



Annual Programme Report No.3 Norway Grants 2009-2014

Programme CZ11 – Public Health Initiatives

Reporting period: 1.1.2015– 31.12.2015

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

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1. Executive summary

The report covers the period from 1 January 2015 to 31 December 2015 and gives an insight into the Programme CZ11 – Public Health Initiatives (hereafter „Programme CZ 11). 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 December 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 (Activity I)
- II. Health care for children (Activity II)

In the area of **policy implementation** there were created new policies of Action plans for implementation the “Health 2020 - The national strategy on health promotion and disease prevention”. These action plans are based on earlier approved strategy Health 2020. Some action plans are in line with Programme CZ 11. These are Action plan on “Mental health” and Action plan on “Promoting physical activity, good nutrition and eating habits, prevention of risk behaviour among high-risk groups of children in the Czech Republic”. In the year 2015, the implementation of National action plan on child injuries prevention for period 2007-2017 has continued.

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 Strategy on psychiatric care reform was prepared concurrently within the Programme CZ 11 and creates synergy with it. Whereas the Programme CZ 11 establishes the comprehensive rehabilitation care, which prepares patients to leave the inpatient care into community care, the Strategy of psychiatric care deals especially with the outpatient/community care. In other words, the Programme CZ 11 with its outcomes and outputs precedes outcomes and outputs of the Reform of the psychiatric care in the Czech Republic. This will ensure sustainability and utilization of the Programme outputs. During the year 2015 the Strategy was further discussed and it seems it will be revised. Nevertheless, the National Action Plan on Mental Health was announced. Projects implemented under the Programme CZ 11 have already contributed to a certain extent to comprehensive rehabilitation.

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. Whereas the perinatology centres established by bulletin No 2/2014 of the Ministry of Health of the Czech Republic provide the care for new-borns till one month after the labor, the follow-up care (from one month after the labor to 6 years of age/beginning of the school education) for children with perinatal burdens is not legally established and supported. The Norway Grants enabled to create follow-up care programmes within the perinatology centres based on their needs. In addition, these grants supported also other institutions dealing with perinatal burden children to develop their programmes. This initiative was welcomed by health professionals, but also pointed out another need, which is subsequent care for children with perinatal burdens after sixth year of age. Within the Small Grant Scheme 2 there have been also 6 sub-projects on illness after-effects and health problems in childhood implemented. They have been focused on different type of prevention (eating disorders, obesity, oncology, and trauma burns secondary prevention).

Field of rare diseases is gradually evolving and the work being carried out on the implementation of the National strategy for rare diseases for the period 2010-2020. In February 2015 the National action plan for Rare Diseases 2015-2017 was launched. The activities and cooperation among experts (national as well international) constitutes important element. The establishment of the National Coordination Centre for Rare Diseases (pre-defined project) enabled to co-ordinate activities in this field, provide screening, develop registries of rare diseases and disseminate information about rare diseases. Within the Small Grant Scheme 2 there has been one sub-project implemented.

The year 2015 was marked by dynamic development in the Programme CZ 11. Under the Open Calls for submission of grant applications for individual projects for Activity I announced on 12 June 2014 and closed on 12 September 2014, in first quarter 2015 grants were awarded and project contracts issued to 12 applicants under the activity I and to 14 applicants under the activity II. Under the Open Calls for Submission of Applications for Small Grant Scheme (hereafter „SGS”) for the Activity I and Activity II was grant awarded and project contract issued to 61 sub-projects. Three pre-defined projects (hereafter „PDP”) were approved and grants were issued already in 2014, thus they have been fully in the implementation phase. Indeed, implementation of all 90 projects of the Programme CZ 11 was launched and to all projects project contract was awarded. All these projects will contribute towards fulfilment of Programme outcomes and outputs. First monitoring reports of individual and pre-defined projects were approved.

During the monitoring period, there was need for some **adjustments of the Programme**. On 23 March 2015 the National Focal Point (hereafter „NFP”) approved Programme Modification – **reallocation of financial sources** in the amount of EUR 447 125,84 (11 848 834,89 CZK) **from the SGS 2 (outcome: Improved access to and quality of health services including reproductive and preventive child health care) to the SGS 1 (outcome: Improved mental health services)**. The amount of money in the SGS 1 increased in 20%, in the SGS 2 decreased in 30%. Overall, this transfer represented 2, 33% of the total Programme eligible costs (19 180 000 EUR). Furthermore, within the SGS 2 there was decrease in the target value of output indicator „number of NGO prevention programmes on child injuries, after-effects of diseases and health problem in child age and care for persons with rare diseases“ from 15 to 14. However, two sub-projects resigned from realisation before the project contract was awarded. Thus, there will be 12 sub-projects implemented which will contribute to reach this indicator. In contrary, in SGS 1 the target value of indicator „number of programmes focused on de-institutionalization and destigmatization created and implemented by NGO’s“ increased from 15 to 49. The reason for the money transfer among the above mentioned outcomes was higher amount of quality project proposals submitted under the open call in the SGS 1 in comparison to the SGS 2. On 7 April 2015 it was approved by Financial Mechanism Office (hereafter „FMO”) utilisation of savings within Programme into **additional projects activities** of already approved projects in line with the Art. 6.9 of the Regulation on the implementation of the EEA Financial Mechanism 2009 – 2014 (hereafter „Regulation”) in order to allocate sources remaining financial sources and ensure sufficient absorption capacity. On 8 September 2015 FMO approved request of NFP asking for **an exception to Article 5.6.2 under the Regulation** allowing for Small Grant Scheme under Programme CZ 11 to exceed 20% of the total eligible expenditures of the Programme. Finally, on 4 December 2015 Programme **extension till 30 April 2017** was approved by the FMO.

In order to ensure sufficient absorption capacity, after the evaluation of the Open Calls and numeration of not allocated financial sources, there were announced **4 calls for additional activities** for all Project Promoters in line with the Article 6.9 of the Regulation. Two Open Calls for additional activities for individual and pre-defined projects were launched on 15 May 2015 and closed on 15 June 2015. Altogether, 17 applications for additional activities were submitted, 15 applications with the final amount of 32 100 844 CZK (EUR 1 211 352, 60) were recommended for granting by the Selection Committee. As far as there have been still unspent financial sources in the Programme, the similar procedure has also been applied for the projects under the SGS. On 23 September 2015 with the

deadline 2 November 2015 two Open Calls (Activity I and Activity II) for Project Promoters under the SGS were announced. In Activity I there were submitted 35 applications, in Activity II 10 applications. It can be stated that interest in additional activities was much higher than there was available allocation. Selection Committee for sub-projects under the SGS will take place in January 2016.

Bilateral cooperation at project as well as programme level was also intense in the year 2015. Project Promoters deepen bilateral cooperation by discussions, exchange of experience and sharing of knowledge during several meetings, workshops and conferences in the Czech Republic and Norway. Partnership with Norwegian institutions was established in 16 projects. Moreover, bilateral fund at programme level was used in order to extent bilateral and multilateral cooperation and support mutual understanding. In 2015, 8 initiatives were approved and implemented. They were focused mainly on bilateral and multilateral exchange of information under the programme area as well as bilateral meetings and workshops. These activities also contributed to the strengthening of mutual relations.

Two meetings of **Cooperation Committee** took place in 2015. All tasks related to the implementation of the programme, calls for additional activities as well as bilateral cooperation were discussed at the meetings. Furthermore, the representatives of the Donor Programme Partner took part as observers at two Selection Committees for the call for additional activities for pre-defined and individual projects. In December 2015 Programme Operator in cooperation with Programme Partner (hereafter „PP”), Donor Programme Partner (hereafter „DPP”) and FMO organized **Programme Operators’ meeting** which took place in Prague. At the meeting, the current development of national health programmes supported by EEA/Norway Grants and future of EEA/Norway Grants were discussed.

