



Annual Programme Report No.2 Norway Grants 2009-2014

Programme CZ11 – Public Health Initiatives

Reporting period: 1.1.2014 – 31.12.2014

Programme Operator: Ministry of Finance of the Czech Republic

Programme Partner: Ministry of Health of the Czech Republic

**Donor Programme Partner: Norwegian Institute of Public Health,
Kingdom of Norway**

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1. Executive summary

The report covers the period from 1 January 2014 to 31 December 2014 and gives an insight into the Programme CZ11 – Public Health Initiatives. It also brings an overview of the relevant activities and developments during the given period.

The main objective of the Programme is improved public health and reduced health inequalities. The Program was approved on 8 April 2013 and is expected to be implemented till April 2017. It is financed through the Norway grants in a total amount of EUR 19 180 000. The Programme focuses on two priority areas that have been underfinanced for a long time and have not been paid sufficient attention to:

- I. Psychiatric care
- II. Health care for children

The data shows the trend of decreasing number of beds in psychiatric hospitals. There were 18 psychiatric hospitals with 8 847 beds by the end of 2012 (with 188 beds detached for children) and 3 specialized hospitals just for children with the capacity of 250 beds. Compared to 2011 there is decrease in the number of beds in amount of about 157. In comparison with 1990 the number of beds decreased of 30 %.

The Ministry of Health of the Czech Republic created and approved the psychiatric care reform in 2014. The strategy aims at improving the quality of life of the mentally ill people. The quality of life is closely connected with fulfilment of rights of mentally ill. Therefore, the main goal of the Strategy focuses on implementation, enforcement and fulfilment of rights of mentally ill in the widest possible interpretation.

The area of mental health is underfinanced even in comparison with other domestic areas focused on somatic medicine.

The preparation of open calls for both activities was taking place at the beginning of the year 2014. Comments by the Donor Programme Partner and by the Financial Mechanism Office were incorporated into the call's text. At the same time, the basic conditions and responsibilities related to translation and project realization were prepared as well as the Guidelines for applicants.

Calls for Activity I. "Psychiatric Care" and for Activity II. "Healthcare for children" were announced on 12 June 2014.

Focus of the open Call for Activity I. "Psychiatric Care" was defined as following:

Global focus of the activity:

- Increase the quality and efficiency of healing processes with the objective of reducing the length of hospitalization of psychiatrically ill individuals.
- Improvement of healing process, de-stigmatization and transformation of psychiatric care.

The allocation within the open Call was set on 7 561 061 EUR.

Focus of the open Call for Activity II. "Health care for children" was defined as following:

The global cohesive objective of this area is improvement of the child population health through prevention. Both sub-activities are focused on primary prevention (child injuries), secondary prevention (child injuries, and consequences of health problems) and tertiary prevention.

Global objective of activity: improving the child population's health through implementation of prevention activities.

Specific objective: support of primary, secondary and tertiary prevention activities.

Activity will be fulfilled through the following sub-activities:

- II.a Prevention of child injuries
- II.b Prevention of illness' after-effects and health problems in childhood

The allocation within the open Call was set on 4 210 162 EUR.

The Call for Activity I. was finished on 12 September 2014. 15 grant applications were submitted. Next step was the selection process (described in the Chapter 5). During the meeting of the Selection Committee on 27 November 2014, 12 Applications were approved. The verification process has been carried out by the Programme Operator since then. Till the end of 2014 no Grant agreement was issued. Therefore, no project could have been started.

The Call for Activity II. was finished on 31 August 2014. 14 grant Applications were submitted. 3 Applications were submitted into the sub-activity II.a and 11 Applications into the sub-activity II.b. Next step was the selection process (described in the Chapter 5). During the meeting of the Selection Committee on 20 November 2014, 14 Applications were approved. The verification process has been carried out by the Programme Operator since then. Till the end of 2014 no Grant agreement was issued. Therefore, no project could have been started.

Pre-defined projects were approved during the year 2014 as well. Project started to be implemented on 1 September 2014. Preparation tasks, meetings of project teams and the realization of expert activities started to be carried out at the end of the year 2014.

Calls for Submission of Applications for Small Grant Scheme from Norway Grants 2009-2014 for Activity I. "Psychiatric care" and for Activity II. "Healthcare for children" were announced on 15 October 2014. Seminars for applicants were organized on 30 October 2014 and 4 November 2014.

Focus of the Call for SGS for Activity I. "Psychiatric Care" was defined as following:

- De-institutionalization - to support measures aimed at the de-institutionalization of mental health care through the improvement of alternative forms of psychiatric care, including community-based care, and to support patients and their families (sub-component A);
- Destigmatization - to support measures aimed at destigmatizing mentally ill patients and the field of psychiatry in general (sub-component B).

