of Public Health, 2011.

- To strengthen community based primary care services relevant for promoting health and addressing local health needs with empowering all structures as well as individuals in communities.
- To strengthen the interactions between public health and broader social environments. In addition there is a strong need for capacity building in the current public health workforce in order to foster a commitment to health improvement across different sectors including partnership development for inter-sectoral actions at the local, regional and national levels. There is also a need for greater cooperation between wide range of organisations in addressing specific health issues and developing system-wide actions. To reduce health inequalities and health threats with complex causations there is a strong need for advocacy for health equity to be integral part of development plans, policies and actions of different players.

The latest HBSC research (NIPH, 2010) reveals a number of inequalities in health of children and young people which are increasing, particularly among young people with a lower socioeconomic position. Risky behaviour and mental health are also areas of growing concern.

On June 2010 the European Council adopted the Europe 2020 Strategy, based on the following three mutually reinforcing priorities: reaching smart, sustainable and inclusive economy. One of the main goals of the Strategy is to reduce school drop-out rates below 10% in the EU. Eight EU Member States, including Slovenia, already reached the reference value. Currently, 6 million young people (14.4%) - with lower level of education or lower - drop-out of school in the EU. Drop-out prevention is particularly important to combat the negative effects of poverty and social exclusion affecting children's development, to empower them and to break the intergenerational inheritance of disadvantage. Effective strategies to reduce school drop-out rates should cover the social and educational policy and youth policy and must be tailored according to the local, regional and national circumstances.

The Resolution on the National Programme for Preventing Family Violence 2009-2014 (Official Journal RS, No. 41/09) is a strategic document, which defines objectives and measures as well as key policy makers in the field of domestic violence prevention in the period 2009-2014. The first substantive item in the Action Plan for 2010-2011 is aimed at the prevention and awareness activities to the general public and risk groups, which include the elderly, about forms of violence and types of aid. Only with an effective inter-institutional cooperation of competent authorities and further education of professionals in the field of violence, it will be possible to provide optimum support to both victims and perpetrators of violence. For specific target groups it is necessary to adjust the safe houses and crisis centres. We have in mind particularly the elderly and physically impaired, people with mental health problems and people with special needs.

In the **adult population**, chronic diseases (CD) such as cardiovascular diseases, diabetes, chronic obstructive pulmonary disease, cancer, obesity, depression, dementia and functional disability of the elderly, are critical issues. CDs are already a big burden in the active population and problems are compounded with ageing. Chronic diseases cause big and premature mortality, inability for work and invalidity as well as expenses related to health and social costs of disease. The key reason for chronic diseases is an unhealthy lifestyle. Chronic diseases and unhealthy lifestyle represent an important burden at individual and societal level and they both are more frequent in socio-economic disadvantage groups. At the same time they represent an important cause of inequalities in health since they limit the individual both with regard to the quality of their life as well as their competitive position in the labour market.

National program for Roma² for the period 2010-2015 identifies key challenges of Roma in Slovenia in the area of living condition, education, employment and health care. These four areas are also priority areas for intervention of this programme. One of the major goals is to improve health care for Roma, specifically for women and children. Survey on risk factors for NCDs for adult population in Roma communities³ showed higher prevalence of NCDs; higher percentage of population with risk factors for NCDs than in the general population and lower participation in prevention programs (ZZV MurskaSobota, 2007). Institute of Public Health MurskaSobota was appointed as national coordinating body for health promotion and disease prevention for Roma on the national level in order to develop good practices, mechanisms and tools for effective health promotion and disease prevention of Roma and vulnerable groups within Roma population.

All the mentioned needs should be reflected in research, workforce development and training. Many public health problems rely on effective networks and partnerships with civic engagement and participatory governance. Complex public health challenges require a system approach which is determined by systemic, dynamic and operational thinking.

To summarise key challenges and needs in the Republic of Slovenia in relation to *Public Health Initiatives programme* we can say that:

- Slovenia has well organised public health and primary health care structures, which are facing changing needs.
- Professionals working in public health and related fields with vulnerable groups need training and new skills development in order to meet the needs and challenges more effectively and to develop new practices and programmes that would address health inequalities appropriately.
- Primary prevention programmes for children and youth need adaptation and tailoring in accordance with their needs and new communication patterns.
- The areas of public health and primary prevention are underfinanced and therefore implementation of new concepts and mechanisms is respectively slow.
- Actions for Public health as well as health inequalities need to be inter-sectoral and interdisciplinary and need appropriate policy responses across government as well as inter-sectoral mechanism and structures at the implementation level (local, regional) involving also NGOs.
- Public health action should be properly evaluated and research driven.

In Annex VII selected health data and information is presented to show the health status of population in Slovenia and highlight the needs and key challenges for public health.

The pattern and magnitude of health inequalities in Slovenia are similar to those found in other EU countries. Significant improvements in the population health outcomes can be achieved if Slovenia improves the wider social, economic, and physical

²RepublikaSlovenija. Nacionalni program ukrepovza Rome vladeRepublikeSlovenijezaobdobje 2010-2015. Ljubljana: 2010

³Raziskava »Dejavnikitveganjazanenalezljiveboleznipriodraslihprebivalcihromskeskupnosti«. ZZV MurskaSobota, MurskaSobota: 2007

environment in which people are born, live, work, and age, as well as the accessibility and quality of health programmes and services.

In the Slovenian economic domain the share of women holding high and leading positions in commercial and business companies is considerably lower than the share of men. Though there are no major gender differences in educational achievement of women and men in Slovenia and women having, on average, slightly higher level of education than men, gains in the educational achievement do not correlate to their holding of the top positions in the economic sector. Monitoring and assessing the employment and career record of potential women applicants for high, leading and management positions is of particular importance to identify obstacles and problems that women encounter in respect to their representation in economic decision making. Discussion on measurement and evaluation of vertical segregation and development of rules and practices for corporate management and corporate board recruitment as well as for the work and functions of nominating committees and development of adequate policy responses are therefore necessary for the promotion of gender-balanced representation in leading management bodies in this area.

Women's access to boardroom seats also varies with the company. In some European countries, a number of companies support equality throughout their organisations and have taken deliberate steps to further the promotion of women in senior positions. Nonetheless, such companies in Slovenia remain in the minority: more than 45 % of the companies had men-only boards and only around 10% of companies had more than one woman at the highest decision-making bodies (Annex 2, Figure 1). At this rate, unless action is taken to increase the number of women on boards, it will take another 50 years or more before there is a reasonable gender balance (at least 40 % of each sex) in company boards.

The reasons for the current over-representation of men in power and decision-making in Slovenia are not only structural and multifaceted, but are also grounded in and maintained through traditional gender roles. While many structural barriers that may impede women's attempts to climb the corporate ladder have been removed through legislation, other significant structural factors limit women's career opportunities. The traditional division of labour, which defines women's responsibility as caring for the family and that of men as providing for it, certainly acts as a persistent barrier to women's advancement. Examples of structural barriers that affect women's opportunity to participate in the labour market on an equal footing with men are lack of accessible and affordable care services for dependent persons (children, persons with disabilities and the elderly) and unequal utilization of available leave schemes and flexible working arrangements by women and men. Other barriers to women's advancement are found in many business cultures where traditional gender roles prevail. They underpin the view that women should take primary responsibility for raising children and create doubts about their capacity to fulfil this role together with a professional career, particularly at senior level. This contributes to vertical segregation: women are under-represented in line management positions that lead to the top positions and where recruitments for chief executive officer posts are made. Women are consequently less highly trained and are less often offered middle-level line management positions that would prepare them for the highest positions. A lack of role models may also discourage some women from looking for management positions.