At the end of August 2015 the **risk analysis** of the Programme was updated by the Programme Operator (hereafter „PO”) in cooperation with the PP. One of the risks is programme absorption capacity, which was mitigated by announcement of 4 calls for additional activities for Project Promoters. Risk of insufficient absorption capacity of the Bilateral Fund at Programme level was mitigated by raising awareness regarding the possibility of applying for a grant, posting information on web pages, personal engagement of project managers in articulating the option to the Project promoters. Guidelines for applicants and beneficiaries as well as Open call were also updated introducing for instance, extension of the submission of applications till 31.12.2016, or broaden scope of eligible activities. The risks, as well as the suggested solution, are described in the Chapter 9 of the Report as well as in Annex 1.

2. Programme area specific developments

New legislation, new policy in the sector

There weren’t any changes in the legislation during the reporting period. In the area of policy implementation there were created new policies of Action plans for implementation the “Health 2020 - The national strategy on health promotion and disease prevention”. These action plans are based on earlier approved strategy Health 2020. Some action plans are in line with Programme CZ 11. These are Action plan on “Mental health” and Action plan on “Promoting physical activity, good nutrition and eating habits, prevention of risk behaviour among high-risk groups of children in the Czech Republic”. Planned activities will be complementary to the objectives of the Programme CZ 11.

Development of the area of Psychiatric care

The number of mentally ill people is growing in past years. Among factors of this trend belongs increased stress exposure, the lack of time for rest, or for instance pressure on higher performance. Stemming from the most recent statistics available (only for the year 2013), it might be said that such trend was documented by increasing number of examinations carried out in psychiatric departments of

hospital or in psychiatric hospitals as such. There were 2 896 000 examinations carried out in psychiatric ambulances in 2013. Compared to the year 2012 there is an increase of 2% (62 614 examinations more). In mentioned year 603 205 patients were treated, which is 4 % increase than previous year (24 792 patients more). Among the most frequent diagnosis belong anxiety disorders, affective disorders, somatofob disorders, addictions, child / adolescent disorders, psychotic disorders, personality disorders, mental retardation and eating disorders.

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. This neglecting is visible in all main types of care – inpatient, outpatient and community care.

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 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.

Trends in the sector are mainly determined by strategic documents. The area of psychiatric care is mainly determined by the Psychiatric care reform which sets the basic principles of further development. Among the main trends belongs gradual deinstitutionalization of psychiatric care. Another trend in the public health care is to focus on preventing health problems. This trend is also complementary to the objectives of the Programme CZ11. The system of comprehensive rehabilitation, which supports easier patient transition to community care and which will be supported from the Norway Grants, is one of the first important steps in the entire process of the transformation of the psychiatric care in the Czech Republic.

The Ministry of Health of the Czech Republic created and approved the psychiatric care reform in 2014. The Strategy of the psychiatric care reform 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 Strategy are as follows: 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.

The support of the transformation of the psychiatric care (Psychiatric care reform) is also one of the objectives of the EU structural policy for the new programming period 2014 – 2020. The Strategy on psychiatric care reform was prepared concurrently within the Programme CZ 11 Public Health Initiatives and creates synergy with it. Whereas the Programme CZ 11 establishes the comprehensive rehabilitation care, which prepares patients to leave the inpatient care (mental hospitals) into community care, the Strategy of psychiatric care deals especially with the outpatient/community care. In other words, the Programme CZ 11 with its outcomes and outputs precedes outcomes and outputs of

the Reform of the psychiatric care in the Czech Republic. This will ensure sustainability and utilization of the Programme outputs.

During the year 2015 the Strategy was further discussed and it seems it will be revised. Nevertheless, the National Action Plan on Mental Health was announced. Whereas the implementation of the Programme CZ 11 continued successfully, the implementation of the Strategy of the psychiatric care appeared to slow down. Projects implemented through the Programme CZ 11 have already contributed to a certain extent to comprehensive rehabilitation. The possibility to extend the projects implementation till 30 April 2017 was considered as very positive. It will contribute towards maintaining quality of projects outputs and the number of patients treated.

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 till 14 years old in 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, every second day the child or adolescent dies because of the injury. In comparison with 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 past 10 years.

Albeit the child death rate caused by injures 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 injured which requires medical treatment. Every fifth 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.

In the year 2015, the implementation of National action plan on child injuries prevention for period 2007-2017 has continued. Implementation of the pre-defined project focused on establishing the National centre for child injuries prevention will contribute to achieve this goal. Moreover, within the Small Grant Scheme 2, there were approved 5 sub-projects focused on injuries prevention (risk behaviour, safe environment, drowning).

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

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

Whereas the perinatology centres established by bulletin No 2/2014 of the Ministry of Health of the Czech Republic provide the care for new-borns till one month after the labor, the follow-up care (from one month after the labor to 6 years of age/beginning of the school education) for children with perinatal burdens is not legally established and supported. The Norway Grants enabled to create follow-up care programmes within the perinatology centres based on their needs. In addition, these grants supported also other institutions dealing with perinatal burden children to develop their programmes. This initiative was welcomed by health professionals, but also pointed out another need, which is subsequent care for children with perinatal burdens after sixth year of age. Within the Small Grant Scheme 2 there have been also 6 sub-projects on illness after-effects and health problems in childhood implemented. They have been focused on different type of prevention (eating disorders, obesity, oncology, and trauma burns secondary prevention).

3. Rare diseases

Field of rare diseases is gradually evolving and the work being carried out on the implementation of the National strategy for rare diseases for the period 2010-2020. In February 2015 the National action plan for Rare Diseases 2015-2017 was launched. The activities and cooperation among experts (national as well international) constitutes important element. The representatives of the National Coordination Centre for Rare Diseases also co-operated at the EU level and participated in the EC Joint Action "E-HOD", "Orphanet", "RDPortal2" and currently implemented Action "RD-Action".

The establishment of the National Coordination Centre for Rare Diseases enabled to co-ordinate activities in this field, provide screening, develop registries of rare diseases and disseminate information about rare diseases. Within the Small Grant Scheme 2 there has been only one sub-project implemented. Despite the sufficient promotion of the Call (newspapers, webpage focused on NGOs), there was not such interest as it was expected.

Financial resources in the sector

Financing of particular sectors of health care is determined by the legislation. Financing of the sector of provision of health care services is determined by the Act on Public health insurance and by the accompanying decrees. Financing of the investment costs of particular healthcare facilities is, however, problematic. Thus, except of state sources, there is a significant need of search for other financial sources. Investments into healthcare facilities within the EU structural funds 2014-2020 belong among the targets, but the planned amount of financial resources is lower than in previous period 2008-2013, what is very challenging.

3. Reporting on outputs

Outputs will be reached mostly at the end of implementation of the projects. In the year 2015 implementation of all projects has started and no project has finished. Projects have been implemented gradually and therefore the outputs haven't been reached yet. Nevertheless, according to the real outcomes of the individual Open Calls as well as Open Calls in Small Grant Scheme, there were changes in the target value of some output indicators.

ACTIVITY I PSYCHIATRIC CARE

The psychiatric care in the Czech Republic has been underfinanced for a long time and not paid sufficient attention. There is stigmatization of both patients and psychiatric care as the whole. The application of the modern treatment methods is limited by existing insufficient premises and

equipment. Another problem is the absence of classification and evaluation of the health condition of the individual patients and the possibility for patient's gradual transition from the institutions to the community care facilities. The objective of individual projects approved under the Open Call was to create suitable conditions for both the development and the implementation of the comprehensive rehabilitation system, which will enable to monitor and evaluate the patient and decide about patient's location outside the institution into the community care facilities and gradually prepare the patient to the return to normal life. This will also reduce the relapse of the disease. The comprehensive rehabilitation system will be further implemented in the psychiatric care institutions. The development and the modernization of the infrastructure that is necessary for the implementation of this system will be supported in these institutions.

