



Annual Programme Report No.1 Norway Grants 2009-2014

Programme CZ11 – Public Health Initiatives

Reporting period: 08.04.2013 – 31.12.2013

Programme Operator: Ministry of Finance of the Czech Republic

Programme Partner: Ministry of Health of the Czech Republic

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

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1. Executive summary

This report, which covers the period April 8, 2013 to December 31, 2013, gives an insight into the Programme CZ11 – *Public Health Initiatives* and 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. Program was approved on 08 April, 2013 and is expected to last till April, 2017. It is financed by Norway grant with total grants amount of € 19,180,000.00 (475,664,000.00 CZK).

The Programme CZ11-*Public Health Initiatives* focuses on two priority areas that have been underfinanced for a long time and have not been paid sufficient attention:

- I. psychiatric care, and*
- II. health care for children*

The Programme will help to implement the system changes in the health care in the Czech Republic. The goal of the Programme is to reduce the inequalities in the health care, to improve the health of the population through the preventive activities and to help the target groups of patients to access the quality health care as well as to help patients to reintegrate into society. All that will be implemented at the regional and local level.

Projects will be running until 2017. The year 2013 was mainly a year of preparation, planning, building partnership and launching call for proposals. At that time the Programme CZ 11 was prepared, commented by the partner – The Norwegian Institute of Public Health, Financial Mechanism Office (FMO) and the Norwegian Ministry of Foreign Affairs and consequently approved on April 8, 2013.

In order to facilitate good communication and cooperation between the Programme partners (Ministry of Health of the Czech Republic and The Norwegian Institute of Public Health), The Norwegian partner organized a Launch Conference in Norway in May 2013 where the Norwegian partner presented the situation in the field of the Norwegian health care system.

On August 21, 2013 the Launch Conference of the Programme CZ11 was organized in order to inform the potential applicants and beneficiaries of individual projects and conditions of receiving of financial aid.

On October 31, 2013 the Programme Agreement between The Norwegian Ministry of Foreign Affairs and The Ministry of Finance of the Czech Republic was signed.

Following the Cooperation Committee meeting held on July 7, 2013, the fourth Cooperation Committee meeting was held in Prague on December 9, 2013. At the suggestion of the PP, certain modifications to the Programme were discussed. These modifications related to minimum and maximum limits for grants amount of projects within the open calls and to sub-projects within the Small Grant schemes (SGSs) as well as the reduction of number of calls within the SGSs.

The modifications were made in order to mitigate the time risk. However, the DPP pointed to possible risks such as receiving less applications, reduced number of grant amounts and greater number of small projects rather than bigger ones, which would lead to heavier burden regarding administration.

The DPP was reassured that the above risks would be mitigated and on December 19, 2013 the Financial Mechanism Office granted all proposed modifications.

On December 19, 2013, pre-defined project promoters were called to submit their grant applications for the three pre-defined projects (PDP) via CEDR information system.

2. Programme area specific developments

In 2013 the following two main fields of the Programme CZ11-Public Health Initiatives were also defined in more details:

- o **Psychiatric care** – the situation in psychiatric care in the Czech Republic shows no significant changes over the last ten years. The institution form of psychiatric care prevails and the situation corresponds to the needs at the end of the 19th century. Mental hospitals do not meet technical and material standards and they lack sufficient staffing. Only certain aspects of provided care, mainly pharmacotherapy and applied psychotherapeutic techniques, meet the health care standards of the 21st century. The average hospital stay is 83.8 days and approximately one-quarter of the patients are hospitalised for more than one year. It is estimated that there are around 10,423 psychiatric beds in the Czech Republic, the number being higher than in other European countries. Even though the psychiatric care in the Czech Republic is financed from the Medic Care Fund, contributions by the Ministry of Labour and Social Affairs, by the resources of the Ministry of Health, and grants and contributions given by the Prague Municipality, it has been underfinanced for a long period of time. Since the end of 2013 the psychiatric care is also financed by the Norwegian Funds.