In Slovenia the political domain is another area where equal political rights of women and men and specific legal provisions related to gender balanced representation and equal opportunities of women and men in standing for elections have proved to be effective in

achieving gender equality in practice in a limited way. Since the beginning of the 1990s, when Slovenia was transformed from a single-party socialist state to a multi-party democracy, the political arena has been dominated by men⁴ with hardly any increase as regards the representation of women in the National Assembly (the level of female representation languished between 8 and 13 %, with an exception of 2011 early elections after which women took 32,2 % of parliamentary seats, and has been significantly lagging behind female representation at other political levels). Therefore, various efforts to promote women's access to political and public life and their input into the decision-making process have been taken, including gathering and disseminating data on women in political decision making, analyzing each elections from gender perspective and communicating their findings, motivating women to become politically active, empowering women in political parties and enhancing their cross party cooperation and partnership with NGOs and male party members, making general public aware of the importance of the gender balanced representation in decision-making, as well as encouraging media to respect the principle of gender equality as a principle of human rights in the content of their messages and regarding equal visibility of women and men candidates for elections and elected representatives.

However, there were very limited effects of these measures and to accelerate progress regarding equal participation of both women and men in elected assemblies legislative measures were considered as necessary. In recent years the Constitution of the Republic of Slovenia was amended with the provision obliging the legislator to introduce measures in law that shall ensure equal opportunities of women and men in running for all elections and gender quotas specifying a minimum share of each sex amongst candidates for elections were introduced in all three electoral laws, namely in European Parliament elections, National Assembly elections and local elections law. After the so-called gender quotas entered into force, two general elections to the National Assembly (including the early election in 2011), two local elections and two European Parliament elections were held. The introduction of gender quotas has had positive effects on the increase of the share of women on the lists of candidates and the average share of women candidates has even surpassed legally determined minimum share in all elections. Introduction of quotas also proved effective in ensuring a relatively high percentage of women elected to the European Parliament in comparison to the overall share of women members of the European Parliament (43% in 2004, 28.5 % in 2009 and currently with an additional MEP after changes due to entry into force of the Lisbon Treaty and withdrawal of one male MEP 50 %), as well as in increasing women's representation in the National Assembly to 32 % (12 % in 2004, 13 % in 2008)⁵ and in municipality councils for 10 % in comparison to the share of female councillors elected prior to the application of legally binding gender quotas.

⁴Given the share in the overall population structure of the country, women are under-represented at all levels of political decision-making: in elective or non-elective political bodies as well as at national and local level.

⁵The analysis of national elections after the introduction of gender quota (2008) showed that political parties placed women candidates as heads of lists in the electoral districts where they had less chance to be elected, therefore the share of women stayed about the same as before the quota system (13 %). After the 2011 early elections the share of women increased to 32 %, mainly due to two new parties entering the Parliament, with a high share of women among elected MPs. Only after the next elections we will be able to observe whether this progress means the actual change of political culture or is just the result of the two parties not able to envisage in which electoral districts they have a better chance to be elected.

Legislated quotas prove to have a certain impact for the elections at all levels, for the European Parliament, the National Assembly and at a, however lower rate for elections of municipality councils. Nevertheless, in order to achieve balanced representation of women in political decision-making, further, appropriate mechanisms must be provided for, including proactive measures in all relevant legislation and special measures within political parties, which would facilitate women to enter and participate in politics. Furthermore, women politicians must have support in a wider social and political environment in which they opt to assume an active role in politics. In this context, the development of adequate political culture within parties and political bodies at the local, national and transnational level is of utmost importance.

Therefore, reconciliation between work and family life is one of the most important conditions for creating de facto equal opportunities for women and men in society, including as regards their active participation in political and economic decision-making. The traditional division of labour, manifested in men's lack to equally share the tasks associated with the organisation of the household and with the care and raising children and other dependents persons, is among significant factors inhibiting women's participation in political and economic decision-making. One of the examples of structural barriers that affect women's opportunity to participate on an equal footing with men is certainly limited access to adequate care services for dependent persons (children, disabled and the elderly) and absence of measures in the regulatory framework that would encourage women to share family reloaded burden with their partners.

In order to address demographic challenges, raise the quantitative and qualitative level of participation of women in the labour market, and encourage women and men to take an equal share of caring responsibilities, it is important to review the existing legal framework and to develop and implement further measures to promote gender equality and consequently to ease and accelerate reconciliation of professional, private and family life. Such legal and policy measures have a potential of transformative nature regarding elimination of traditional gender roles and stereotypes as well as changes in institutions so that they are no longer grounded in historically determined male paradigms of power and life patterns. Tackling effectively the stereotypical attitudes and behaviour that are among most persistent cause of inequality between women and men in all spheres and at all stages of life and influence their choice of employment and the sharing of domestic and family responsibilities, remains one of the national priorities.

To summarise the key challenges and needs in the Republic of Slovenia in relation to *Mainstreaming Gender Equality and Promoting Work-Life Balance* programme we can say that the main challenges in Slovenia are:

- Slovenia is aware that it must ensure full exercise of women's right to participate in public life and in political and economic decision-making at all levels. Slovenia is also aware that equality of women in this domain must be achieved by employing all appropriate measures and with no further delay.
- In order to increase the number of women on company boards, in management of public affairs in state bodies and bodies in local communities, amendments to change the relevant legislation and/or the electoral system should be prepared in a way that it would enable higher representation of women in elective bodies or in the management of public affairs.

- Support (also financial) to non-governmental organizations that work towards achieving gender equality should be increased and funds to projects and programmes of formal women's groups and groups for equal opportunities in political parties should be ensured.
- Awareness-raising campaigns and researches on the importance of women's participation in political and economic life should be promoted and special capacity-building initiatives for women and other beneficiaries should be organized.

Target groups

Major report on health inequalities in Slovenia has been published in January 2011⁶. This report clearly shows social gradient in health. The health of the social disadvantaged groups is worse than of those better off which calls for tailored made interventions. Relevant target groups were identified throughout the evaluation of policies and national programmes (e.g. Programme for Children and Youth 2006-2016, Analysis of the Preventive Services for Children and Youth at the Primary Health Care Level...) where users (target groups) were consulted using focus groups discussions, personal interviews and surveys.

In the area of public health in Slovenia there is no umbrella organisation that would involve all NGOs, such as public health alliance. Since early 2000 there is an ongoing development of NGO sector, also in public health and other relevant areas (e.g. social inclusion, inter-generational cohesion, life-long learning, risk groups representatives such as Roma associations, association for child protection etc.), NGOs mostly being active in their local environments. There are few partial umbrella NGO organisations at the national level. In the area of public health most of them cover narrow areas such as tobacco prevention, cardiovascular diseases, diabetes, etc., not broader public health topics. However, they are important partners in policy development as well as in implementing different public health programmes relevant to their areas of work. They were consulted during the preparation of strategic documents, which were basis for the priority areas and expected outputs of this programme, as well as in the evaluation of different national policies and programmes such as Programme for children and youth 2006- 2016, National Programme for Roma RS for the Period 2010-2015, and the Resolution on the National Programme for Preventing Family Violence 2009-2014.

Important target group for prevention are children and youth since there is a lot of evidence showing how important is good start in early childhood and that health inequalities and ill health are accumulating over lifetime. Socially deprived, culturally and educationally vulnerable young people (e.g. school drop-outs) that system interventions often miss are important target group of this programme. Young women from deprived communities (e.g. Roma) or with lower socio-economic status are also important target group, since evidence shows that women are the key agents for good health in the family in Slovenia. In particular cases (e.g. suicide, intentional self-harm, alcohol related diseases) adult population, especially men and adult population with multiple deprivation (e.g. chronically ill, low socio-economic status, unemployed) are the key target group. Depression, anxiety, suicide and dementia are serious problem in elderly; therefore, they are important target group for mental health prevention programs. For all

⁶Buzeti T. et al. Health Inequalities in Slovenia. Ljubljana: National Institute of Public Health, 2011.

identified target groups we plan to improve public health services through development of better more flexible and user friendly cross-sectoral mechanisms, pilot structures, programmes and interventions.

