



Annual Programme Report No.4 Norway Grants 2009-2014

Programme CZ11 – Public Health Initiatives

Reporting period: 1.1.2016– 31.12.2016

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

Content:

1. Executive summary	3
2. Programme area specific developments	4
3. Reporting on outputs	7
4. Reporting on Programme outcome(s)	13
4.1. Progress on horizontal concerns	16
5. Project selection.....	16
6. Progress of bilateral relations	16
6.1. Complementary action	21
7. Monitoring	21
8. Need for adjustments	22
9. Risk management.....	23
10. Information and publicity	23
11. Cross - cutting issues.....	24
12. Attachments to the Annual Programme Report.....	25
Annex 1: Risk assessment of the programme.....	25
Annex 2: Monitoring plan 2017	31
Annex 3: List of projects for communication purposes or as examples of best practices	34

1. Executive summary

The Programme was approved on 8 April 2013 and is being 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: I. Psychiatric care and II. Health care for children.

Main sector developments

The Ministry of Health of the Czech Republic (hereafter as “MoH”) created and approved **the psychiatric care reform** in 2014. In the year 2016, the pilot project of the Strategy was prepared and will be realized since the beginning of 2017. There were also opened first Centres of Mental Health Care. The implementation of **National action plan on child injuries prevention** for period 2007-2017 has continued. Field of **rare diseases** is gradually evolving and there is on-going work carried out on the implementation of the National strategy for rare diseases for the period 2010-2020.

Key management issues

The implementation of Programme was carried out continuously throughout the year 2016. Among the main activities belonged the control of interim reports including requests for payment, programme and project changes, communication with the project promoters, on-site visits, promotion of bilateral cooperation and other related administrative tasks. **Out of 90 approved projects, implementation of 49 projects was finished.** Extension of projects’ implementation was a suitable measure in order to mitigate **the time risk**. The risk of low **programme absorption capacity** was mitigated by administration of 4 Open Calls for Additional Activities. Not allocated financial sources were also transferred to the **bilateral fund** and update of **Guidelines for applicants as well as Open Call** was introduced in order to attract more potential applicants and ensure better options of fund utilisation.

One of the key issues during the reporting period was administration of **the Open Calls for Additional Activities within the SGS, whereas there were** supported for granting 18 applications within the SGS 1 and 8 within the SGS 2. In order to enable support of all recommended additional activities, on 20 May 2016 National Focal Point (hereafter “NFP”) has approved reallocation of 111 105,55 EUR among budget headings (2, 91% of the total eligible expenditures of the Programme). Final budget for SGS psychiatric care has increased to 3 217 467, 84 EUR in lines with exception to Article 5.6 under the Regulation approved by Financial Mechanism Office (hereafter “FMO”) by letter from 8 September 2015. Furthermore, other changes such as transfer of not allocated financial sources from relevant budget headings and increase of the allocation for bilateral cooperation were approved by the FMO by letter on 27 October 2016.

Bilateral cooperation

In the year 2016, Project Promoters have deepened 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. In 2016, 7 initiatives under the **bilateral fund at programme level measure B** were approved and implemented. In addition, in December 2016 PO organised **workshop for potential applicants in Prague**.

Moreover, Public health initiatives became **the priority programme area of the Fund for Bilateral Relations at National Level for the year 2016**. There were organised 3 events in Prague focused on destigmatization of people with mental disorder, primary prevention of psychiatric disorders and workshop focused on the eHealth.

Two meetings of **Cooperation Committee** and two meetings of **Steering Committee** of the Programme took place in 2016. **Complementary action** was also used for Public Health Initiatives Programme Operators Meetings in Vilnius and in Bucharest. Indeed, cooperation with the DPP was in the reporting period intense and very constructive.