Ministry of Health works on the reform of the psychiatric care as a whole. The policy process creation of such importance is very demanding and therefore has not been finished yet. Basic principles were defined and framework of the reform was created. The improvements in the area of the psychiatric care are expected to be the long term ones.

- o **Health care for children** – this filed is divided into three following areas: *child injuries, secondary prevention of diseases and health problems in the child age and rare diseases of children*. These areas, which were defined by the Ministry of Health as the main body ensuring the health care in the Czech Republic in the co-operation with the experts in particular fields, were chosen based on needs of improvement of the Czech health care system.

The number of the child injuries is very high in the Czech Republic due to sporadic and unsystematic preventive activities. Over the past several years the child population remain the highest risk group from the perspective of mortality caused by injuries. The mortality of children from injuries and seriousness of child injuries have been decreasing due to specialised trauma centres. Contribution from the Norwegian Financial Mechanism will focus on centralization, systematization and prevention which would help to reduce the amount of child injuries.

The Czech Republic belongs among the counties with the lowest infant mortality in the world because it has the most advanced perinatalogical centres. However, the care of children among whom deviations of various scopes arise during their development is not adequately ensured. The priority of interest is to transform the orphanages into child centres where adequate care will be provided. These centres will be available to all children in need, mainly children with perinatal burdens and with a medical risk, disabled children, harassed children and children without a family. The final support from Norwegian funds will lead to modernization of treatment methods, centralization of the centres and will help in setting up of new methods of health care.

The biggest problem in the Czech Republic is an insufficient early detection of rare diseases. Although, the specialised centres in the Czech Republic are at a very good level and ensure the adequate care of the patient with rare diseases the main problems is their decentralization, lack of awareness on rare diseases of general practitioners as well as specialists. Norwegian financial support will lead to gradual improving of this area by centralization and coordination of these activities as well as increasing the awareness of rare diseases.

All three areas have been underfinanced for a long time so the global objective will be achieved in the long term by accomplishing the goals of the particular activities.

The predefined projects (PDP) were partially modified by the Programme Operator before their final approval. These modifications were reflected in the Programme Agreement. (For more about modifications please see Section 8. Need for adjustment and Section 9. Risk management)

3. Reporting on Programme outcome

Due to the fact, that the Programme is currently in the phase prior to calls announcement, no outcomes have been met yet.

The Programme was approved on April 4, 2013 and Programme Agreement was signed on October 31, 2013. Although the materials for open calls were in preparation no calls were announced.

On December 19, 2013, the PDP project promoters were informed to submit their grant applications via CEDR information system at the latest by April 18, 2014.

A call for proposals under the outcome “Improved mental health services” shall be launched no later than in the first quarter of 2014.

A call for proposals under the outcome “Improved access to and quality of health services, including reproductive and preventive child health care” shall be launched no later than in the first quarter of 2014.

The announcement of the first open call in the Programme (within Activity II) was originally planned in the programme proposal for the third quarter of 2013. The actual launch of the first call is now postponed to March 2014.

Calls for the both small grant schemes will be launched no later than during the second quarter of 2014.

Certain modifications in the Programme were proposed by the PO and PP. The DPP supported the modifications but also draw the attention to possible risks involved. For more about possible risks, please section 9. *Risk management*.

3.1. Progress on horizontal concerns

The Programme CZ 11 is created in accordance with the 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 Czech Republic. The Programme promotes the multicultural dialogue and integration of national minorities,

aiming at improved health care which will be available to all patients regardless to race and their culture.

Horizontal concerns will be implemented through individual projects. In 2013 no projects were approved so there was no development in this area.

4. Reporting on outputs

Outputs will be reached through the implementation of particular projects. There were no projects implemented in year 2013, thus there was no progress regarding this area.