Relevant stakeholders (e.g. Women Lobby of Slovenia, Association of Against Violent Communication and CEE Network for Gender Issues) for gender equality were involved by the Office of Equal Opportunities and consulted during the preparation of the programme and were involved in identifying crucial areas of concern regarding awareness-raising and research on gender issues. Target groups will be actively involved in activities aiming at achieving the objectives and outputs of the programme and they will have the opportunity to be actively involved in development and implementation of the activities by themselves.

Important target groups for activities aimed at promoting participation of women in economic and political decision-making and for promoting balance between work, private and family life in order to equalize power relations between women and men are general public, NGOs, media, political parties, decision-makers at national and local level, social partners, business sector, working parents, children and elderly, etc. To ensure that objectives of the programme are achieved some activities should be focused specifically on women as a target group, however we should bear in mind that gender issues are not the same as women's issues and that understanding gender means understanding opportunities, constraints and the impact of change as they affect both women and men. For a long time, a commitment to promoting gender equality has focused on women's empowerment and been driven largely by women. This can be largely attributed to the fact that women are the ones mostly disadvantaged by the patterns of gender inequality. This belief has led many to assume that gender issues are only about women and of no concern to men and boys. However we would like to demonstrate that, men have an important role to play when it comes to ensuring gender equality and they need to be held accountable so that their actions and attitudes are examined also in the light of social and cultural norms, policies and practices. This means that men's awareness needs to be raised concerning the causes and results of their attitudes and actions on the people in their lives for the benefit of all.

An umbrella organization for Slovenian NGOs (Centre for Information Service, Co-operation and Development of NGOs) and Association of Municipalities and Towns in Slovenia will be involved in the work of the Monitoring Committee, however inclusion of their representatives in the preparation of the programme was excluded as a voting members, since this could in some cases cause a possible conflict of interest if these representatives (from individual NGOs) applied to open call under the Programme. A representative of the Association of Municipalities and Towns in Slovenia was interviewed at the external appraisal.

Public and private structures relevant to the Programme area

The steward of the health system in Slovenia is the Ministry of Health. The organizational structure within the health system is advanced and comprises numerous actors, including various agencies under the Ministry of Health (such as the Health Inspectorate); public independent bodies (such as the Health Insurance Institute of Slovenia (HIIS), Institute of Public Health of the Republic of Slovenia (IPH-RS)); (publicly owned) hospitals and primary care centres, as well as private providers of health services; and various nongovernmental organizations (NGOs) and professional associations.

Ministry of Health fulfils a role of supervision and control within the system. Fundamental reforms aiming to build up a modern health system were carried out in 1992. These consisted mainly of the introduction of compulsory health insurance; an approval process for private practice in the field of health care; introduction of co-payments for health care services; and a (re-)introduction of professional associations (such as the Medical Chamber and the Pharmaceutical Chamber).

Slovenia has a developed infrastructure for primary care that builds on general practitioners (GPs) and nurses, who are mainly employed in publicly owned primary care facilities. By the end of 2004 there were 64 primary health care centres and 69 primary health stations. These are distributed evenly across the country, which means that a primary health care facility is accessible within a distance of 20 km from almost all locations in Slovenia. The municipalities became the owners and founders of health centres at the primary level within their respective regions. They became responsible for defining a network of primary health care services within their region and ensuring appropriate investments for public providers at the primary level. The new task for the municipalities was to carry out programmes for improving the health of the population within the municipality and paying contributions for individuals without income.

Public health activities are mainly designed, implemented and monitored by the IPH-RS and nine regional institutes. Health promotion as a standard function of the public health institutes was introduced gradually throughout the 1990s and institutionalized only recently by the health reform of 2003, which redefined and strengthened the role of public health. In recent years, screening programmes were introduced for early detection of cervical cancer (2001), along with risk factors for cardiovascular diseases (2002), breast cancer (2008) and colon cancer (2008)⁷.

Since early 2000 there is an on-going development of NGO sector, also in public health and other relevant areas (e.g. social inclusion, inter-generational cohesion, life-long learning, de-privileged groups representatives such as Roma associations, association for child protection etc.), NGOs mostly being active in their local environments. There are few umbrella NGO organisations on national level. In the area of public health most of them cover narrow areas such as tobacco prevention, cardiovascular diseases, diabetes, etc., not broader public health topics. However they are important partners in policy development as well as in implementing different public health programmes relevant to their areas of work.

Similar to coverage of regional institutes of public health there are networks of regional centres for social care, employment agencies, development agencies, education offices etc.

Since 1992, the Office for Equal Opportunities was a central government gender equality policy-making body and performed a wide variety of roles and functions since its establishment. The Office was an autonomous government office with the main responsibility of the realisation of de jure equality of men and women and ensuring de facto gender equality in all spheres of life. In February 2012 the new Act on Government was adopted. Pursuant to its provisions the mandate and functions of the Office for Equal Opportunities are taken over by the Ministry of Labour, Family and Social Affairs (MoLFSA), the Equal Opportunities and European Coordination

⁷Albrecht T, Turk E, Toth M, Ceglar J, Marn S, Pribaković Brinovec R, Schäfer M, Avdeeva O and van Ginneken E. Slovenia: Healthsystemreview. Health Systems in Transition. 2009; volume 11(3): 1-168

Service, as the government gender equality body. The competencies of the government gender equality body are laid down in the Equal Opportunities for Women and Men Act and in the Implementation of the Principle of Equal Treatment Act. The MoLFSA carries out activities for promoting gender mainstreaming into all Government policies and, moreover, designs and monitors the implementation of measures for the elimination of gender-based inequalities in all spheres of life. The MoLFSA performs its duties in the area of gender equality in cooperation with line ministries and other public bodies, with international, domestic and foreign governmental and non-governmental organisations and other institutions as well as with foreign and domestic experts.

In compliance with the Equal Opportunities for Women and Men Act, an *Advocate for equal opportunities for women and men* started to work within the Office for Equal Opportunities in 2003, to hear cases of alleged unequal treatment of women and men. The Advocate will continue its work within the MoLFSA. The Equal Opportunities for Women and Men Act established a new mechanism for gender mainstreaming into Government policies and for the implementation and monitoring thereof. Each ministry appointed a coordinator for equal opportunities for women and men who, in carrying out her or his tasks, cooperate with the government gender equality body. The Equal Opportunities for Women and Men Act allows that self-governing local communities appoint a coordinator for equal opportunities for women and men who participate in the formulation and implementation of the gender equality policy at the local level and in that cooperates with the government gender equality body. Civil society organisations are important partners in the implementation of different projects, and they actively participate in ensuring gender equality by launching initiatives, reacting to legislative proposals and measures, monitoring situation, reporting on the status of women and men in Slovenia, highlighting any difficulties met by women in the enjoyment of their rights, etc.

NGOs and other civil society organisations are involved in the preparation of legislation, programmes etc. Their cooperation has been of vital importance since it is their work that makes identification and appropriate addressing of various problems in the everyday life of women and men possible.