Expected Outcome: Improved mental health services

A) Output (pre-defined project): System of new approach to the rehabilitation of patients established

Indicator: Number of created systems of new approach to rehabilitation of patients, Target value: 1

This indicator is related to the pre-defined project number NF-CZ11-PDP-1-002-2014 (The creation of the comprehensive rehabilitation system for the mentally ill and its implementation in the Inpatient Facilities). The final system of new approach to the rehabilitation of patients will be developed at the end of project's implementation and will contribute towards improvement and enhancement of the efficiency of care for the psychiatrically ill patients. In the monitoring period, on the basis of analysis of the current state, there have been selected areas which, from the professional point of view, need adjustment. There have been ongoing preparations of new methodical documents of system of comprehensive rehabilitation system for the mentally ill and its implementation in the Inpatient Facilities. These methodical documents will provide framework for rehabilitation within the pilot questionnaire.

Teleconferences were purchased and they have been used among all centres involved in the project implementation as far as these centres are all over the Czech Republic. They have been used, for instance, for discussions regarding rehabilitation methods, follow up care, supervisions, or prevention. There have been on-going discussions regarding the possible adjustments of care system and types of beneficial methods. Approach called CARE (Comprehensive rehabilitation approach) will be partly applied during the preparation of the methodical documents - one of outputs of the project. During the monitoring period, there were held three conferences. Norwegian partners took active part and presented their experiences. There were also on-going preparations of brochures, web pages as well as seminars for public.

B) Output (individual projects): Comprehensive rehabilitation system in the mental hospitals implemented

Indicator: Number of implemented systems securing the transition of activities from the institutions of psychiatric care to the new approach to the rehabilitation, Target value: 15

Overall, 12 projects have been approved under the Open Call and their implementation has started. Each individual project is linked to the transformation of the rehabilitation system to the new approach. 3 projects declared to reach higher number of implemented system. Till the end of the projects implementation, it is expected that the reached value of the indicator will be 24. In this monitoring period, indicator reaching the target value 3 was reported (2 projects):

Contribution of selected projects to the achievement to Programme output (indicator):

Implementation of the project NF-CZ11-OV-2-024-2015 (A comprehensive system of comprehensive rehabilitation families burdened by psychiatric disorder of one of its members) has contributed to the change of the working system in two departments - Department of child psychiatry and Children's centre of the Thomayer hospital. This contribution was related to out-patient services (realization of the diagnostic and psychotherapeutic programme for child care with mental disorder and their families) and implementation of out-patient field care. In the monitoring period, there was introduced pilot implementation of out-patient services for mothers which were admitted to the sheltered housing. Moreover, pilot implementation of out-patient field services was introduced for families of clients who were released after the training period in the sheltered housing. These families have been on regular basis visited by project staff that have worked with them on the strengthening of the parental competencies and have provided them supportive individual psychotherapy. In sum, project has reached indicator with the target value 2.

Within the project NF-CZ11-OV-2-031-2015 (An Implementation of a system of a comprehensive rehabilitation of persons with a mental disorder) it was implemented system of new approach towards the people with chronic mental disorder in lines with the transformation of the psychiatric care. This approach included mostly recovery approach, method of therapeutic community, psychosocial rehabilitation a follow up out-patient and field care.

C) Output (Small Grant Scheme): The development of NGO activities in the field of mentally ill patients focused on de-institutionalization and de-stigmatization

Indicator: Number of programmes focused on de-institutionalization and de-stigmatization created and implemented by NGOs; Target: 15 Project reports

The objective of the Small Grant Scheme was to support measures dedicated to alternative forms of mental health care, including community-based care and support to patients and their families, and to fighting stigma against mentally ill and the field of psychiatry. The target value of the indicator will be exceeded due to the amount of submitted and approved sub-projects during the Open Call. New target value will be 49 sub-projects.

ACTIVITY II HEALTH CARE FOR CHILDREN

A) Output: Activities in the field of health care for children in the Czech Republic centralized

Indicator: The number of established centres at the national level, Target: 2 project reports

This indicator is related to and will be fulfilled through the implementation of 2 pre-defined projects: 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) and NF-CZ11-PDP-3-003-2014 (National Coordinating Centre for rare Diseases at the Motol University Hospitals).

Project **NF-CZ11-PDP-2-004-2014** aims at establishing of National Coordination Centre for prevention of injuries, violence and support of kids safety. In the monitoring period, construction works as well as possessing of furniture was realised. Furthermore, there was ongoing work of experts on the methodical

documents focused on primary prevention in cooperation with Norwegian partner (Norwegian Safety Forum) and monitoring of injuries of children.

One of the important contributions of the project **NF-CZ11-PDP-3-003-2014** was that members of realisation team of the project are members of various joint committees at the Ministry of Health. They have contributed towards formulation of recommendations and positional documents regarding the rare diseases. For instance, in February 2015 the National action plan for Rare Diseases 2015-2017 was launched whereas project experts contributed to the formulation of this document. During the monitoring period, pilot project of the genome diagnosis regarding the cardiomyopathy and hard dental tissues disorder was carried out. Database of patients with rare diseases was established. It was also purchased equipment for phenotypization. In September/October 2015 there were held 3 international conferences in Brno dealing with genetics. Norwegian partners were actively involved in the preparation of programme, content of the conferences as well as presentations of different topics. There also took place several seminars and there were issued publications with the aim to raise awareness of the laic as well as professional public. So called "help-mail" was created and queries of doctors and patients associations were answered. This activity will continue till the end of project's implementation.

B) Output: Primary and secondary prevention focused on reduction of after effects of diseases, injuries and health problems in child age developed

Indicator: Number of programmes of primary and secondary prevention, target value: 10

Under the open call Activity II it was approved 14 projects. After the end of projects implementation, there should be 34 programmes of primary and secondary prevention implemented. During this monitoring period, it was reported reaching the target value 10. Project NF-CZ11-OV-1-017-2015 (indicator target value: 1), NF-CZ11-OV-1-022-2015 (indicator target value: 3), NF-CZ11-OV-1-019-2015 (indicator target value: 5), NF-CZ11-OV-1-020-2015 (indicator target value: 1).

Contribution of selected projects to the achievement to Programme output (indicator):

Project NF-CZ11-OV-1-022-2015 focuses on primary, secondary and tertiary prevention of child injuries in the Trauma centrum Thomayerova Hospital. Within the primary prevention, educational preventive programme called "Without injuries it is fine" for the pupils of the primary school (6- 10 years old) took place. Overall, it was trained 790 children. These trainings were considered as beneficial and there was demand for repeating of such educational trainings. According to the feedback from teachers, topic of safety of children and risks of injuries was for kids very interesting. They were actively involved into discussion and they were even eager to become a volunteer in demonstration of safety utilises usage. It was very interesting to note that there were observed different attitude towards safety in public traffic among the pupils from schools from cities and villages. The attitude of their parents was very visible. Kids from city schools tended to be generally very rigorous in keeping the basic rules meanwhile kids from village schools tended to be more benevolent in keeping such rules. During the reporting period, it was on-going work related to preparation of web pages as well as interactive game application. This activity will, again, contribute towards raising public awareness. Within the area of secondary prevention, there was preparation for creation of e-learning course focused on basic care of children broken bones.

Within the project **NF-CZ11-OV-1-019-2015**, there was prepared content of 5 following preventive programmes focused on different age groups:

1. A Child injury in traffic - This programme has been composed, among others, of practical presentations of preventive and medical practice, different seminars and discussions among stakeholders, and movie animations.
2. How to hinder child injuries - This programme has included, among others, presentation of traumatology workplace, discussion with injured kids, seminars with doctors with the aim to draw attention to other risks of home injuries and practical presentations of preventive and medical practice
3. Come-back to life - Within the tertiary prevention, it has been created database of patients of serious injuries treated in the past. Afterwards, particular former patients have been chosen and they have been invited to visit injured kid which needed psychical and human support.
4. First aid in child's injuries - This programme has included, among others, presentation of traumatology workplace, discussion with injured kids, seminars with doctors with the aim to draw attention to other risks of injuries and practical presentations of preventive and medical practice
5. I had an accident. What should I do?
This programme has included, among others, presentation of traumatology workplace, discussion with injured kids, seminars with doctors with the aim to draw attention to other risks of injuries and practical presentations of preventive and medical practice

C) Output: NGO activities in the field of care for children (injury prevention, prevention of after-effects of health problems and diseases in the child age and the area of care for patients with rare diseases developed

This output will be reached through the indicator: Number of NGO prevention programmes on child injuries, after-effects of diseases and health problem in child age and care for persons with rare diseases, target value: 15

Sub-projects have been gradually contributing to the output. The output of the SGS2 will be reached by completing the sub-projects within the SGS2. There have been implemented 5 sub-projects focused on child injuries, 1 on rare diseases and 6 on the prevention of illness after-effects and health problems in childhood. Thus, there will be 12 sub-projects implemented.