In 2013 there were three pre-defined projects selected with the following expected outputs:

PDP 1:

- Implementation of the comprehensive rehabilitation system in mental hospitals,
- Setting the system of new approach to the rehabilitation of patients,

PDP 2:

- Centralization of activities in the field of health care for children in the Czech Republic
- Development of primary and secondary prevention focused on reduction of after effects of diseases, injuries and health problems in child age

PDP 3:

- Development of NGOs activities in the field of care for children (injuries prevention, prevention of after effects of health problems and diseases in the child age and the area of care for patients with rare diseases)

In 2013 no calls were announced. Within the year 2013 the Programme proposal was approved and all materials for open calls were in preparation.

No later than in the first quarter of 2014, a call for proposals under the outcome “Improved mental health services” and a call for proposals under the outcome “Improved access to and quality of health services, including reproductive and preventive child health care” shall be launched.

One call for proposals will be launched for both small grant schemes, no later than during the second quarter of 2014. If there will be funds uncommitted as a result of the first call a second call may be launched.

5. Project selection

Due to the forthcoming announcement of calls, the selection process within the Programme has not gone through yet. In 2013 no calls were announced. In the year 2013 the Programme proposal was approved and all materials for open calls were in preparation.

In 2013 the three pre-defined projects, integral to the Programme Agreement were identified. The realization of the *PDP1* will be ensured by Mental Hospital Bohnice. The requested amount of the grant is € 717,441.00 (17,792,536.80 CZK). The *PDP2* and *PDP 3* will be ensured by the Motol University Hospital. The requested grant for *PDP2* amounts to € 576,932.00(14,307,913.60 CZK) and for *PDP3* € 928,370.00 (23,023,576.00 CZK) respectively.

In 2013 the NFP and PO prepared several manuals for implementation of Norway Grants 2009 – 2014. These documents were: 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, Manual for eligible expenditures, Manual for small-scale contracts financed from EEA and Norway Grants 2009 – 2014 and Manual for implementation of Small Grant Scheme. These documents were published and presented on the website www.norwaygrants.cz and also forwarded to Programme Partners and Project promoters.

During the December 2013 project promoters of Pre-defined projects were asked to submit their PDPs to electronic system for evaluating applications – IS CEDR within 3 months (in this Programme it was prolonged to 5 months due to higher amount of PDP in the Programme). Project promoters received the Manual for PDP applicants and chapter concerning submission for PDPs from Guidelines for Calls – submission and review of applications – grant award and therefore they have necessary information for successful submission of their projects. The verification is expected during April – May of 2014 and it should not take longer than 8 weeks.

A call for proposals under the outcome “Improved mental health services” shall be launched no later than in the first quarter of 2014.

A call for proposals under the outcome “Improved access to and quality of health services, including reproductive and preventive child health care” shall be launched no later than in the first quarter of 2014.

The announcement of the first open call in the Programme (within Activity II) was originally planned in the programme proposal for the third quarter of 2013. The actual launch of the first call is now postponed to March 2014.

The Programme has two small grant schemes. The first small grant scheme shall support measures dedicated to alternative forms of psychiatric care including community based care and support to patients and their families. The second small grant scheme shall support NGO projects dealing with primary and secondary prevention of child injuries and health problems in the early child age on both national and regional level as well as supporting patients with rare diseases, primarily through patient organisations. Both small schemes will be operated by the Ministry of Health of the Czech Republic.

For both small grant schemes calls will be launched, no later than during the second quarter of 2014. A second call may be launched if there are funds uncommitted as a result of the first call.

6. Progress of bilateral relations

The bilateral relations have been supported through the partnership involving the *Norwegian Institute of Public Health (NIPH)* as a Donor Programme Partner (DPP), *Ministry of Finance of the Czech Republic* as a Programme Operator (PO), *Ministry of Health of the Czech Republic* as a Programme Partner (PP) and *Norwegian Embassy in the Czech Republic*.

The bilateral relations in the year 2013 were developed mainly at the Programme level and at the level of particular pre-defined projects. Two conferences, one in Norway and another in the Czech Republic were organized in the year 2013.

In conference in Norway in May 29-30, 2013, which was financed by the Bilateral Fund on national level, the predefined projects were introduced. The Norwegian partner presented the current situation in the given field in the Norwegian health care system.