Focus of the Call for SGS for Activity II. "Health care for children" was defined as following:

Global target of the SGS is the development of activities of non-governmental organizations in the area of healthcare for children (prevention of injuries, after effects of diseases and health problems in childhood) and in the area of health care for rare diseases patients.

Deadline for submitting the Applications was on 30 December 2014. In total, 82 Applications were submitted. 60 Applications were submitted into the Activity I. "Psychiatric care" and 22 Applications into the Activity II. "Healthcare for children".

The Call for submission of Applications into the Fund for bilateral cooperation, Measure A, was announced of 3 April 2014. The Call aimed at the support of eligible applicants in finding the partner organization in Norway. Among supported activities, there were business trips to Norway, participation

in contact seminars, expert conferences, etc. There were 9 applications submitted in 2014, all of them were realized.

Two meetings of Cooperation Committee took place in 2014. All tasks related to the implementation of the programme were discussed at the meetings. The Norwegian partner expressed concerns about the short time period for projects' realization.

At the end of August 2014 the risk analysis of the Programme was updated by the Programme Operator (MoF) in cooperation with the Programme Partner (MoH). One of the risks is the time risk caused by limited time for the whole programme implementation, and also the delay of the programme start. Mitigation measures consist of appropriate setting of the parameters for the calls, project selection with regard to their time implementation and following the rules stated in the issued management and control system manual and other guidelines necessary for the programme implementation.

There is also a risk of insufficient resources for the Small grant scheme for the Activity I. which, on the other hand, could be covered by the savings from the Open call for the Activity I. The risk, as well as the suggested solution, is described in the Chapter 8 of the Report.

2. Programme area specific developments

Development of the area of Psychiatric care

The number of mentally ill people is growing in past years. The lack of time for rest, strengthening of activities focused on higher performance, etc. belongs among factors of the trend. Such trend was documented by increasing number of examinations carried out in psychiatric departments of hospital or in psychiatric hospitals as such. There were 2 834 000 examinations carried out in psychiatric ambulances. Compared to the previous year 2011 there is an increase of 1% (34 745 examinations more) and compared to year 2000 the number increased about 38 % (775 992 examinations more). Anxiety disorders, mood disorders, somatofob disorders, addictions, child / adolescent disorders, psychotic disorders, personality disorders, mental retardation and eating disorders belongs among the most frequent diagnosis.

In contrary, availability of psychiatric care in the Czech Republic is still insufficient, it has been underfinanced and compared to other EU countries its development has been neglected and delayed. Expenditures on mental health in the Czech Republic achieves about 2,91 % from the Health care budget (other EU countries vary from 5% to 10%) which corresponds to 0,26 % of GDP (EU average is 2% of GDP). The area of mental health is underfinanced even in comparison with other domestic areas focused on somatic medicine.

The data shows the trend of decreasing number of beds in psychiatric hospitals. There were 18 psychiatric hospitals with 8 847 beds by the end of 2012 (with 188 beds detached for children) and 3 specialized hospitals just for children with the capacity of 250 beds. Compared to 2011 there is decrease in the number of beds in amount of about 157. In comparison with 1990 the number of beds decreased of 30 %.

Very important part of psychiatric care constitutes the acute care which is complementary to community care and to care in family environment. The network of psychiatric departments in hospitals is insufficient in both the extent and the functions. The psychiatric care is provided by 31 psychiatric care departments within hospitals which means that major part of acute care is being provided also by psychiatric hospitals. The current situation in the Czech Republic, characterized by the increasing number of mentally ill patients, calls for the revision of current system of care for mentally ill patients.

The Ministry of Health of the Czech Republic created and approved the psychiatric care reform in 2014. The strategy aims at improving the quality of life of the mentally ill people. The quality of life is closely connected with fulfilment of rights of mentally ill. Therefore, the main goal of the Strategy focuses on implementation, enforcement and fulfilment of rights of mentally ill in the widest possible interpretation.

Specific targets of the Strategy: 1/ Through the change of the system, increase the quality of psychiatric care and its providing, 2/ Decrease the stigmatization of mentally ill patients and the area of psychiatric care in general, 3/ Increase the satisfaction of patients (users) with provided care, 4/ Increase the effectiveness of psychiatric care through early diagnosis and identification of hidden psychiatric illness, 5/ Increase the rate of successful integration of mentally ill patients back to society (improvement of employment, education, housing conditions, etc.), 6/ Improve the interdependence of health, social and other related services, 7/ Humanize the psychiatric care.