4. Reporting on Programme outcome(s)

During the year 2015, implementation of all projects under the Programme CZ 11 (pre-defined, individual projects and sub-projects) has been launched. Overall goal of implemented projects is to help the target groups of patients in access to quality health care, help patients reintegrate into society, and improve the prevention and avoiding subsequent complications in the area of health and health care.

There were no projects finished during the monitoring period. Projects are implemented gradually and therefore the outputs haven't been reached yet. They will be reached at the end of projects implementation and thus reported after their completion.

There are two outcomes agreed upon the Programme Agreement:

1) Improved mental health services

Indicator “Number of patients benefiting from the improved mental health services” (target value 300) will be reached at the end of implementation of individual and pre-defined projects. Each Project Promoter will quantify the average annual utilization of the new system of rehabilitation based on their statistical methods. At the Programme level, it will be the total sum of reported values.

Project example: NF-CZ11-OV-2-032-2015 (The psychiatric hospital in Opava - a creation of conditions for implementation of transformation of the psychiatric care in Moravian-Silesian region)

The need to implement the project was primarily based on the analysis of the existing environment, conditions and trends in psychiatric care in the Czech Republic – the need of transformation from institutional to out-patient health care. Project aims to create a complex system of comprehensive therapy for long-term mentally ill patients, which includes creation and equipment of new therapy units (therapy groups for patients from closed wards, new workshop) and programmes (programme RESTART – programme with use of work, art and sport therapy, multidisciplinary project team). Its goal is also contribution towards relocation and increasing capacity of the existing out-patient care outside the hospital and building of a new day-time psycho-therapeutic facility for organic personality disorder treatment. The complex system of psychiatric care includes improvement and extension of cultural and leisure-time activities for patients, a broad de-stigmatization campaign and staff training. Baerum District Psychiatric Centre Vestre Viken Hospital of Trust is the donor project partner which will exchange best practice methods in the area and cooperate in creating new treatment programmes. After the completion of the project implementation, it is expected that number of patients benefiting from the improved mental health services will be 1000.

2) Improved access to and quality of health services, including reproductive and preventive child health care.

Indicator “Number of activities leading to both the improvement of diagnostics of rare diseases and the care for patients with rare diseases” (target value 7) will be reached at the end of implementation of individual and pre-defined projects. The result of the Programme will be determined as the total sum of the reported activities of projects.

Project example: NF-CZ11-OV-1-017-2015 (Multidisciplinary Care Center for Children with Perinatal Risk Situation in University Hospital Motol)

Over the last 20 years, there has been a significant decrease in neonatal mortality in new-born babies and also in babies with low and very low birth weight. The implemented project is aimed at the target group of children with perinatal burden - their long-term monitoring associated with secondary and tertiary prevention. Babies released from neonatology division RICUs and ICUs will be monitored up to the age of 1 year. The assumption is 100 to 120 newly admitted infants with perinatal burden. Children with the significant morbidity, congenital disorders, developmental delay or multiple disabilities will continue to be invited for further examinations in the subsequent period. Various medical examinations of children will continue till the age of 5 years. Within the tertiary prevention, the families will be provided with counselling care to gain more confidence, and the help to find solutions in the social field. It will achieve an intensive intervention in favour of mastering the skills associated with school-entry. Establishment of Multidisciplinary Care Center has improved and made easier diagnosis and treatment of children with rare diseases. There was established thorough cooperation among five other specialised

workplaces, namely pneumology, ophthalmology, neurology, gastrology and otorhinolaryngology. All these workplaces are at the same building (at the same corridor) and specialists dealing with pre-born children are consulting directly with each other about the diagnosis of child. Thus, stress level of parents will decrease. Speed of transfer of information and improvement of diagnostics of diseases including of rare diseases and the care for patients will increase. After the completion of the project implementation, it is expected that indicator will achieve target value 5.

Indicator “Number of children benefiting from the improved preventive activities” (target value 200) will be reached after completion of each project. Average annual utilization of preventive activities will be reported.

Project example: 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)

The project focuses on the multidisciplinary care that begins in the neonatal period and continuously goes to preschool age or possibly longer. It is coordinated and centred at one outpatient unit for the convenience of children and parents. The objective is to minimize the consequences of perinatal disability of children, their integration into the family and the education system and the community. This goal is managed by establishing a new unit that is simultaneously used by a clinical speech therapist. The speech therapy is already included from the neonatal age when through an orofacial stimulation and first achieving the ability of eating will prepare conditions for the subsequent development of speech abilities of the child. The purchase of ultrasound device and retinal camera increased the prevention of diseases. During the monitoring period, approximately 1 283 patients benefited from services of Center for Development Care.

Indicator: Number of activities leading to the reduction of child injuries (target value 2) will be reached after completion of projects implementation.

Project example: NF-CZ11-OV-1-014-2015 (Child Accident Prevention UH Ostrava)

The University Hospital of Ostrava treats about 6000 children suffering from various injuries a year. This includes marginal but also complicated and sometimes permanent injuries. The number of complicated and very problematic injuries is increasing. This project focuses on the creation of preventive units for child accidents/injuries, and more specifically at furnishing them and securing their operation. This connects two basic needs of the facility – prevention and diagnostic-therapeutic intervention, which ensure close cooperation between the various units of the hospital throughout the treatment process. Through this project, several new rooms are created at the Trauma Centre for paediatric patients. The existing space is redeveloped in order to create a Trauma Units and there is an adjustment of rooms at the Paediatric Clinic in order to provide more space for patients. There will be a total of 4 units that will be further equipped with necessary furniture, computers, rehabilitation apparatuses and diagnostic equipment. In these new units there will be realised activities which will lead to the reduction of child injuries. The project also includes educational programmes for both the training of medical staff and of patients and their parents. Indicator will be achieved after completion of the project implementation.

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 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 were implemented through the individual projects (Open Calls, PDPs, SGS).

Programme CZ 11 contributed towards integration of minority groups into the society by providing trainings focused on reintegration into the society and daily life. Destigmatisation campaigns and seminars were also tools used in order to promote these horizontal concerns. Some projects contributed also towards the equality of men and women.

For instance, project NF-CZ11-OV-1-020-2015, "Vojta method II. generation - a chance for risk children" has contributed towards integration of minority groups by supporting integration of disadvantage groups - disabled children. It has contributed towards improvement of quality of life of handicapped children. Furthermore, it has had positive impact on gender equality as far as it has promoted development of services of children care with the aim to help parents better coordinate their personal and working life. Other project NF-CZ11-OV-2-027-2015 (The creating the conditions for the implementation of enhanced and differentiated care in Psychiatric Hospital Cerveny Dvur) has helped mothers who do not have possibility during the medication period to ensure for their children babysitting. Previously, they were excluded from inpatient treatment. However, establishment of new center has offered them possibility to undergo medication with secured care for their children.