Legislation relevant to the Programme areas

In the field of public health, the programme relates predominantly to the legislation on management of non-communicable chronic diseases, mental health and health inequalities. Important is also the legislation that impacts social determinants of health, such as education, employment, social protection, housing conditions, economic development etc, which significantly influence the health of individuals. In order to avoid too extensive list of legislation, we selected only the most relevant documents of EU and national legislation:

- Council conclusions of 8 June 2010 on Equity and Health in All Policies: Solidarity in Health;
- Council conclusions of 7 December 2010 on Innovative approaches for chronic diseases in public health and healthcare systems⁸;
- Communication from the Commission – Europe 2020: A strategy for smart, sustainable and inclusive growth⁹;

⁸OJ C 74, 8.3.2011, p.4

- Council Conclusions of 1 December 2009 on alcohol and health¹⁰;
- Council Recommendation of 30 November 2009 on smoke-free environments¹¹;
- Communication from the Commission of 20 October 2009 on “Solidarity in health: reducing health inequalities in the EU”¹²;
- World Health Assembly Resolution (WHA62.14) on reducing health inequities through action on the social determinants of health, and Resolution (WHA61.18) on monitoring of the achievement of the health-related Millennium Development Goals (MDG), both adopted, among others, by the EU Member States;
- Resolution EUR/RC61/R1 “World Health The new European policy for health – Health 2020: Vision, values, main directions and approaches” adopted at the meeting of the WHO Regional Committee for Europe on 14 September 2011;
- Commission White paper on Sport¹³;
- Council conclusions of 6 December 2007 on putting the EU strategy on nutrition, overweight and obesity related health issues into operation¹⁴;
- Commission White Paper “Together for Health: Strategic approach for the EU 2008-2013”¹⁵;
- WHO 2008-2013 action plan for the global strategy for the prevention and control of non-communicable diseases: prevent and control cardiovascular diseases, cancers, chronic respiratory diseases and diabetes¹⁶;
- An EU strategy to support Member States in reducing alcohol related harm¹⁷;
- The Republic of Slovenia. The National Programme for the Roma of the Republic of Slovenia Government for the Period 2010-2015. Ljubljana: 2010;
- Resolution on National Health Care Plan 2008-2013 “Satisfied users and providers of health services” (ReNPZV);
- Rules Amending the Rules for the implementation of preventive health care at the primary level;
- Health Care and Health Insurance Act (HCHIA);
- Act Amending the Health Services Act (ZZDej-I);
- Mental Health Act (ZDZdr);
- The Strategy of Prevention and Control of HIV Infection for the Period 2010 – 2015;

⁹7110/10 [COM(2011)2020]

¹⁰OJ C 302, 12.12.2009, p. 15

¹¹OJ C 296, 5.12.2009, p. 4

¹²14848/2009 [COM(2009) 567 final]

¹³11811/07 [COM(2007) 391 final]

¹⁴5612/07

¹⁵14689/07

¹⁶ISBN 978 92 4 159741 8

¹⁷COM(2006) 625 final

- The Republic of Slovenia. The Strategy of the Government of the Republic of Slovenia in the Field of Body (physical) Health Promotion Activities from 2007 to 2012. Ljubljana: 2007;
- Republic of Slovenia. Resolution on the National Programme for Preventing Family Violence 2009-2014;
- The Resolution on National Nutrition Policy Programme 2005-2010 (ReNPPP), Official Journal No. 39/2005;
- The Republic of Slovenia. National programme to Control Diabetes. Development Strategy 2010-2020. Ljubljana: 2010;
- The Republic of Slovenia. National Programme of Cancer Control in Slovenia, 2010-2015, Ljubljana: 2010;
- The Republic of Slovenia. Programme for Children and Youth 2006-2016, Ljubljana: 2006.

Relevant documents of EU and national legislation in the field of mainstreaming gender equality are:

- Equality between women and men is enshrined in the EU Charter of Fundamental Rights as a fundamental principle of the European Union (EU) and is one of the EU's main objectives and tasks¹⁸
- Article 157(4) of the Treaty on the Functioning of the EU (TFEU) allows the Member States to take positive action to achieve full equality in practice between men and women in working life.
- The Women's Charter adopted by the European Commission in March 2010 and the EU Strategy for Equality between Women (2010-2015) reaffirmed the European Commission's commitment to working to increase the percentage of women in positions of responsibility while equality in decision-making is one of five priority areas¹⁹ in both documents.
- The European Pact for Gender Equality (2011-2020) stresses the importance of promoting a better work-life balance for women and men throughout their life-course for the purpose of enhancing equality between women and men.
- Council Recommendation 96/694/EC20 invites the Member States to adopt a comprehensive, integrated strategy to promote the balanced participation of women and men in decision-making.
- The Constitution of the Republic of Slovenia determines that Slovenia is a democratic republic, governed by the rule of law, and a social state, which guarantees human rights and fundamental freedoms of all, irrespective of their ethnicity, race, gender, faith, political or other conviction, material standing, birth, education, social status, or any other personal circumstance.
- Equal Opportunities for Women and Men Act adopted in 2002, introduced a specific gender equality law in the Slovene legal system, which defines common policy orientations or the basis for an improvement of the status of women and for a creation of equal opportunities for women and men in particular areas of social life.
- Principle of Equal Treatment Act adopted in May 2004, further upgraded and extended the legal basis for ensuring equal treatment of persons in all areas of social life irrespective of personal circumstances, including on the grounds of sex.

¹⁸Article 2 and Article 3(3) TEU and Article 8 TFEU.

¹⁹The other priority areas are: equal economic independence, equal pay for equal work and work of equal value, dignity, integrity, an end to gender-based violence, and gender equality in external action.

²⁰OJ L 319, 10.12.1996.

- Resolution on the National Programme for Equal Opportunities for Women and Men, 2005-2013, a strategic document which defines objectives and measures as well as key policy makers for the promotion of gender equality in different areas of life of women and men, including economic and political decision-making, gender mainstreaming and reconciliation between public and private life, in the Republic of Slovenia in the period 2005 - 2013.

In the form of gender quotas in formulation of lists of candidates, temporary special measures were introduced in all three acts that regulate elections in Slovenia, namely the Election of Slovenian Members to the European Parliament Act, the Local Elections Act, and the National Assembly Elections Act.

3. Justification for the Programme strategy

With this programme, the Republic of Slovenia would like to build capacities to stimulate development and testing of new innovative approaches/models/interventions that build on local partnerships between NGOs, public institutions and local communities in order to achieve best possible outcomes and sustainability of public health initiatives. On the national level, this programme shall also focus on capacity building and training of public health professionals in the area of health inequalities, NCD prevention and mental health in collaboration with the Norwegian partner institutions.

According to the findings of the report “Health Inequalities in Slovenia” and the data available, the health of Slovenian population ranks high in comparison to other European countries, however groups with higher socioeconomic status improves faster and that individuals from different socioeconomic groups achieve their health potential to different degrees. Determinants (such as education, employment, income, social security and social networks) affect lifestyle, risk factors, use of health services, as well as other services and consequently cause differences in morbidity, mortality and life expectancy.

In Slovenia there is a significant difference in health status between the populations of municipalities with the highest and lowest income per capita (measured as income tax base per capita). Analyses have shown that in Slovenia socioeconomic conditions significantly affect also the lifestyle of the population, especially children in poorer families. Differences in health between the different population groups also affect life expectancy and mortality. Significant improvements in the population health outcomes can be achieved by improving conditions in the wider social, economic, and physical environment in which people are born, live, work, and age, as well as the improvement of accessibility and quality of health programmes and services.

Special emphasis will be placed on those target groups that system interventions often miss. Therefore national priorities²¹ include strengthening public health and primary health care capacities in the area of disease prevention and health promotion with specific focus on NCD, mental health and health inequalities. To gain the best possible outcomes life-course approach is being applied in order to offer tailored programmes to different age and social groups. To tackle risk factors for NCD jointly and to give attention to social gradient and vulnerable groups of population, recognising differences in gender will be stimulated within the programme.