Development of the children healthcare

1. Child injuries

Injuries are supposed to be the biggest healthcare problem in childhood – such injuries are causing the 40 % of death injuries of kids younger than 14 years old in the developed countries. Child injuries have a specific place among other causes of illnesses, because injuries threaten mostly the young healthy persons. Within the adult population, injuries are the third most common cause of death, among the children and adolescent are on the first place.

In the Czech Republic, the child or adolescent dies because of the injury every other day. In comparison with the developed countries like Sweden or Switzerland the number is almost double. The current trend of number of deaths caused by injuries is decreasing of both children and adolescents. The number decreased by half in the past 10 years. Meanwhile in 2005 the death rate in the Czech Republic was 7 deaths for 100 000 children, in 2010 it was 4,3 deaths on 100 000 children.

However the child death rate caused by injuries has been decreasing annually, the total amount of injuries requiring medical treatment hasn't decreased that rapidly. 35 000 children and adolescents are being hospitalized annually because of injury and more than 550 000 children and adolescents got injury which requires medical treatment. Every 5th child per year gets injured and needs the medical treatment in the Czech Republic. Injuries constitute the most frequent causes of child illnesses and death rate.

The implementation of the National action plan on child injuries prevention for period 2007-2017 has continued. Activities of interdepartmental working groups in the area of support of prevention activities, education and interdepartmental cooperation belong among identified tools. Implementation of the National action plan will be supported by the PDP 2 and within its framework the National centre for child injuries prevention will be created.

2. Prevention of illness after-effects and health problems in childhood

Data related to infant mortality didn't change in comparison with previous period. The Czech Republic still belongs among countries with the lowest infant death rate. Trend of premature births depends on demographical trends and relates to the factors such as postponing the family life, rise of people with university education and other factors. The Ministry of Health of the Czech Republic is trying to decrease the number of multiple births coming from artificial inseminations that result in most significant perinatal burdens.

Perinatal centres constitute the most significant bodies in the area of prevention that provide neonatology care and provide the network of paediatrics. The cooperation among experts is also important part of this area.

3. Rare diseases

Field of rare diseases shows stability as well. The activities and cooperation among experts (national as well international) constitutes also the most important element. As an example, expert conferences, such as the Conference on Rare Diseases financed from EU Third Health Programme that took place in Prague on 2, 3 December 2014. Further, there is a gradual work being carried out on the implementation of the National strategy for rare diseases for the period 2010-2020. The biggest problem, however, is still a lack of funds needed for other activities.

This area will be supported by the implementation of PDP3 that supports activities of the National Coordination Centre for Rare Diseases. Project has started on 1 September 2014.

3. Reporting on outputs

Outputs will be reached through the implementation of particular projects. Only the implementation of three PDPs began at the end of the year 2014, thus there was no progress regarding this area. In 2014 there were announced 4 calls with the following expected outputs:

Open call – Activity I. Psychiatric care

OUTPUT : “Implementation of the comprehensive rehabilitation system in the mental hospitals”

Open call – Activity II. Child care

OUTPUT : “Development of primary and secondary prevention focused on reduction of after effects of diseases, injuries and health problems in child age”

SGS Activity I. Psychiatric care

OUTPUT : Development of activities of non-governmental organizations in the area of healthcare for mentally ill patients focused on deinstitutionalization of care, including support to patients and their families and destigmatization of the mentally ill patients.

SGS Activity II. Child care

Output : Development of activities of non-governmental organizations in the area of healthcare for children (prevention of injuries, after effects of diseases and health problems in childhood) and health care for rare diseases patients.

During the last quarter of 2014, the PDPs were approved, the confirmation of the additional conditions letter was sent to the Ministry of Health. The implementation of the three PDPs began on 1 September 2014 officially. There was no substantial progress in the implementation until the end of the year.

Output	Output indicator	Planned	Estimated target to be achieved
Setting the system of new approach to the rehabilitation of patients (PDP1)	The number of created systems of the new approach to rehabilitation of patients	1	1
Centralization of activities in the field of health care for children in the Czech Republic (PDP2)	The number of established centres on the national level	1	1
Centralization of activities in the field of health care for children in the Czech Republic (PDP3)	The number of established centres on the national level	1	1

The Evaluation Committees for the two activities under the Open Calls held two meetings – on 20 November 2014 (Activity II) and 27 November 2014 (Activity I). The letters with the confirmation of the grants will be sent to the successful applicants in January 2015, the implementation of the projects will start in the first quarter of 2015.

4. Reporting on Programme outcome(s)

Outcomes will be reached through the implementation of particular projects. Only the implementation of the PDP projects started in 2014, thus there was no progress regarding this area.