5. Project selection

In 2015, there were announced 4 calls for additional activities (in lines with the Article 6.9 of the Regulation):

1) Open Calls for individual projects and pre-defined projects (PDP)

Two Open Calls (Activity I and Activity II) for Project Promoters under the Open Call 1, 2 and pre-defined projects were launched on 15 May 2015 and closed on 15 June 2015. All relevant information was published at the web sites of the Programme Operator, Programme partner, eeagrants.cz and at the noticeboard in information system CEDR. Seminar for applicants took place in March 2015 in Prague. Maximum grant allocation for the call for the Activity I was 26 600 270 CZK (EUR 1 003 783,77), for the Activity II 29 796 338 CZK (EUR 1 124 390,11). The Selection Committees consisting of the experts were held on 2 and 3 July 2015. Altogether, 17 applications for additional activities were submitted. In sum, 15 applications with the final amount of 32 100 844 CZK (EUR 1 211 352,60) were recommended for granting by the Selection Committee. 2 applications were not recommended for granting.

On 14 July 2015 Steering Committee of the Programme CZ 11 fully approved recommendations of the Selection Committees including some conditions for the budget reductions within some projects. Indeed, after the above mentioned call for additional activities, there were still EUR 948 421, 55 not allocated. However, according to the Article 5.6.2 of the Regulations, the combined allocation to the small grant scheme shall not be more than 20 % of the eligible expenditure of the programme. Thus, FMO was asked for the exception from the Regulation Article 5.6.2 and allowing an additional allocation for the SGS in the amount of EUR 436 858,64. This exception was approved by the letter from 8 September 2015. Thus, all remaining financial sources were transferred to the prepared Open Calls for the Small Grant Scheme.

2) Small grant scheme

Two Open Calls (Activity I and Activity II) for Project Promoters under the SGS were announced on 23 September 2015 with the deadline 2 November 2015. In Activity Children Care there were

submitted 10 applications. Allocation of the Open Call was 15 242 294 CZK (EUR 575 180,90). Altogether, application in the amount of 22 643 988,70 CZK (EUR 854 490) were submitted (allocation exceeded in 48%), what means that the interest in additional activities was much higher then there was available allocation. In Activity Psychiatric care there were submitted 35 applications. Allocation of the open call was 9 890 877 CZK (EUR 373 240,64). Altogether, application in the amount of 27 176 039,22 CZK (appx EUR 1 025 511) were submitted (allocation exceeded in 174 %), what means that the interest in additional activities was, again, much higher then there was available allocation.

In the monitoring period, assessment of formal requirements and eligibility of applications were carried out by Programme Partner 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 given criteria and on meeting rules of public support. All applications were evaluated by 10 external evaluators. Selection Committee is planned in January 2016.

6. Progress of bilateral relations

An overarching objective of the Norway grants is to strengthen the bilateral relations between the Czech Republic and Norway. This objective is implemented at both programme level through activities of the Cooperation Committee, Complementary Actions and initiatives within Bilateral fund as well as project level through bilateral activities in individual, pre-defined projects and sub-projects.

At project level, there have been 7 projects implemented in partnership with the donor project partner. Under the Small Grant Scheme there have been implemented 9 sub-projects with the donor partnership. In all projects intensive cooperation among partners took place during the monitoring period. Project Promoters deepen bilateral cooperation by discussions, exchange of experience and sharing of knowledge during several meetings, workshops and conferences in the Czech Republic and Norway.

At Programme level, two meetings of Cooperation Committee took place in 2015 – both in Prague. All tasks related to implementation of programme were discussed at the meetings. The representatives of the DPP and FMO also consulted the content of the Programme Operators Meeting. Furthermore, the representatives of the DPP took part as observers at two Selection Committees of the call for additional activities for the PDP and individual projects. Cooperation among the partners appeared to be very constructive and beneficial.

Ministry of Finance as the Programme Operator organized Programme Operators Meeting which took place in December 2015 in Prague. At the meeting, the current development of national health programmes supported by EEA/Norway Grants and future EEA/Norway Grants were discussed.

The Fund for bilateral cooperation **at Programme Level – measure A (BFA)** was used in order to support bilateral cooperation among Czech and Norwegian institutions. In 2014, the contact seminar took place 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 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. The final accounting of the initiatives took place at the turn of 2015 and 2016. Other activities within BFA are not planned. For the use of this fund, it was allocated 2 668 417 CZK (100 695 EUR). However, total eligible

costs were 1 154 946 CZK (43 583 EUR). In 2016, these financial sources will be reallocated to the bilateral fund at programme level, measure "B".

Bilateral fund at programme level, measure "B" (BFB)

On 17 February 2015, the Ministry of Finance, the Operator of the Fund for Bilateral Relations at Programme Level announced the Open Call for submission of Grant Applications for Initiatives financed from the Fund for Bilateral Relations at Programme Level – measure "B". The objective of the Fund is to enhance the development and strengthening cooperation between Project Promoters and entities in the donor states and/or international organizations during the implementation of approved projects, pre-defined projects and subprojects within the framework of a small grant scheme. The cooperation shall be based on the exchange, sharing and transfer of knowledge, technology, know-how, experience and best practices in relation to the subject matter of the approved project.

Applications can be submitted continuously from the date of the announcement of the Call for proposals until 31 December 2016 or until the total allocation is used.

The overall amount of the Bilateral Fund was **4 955 632 CZK, that means 187 005 EUR**. The minimum and maximum grant amount per initiative: 53.000 – 530.000 CZK, that means 2.000 – 20.000 EUR. Text of the Open Call is available at web page <http://www.eeagrants.cz/en>.

Within the BFB, 8 initiatives were approved and implemented in 2015. They were focused mainly on bilateral and multilateral exchange of information under the programme area as well as bilateral meetings and workshops. These activities also contributed to the strengthening of mutual relations. During the monitoring period, there was approx. 40 % of the BFB grant allocated. On 4 December 2015, the Guideline for applicants and beneficiaries Bilateral Fund at Programme level – measure "B" as well as Open Call were updated. Extension of the submission of applications till 31.12.2016, enlargement of the possible eligible activities and eligible expenditures were introduced.

As one of the biggest contributions of the usage of this Fund, could be considered new established contacts, networks and sharing of mutual experience. These contacts might be used in currently implemented projects but they might also lead to further cooperation among institutions behind the Norway grants.

The aim of approved initiative NF-CZ11-BFB-1-040-2015 was to establish bilateral cooperation and exchange of experience with a focus on therapeutic activities when working with children. In August 2015, there was organised study trip to Norway which promoted to establish cooperation with the University of Lillehammer- Faculty of education and social work. Discussion among partners was focused, for instance, on sharing of experience related to work with handicapped students and usage of fyziotherapy. Czech delegation had also an opportunity to experience different types of therapies used in Norway. It is expected that this initiative will continue by organizing of common conference in the Czech Republic.

Some other applicants of the BFB participated at the conference „Health in Europe - from global to local policies, methods and practices“ which was held in Milan on 14 - 17 October 2015 and organized by the European Public Health Association (European Public Health Association, EUPHA). Programme Operator received the information about realization of this conference from the Donor Programme Partner, what can be consider as a mark of good communication and sharing of information at the Programme level among partners. Besides the increase of knowledge of the participants in particular health issues, the participation at this conference helped to build new contacts at international and bilateral level, find

information about best practices in other countries and therefore contribute to the better care for the people with psychiatric/psychological problems. On informal basis, presentation of the objectives and outcomes of the projects implemented under the Norway grants were promoted. These sharing of knowledge and discussions helped in obtaining an inspiration for new projects and examples of good practices. In addition, all approved initiatives had to promote and disseminate outcomes of the initiatives among member of project team or for instance, by publication of the information on their web pages including photographs.

An **evaluation of bilateral cooperation within the EEA / Norwegian grants** has been launched by the Ministry of Finance in November 2015. The evaluation is carried out by an external contractor. An analysis is carried out via questionnaire survey and interviews with selected stakeholders. The results from the evaluation will be presented in the Czech Republic at the end of February 2016. All involved participants will be informed about the results. The returned feedback from donor state project partners (for all programmes) amounts to 80 %.