²¹Republic of Slovenia, Upgrade of the Health System until 2020, Step Forward, Ljubljana: 2011

The programme aims to increase representation and participation of women at all levels of economic and political decision-making, build capacities in order to enhance accountability for integration of gender issues by national or local authorities and to stimulate development and testing of new innovative approaches in order to achieve best possible outcomes and sustainability of gender equality initiatives. Through cooperation with several Norwegian institutions involved in gender equality policy development, implementation, monitoring and evaluation at national, regional and local levels the programme aims to strengthen bilateral relations between the Kingdom of Norway and Republic of Slovenia in the area of gender mainstreaming and promoting work-life balance.

According to the data in Slovenian economic domain the share of women holding high and leading positions in commercial and business companies is considerably lower than the share of men. Even though there are no major gender differences in educational achievement of women and men in Slovenia and women having, on average, slightly higher level of education than men; gains in the educational achievement do not correlate to their holding of the top positions in the economic sector.

Furthermore, in Slovenia, the political domain is one of the areas where equal political rights of women and men and specific legal provisions related to gender balanced representation and equal opportunities of women and men in standing for elections have not proved to be effective in achieving gender equality in practice. The strategy of the Programme corresponds to the Slovenian national priorities to improve the situation of women and/or to advance development of effective gender equality policy and delivery of sustainable results.

For both programme areas within the programme, the same approach is used: narrowing focus of interventions to only 4 priority areas, capacity building in cooperation with partners from donor state and achieving sustainability of the programme through partnership. With focus on few priority areas and key target groups programme funds are concentrated and can more significantly influence development of capacity on the local, regional and national level in relatively short time.

Capacity building and training of public health professionals and relevant partners (education, social affairs, gender equity professionals) in all four priority areas mentioned below shall be designed and implemented with Norwegian partners in order to facilitate bilateral exchange of know-how and build long term bilateral cooperation. The aim of capacity building is also the adaptation of the most effective policies to the specifics of the Slovenian national context. Development and testing of new innovative approaches/models/interventions that build on local partnerships between NGOs, public institutions and local communities will be stimulated in order to achieve best possible outcomes and sustainability.

Programme area “Public Health Initiatives” will focus on:

- a. Three priority areas: i) health inequalities, ii) preventing NCD and iii) improving mental health.
- b. Disadvantaged and vulnerable across social gradient (e.g. Roma women, unemployed, school drop-outs, violence victims and causers, adult population with multiple deprivation, elderly).

- c. Children and youth.

Programme area “Mainstreaming Gender Equality and Promoting Work-Life Balance” will focus on:

- a. Three priority areas: i) economic decision-making, ii) political decision-making and iii) reconciliation of work and family life.
- b. Gender equality as a cross-cutting issue relevant for all the three priority areas concerned.
- c. Power relations between women and men as a cross-cutting issue relevant for all the three priority areas concerned.

4. Objective of Programme (expected impact)

Programme Area 27: Public Health Initiatives Programme objective: Improved public health and reduced health inequalities

Programme Area 28: Mainstreaming Gender Equality and Promoting Work-Life Balance Programme objective: Gender equality and work-life balance promoted

5. Programme expected outcome

#	Outcome	Indicator ²²	Description	Indicator value		Source of verification
PUBLIC HEALTH INITIATIVES						
1	reduced inequalities between user groups	number of actions taken to reduce inequalities in health through increased access	cross- sectoral mechanisms, solutions, tools, programmes, interventions, partnership structures on local, regional and national level	Baseline 0	Target 10	<ul style="list-style-type: none"> project reports field visits
		number of trained professionals in health inequality and related topics and issues	capacity of professionals for health equity and work with vulnerable groups improved	0	500	
2	life-style related diseases prevented or reduced	number of actions aiming to reduce or prevent life style related diseases at national / local level	cross- sectoral mechanisms, solutions, tools, programmes, interventions, partnership structures	Baseline 0	Target 15	<ul style="list-style-type: none"> project reports (attendance list) field visits
		number of trained professionals in life-style related chronic diseases prevention	capacity of professionals for work with vulnerable groups in life-style related chronic diseases prevention improved	0	300	
3	improved mental health services	new local structures for mental health	community based structures, developed on the basis of cross- sectoral cooperation and partnership	Baseline 0	Target 3	<ul style="list-style-type: none"> project reports field visits
		number of trained professionals in primary health care and mental health	capacity of primary health care and other professionals in mental health improved	0	100	

²²All indicators were selected on the basis of main objective of the programme to strengthen capacity of public health sector and relevant partners at all levels (national, regional, local) in the area of identification and targeting of health inequalities, non-communicable chronic diseases (NCDs) and mental health services. The success of the programme will therefore be measured by number of developed new more flexible tailor made and user friendly programmes and services, mechanisms and partnership structures. Professionals from different backgrounds trained to be able to deliver these programmes and services competently and capable of identifying and including vulnerable social groups in their implementation.

#	Outcome	Indicator	Description	Indicator value		Source of verification
MAINSTREAMING GENDER EQUALITY AN PROMOTING WORK-LIFE BALANCE						
1	awareness raised and research on gender issues promoted	attitudes towards gender roles changed ²³	<p>Activities aimed to learning how people perceive and understand gender equality, namely power relations between women and men, in order to inform the designing and implementing future policy responses in more effective and sustainable manner, raising awareness at national and local level, through data collection and public campaigns, increasing women's participation in economic and political decision-making positions and development of organizational and political culture based on gender equality.</p> <p>Exchanges and best practices to increase representation and participation of women at economic and political decision-making and identification of best practices from the donor and beneficiary states and their assessment of adaptation possibility to the specifics of the Slovenian national context</p> <p>Capacity-building to improve balance between work, private and family life, including trough review of the regulatory framework, and identification and assessment of best practices from the donor and beneficiary states.</p>	Baseline 0 ²⁴	Target 60%	<ul style="list-style-type: none"> • project reports • studies reports • analysis findings • communication materials (i.e. video, print materials etc.) • field visits • measured by survey (questionnaires) at the start and again at the end of the programme implementation period • outcome of the regulatory framework review

²³ Measured as possible by an ex-ante questionnaire and a survey/questionnaire at the end of the programme implementation. The questionnaire will be used to measure usefulness and satisfaction of target groups with regards to information provided through various activities of the program and pre-defined project. Change in attitudes will be measured by a level of satisfaction of the target groups on the basis of sub-indicators: - information provided useful; - increased understanding of the issue; - change in perception of the issue (willingness to act); - change in practices (capacity to act, first steps in place i.e. reviewing current practices).

²⁴ The indicator will be defined with a questionnaire regarding awareness used for specific target groups at the start and the end of the project. For a purpose of the Programme preparation baseline is put to 0. The target group results will be used as indicator as it is not feasible to measure changes in the general population.