Until the end of 2014, it was not possible to measure the progress and shift towards the outcomes. The implementation of PDP projects began during the last quarter of 2014 (officially on 1 September), the implementation of the projects under the Open Calls will start in the first quarter of 2015 and the SGS projects are to be evaluated and approved also during the first quarter of 2015 as the Call for SGS projects was open until the end of 2014.

Only after the implementation of all kinds of projects starts, we will see how the outcomes of the Programme, as they were expressed in the Final programme proposal and Programme Agreement, are being fulfilled.

4.1. Progress on horizontal concerns

The Programme CZ11 is created in accordance with democratic principles, human rights, labour rights and good governance. Protecting human rights and empowering vulnerable groups, such as minorities and the Roma population, is a horizontal concern for the EEA and Norway Grants in the Czech Republic. The Programme promotes a multicultural dialogue and integration of national minorities, aiming at improved health care which is available to all patients regardless of race and culture.

Horizontal concerns will be implemented through the individual projects (Open Calls, PDPs, SGS). In 2014, only the PDP projects were approved and the implementation had started at the end of 2014 so there was no considerable development in this area.

5. Project selection

The evaluation and selection process within open Calls was carried out in November 2014 by the Programme Partner as stated in the Programme Agreement between the Programme Operator and the Programme Partner.

Grant Applications were submitted through the information system CEDR. The administration of projects has been carried out in CEDR as well.

Selection process consists of several following steps:

1) Assessment of formal requirements and eligibility

Assessment of formal requirements and eligibility of applications were carried out by Programme Partner's representatives. Assessment focused on meeting formal requirements and submission of all compulsory annexes. Assessment of eligibility was focused on applicants' eligibility within particular Call, on meeting of the given criteria and on the meeting rules of public support.

In total 29 Applications went through the assessment of formal requirements and eligibility. One applicant withdrew the Application during the assessment. In total 28 Applications passed the assessment of formal requirements and eligibility, 14 Applications within the Activity I. "Psychiatric care" and 14 within the Activity II. "Healthcare for children."

2) Evaluation of quality

Every Application was assessed by two external evaluators. The final score of an application was calculated as an arithmetic mean of the scores granted by each evaluator. In case the difference between total scores of different evaluators exceeded 30% of the value of the higher granted score, the application was evaluated by a third evaluator. External evaluators were chosen from a database according to the stated experience in the field and experience with project evaluation. The information system CEDR nominated evaluators from the database randomly to the particular Applications. Evaluators were assessing Applications in line with given evaluation criteria. Evaluators had the option to propose cuts in budgets of particular Applications as well.

Following the step of evaluation process, there was the meeting of Evaluation Committee which decided about recommending or refusing the projects for financing. Evaluation Committee had six members, each of them with a right to vote.

In total, 28 Applications passed the quality evaluation, 14 within the Activity I. "Psychiatric care" and 14 within the Activity II. "Healthcare for children".

All 28 Applications were discussed by the Evaluation Committee. The meeting of Evaluation Committee took place on 20 November 2014 (for Activity II.) and on 27 November (for Activity I.). The Evaluation Committee for Activity I. "Psychiatric care" recommended 12 project Applications for financing and didn't recommend 2 project Applications. Evaluation Committee for Activity II. "Healthcare for children" recommended all 14 Applications that had been submitted.

3) Verification of Programme Operator

Programme Operator performed a verification of the evaluation process. Based on the outcomes of the quality evaluation and on the outcomes of the verification, Programme Operator decided about the approval of grants for the Applications.

All the Applications recommended by the Evaluation Committee have gone through the verification process.

The SGS call was launched on October 15 by the Programme Partner. The Programme Partner is the Operator of the SGS call based on the Partnership Agreement between the Programme Operator and Programme Partner. The SGS call was closed on 31 December 2014. The selection process will be managed during January and February 2015. The selection process is in general very similar to the process held within the Open Call with the exception that the applications will be submitted in paper version directly to the Programme Partner, therefore applications will not be managed in the electronic system IS CEDR. Project applications will be assessed by the Programme Partner in following steps. The process will start by assessment of formal requirements and eligibility. Applications which fulfil all the necessary criteria will proceed to the second step – evaluation of quality. Every application will be assessed by two external evaluators. Next step in the process is the evaluation by the Evaluation Committee which will recommend or reject the assessed projects. The Programme Operator will verify the selection process as well as in the Open call.

6. Progress of bilateral relations

Bilateral relations have been implemented on the Programme level as well as on the projects' level. Several activities were performed on the Programme level in 2014. Further, the Fund for bilateral cooperation supported the partnership within submitted Applications. Within the Fund for bilateral cooperation, Measure A, the contact seminar took place on 23 April 2014 in Prague. Among the participants, there were also representatives of 7 Norwegian organizations who offered the possibility of partnership to the Czech applicants. Representatives of Donor Programme Partner, the Norwegian Institute of Public Health, were present as well.