6.1. Complementary action

There were two initiatives financed from the Complementary Action that took place during the monitoring period. The Norwegian Institute of Public Health together with one of the Programme Operators organized regular meetings with Programme Operators from particular countries focused on Public Health Initiatives (PA 27).

1) *Programme Operators Meeting, Warsaw, Poland (June 9 - 11, 2015)*

Meeting attended representatives of the Czech Ministry of Finance as well as Ministry of Health. This meeting contributed to the sharing of experiences related to the implementation of public health programmes among the beneficiary countries of EEA/Norway grants.

2) *Programme Operators Meeting, Prague, Czech Republic (December 2 - 3, 2015)* organized by the Czech Programme Operator

The Programme Operators from all nine Beneficiary States (Bulgaria, Cyprus, Czech Republic, Estonia, Lithuania, Poland, Portugal, Romania, and Slovenia) attended the Programme Operator's Meeting within the programme area Public Health Initiatives which was held on 2 - 3 December 2015 in Martinický Palace in Prague.

The workshop was also attended by the representatives of the Financial Mechanism Office, Royal Norwegian Embassy in Prague, Norwegian Ministry of Health and Care Services and by representatives of Donor Programme Partners - Norwegian Institute of Public Health, and Norwegian Directorate of Health. As concerns the Czech Republic, representatives from the Ministry of Finance (Programme Operator) and Ministry of Health (Programme Partner) participated in this meeting. Different issues and topics such as lessons learnt within the implementations of the programmes or strengthening the bilateral cooperation within the programmes under the given programme area were discussed. Actual status of the implementation of programmes in all attending Beneficiary States as well as selected projects and their results were presented. The representatives from FMO presented requirements on reporting the results within the annual programme reports as well as their measuring and evaluation. The workshop included practical exercises aimed at raising awareness about the programmes and principles of effective communication when communicating the results.

7. Monitoring

Due to the launch of implementation of all projects of the Programme CZ 11 (90 projects) as well as Open Calls for additional activities according to the Article 6.9 of the Regulation, **Steering Committee** of the Programme was held three times during the monitoring period (14 May 2015, 14 July 2015 and 11 September 2015). There also took place two **Cooperation Committee Meetings** (12 May 2015 and 1 January 2015). During all meetings, procedure, progress and outcomes of the Call for additional activities was approved and possibilities of promoting strengthening bilateral cooperation was discussed (use of bilateral Fund). Regular meetings and sharing of information among stakeholders appeared to be constructive and beneficial.

In 2015, The Programme Operator signed a contract for the technical assistance which has started to conduct the Programme Operator's **on-the-spot controls**. They have been focused both on the implementation status and a financial part of project implementation. There were already 14 controls of individual projects realised. Till the end of monitoring period, not all controls have been closed. Nevertheless, so far there were identified no findings. All projects within the Open Call are foreseen to be controlled. As far as Programme extension was approved, the monitoring plan from the year 2015 was displayed to the year 2016 as well. Due to the high number of sub-projects under the SGS, maximum 40 % of sub-projects will be controlled. These on-spot-visits will be at the end of completion of sub-projects. The Monitoring plan for the year 2016 for the PDPs and the SGS projects is enclosed to this report.

All projects have been also monitored based on regular **interim reports** (monitoring period 4 months). All first interim reports of individual and pre-defined projects were approved by Programme Operator. As far as there are 61 sub-projects under the Small Grant Scheme, some first reports have been approved and some have been in the process of administration.

8. Need for adjustments

In the year 2015, there were several adjustments of the Programme CZ 11.

- 1) On 23 March 2015 the National Focal Point in the Programme CZ 11 „Public Health Initiatives“ has approved Programme Modification – reallocation between outcomes and small grant schemes.

In 2014 the Ministry of Health of the Czech Republic- Operator of Small Grant Scheme- announced Open Call for small grant schemes 1 (hereafter “SGS 1”) and small grant schemes 2 (hereafter “SGS 2”). On the basis of the results of the Evaluation Committees of the SGS1 and SGS2 held on February 2015, **the National Focal Point has decided to approve reallocation of financial sources in the amount of 447 125,84 EUR (11 848 834,89 CZK) from the SGS 2** (outcome: Improved access to and quality of health services including reproductive and preventive child health care) **to the SGS 1** (outcome: Improved mental health services). The amount of money in the SGS 1 increased in 20%, in the SGS 2 decreased in 30%. Overall, this transfer represented 2,33% of the total Programme eligible costs (19 180 000 EUR).

Furthermore, within the SGS 2 there was decrease in the number of output indicator „number of NGO prevention programmes on child injuries, after-effects of diseases and health problem in child age and care for persons with rare diseases“ from 15 to 14. In contrary, in SGS 1 the indicator „number of programmes focused on de-institutionalization and de-stigmatization created and implemented by NGO's“ increased from 15 to 49. The reason for the money transfer among the above mentioned outcomes was higher amount of quality project proposals submitted in the SGS 1 in comparison to the SGS 2.

- 2) **In line with the Article 6.9 of the Regulation** on the implementation of the EEA Financial Mechanism 2009 – 2014, the National Focal Point (NFP) submitted a request for approval regarding the process of utilization of unused allocation of funds in the Programme CZ 11. The open calls 1 and 2 as well as Small Grant Scheme were announced, duly administrated and grants were successfully awarded to the Project Promoters. However, there were still unspent sources in amount of 2 128 173 EUR out of 15 601 868 EUR. After giving due consideration to the effective utilisation of all funds within the given programme implementation time, the NFP referred to the paragraph 2, Article 6.9 of the Regulation, and proposed to reallocate the unspent amount into **additional activities of already approved projects** in the Programme CZ 11. The NFP discussed the procedure with the Programme Partner (Ministry of Health) as well as Project Promoters supported under the open calls and Promoters of pre-defined projects. The Project Promoters expressed their interest to include additional project activities which would contribute to the objectives of the projects and thus contribute to the strengthening of the Programme outputs and outcomes. The NFP identified further amount of **2 128 173 EUR** which presented **11,096 % of the total eligible costs** of the Programme CZ 11 (19 180 000 EUR). FMO approved request on 7 April 2015.
- 3) On 8 September 2015 FMO approved request of NFP from 24 July 2015 asking for an **exception to Article 5.6.2 under the Regulation** on the implementation of the EEA Financial Mechanism 2009 – 2014 allowing for Small Grant Scheme under Programme CZ 11 to exceed 20% of the total eligible expenditures of the Programme.
- 4) On 4 December 2015 **Programme extension till 30 April 2017** was approved by the FMO.

9. Risk management

Programme CZ11 still belongs among risky programmes. 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.

Risk of programme absorption capacity was mitigated – by announcement of 4 calls for additional activities for Project Promoters. Risk of insufficient absorption capacity of the Bilateral Fund at Programme level was mitigated by raising awareness regarding the possibility of applying for a grant, posting information on web pages, personal engagement of project managers in articulating the option to the Project promoters. Guidelines for applicants and beneficiaries as well as Open call were also updated introducing for instance, extension of the submission of applications till 31.12.2016, or broaden scope of eligible activities. List of risks is enclosed to the report. Time risk was mitigated by extension of the Programme implementation. Risk to fulfil the indicators was mitigated by discussion with Project Promoters and in some cases, prolongation of projects implementation. Risk or personal change in key positions was mitigated by enhanced methodical support of Programme Operator in the projects where these personal changes appeared.

10. Information and publicity

The informing about the Programme and publicity has been carried out on two levels: Programme and Project level.

Programme level

In the year 2015, there were realized activities related to the Additional 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 and noticeboard of the Information System CEDR. In order to provide information, there were also organised two seminars for applicants related to the Calls on additional activities that took place in Prague on 20 March 2015 (for Project Promoters of individual projects and pre-defined projects) and on 5 August 2015 (for Project Promoters of sub-projects under the SGS). All eligible applicants were allowed to participate at the seminars. Promotion materials were distributed during the seminars (power-point presentations).