6. Programme outputs

Outcome	Output	Output indicator	Indicator value		Source of verification
PUBLIC HEALTH INITIATIVES					
reduced inequalities between user groups	new equity oriented programs and services for different user groups developed and implemented	number of actions taken to reduce inequalities in health through increased access	Baseline	Target	<ul style="list-style-type: none"> project reports field visits
			0	10	
life-style related diseases prevented or reduced	new integrated programmes and services for life-style related chronic diseases prevention for different user groups developed and implemented	number of actions aiming to reduce or prevent life style related diseases at national/ local level number of new integrated programmes for life-style related chronic diseases prevention	Baseline	Target	<ul style="list-style-type: none"> project reports field visits
			0	15	
improved mental health services	improved local capacity for mental health	new local structures for mental health	Baseline	Target	<ul style="list-style-type: none"> project reports field visits
			0	3	

Outcome	Output	Output indicator	Indicator value		Source of verification
MAINSTREAMING GENDER EQUALITY AN PROMOTING WORK-LIFE BALANCE					
awareness raised and research on gender issues promoted	understanding of equal / unequal power relations between women and men in order to identify adequate responses to imbalances that persist in a gender-based power structure in society increased	target audience reached	Baseline	Target	<ul style="list-style-type: none"> - project reports - communication materials (i.e. video, print materials etc.) - analysis findings - studies reports - field visits
			0	50% ²⁵	
		number of implemented policies (action plans, measures)	Baseline	Target	
			0	2	
	number of good practices identified and assessed	Baseline	Target		
		0	2		
understanding of equal/unequal power relations between women and men increased (PRE-DEFINED PROJECT)	number of reports disseminated to target groups	Baseline	Target	<ul style="list-style-type: none"> - project reports - communication materials (i.e. video, print materials etc.) - analysis findings - field visits 	
		0	500		

²⁵**Target audience reach** is an estimate of the component of the [target audience](#) within the gross audience (100 %). It is measured as the sum of ratings achieved by a specific media (i.e. through communication campaign) of the target audience reached by communication product/material.

		level of satisfaction ²⁶	Baseline	Target	
			0 ²⁷	60%	
		target audience reached	Baseline	Target	
			0	50 %	
		number of implemented policies (action plans, measures)	Baseline	Target	
			0	2	
		number of good practices identified and assessed	Baseline	Target	
			0	4	

²⁶ Measured by standardised questionnaire to assess whether the information have been received by the target groups and whether they were useful

²⁷ Measured as possible by an ex-ante questionnaire and a survey/questionnaire at the end of the programme implementation. The questionnaire will be used in projects approved under the call for small grants and for predefined project. The indicator will be defined with a questionnaire regarding awareness used for specific target groups at the start and the end of the project. For a purpose of the Programme preparation baseline is put to 0. The target group results will be used as indicator as it is not possible to measure changes in the general population.

7. Target groups of the Programme

For all the three expected outcomes of the programme area Public Health Initiatives, the target groups are the same if we want to make a difference in short period of time. We decided to work on a universal programme with specific focus on socially disadvantaged and vulnerable groups with strengthening local community based services and structures.

- a. children and youth from socially deprived backgrounds, school drop-outs, children with special needs, learning disabilities etc., parents
- b. disadvantaged and vulnerable across social gradient (e.g. Roma women, unemployed, violence victims and perpetrators, elderly, unemployed, adult population with multiple deprivation)
- c. professionals working with disadvantaged and vulnerable groups and professionals working in public health, primary health care, education, social care and related fields, who need to be able to identify vulnerability, and social and health problems
- d. decision makers

The programme will have a primary influence on professionals working with disadvantaged and vulnerable groups and professionals working in public health, primary health care, education, social care and related fields, who need to be able to identify vulnerability, and social and health problems, persons active in different local structures and settings interacting with local population on daily basis, children and youth from socially deprived backgrounds, school drop-outs, children with special needs, learning disabilities etc., parents, disadvantaged and vulnerable across social gradient.

The programme will have a secondary influence on public health system through capacity building and strengthening of the local community based services and structures and on decision makers offering them new innovative and more effective solutions.

Mainstreaming gender equality and promoting work-life balance

Awareness raised and research on gender issues promoted

- Economic decision-making

Awareness-raising activities will have a primary influence on business leadership and recruitment nominating committees members, women managers, women aspiring to take managerial positions and decision-makers and public authorities on national and local level. Furthermore, awareness-raising activities will have secondary influence on general public, NGOs, media, social partners and Chamber of Commerce and Industry of Slovenia. Target groups were involved and consulted during the preparation of the programme and were involved in identifying crucial areas of concern regarding the improvement of gender balance on company boards. Target groups will be actively involved in activities aiming at achieving the objectives and outputs of the programme and they will have the opportunity to be actively involved in the development and implementation of the activities by themselves.

Slovenia is still facing many challenges such as the lack of awareness about certain legislation, measures etc. and a lack of public support for gender equality issues. To be truly effective and to bring about clear results for citizens and business the rights need to be known by those who apply them, by those who advise people on their rights and by those who benefit from these rights, and be applied consistently and effectively. This can be achieved by supporting capacity building and awareness-raising, strengthening networks and facilitating transnational cooperation.

- Political decision-making

Awareness-raising activities will have a primary influence on potential women candidates in the elections at the local and national level, members of the political parties and political parties' leadership, political parties, elected members of parliament and municipality councils, decision-makers and public authorities on national and local level. Furthermore, awareness-raising activities will have secondary influence on general public, NGOs, media and social partners. Target groups were involved and consulted during the preparation of the programme and were involved in identifying crucial areas of concern regarding awareness-raising and research on gender issues promoted. Target groups will be actively involved in activities aiming at achieving the objectives and outputs of the programme and they will have the opportunity to be actively involved in development and implementation of the activities by themselves.

Slovenia is still facing many challenges such as the lack of awareness about certain legislation, measures etc. and the lack of public support for gender equality issues. To be truly effective and bring about clear results for citizens, rights need to be known by those who apply them, by those who advise people on their rights and by those who benefit from these rights, and be applied consistently and effectively. This can be achieved by supporting capacity building and awareness-raising, strengthening networks and facilitating transnational cooperation.

- Reconciliation of work and family life

Activities for improving the balance between work, private and family life improved will have a primary influence on working parents, children and elderly. Furthermore, activities will have secondary influence on public authorities at local level, social partners, NGOs and media. Target groups were involved and consulted during the preparation of the programme and were involved in identifying crucial areas of concern regarding the improvement of balance between work, private and family life. Target groups will be actively involved in the activities aiming at achieving the objectives and outputs of the programme and they will have the opportunity to be actively involved in development and implementation of the activities by themselves.

Slovenia is still facing many challenges such as the lack of adequate solutions, knowledge and implemented pilot solutions and new forms to improve the balance between work, private and family life. This can be achieved by supporting capacity building, strengthening networks and facilitating transnational cooperation.

8. Bilateral relations

The programme in the area of public health initiatives has been designed and will be carried out and evaluated in partnership with the Norwegian Institute of Public Health. The latter shall also facilitate networking, exchange of knowledge, experience and good practice from the Norwegian side through bilateral relations and visits and assist in searching for project partners in Norway. In the programme area of gender equality, the exchange of successful national policies and best practices on gender equality in particular to promote balance between work, private and family life and to increase women's participation in economic and political decision-making will be an important tool for achieving programme outputs.

Bilateral funds will be implemented through 2 measures:

A) The search for partners for donor partnership projects prior to or during the preparation of project application, the development of such partnership and the preparation of an application for a donor partnership project;

This measure will be implemented by the PO in co-operation with the Embassy of the Kingdom of Norway in Budapest and with close involvement of the DPP. The Embassy confirmed the intention regarding the involvement in these activities, especially providing

contacts to interested potential project promoters. The Programme operator will organize at least one event in order to facilitate the possible partnerships.

B) Networking, exchange, sharing and transfer of knowledge, technology, experiences and best practices between project promoters and entities in the donor states;

For the Ministry of Health and the Ministry of Labour, Family and Social Affairs bilateral relations are of extreme importance. Therefore, the planned activities on different levels under this measure include:

- Study visits of Slovenian experts and policy makers to Norway in order to facilitate good practice exchange;
- Expert visits from Norway to Slovenia in order to facilitate transfer of knowhow and good practices to wider expert and policy makers audience in Slovenia (from cost-benefit perspective this is an important activity);
- Annual events and conferences with participation of Norwegian partners, if appropriate for decision-makers at the national and local level, for project promoters and wider professional public on the specific topics related to the programme area;
- Other information activities supporting networking, exchange, sharing and transfer of knowledge, information, experiences etc;
- Internships in Norway or partner countries in order to increase public health and gender equality capacity of professionals and policy makers at the national, regional and local level (possible financing from Scholarship fund).