The Call for submission of Applications into the Fund for bilateral cooperation, Measure A, was announced on 3 April 2014. The Call aimed at the support of eligible applicants in finding the partner organization in Norway. Among supported activities, there were business trips to Norway, participation in contact seminars, expert conferences, etc. There were 9 applications submitted in 2014, all of them were realized.

Two meetings of Cooperation Committee took place in 2014. All tasks related to the implementation of the programme were discussed at the meetings. The Norwegian partner expressed concerns about the short time period for projects' realization.

6.1. Complementary action

There were three events financed from the Complementary Action that took place during the monitoring period. These events were organised by the Norwegian partner. The Norwegian Institute of Public Health together with the Programme Operator organized a few regular meetings with Programme Operators from particular countries focused on Public Health Initiatives (PA 27).

- 1) Meeting of the Programme Operators called "Pre-Conference Programme Operator Meeting", Lisbon, Portugal (June 5 - 6, 2014).
- 2) Meeting of the mediators called "Programme Operator Meeting", Talin, Estonia (December 2-4, 2014).

The main aim of the meetings was an exchange of experience related to the realization of the particular programme. The meeting was open to all ten countries implementing the Norway/EEA Grant 'Public Health Initiatives'. The Czech Republic was represented by the Ministry of Health. Ministry of Finance (PO) also participated in the seminar regarding the dealing with irregularities in the programmes – the seminar was held within the Programme Operators Meeting in Tallin, Estonia on 4 December 2014.

3)The third complementary action was organized by the Polish Ministry of Health together with the Norwegian Ministry of Health and the Norwegian Embassy in Poland. The conference named "Ageing Society – Untapped Potential" was held in Warsaw on 25 and 26 November 2014 and was focused on the problem of population ageing.

7. Monitoring

Due to the facts that the Call for projects and the SGS call were open until the end of the year 2014, no grant agreement for the Open call projects was issued before the end of the year. The realization of the PDPs began during the last quarter of 2014, no monitoring activities have been carried out yet.

The first monitoring reports for the PDP projects (PDP 1-3) are to be awaited during the first quarter of 2015.

The second Steering Committee took place on December 1, 2014, at the Ministry of Finance of the Czech Republic. The development of the projects (PDPs) and progress in the evaluation process (Open Calls for the Activity I and II) was discussed between the representatives of the Ministry of Health and the Ministry of Finance.

On December 12, 2014, the Programme Operator has launched an open tender for the technical assistance which will conduct the Programme Operator's on-the-spot controls. The deadline for the bids within the tender is on January 29, 2015. The tender covers the on-the-spot controls of the projects and small grant schemes from all 10 programmes for which the Programme Operator is in charge.

The Monitoring plan for the year 2015 for the PDPs and the SGS projects is enclosed to this report.

8. Need for adjustments

During 2014, there was a need of modification of the Programme Agreement. Specifically, it was necessary to adjust the PA to be in line with need of Open calls and SGS. Mostly the changes of the PA aimed at a change of articles where the description was too simple, not enough specific. It is just an example of the first modification which was made during May 2014. The Open call aims at specific organizations which provide health care for the patients. However, there was no rule in the PA that the applicant has to have a certificate to provide specific health care. Also it was noted in the adjustment that the applicants are not limited regarding their legal form. The second modification of the PA was realized during September 2014 and addressed the fact that, based on the Regulation, Church institutions were not considered to be eligible applicants. However, in the Czech Republic these institutions represent very important part of the Health care system. Therefore Church organizations which provide health care service were included as eligible applicants.

Within the evaluation process of the open Call for Activity I. "Psychiatric care", there were 12 grant Applications approved of total grant amount of 172 694 574 CZK. Approved allocation for Activity I. was 200 368 116 CZK. Therefore, it resulted in an overlap of 27 673 542 CZK that wouldn't be granted. Within the Call for Small grant scheme for Activity I. "Psychiatric care" there were 60 Applications submitted of total grant amount of 95 286 149,63 CZK. Approved allocation for Small grant scheme for

Activity I. "Psychiatric care" was 60 907 255 CZK. Approved allocation has been exceeded by applied amount over 34 378 894,63 CZK.

In order to secure the effective utilization of funds and to achieve the Programme targets, the Financial Mechanism Office will be asked to increase the allocation for SGS for Activity I. "Psychiatric care" so all the high quality and beneficial projects suggested by the Selection Committee could be realized.