The Launch Conference of the Programme, organized in Prague on August 21, 2013, was aimed at helping further facilitation of the bilateral relations between the Donor county and the Czech Republic. It was attended by representatives of the National Focal Point - Ministry of Finance, Ministry of Health, Norwegian Institute of Public Health and the Royal Norwegian Embassy in Prague as well as by the guests mainly from expert public.

In 2013 two Cooperation Committee meetings took place at the programme level, on July 7, 2013 and on December 9, 2013. The main agenda of the Cooperation Committee meetings focused on individual activities, solution of occurring problems, definition of risks and discussion about the realization schedule. There is an on-going discussion with the Norwegian partner under way regarding all programme tasks. In the fourth Cooperation Committee meeting, held in December, reduction of the grant size for projects and consequent potential limitations regarding recruiting Norwegian partners were under discussion. The Norwegian partners hold that these might cause certain risks to partnership and bilateral relations.

It can be concluded that the year 2013 was the year of preparations focusing on laying foundations to a long-lasting cooperation so that institutions can continue working together and share experience in forthcoming period.

6.1. Complementary action

There were two events financed from the Complementary Action that took place during the monitoring period. These events were organised by Norwegian partner. The Norwegian Institute of Public Health together with the Norwegian Directorate of Public Health organize regular meetings with Programme Operators from particular countries focused on Public Health Initiatives (PA 27). Programme Operators usually have a partnership with one of those two Norwegian organizations.

1. Meeting of Programme Operators “Pre-Conference Programme Operator Meeting” and “Programme Operators Launch Conference”, Oslo, Norway (May 29 – 30, 2013)
The main activity of this meeting was a conference for possible partners coming from the donor state. The cooperation towards improvement of public health in Europe financed through the EHP and the Norwegian Found as well as establishing of bilateral cooperation where the main purpose of the conference. Participating for the Czech Republic were Ministry of Finance, Ministry of Health and a representative of Psychiatric Hospital Bohnice.
2. Meeting of mediators “Programme Operator Meeting” (November 28 – 29, 2013)
Main aim of the meeting was exchange of experiences related to realization of particular programme. The meeting was open to all ten countries implementing Norway/EEA Grants ‘Public Health Initiatives’. The Czech Republic was represented by Ministry of Health.

7. Monitoring

In the Czech Republic the responsibility for project monitoring is divided between the Programme Operator and the Programme Partner. The Programme Operator is the Ministry of Finance where the programme is managed by the Department of International Relations, CFA 1 and CFA 2 Units, responsible for the programme preparation, implementation, monitoring and evaluation, and the CFCU

Unit, dealing with financial issues. Programme Partner, the Ministry of Health of the Czech Republic, is responsible for technical issues of the Programme. These responsibilities will be defined in Partnership Agreement between the PO and the PP.

Given the short period of time from December 19, 2013 until the end of the year 2013, no projects and no open calls were realized. Therefore, no monitoring could have been exercised.

Monitoring plan for the next reporting period is scheduled for the year 2015, after having the first results of the Projects. (For more details please see Annex II)

In 2014 *regular project level monitoring* and *on site monitoring visits* will be carried out.

8. Need for adjustments

The fourth Cooperation Committee meeting was held in Prague on December 9, 2013. The proposed modifications in Annex I and Annex II, which are integral part of the Programme Agreement, were discussed in the meeting. The requested modifications are related to the bellow minimum and maximum limits for grants amount of projects within the open calls and sub-projects within the Small Grant schemes (SGSs) as well as reduction of number of calls within the SGSs.

All these modifications are related to the Annexes as the Programme Agreement remains unchanged.

The modifications had been suggested by the Czech Ministry of Health and had been sent to the Czech Ministry of Finance on November 29, 2013. The requested modification were then submitted to the National Focal Point (NFP) which supported the suggested modification as appropriate and justified. The NFP forwarded the request to Financial Mechanism Office in Brussels for their approval. The approval was granted on December 19, 2013. The above mentioned Annexes now constitute the integral part of the Programme Agreement.