The project promoters of selected projects for relevant programme area and the representatives of relevant institutions in donor countries and relevant donor institutions implementing similar projects will be invited to attend the events (conferences, workshops) organized in Slovenia.

The study visits in donor countries will be attended by representatives of relevant ministries / institutions dealing with the specific programme areas for the purpose of attaining knowledge and exchange of experience. If sufficient funds will be available, the study visits will also be attended by the project promoters of individual projects, selected on case by case bases.

9. Pre-defined projects

For each programme area one pre-defined project is proposed. The pre-defined projects were not included in the MoU because no contacts were established with programme partner or the potential project partners prior the signing of the MoU. These materialised after the signing of the Memorandum as explained below. After thorough discussions it was decided to propose the pre-defined projects for financing due to small size of the recipient country and with clear aim to optimize the results and targeting of the assistance. We believe that these are strong arguments which justify the use of the pre-defined project approach.

The cooperation between Slovenia and Norway within the programme areas Public Health Initiatives and Mainstreaming Gender Equality and Promoting Work-Life balance did not exist within the financial period 2004-2009. The idea for the predefined project under programme area Public Health Initiatives came into view after the MoU is signed. It was thoroughly discussed by the Ministries of Health of Slovenia and Norway. On the basis of this discussion the project proposal was developed by the National Institute of Public Health of Slovenia in cooperation with the Norwegian partner. The budget allocated for the Norwegian partner is planned at the amount of 63.130 €. Details are provided in the Annex II – Information on predefined project.

The suggestion for the predefined project under programme area Mainstreaming Gender Equality and Promoting Work-Life balance also emerged after the MoU was signed. It was thoroughly examined and consequently prepared by at the time Office for Equal

Opportunities in cooperation with the Norwegian Association of Local and Regional Authorities – KS (foreseen partner of Slovene project leader). A study tour to Norway took place where the pre-defined projects were elaborated and finalised in close co-operation with KS. The letter of intention between the KS and at the time Office for Equal Opportunities on future partnership within the pre-defined project is attached in Annex II – Information on predefined project.

The budget allocated for the Norwegian partner is planned at the amount of 34.800 €. The budget foresees also management costs which include project team staff costs (for management, coordination, accounting and secretarial work) to partially cover salaries of the project team. Details are provided in the Annex II – Information on predefined project.

The project in the area of Public health initiatives will focus on developing integrated models of preventative healthcare using a life course approach, improving accessibility to health prevention and care systems, capacity building and more efficient inter-sectoral collaboration, across four key fields of work: preventive healthcare for children and adolescents; education for health for pregnant women, children and adolescents; reducing chronic diseases in working populations and also programmes for elderly people.

An integrated approach has been chosen for the project, from the development to the professional and theoretical basis, use of evidence-based methods and recognised good practice, to feasibility testing and applicability of the models. It encompasses capacity building with knowledge transfer, development of human resources for implementation, evaluation on the project, development of monitoring and assessment of the programmes; the preparation of proposals for decision-makers (political level, legislation, future financing of programmes) as this will ensure long-term sustainability of programmes. The project will require the implementation of new and innovative ways of working, which will utilize cross-cutting the mess in the following areas:

- Pilot projects reaching disadvantaged groups.
- Guidance and tools for professionals.
- Education for health resources.
- Inter-sectoral approaches and training.
- User participation.
- Website development.

Activities of the project are the development of interdisciplinary implementation mechanisms piloted at the regional and local level (for example establishment of a social-health-educational network, groups of interdisciplinary expert sorcrisis teams), which are not current practice in our country, development of new tools such as screening questionnaires, educational material for target groups, recommendations and guidelines for professionals and decision-makers, and the development and testing of training programmes for users and experts in interdisciplinary teams.

The target groups of the project are:

- children, adolescents and parents,
- pregnant women, parents-to-be, young families,
- the adult population and the elderly,
- professionals and experts in healthcare, education and social care,
- decision makers at the national, regional and local level.

Expected outcomes

- Enhancing the development of integrated models of preventive healthcare towards reducing inequalities in health.
- The development of recommendations and tools for service providers for detection and efficient intervention in vulnerable and the disadvantaged groups.

- Capacity building and skill improvement for inter-sectoral methods for the reduction of inequalities in health.
- The development and efficient use of sources in education for health.
- Greater user participation in needs assessment and the development of health services

This project is very important for strengthening public health and primary health care capacity in whole country. Strengthening public health and primary health care is one of the key priorities in national health reform adopted by the Government in 2011. The aim of the reform is to ensure robust public health system performing key public health functions. National Institute of Public Health plays a key role with providing expertise and scientific ground for developments in this area. The institute was established to carry out key public health functions including health promotion, disease prevention and health protection, development of human resources in public health and primary care, lead research and development on public health and support policy development and implementation. There is a strong need to strengthen public health capacities for more proactive, action oriented and responsive approaches to current, complex public health problems.

In coordination with respective partners, National Institute of Public Health will develop and test tailored made programmes and interventions that should be later on integrated into the system and regular services. Therefore, it is clear that Institute is most relevant institution in the country that can perform such comprehensive project country-wide and provide an added value by securing sustainability. Norwegian partner has been chosen to perform scientific evaluation of the project due to its references in this field.

Pre-defined project fits very well with expected outcomes of the programme (see Annex II Predefined project).

The overall aim of the project in the area Mainstreaming Gender Equality is to increase understanding of equal/unequal power relations between women and men in order to identify adequate responses to imbalances that persist in a gender-based power structure in society. The sustainability of results delivered through implementation of gender equality policy is hampered unless we succeed in breaking this structure which is based and maintained on gender stereotypes and prejudices grounded in dichotomy of superiority/inferiority of women or men.

Pre-defined project fits into expected outcomes of the programme (see Annex II Predefined project).

10. Small grant schemes

A Small grant scheme with grants ranging from 50.000 – 250.000 EUR will be applied for the gender equality projects approved under the open call. Priority for funding will be given to projects requesting for grants of at least 100.000 EUR, but those involving smaller amounts will not be excluded if their national impact in meeting the programme's objectives will be significant.

In order to achieve the objectives defined in programme, the call for proposals will aim to finance the initiatives to support the gender equality policy and its priorities as determined by national strategic plan for equal opportunities between women and men.

The call for proposals concerns the co-financing of initiatives designed to:

1. Raise awareness of the importance of mainstreaming gender equality and to promote research on gender issues
2. Strengthen the capacity of public and private sector and general public in the area of identification, targeting and addressing gender inequality in regards to the objectives defined in the programme ;
3. Strengthen bilateral relations between the Kingdom of Norway and the Republic of Slovenia in the area of gender mainstreaming and promoting work-life balance;

4. Identify, develop, implement and/or support policies and activities that will challenge unequal power relations between women and men and thus unequal distribution of social power and influence between them, and increase representation of women in economic, political and public decision-making.

Measures which may be financed under the call for proposals include seminars/workshops, training sessions (including the training of instructors), and the design and distribution of tools (educational and methodological material, handbooks, impact assessment guides, reports, etc.), data collection and public campaigns etc.

11. Call

The PO plans to publish 1 open call for proposals for all programme areas of both EEA and Norway Programmes in the second half of 2013.