The allocation for SGS Activity I. "Psychiatric care" will be then increased by 20%. The FMO will be asked for allowance of the exception from the Programme rules. The supported projects aim at fostering and developing the public society. The role of public sector is very important, especially in the area of public health.

9. Risk management

At the end of August 2014 the risk analysis of the Programme was updated by the Programme Operator (MoF) in cooperation with the Programme Partner (MoH). One of the risks is the time risk caused by limited time for the whole programme implementation, and also the delay of the programme start. Mitigation measures consist of appropriate setting of the parameters for the calls, project selection with regard to their time implementation and following the rules stated in the issued management and control system manual and other guidelines necessary for the programme implementation.

Another risk is that the reduction of the grant size does not necessarily increase the number of the applications. The ensuing risk might be receiving too few applications because the applicants tend to be interested in larger projects. Reductions in grant amounts may lead to a greater number of projects which may put a heavier burden on the PO or the PP (or both) regarding the administration of the projects.

There is also a risk of insufficient resources for the Small grant scheme for the Activity I. which, on the other hand, could be covered by the savings from the Open call for the Activity I. The risk, as well as the suggested solution, is described in the Chapter 8.

Nevertheless, the Programme CZ11 still belongs among the main risky programmes. According to the 3rd Strategic report 2013-2014, the Programme is the fourth most risky programme. Time risk, programme absorption capacity and specific programme risks such as failure to fulfil the indicators, insufficient projects' quality, communication risk or personal changes in key positions are those that threaten the programmes' realization the most.

10. Information and publicity

The informing about the Programme and publicity have been carried out on two levels. Within the first level, Programme level, there were realized activities related to the Calls' announcement (both open Calls and Calls for SGS).

Announcement of each Call was published on the webpages www.mfcr.cz, www.mzcr.cz, www.norwaygrants.cz. Announcement of each Call was also published in the daily press and in the expert journals focused on particular topic.

Another activity within publicity was organization of seminars for applicants that took place in Prague and Olomouc after the Call announcement. All the eligible applicants were allowed to participate in the seminars. Purchased promotion materials were distributed during the seminars.

Prior to the launch of the Open calls and call for SGS, the Programme Partner organized a Contact Seminar for the potential applicants and their partners on 23 April 2014. The Seminar was organized

with the DPP and several Norwegian institutions also participated in it. The Seminar had a positive impact on the future applications in a sense that some of the institutions prepared grant applications in cooperation with each other. During the Seminar, every organization had a short presentation and the Programme CZ11 was introduced including its expectations and goals.

In February 2015, an educative seminar under the Open calls for the successful applicants is planned in cooperation between the PO and the PP. Contact seminar for the successful applicants under the SGS is not planned as all the relevant information was provided and communicated during the seminar in April 2014.

11. Cross - cutting issues

Good governance, sustainable development and social cohesion are the three main cross-cutting issues under the financial mechanisms. The Programme is still in its initial phase, therefore the contribution to the cross-cutting issues has not been significant.

Good governance

The Programme has been proposed in accordance with the 3E rules – economy, efficiency and effectiveness, with the effort to maximize allocated resources. The transparency of information has been respected during the implementation of this Programme. Relevant and clear information has been available to all involved persons. The Programme Operator, the Ministry of Finance of the Czech Republic, has defined procedures for ensuring that the principles of good governance are followed at all phases.

Sustainable development

Within the scope of the economic sustainability of the Programme, the financial resources from the Norwegian Funds were divided between priority areas in order to make the best account of these resources. Only individual projects respecting the principles of sustainability and 3E will be selected. The aim of the Programme or individual projects is not to generate any profit. However, the Programme, projects and sub-projects will be individually economically sustainable.

In addition to the resources from the Norwegian Funds, some projects will be financed from the resources of the Ministry of Health of the Czech Republic and partially from the recipients' own resources. After the project completion it is expected that the recipient will continue with its activities using its own resources.

Social cohesion

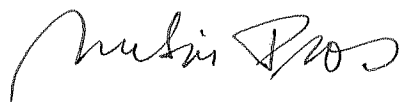
The goal of the Programme CZ11 is to support those groups of patients who are neglected in the Czech Republic (e.g. psychiatric patients), which is conform to the principles of social cohesion and sustainability. Outputs of this Programme will offer improved health available to all patients and their families. This will improve the quality of life of individuals, their families and will enhance the quality of life within communities. The Programme also aims at the interconnection between institutionalized care and community care.

12. Attachments to the Annual Programme Report

Annex 1: Risk assessment of the programme

Annex 2: Monitoring plan 2015

SIGNATURE:



For Programme Operator

I certify that I am duly authorised to sign this Annual programme report and that I have thoroughly reviewed the progress of the programme, reporting on outcomes and outputs, risk management provided in this report and the information are correct and accurate.