The Donor Programme Partner, Norwegian Institute of Public Health expressed its positive opinion about the changes. However, the DPP did have certain reservations regarding the proposed adjustments. For more details regarding the DPP concerns to the modifications please see the Section 9. Risk management.

The proposed modifications were due to the limited time for the whole programme implementation with regard to delay of the programme start. The announcement of the first open call in the Programme (within Activity II) was originally planned in the programme proposal for the third quarter of 2013. The actual launch of the first call is now postponed to March 2014. Considering the effectiveness of future calls and mitigation of the time risk, the Programme Operator and the Programme Partner proposed decreasing the grant amounts of projects and sub-projects which would lead to higher number of supported projects (or sub-projects within the SGS) and to the more efficient achieving of the outputs and outcomes of the programme.

9. Risk management

The fourth Cooperation Committee meeting was held in Prague on December 9, 2013. The needs for adjustments and modifications in the Programme were discussed in the meeting in order to mitigate the time risk. (For more details please see Section 8. Need for adjustments). The Donor Programme Partner – Norwegian Institute of Public Health supported the modifications suggested by the PO and PP as

appropriate and justified. However, the DPP gave also their advisory opinion and alerted the PO and the PP to the following possible risks. The DPP quoted the risks as follows:

- o Reduction of the grant size does not necessarily increase the number of applications. The ensuing risk might be receiving too few applications, because applicants tend to be interested in larger projects.
- o Reduction of the grant size may limit the potential of projects to provide the outputs and contribute to the outcomes of the Programme.
- o One of the main aims of the Norway Grants is to improve bilateral relations between the Beneficiary States and Norway. Reduction of the grant size for projects may limit the potential of recruiting Norwegian partners. However, at the same time, the DPP admitted that the partnership is not an obligatory pre-requisite for the projects.
- o In spite of the suggestion to announce one call for both SGS1 and SGS2 as soon as possible to prevent further delays in the Programme implementation, the reductions in grant amounts may lead to greater number of projects. Therefore, the greater number of smaller projects may put a heavier burden on the PO or the Ministry of Health (or both) regarding administration.
- o Also it may be more difficult to find external experts to evaluate project proposals since more professionals will be involved as applicants.

In conclusion, the DPP expressed their hope that the Czech Republic has a clear strategy to mitigate the above risks.

The PO and the PP reassured the DPP that they would take all possible measures to mitigate the above mentioned risks.

10. Information and publicity

Relevant information on Norwegian Grants and Programme CZ11 were originally published on www.mfcr.cz and www.mzcr.cz web sites. In the second half of the year 2013 the new websites (www.eeagrants.cz and www.norwaygrants.cz) were created. These websites were gradually supplemented and modified and were operational during October 2013. The websites, Czech and English version, were managed by the Centre for Foreign Assistance – Programming and Coordination Unit in close cooperation with the Communication Department of the Ministry of Finance.

In August 2013 the new profiles for EEA and Norway Grants in the Czech Republic were created on Facebook and Twitter. Through these social media the public was informed about the planned actions (e.g. Launch Conference of the Programme CZ11 – August 21, 2013 etc.). An effective publicity tools for promotion in 2013 was the inaugural conference organized on the Programme CZ11 - Public Health Initiatives at the Psychiatric Hospital Bohnice on August 21, 2013. The conference was attended by representatives of the National Focal Point - Ministry of Finance, Ministry of Health, Norwegian Institute of Public Health, Royal Norwegian Embassy in Prague as well as by guests mainly from expert public. All the potential applicants were invited. Speakers of the conference presented the program to potential applicants and other stakeholders. The total allocation for this program was set at € 19.18 million Euro, nearly half a billion crowns. Information about the Launch Conference was posted on the website of both Programme Operator and Programme Partner. The event was also publicised on the following websites: <http://www.eeagrants.cz/cs/programy/norske-fondy-2009-2014/cz11-verejne-zdravi>, facebook site: <http://www.facebook.com/EHPaNF>, twitter site: <https://twitter.com/ehpanf> and youtube channel.