The minimum amount of project grant for the Programme “Public Health Initiatives” will be 170.000 EUR, while the maximum will be 1.000.000 EUR taking into account small total amount of the grants in the Republic of Slovenia. We expect mostly smaller projects from 170.000 EUR to 300.000 EUR, several mid- range projects from 300.000 to 500.000 EUR and few bigger projects above 500.000 EUR since investments into infrastructure will be not eligible under this tender.

For the programme area “Gender Equality and Promoting Work-Life Balance” the open call will be done through small grants scheme, for project grants between 50.000 and 250.000 EUR. Priority for funding will be given to projects requesting grants of at least 100.000 EUR, but those involving smaller amounts will not be excluded if their national impact in meeting the programme’s objectives will be significant. It is widely acknowledged that most NGOs, especially those promoting gender equality and women’s rights in Slovenia are excluded from applying for grants as they lack the institutional capacity and resources. As NGOs in Slovenia have an important role in promoting gender equality and women`s rights our aim is to give them the opportunity to apply for funds under this programme.

Public calls will be open for all eligible applicants in accordance with Article 6.2 of the Regulation with an exemption of private profit making entities, which will not be eligible to apply to the public call for proposals due to the nature of the programme. Partnerships between NGOs, public institutions and local and regional authorities and project partners from donor states will be strongly supported. Additionally, all activities co-financed under this programme will be free of charge for all target groups.

Public calls under the small grant scheme will be open also to commercial legal entities or network of entities. Participation and applications of commercial legal entities or network of entities will be limited to commercial legal entities or network of entities that will be able to demonstrate that at least three partners will be included in the project and will benefit from project’s results and that funds from the open call will be used for non-profit activities.

The publicity of the open call for proposals will be guaranteed. The call will be published in the Official Journal of the Republic of Slovenia, on the website of the National Focal Point and Programme Operator. In order to reach all potential applicants it will be publicised also in at least 2 national media as well in several local and regional media.

The call for proposal for the Programme Area 27 will cover all three programme outcomes, whereas the pre-defined project only addresses 2nd outcome. Further, the call will also cover the area of gender violence within budget for Outcome 1 under Programme Area 27.

In addition interdisciplinary projects that will involve partners from different sectors (education, social protection, police, public health...) nationally, locally or regionally will be also eligible. Potential applicants are NGO, local communities, schools, family centers, and public health services with the exception of the commercial entities. Partnerships among

different applicants will be encouraged. Predefined project is based on the concept of universal access with specific attention to socially disadvantaged groups, including Roma population, meaning that the Roma population will be treated in the same manner as any other socially disadvantaged group. However, the open call for the 27 Programme Area will address the Roma and one to two projects will be selected exclusively for Roma issues. Further information on Roma status is provided at the end of this Chapter.

The call for proposals for the programme area 28 will aim to finance the initiatives to support the gender equality policy and its priorities as determined by the national strategic plan for equal opportunities between women and men. The call for proposals concerns the co-financing of initiatives designed to:

1. Raise awareness of the importance of mainstreaming gender equality and to promote research on gender issues,
2. Strengthen the capacity of public and private sector and general public in the area of identification, targeting and addressing gender inequality;
3. Strengthen bilateral relations between the Kingdom of Norway and the Republic of Slovenia in the area of gender mainstreaming and promoting work-life balance;
4. Identify, develop, implement and/or support policies and activities that will challenge unequal power relations between men and women and, thus, unequal distribution of social power and influence between them, and increase representation of women in economic, political and public decision-making.

Measures which may be financed under the call for proposals include seminars/workshops, training sessions (including the training of instructors), and the design and distribution of tools (educational and methodological material, handbooks, impact assessment guides, reports, etc.), data collection and public campaigns etc.

Budget of the Norwegian FM Programme SI05 will be divided between Outcomes in the following way:

Programme area 27:

Outcome 1 – 3,093,500 €*

Outcome 2 – 4,034,000 € (including funds for pre-defined project in amount of 2,000,000€)

Outcome 3 – 2,061,311 €

*Note: Programme area 27, Outcome 1, covers also gender based violence and Roma issues.

Programme area 28:

Outcome 1 – 1,382,908 € (including funds for pre-defined project in amount of 425,000)

Predefined project is focusing on primary health care settings with the aim of building capacities, developing new tools, improving quality and strengthening cooperation with other services at the local level. A Call for proposals will cover a much wider arena of social determinants of health and mental health that lay outside the health sector. There is a potential for overlaps but this should be addressed through the selection process. It is expected that synergies between the two will emerge.

Information on the Roma Community in Slovenia is provided in continuation.

Constitutional status: Roma living in Slovenia have a special constitutional and legal status. The Constitution in Article 65 provides special statutory rights to the Roma Community living in Slovenia as a distinct community with special ethnic and cultural characteristics.

Normative framework -The Roma Community in the Republic of Slovenia Act: This special status is provided in the Roma Community in the Republic of Slovenia Act (Official Journal RS, No. 33/2007). In Article 6, the Act provides that for the purpose of coordinated

implementation of special rights of Roma community members, the Government, in cooperation with the self-governing local communities and the Roma Community Council of the Republic of Slovenia, shall adopt a programme of measures.

In compliance with this, the Slovenian government adopted the National Programme for Roma for the period 2010–2015²⁸, intended to cover all areas defined in the Act, that is, all areas where measures for improving the status of Roma and affective implementation of Roma community rights are necessary.

The National Programme for Roma was prepared by a working group appointed by the Government. Members of the working group were representatives from competent ministries and government bodies, from certain self-managed local communities and representatives of the Roma community. The working group carried out consultations concerning individual areas covered by the Programme, always in the presence of Roma community representatives. The National Programme for Roma was discussed and approved by the Government Commission for the Protection of the Roma Ethnic Community.

Roma themselves are included in all activities of resolving Roma issues. The Roma Union of Slovenia²⁹ is the organization for Roma societies and represents them in dialogues with national authorities. A separate government body named Roma Council has been established in order to monitor progress on Roma issues and to oversee the implementation of the National Programme for Roma for the period 2010–2015. Besides representatives of the Roma Union of Slovenia, relevant ministries are members of this Council (among others also the Ministry of Health).

Aside from legislation, care for the realisation of special rights of the Roma community and the improvement of its status is incorporated in numerous programmes, strategies and resolutions. The Institute of Public Health has conducted a study into access to health care for Roma and special health information campaigns aimed at Roma are run by the Ministry of Health and associations concerned with protecting Roma rights.

An example of good practice in the area of healthcare is the "Health promotion strategy and action plan for tackling health inequalities in the Pomurje region"³⁰.

Above described structure will be consulted in the process of the Tender preparation to ensure that Call will adequately cover also the issues of Roma population.

²⁸available at http://www.arhiv.uvn.gov.si/fileadmin/uvn.gov.si/pageuploads/pdf_datoteke/NPUR_2010-2015-en-18.3.2010.pdf

²⁹available at <http://www.zveza-romov.si/index,2,0.html>

³⁰available at <http://www.zzv-ms.si>

Distribution of funds:

	EEA FM (eur)	National co- financing	Total (eur)
Programme area 27 “Public Health Initiatives”	9,188,811	1,621,555	10,810,366
Public call	7,188,811	1,268,614	8,457,425
Outcome 1	3,093,500	545,912	3,639,412
Outcome 2	2,034,000	358,941	2,392,941
Outcome 3	2,061,311	363,761	2,425,072
Pre-defined project Health (Outcome 2)	2,000,000	352,941	2,352,941
Programme area 28 “ Mainstreaming Gender Equality and Promoting Work-Life balance”	1,382,908	244,043	1,626,951
Public call – Outcome 1	957,908	169,043	1,126,951
Pre-defined project Gender (Outcome 1)	425,000	75,000	500,000
Funds for bilateral relations	248,482	43,850	292,332