				<i>Optional second signature</i>		
Name	Zuzana Kudelová			Martina Bečvářová		
Position	Head of the Department of International Relations			Head of the Monitoring Unit		
Organisation	Ministry of Finance of the Czech Republic			Ministry of Finance of the Czech Republic		
Signature						
Date	Day	Month	Year	Day	Month	Year
	11	02	2015	11	02	2015

For the National Focal Point

The National Focal Point certifies that the status of reporting of the programme described above is accurate.

				<i>Optional second signature</i>		
Name	Martin Pros					
Position	Deputy Minister of Finance					
Organisation	Ministry of Finance of the Czech Republic					
Signature	<i>see above</i>					
Date	Day	Month	Year	Day	Month	Year
	13	2	2015			

Annex 1: Risk assessment of the programme

Type of objective ¹	Risk	Description of risk in the reporting period	Likelihood ²	Impact ³	Importance ⁴	Mitigation planned/done
Cohesion (Programme) outcomes:	Programme absorption capacity	The sufficient absorption capacity can be assumed. Absorption capacity can be limited especially by risk of time delay.	5	3	15	The absorption capacity in 2014 had been influenced especially by informing the eligible applicants (in the group of expert public), by publicity for call announcement, by seminars for applicants and consultation with applicants provided by PO and PP. Eligible applicants are also informed through web presentation.
	Legislation changes	There was no legislation change in 2014 that would have had any influence regarding the PRG risk.	1	1	1	Considering the fact of no risky situation there was no need of its elimination.
	Time risk - delay in commitment and disbursement of funds	PRG and project activities have been delayed due to the late signing of Programme Agreement.	3	4	12	Lowering of the minimal and maximal grant amount will result in higher number of smaller and less difficult investment projects, when realization will not be too long and will eliminate the risk of time delay.
	Specific programme risk (risk identified in PP relating to PRG outcomes)	Focusing on two different areas of health care brings the risk of difficulty of the Programme.	4	3	12	In 2014, the risk had been eliminated during the administration of individual calls and settings the calls for

¹ The risks should be categorised in one of 3 ways, depending on whether it poses a risk to the cohesion objective, the bilateral objective, or is more of an operational issue.

² Likelihood is described as Low, Middle or High according to its scoring gained in the risk analysis. (Low: 1-2, Middle:3-4, High:5)

³ Impact is described as Low, Middle or High according to its scoring gained in the risk analysis. (Low: 1-2, Middle:3-4, High:5)

⁴ Importance is counted as Likelihood multiplied by Impact and described as Low, Middle or High according to its scoring gained in the risk analysis (Low: 1-8, Middle: 9-15, High: 16-25).

Type of objective ¹	Risk	Description of risk in the reporting period	Likelihood ²	Impact ³	Importance ⁴	Mitigation planned/done
Bilateral outcome(s):	Bilateral relations	Reduction of the grant size for projects may limit the potential of recruiting Norwegian partners.	2	3	6	SGS. There were many consultations within the calls in 2014 related to the risk prevention. The risk prevention was also pointed out during the contact seminar. To eliminate the risks in 2014 at the level of projects there was realized a contact seminar. Also the call for bilateral fund at the program level. In 2014, communication on the level of Programme Partners took place. There were two meetings of the Cooperation Committee and two events to promote the co-operation within the Complementary Action.
Operational issues:	Management and control structures, programme management	Communication between all parties involved: (PP, PO and DPP). Projects supported within the PDPs and Open Call will be monitored by the programme Operator and the sub-projects within Small Grant Schemes will be monitored by the Programme Partner.	4	3	12	Regular monitoring and periodic updates of the Programme Manual.
	Programme implementation set up	NFP and PO prepared several manuals for the implementation of Norway Grants 2009 – 2014: Guidelines for Calls – submission and review of applications – grant award, Manual for PDP applicants,	2	2	4	Manuals and other relevant guidelines for the recipient were/are being issued.

Type of objective ¹	Risk	Description of risk in the reporting period	Likelihood ²	Impact ³	Importance ⁴	Mitigation planned/done
		Manual for applicants for a grant, Manual for Bilateral fund at programme level – measure A, Manual for eligible expenditures, Manual for small-scale contracts financed from EEA and Norway Grants 2009 – 2014, Manual for implementation of SGS. Management control system. (internal Manual) is being finalized.				
	Reports and irregularities within programme	No irregularities were reported in 2014.	0	0	0	The system of reporting of irregularities was set.
	Programme audits/controls	An extra audit of PO's management structure was realised in August 2014. No findings were identified by the AO.	3	5	15	Setting up the plan of controls.
	Information system	Programme Operator has created a grant information system (CEDR) for Programme administration. The system was launched in 2013. Due to the lack of time it hasn't been possible to reveal any deficiencies at this moment.	3	3	9	Setting the system was carried out continuously for several months. Ongoing corrections of the system according to the requirements of the individual partners were made.
	Corruption risk	Risk of the corruption is mainly on the side of promoters of the individual projects. Both, the Programme Operator and the Programme Partner are the central government bodies and as such they have their codes of ethics	4	1	4	Function code of ethics at all levels of management and administration of the Programme, open selection process for all working positions included in the implementation of the Programme.