Within the Management of Small Grant Schemes, the promotion materials were purchased. Promotion materials include pens, markers, notebooks, USB flash disks, bags and mints. These promotion materials were marked with the Norway Grants logo and were distributed at seminars and at the meetings with sub-projects promoters.

In order to raise awareness regarding the CZ 11 among the population, social media (mainly Facebook pages) were used for storytelling. At the web pages eeagrants.cz was published many articles regarding events and actualities in the projects including photo documentation.

Project level

At the Project level, the Final Beneficiaries are obliged to demonstrate compliance with the rules on publicity in interim and final reports on project implementation. All information and publishing measures have to be in accordance with the valid document of the Financial Mechanism Office for the Norway Grants 2009-2014 the Communication and Design Manual and the Annex IV of the Regulation "Information and Publicity Requirements". The Project Promoter is obliged in particular to:

- **follow the approved Publicity Plan** which defines tools and strategies for providing information and for presenting information, and which is based on the grant application;
- **Organize information events** for the project (such as inaugurations and project completion events, press conferences)
- **Inform about planned events** related to publicity and send out invitations to events relating to the project via the project notice board
- **Continuously inform about project publicity** using the project notice board in IS CEDR – links to articles mentioning the project in the newspapers / TV
- **Provide information at a website**

As far as all projects were in 2015 in their implementation phase, there were already organised many seminars, workshops, conferences, press conferences, published comics, media campaigns focused on de-stigmatization, and purchased small promotion material at project levels.

Project example CZ.11/MGS/050 „Those who we avoid“:

Project is focused on destigmatization of people with mental illness in the region of South Bohemia. Through the planned campaign, project wants to increase knowledge in a selected group of people (people aged 25-50 years, with secondary or university education, who are in their jobs discretion) about the issue of mental illness and thus act to change their attitudes and their future behavior. Knowledge of relevant and unbiased information regarding the mental illness and its impact on the life of person and his/her family is key for changing of attitude of the public (refusal of stereotypes). It shall lead to a change of behavior (avoiding of discrimination and stigmatization). During the implementation of the project, there will be focus on campaigns in printed media as far as this topic is often associated with negative connotations in these types of media. Current media picture of people with mental disorder is not very positive- they are presented as not very intelligent people, potential violent persons and persons who should not be able to decide by themselves. According to the survey of the Project Promoter, only in 1 % of monitored articles there was also a space for expression of person who has

own experience with mental disorder. Among one instruments of the fulfilling the projects objective is publishing of comic stories in selected magazines. Example of one such story published in magazine called „Respect“ is in Annex 4 of this Report.

11. Cross - cutting issues

Good governance, sustainable development and social cohesion are the three main cross-cutting issues under the financial mechanisms.

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 were selected. The aim of the Programme or individual projects is not to generate any profit. However, the Programme, projects and sub-projects are 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. There were also approved projects which primary focus is on de-institutionalization as well as destigmatization. There were held several conferences and different activities in order to achieve this goal such as producing comics, easily comprehensive web pages focused on destigmatisation as well as different seminars and workshops.

12. Attachments to the Annual Programme Report

Annex 1: Risk assessment of the programme

Annex 2: Monitoring plan 2016

Annex 3: List of projects for communication purposes or as examples of best practices

Annex 4: Project example CZ.11/MGS/050 „Those who we avoid“

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.

				Optional second signature		
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
	09	02	2016	09	02	2016

For the National Focal Point

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

				Optional second signature		
Name	Lenka Jurošková					
Position	Deputy Minister of Finance					
Organisation	Ministry of Finance of the Czech Republic					
Signature						
Date	Day	Month	Year	Day	Month	Year
	12	02	2016			

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	After the administration of all open calls including calls for small grant scheme there were still unallocated financial sources and thus absorption capacity was insufficient.	3	5	15	In order to enhance absorption capacity and allocation of all remaining financial sources there were announced 4 calls for additional activities for Project Promoters. Awareness regarding the open calls was ensured by publication of all relevant information on the web pages of the PO, PP and eeagrants.cz. Moreover, Project Promoters from open calls as well pre-defined projects were informed about the possibility on the noticeboard of the information system CEDR which serve as fundamental instrument for communication with Project Promoters and administration of projects. In addition, Seminar for applicants took place in March 2015 in Prague.

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
	Legislation changes	There was no legislation change in 2015 that would have had any influence regarding the PRG risk. Nevertheless, there might be slight risk in terms of on-going preparation of psychiatric care reform in the CR which will be linked to the legislation changes.	1	3	3	Due dissemination of information which might influence projects implementation regarding the legislation changes among the Programme Partner and Programme Operator.
	Time risk - delay in commitment and disbursement of funds	PRG and project activities have been delayed due to the late signing of Programme Agreement in 2013. Nevertheless, approval of Programme extension had lowered the risk.	2	5	10	Extension of projects till 30/4/2017 in necessary cases.
	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.	3	4	12	In 2014, the risk had been eliminated during the administration of individual calls and settings the calls, announcing the separate calls for Activity I and II. Risk is also mitigated by intensive communication among Project Promoters, PP and PO.
Bilateral outcome(s):	Bilateral relations	Insufficient absorption capacity of the Bilateral Fund on Programme level, Lack of interest in applying for grant	3	3	9	Awareness regarding the possibility to apply for a grant, posting information on web pages, personal engagement of project managers in articulating the option to the

Type of objective ¹	Risk	Description of risk in the reporting period	Likelihood ²	Impact ³	Importance ⁴	Mitigation planned/done
						Project promoters. Guideline for applicants and beneficiaries Bilateral Fund at Programme level – measure “B” as well as Open call were updated. Extension of the submission of applications till 31.12.2016, enlargement of the possible eligible activities and eligible expenditures were introduced.
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 are monitored by the programme Operator and the sub-projects within Small Grant Schemes are monitored by the Programme Partner.	2	5	10	Regular monitoring, on spot controls 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, Manual for applicants for a grant, Manual for Bilateral fund at programme level – measure A,	2	4	8	Manuals and other relevant guidelines for the recipient were issued and according to need, they are gradually updated.

Type of objective ¹	Risk	Description of risk in the reporting period	Likelihood ²	Impact ³	Importance ⁴	Mitigation planned/done
		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 was finalized.				
	Reports and irregularities within programme	No irregularities were reported in 2015.	1	4	4	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.	4	3	12	Setting up the plan of inner controls.
	Information system	Programme Operator has created a grant information system (CEDR) for Programme administration. The system was launched in 2013.	3	3	9	Setting the system was carried out continuously for several months. Ongoing corrections of the system according to the relevant requirements as well addition all relevant information concerning the projects is done.
	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 which compliance is monitored. People with impeccable record are chosen for	1	4	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
		the individual working positions through the transparent selection process.				

Annex 2: Monitoring plan for 2016

Project no.	Name of the project	Planned date of on-site monitoring visit /review	Note
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	1Q 2016	
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	1Q 2016	
NF-CZ11-OV-1-012-2015	Prevention of illness after-effects and health problems in childhood in University Hospital Olomouc	1Q 2016	
NF-CZ11-OV-1-013-2015	The development of multidisciplinary dispensary care for children with perinatal stress in Hradec Králové FN	2-4 Q 2016	
NF-CZ11-OV-1-015-2015	Outpatient Long-term Observation of High-risk Neonates	2-4 Q 2016	
NF-CZ11-OV-1-016-2015	Improving the Quality of Dispensary Care of Premature Infants in Regional Health Corp. (Krajská zdravotní, a.s.)	2-4 Q 2016	
NF-CZ11-OV-1-017-2015	Multidisciplinary Care Center for Children with Perinatal Risk Situation in University Hospital Motol	1 Q 2016	
NF-CZ11-OV-1-019-2015	The Preventive Unit in Pediatric Trauma Centre University Hospital Brno	2-4 Q 2016	
NF-CZ11-OV-1-	Vojta method II.	2-4 Q 2016	