Based on Communication plan some promotional materials were created and distributed to participants of the Conference.

The conference was organized with the intention to increase the awareness and perception of the Programme CZ11 by both the professional and the general public. The potential applicants and beneficiaries of individual projects were informed about the Programme benefits and conditions for receiving of financial aid.

The 2nd Annual meeting within the EEA and Norway Grants 2009 – 2014 was held on 31st October 2013 with the participation of the Norwegian Ambassador Jens Eikaas, Deputy Minister of the Ministry of Finance Eva Anderová, Director of the Financial Mechanism Office in Brussels Stine Andresen and Chairman of the Financial Mechanism Committee under the Norwegian Ministry of Foreign Affairs Anders Erdal. Eight of Programme Agreements of the fifteen Programmes within the EEA and Norway Grants 2009 – 2014 were signed during the meeting. The Programme CZ11 was among the signed Programme Agreements. Signing Programme Agreement is an important step in the implementation of Programme and significantly helps to arrange the open calls for the CZ11. The information was publicised on the following web pages: www.norwaygrants.cz or www.eeagrants.cz.

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 goal of this Programme has been to improve the position of the patients and their families. The implementation of the Programme will contribute to the more dignified conditions of patients' treatment which is in accordance with the human rights principles.

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 times.

Sustainable development

The key idea of the sustainable development is to promote such development that meets current needs but also meet the needs of the future generations. In the scope of the Norwegian Funds the overall sustainability of the project is set for 5 years, which means that the outputs of the projects must be realized for 5 years.

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.

The economic sustainability is conforming to ecological sustainability. Environmentally friendly materials will be used so the Programme will have a neutral impact on the environment.

Social cohesion

The goal of 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 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.

This Programme aims at interconnection of institutionalized care and community care. It also aims at formation of an expert network, both in their expertise and geographical location.

The diversity at the level of cultures, nationalities and minorities is promoted. The democratic principles, human rights, labour rights and **gender equality** are observed in the Czech Republic and reflected in this Programme.

12. Attachments to the Annual Programme Report


Annex 1: Risk assessment of the programme

Annex 2: Monitoring plan 2014

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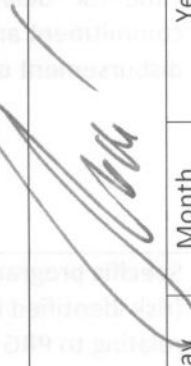
For Programme Operator

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.

Name	Zuzana Kudelová	Optional second signature				
Position	Deputy Head of the Department of International Relations	Martina Bečvářová				
Organisation	Ministry of Finance of the Czech Republic	Head of the Monitoring Unit				
Signature		Ministry of Finance of the Czech Republic				
Date	Day	Month	Year	Day	Month	Year
	11	2	14	10	02	2014

For the National Focal Point

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

Name	Eva Anderová	Optional second signature				
Position	Deputy Minister of Finance					
Organisation	Ministry of Finance of the Czech Republic					
Signature						
Date	Day	Month	Year	Day	Month	Year
	13	02	2014			

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 2013 had been influenced especially by informing the eligible applicants (in the group of expert public), by arrangement of the conference and by holding permanent consultations. Eligible applicants are also informed through web presentation.
	Legislation changes	There was no legislation change in 2013 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, which 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 2013, the risk had been eliminated during the settings of individual calls. There were many consultations within the Programme in 2013 related to risk prevention. The risk

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	
Operational	Reports and irregularities within programme	No irregularities were reported in 2013.	0	0	0	The system of reporting of irregularities was set.	
	Programme audits/controls	No auditing of the programme has been done so far.	3	5	15	Internal controls will be set.	
	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 which compliance is monitored. People with impeccable record are chosen for the individual working positions through the transparent selection process.	4	1	4	Function code of ethics at all levels of management and administration of the Programme, opened selection process for all working positions included in the implementation of the Programme. To eliminate risks in 2013 the prevention was also pointed out as the opening conference.	

Annex 2: Monitoring plan

The PDP and open call projects will be monitored on site during the year 2015.