Type of objective ¹	Risk	Description of risk in the reporting period	Likelihood ²	Impact ³	Importance ⁴	Mitigation planned/done
		<p>which compliance is monitored. People with impeccable record are chosen for the individual working positions through the transparent selection process.</p>				

Annex 2: Monitoring plan

Project no.	Name of the project	Planned date of on-site monitoring visit	Note
N/A	SGS I – Psychiatric care	2Q 2015	The Call was open until 30/12/2014
NF-CZ11-PDP-1-002-2014	The creation of the comprehensive rehabilitation system for the mentally ill and its implementation in the Inpatient Facilities	2Q 2015	
NF-CZ11-PDP-2-004-2014	Support of the activities of the National Coordinating Centre for the Prevention of Injuries, Violence and Child Safety on the workplace of applicants and project partners	2Q 2015	
NF-CZ11-OV-1-009-2015	New methods in the follow up care of newborn at risk in Centre of complex care for children with perinatal burden in GUH	2Q 2015	
NF-CZ11-OV-1-010-2015	Increase in the Level of Complex Long-term Monitoring of Neuromotoric Child Development with Perinatal Burden in Zlín Region	2Q 2015	
N/A	SGS II – Care for children	3Q 2015	The Call was open until 30/12/2014
NF-CZ11-OV-1-011-2015	Development of activities and modernization of the facilities at the Center for Development Care in the Neonatological Department of the University Hospital Pilsen	3Q 2015	
NF-CZ11-OV-1-012-2015	Prevention of illness after-effects and health problems in childhood in University Hospital Olomouc	3Q 2015	
NF-CZ11-OV-1-013-2015	The development of multidisciplinary dispensary care for children with perinatal stress in Hradec Králové FN	3Q 2015	
NF-CZ11-OV-1-014-2015	Child Accident Prevention FN Ostrava	3Q 2015	
NF-CZ11-OV-1-015-2015	Outpatient Long-term Observation of High-risk Neonates	3Q 2015	
NF-CZ11-OV-1-016-2015	Improving the Quality of Dispensary Care of Premature Infants in Regional Health Corp. (Krajská zdravotní, a.s.)	3Q 2015	
NF-CZ11-OV-1-017-2015	Multidisciplinary Care Center for Children with Perinatal Risk Situation in University Hospital Motol	3Q 2015	
NF-CZ11-OV-1-022-2015	Primary, secondary and tertiary prevention of child injuries in the Traumacentrum Thomayerová Hospital	3Q 2015	

NF-CZ11-PDP-3-003-2014	National Coordinating Centre for rare Diseases at the Motol University Hospitals	4Q 2015	
NF-CZ11-OV-1-018-2015	Prevention of the consequences of disease and health problems in childhood FN Ostrava	4Q 2015	
NF-CZ11-OV-1-019-2015	The Preventive Unit in Pediatric Trauma Centre University Hospital Brno	4Q 2015	
NF-CZ11-OV-1-020-2015	Vojta method II. generation - a chance for risk children	4Q 2015	
NF-CZ11-OV-1-021-2015	Improving care for children with perinatal disabilities in Vesna Children's Hospital	4Q 2015	
NF-CZ11-OV-2-023-2015	Complex and integrative rehabilitative center of GUH for individuals with mental disorders	4Q 2015	
NF-CZ11-OV-2-024-2015	A comprehensive system of comprehensive rehabilitation families burdened by psychiatric disorder of one of its members	4Q 2015	
NF-CZ11-OV-2-025-2015	START - CRS Comprehensive rehabilitation to self-sufficiency	4Q 2015	
NF-CZ11-OV-2-026-2015	Albertinum Žamberk – the Implementation of the Comprehensive Rehabilitation System in Terms of a Psychiatric Clinic	4Q 2015	
NF-CZ11-OV-2-027-2015	The creating the conditions for the implementation of enhanced and differentiated care in Psychiatric Hospital Cerveny Dvur	4Q 2015	
NF-CZ11-OV-2-028-2015	Center psychiatric rehabilitation PN Horní Beřkovice	4Q 2015	