020-2015	generation - a chance for risk children		
NF-CZ11-OV-2-026-2015	Albertinum Žamberk – the Implementation of the Comprehensive Rehabilitation System in Terms of a Psychiatric Clinic	2-4 Q 2016	
NF-CZ11-OV-2-027-2015	The creating the conditions for the implementation of enhanced and differentiated care in Psychiatric Hospital Cerveny Dvur	2-4 Q 2016	
NF-CZ11-OV-2-028-2015	Center for psychiatric rehabilitation - PH Horní Beřkovice	2-4 Q 2016	
NF-CZ11-OV-2-029-2015	Rehabilitation ward with a new kind of treatment (with comprehensive psychiatric rehabilitation)	1Q 2016	
NF-CZ11-OV-2-030-2015	Physical health care for mentally ill patients and independent life skills training	2-4 Q 2016	
NF-CZ11-OV-2-032-2015	The psychiatric hospital in Opava - a creation of conditions for implementation of transformation of the psychiatric care in Moravian-Silesian region	2-4 Q 2016	
NF-CZ11-OV-2-033-2015	FN Ostrava Building - care center for comprehensive rehabilitation in mental health care	2-4 Q 2016	
CZ.11/MGS/008	Application of case management for the treatment of people at risk of drug/substances addiction with psychiatric diagnoses	3-4Q/2016	Sub- project under the Small Grant Scheme.
CZ.11/MGS/015	Club Esprit - support people with mental illness in Chomutov	3-4Q/2016	Sub- project under the Small Grant Scheme.
CZ.11/MGS/043	„VILLA – creation of a	3-4Q/2016	Sub- project under the Small Grant

	community-based sheltered housing for psychiatric patients in the Usti Region“		Scheme.
CZ.11/MGS/014	Creation of internet multidisciplinary counselling and destigmatization webpage platform	3-4Q/2016	Sub- project under the Small Grant Scheme.
CZ.11/MGS/027	Development of the community centre Dvojí svět	3-4Q/2016	Sub- project under the Small Grant Scheme.
CZ.11/MGS/042	From isolation to integration through the complex care for clients handicapped by mental disorders	3-4Q/2016	Sub- project under the Small Grant Scheme.
CZ.11/MGS/051	TOGETHER: A comprehensive program of support for young adults with mental illness as they leave the orphanage	3-4Q/2016	Sub- project under the Small Grant Scheme.
CZ.11/MGS/006	Parallel Lives II.	3-4Q/2016	Sub- project under the Small Grant Scheme.
CZ.11/MGS/009	Adoption of a programme of rehabilitative living for persons with long-term mental disorders in Hradec Kralove	3-4Q/2016	Sub- project under the Small Grant Scheme.
CZ.11/MGS/024	We need not be afraid of the mentally ill!	3-4Q/2016	Sub- project under the Small Grant Scheme.
CZ.11/MGS/041	Fighting stigma associated with stereotypes of mentally ill	3-4Q/2016	Sub- project under the Small Grant Scheme.
CZ.11/MGS/012	Comprehensive Care Program for Dual Diagnosis Patients	3-4Q/2016	Sub- project under the Small Grant Scheme.
CZ.11/MGS/035	Family silver of Ledovec for the de-stigmatization	3-4Q/2016	Sub- project under the Small Grant Scheme.
CZ.11/MGS/052	'Return to life' – community care programme for people with autism	3-4Q/2016	Sub- project under the Small Grant Scheme.
CZ.11/MGS/062	Live to be twenty	3-4Q/2016	Sub- project under the Small Grant Scheme.
CZ.11/MGS/072	Happy Childhood	3-4Q/2016	Sub- project under the Small Grant Scheme.

Annex 3: List of projects for communication purposes or as examples of best practices

Project no.	Name of the project	Note
NF-CZ11-PDP-3-003-2014	National Coordinating Centre for rare Diseases at the Motol University Hospitals	Pilot project of the genome diagnosis regarding the cardiomyopathy and hard dental tissues disorder was carried out. Database of patients with rare diseases was established. There is intense bilateral cooperation. There were issued publications with the aim to raise awareness of the laic as well as professional public.
NF-CZ11-OV-2-024-2015	A comprehensive system of comprehensive rehabilitation families burdened by psychiatric disorder of one of its members	Implementation of project in the CR is unique. Project aims to: <ol style="list-style-type: none"> 1) provide high-quality diagnostics, treatment and therapy facility for mothers and/or children patients who have a psychiatric diagnosis, 2) create a functioning system of support for mothers (parents), whose child has a diagnosed mental, disorder and 3) create a system of support for mother with psychiatric diagnosis, which have a problem, thanks to their handicap, in caring for their child, and who are thus under threat that their child will be removed.
CZ.11/MGS/014	Creating of the internet multidisciplinary counselling and destigmatization webpage platform	The main goal of the sub-project is to create internet-based multidisciplinary counselling services (involvement of 10 people with their own experience). Communication plan: <ul style="list-style-type: none"> • Own web pages • Facebook • Information rollup • Regional press release
CZ.11/MGS/082	Cepik – primary prevention of childhood obesity	The project is aimed at primary prevention of childhood obesity and related diseases in support of a healthy lifestyle of preschool children aged 3 – 7 years. Communication via press release, cooperation with paediatricians, regional news report.
CZ.11/MGS/050	Those who avoided	Project focuses on changing the situation of people with mental illness in the South Bohemia Region. One of the activities of this project is a campaign of six comic stories with a focus on increasing the knowledge of the population in the issue of mental illness in the magazine Respekt.
CZ.11/MGS/006	Parallel Lives II.	One of the outcomes of the project activities is

		a comic story, which develops the basic idea with stigma - the inclusion of people with mental illness into society and understanding of mainstream society. Comic story will be published on social networks.
CZ.11/MGS/041	Fighting stigma associated with stereotypes of mentally ill	The goal of the project is de-stigmatization, in other words change of the stereotype of looking at the schizophrenically ill persons. As a media tools there will be used billboard's campaign all over the Czech Republic, photographic travelling exhibition and publication led by teenagers during workshops in schools and animated videos communicating about schizophrenia's myths
CZ.11/MGS/069	Mole in motion	Project is focused on developing motor skills program designed for paediatric oncology patients. There have been realized several camps in nature for kids suffering of oncological illness, camps for those children together with their family members and several workshops for beneficiary's staff.
CZ.11/MGS/062	Live to be twenty	The main objective of the project is to reduce the number of serious and fatal accidents of teenagers and minimize their consequences. The recipient held the press conference to present the project and is carrying out a comprehensive publicity plan in order to highlight importance of the topic. This plan includes radio broadcasts, outputs in TV broadcasts and many articles and interviews in newspapers and magazines.
CZ.11/MGS/025	I know why it?/I know why it!	The main objective of the project is to realize preventive activities connected to psychiatric illnesses in the spectrum of eating disorders. In order to exploit natural forms of communication for young people the recipient is creating 5 short videos and will place them on the internet and social media. All educational materials are available on the project webpage. In addition the team of lectors is visiting primary and secondary schools to conduct workshops for students.

Annex 4: Project example CZ.11/MGS/050 „Those who we avoid“

Those who we avoid: Šárka

Hello madam, I am here with the new washing machine.

Usage is simple, just pay attention to the drain hose not to flood out neighbors

Hope it will serve you well, goodbye!

When you live with paranoid schizophrenia, you may find that you want to save the world from disaster. For that reason Šárka is still using her old wash-board. More about Šárka and her world at our Facebook pages <https://www.facebook.com/kampanantikerymsevyhybame/>.

KOMIKSOVÝ SERIÁL „TI, KTERÝMI SE VYHÝBÁME“ VZNIKL ZA PODPORY NORSKÝCH FONDŮ V RÁMCI PROJEKTU CZ.11/MGS/050 VE SPOLUPRÁCI S MNO FOKUS ČESKÉ BUDĚJOVICE, FOKUS TÁBOR A NAKLADATELSTVÍ BAOBAB.