In 2016, an **evaluation of bilateral cooperation within the EEA / Norwegian grants** was carried out by the Ministry of Finance. The aim of the analysis was to evaluate bilateral cooperation between Czech entities and entities from donor states in the period from 18 June 2011 to 31 May 2015. Programme CZ 11 was also involved in this evaluation. According to the surveys and questionnaires, the key benefits for the beneficiaries and their project partners, which exceed the joint project, are the acquisition of specific know-how from the partner and establishment of new contacts. Among general recommendations in respect of bilateral cooperation at the program level stated in the evaluation was, for instance, creation of database of potential partners in the donor country. At project level, it was stressed the importance of improving communication during the preparation of the project and greater involvement of the donor project partner in the preparation of the project.

Key achievements towards Programme's outcomes and outputs

In the year 2016, most of the indicators have been already overreached and thus contributed towards achievement of outcomes and indicators set in the Programme Agreement. Indicators, which have not been reached yet, will be reached at the end of projects' implementation.

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". Some of the Action plans have started to be implemented. Some action plans are in line with Programme CZ 11 such as 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.

Financial resources in the sector

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.

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, pressure on higher performance, etc. Such trend was documented by increasing number of examinations carried out in psychiatric departments of hospital or in psychiatric hospitals as such. There were 3 046 000 examinations carried out in psychiatric ambulances in 2015. Compared to the year 2013 there is an increase of more than 5% (149 101 examinations more). There were treated 650 566 patients in 2015, which is 8 % increase than in year

2013 (47 361 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. Services of psychiatric ambulances and hospitals were provided more to men who composed 60% of all patients.

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 neglectation is visible in all main type of care – inpatient, outpatient and community care.

The number of psychiatric hospitals hasn't changed in comparison with previous years. There have been 18 psychiatric hospital with 8 583 beds by the end of 2015 (in comparison to 8 847 beds in 2013) and 3 specialized hospitals just for children with the capacity of 250 beds. In comparison with 2000 the number of beds decreased of about 5 %.

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: 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.

Psychiatric care reform has been supported by the EU funds. The Strategy on psychiatric care reform was prepared concurrently with 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.

In the year 2016, pilot projects of the Strategy were prepared and will be realized in the 2017. The amount of resources allocated within the European funds for the projects of psychiatric care reform will be of 140 mil EUR. Approximately 1/3 of this amount will be allocated for the systemic projects implemented by the Ministry of health and the remaining amount will be available in open calls for beneficiaries active in the area of mental health. In 2016 there were opened first Centres of Mental Health Care which are one of the goals of the Reform. Whereas the implementation of the Programme CZ 11 continues successfully, the implementation of the Strategy of the psychiatric care is delayed in comparison with the original time plan. In the area of psychiatric care, 1 pre-defined, 12 individual projects and 49 sub-projects have been supported for granting. In the year 2016, 34 sub-projects were finished. The rest of them will finish their implementation till 30 April 2017. All the implemented sub-projects have successfully contributed to the de-stigmatization and de-institutionalization of the psychiatric care, which are other important goals of the Programme CZ 11.

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. Meanwhile in 2005 the death rate in Czech Republic was 7 deaths for 100 000 children, in 2010 it was 4, 3 deaths on 100 000 children.

However, the child death rate caused by 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 injury 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.

The implementation of National action plan on child injuries prevention for period 2007-2017 has continued. Among identified tools belong activities of interdepartmental working groups in the area of support of prevention activities, education and interdepartmental cooperation. Implementation of the National action plan is supported by the PDP 2 by establishing the National centre for child injuries prevention, which coordinates preventive activities, prepare methodologies and collect and provide information. There have been implemented 3 individual projects focused on child injuries prevention. Within the Small Grant Scheme 2 there have been realized 5 sub-projects focused on injuries prevention. Projects have been realized in different fields of prevention and focused on prevention of risk behaviour, safe environment and drowning. 4 sub-projects finished their realization in April 2016 while the remaining fifth sub-project will be finished in April 2017. Indeed, there have also been implemented 3 individual projects and 5 sub- projects focused on child injuries prevention.

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.

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.

The Norway Grants enabled to create follow-up care programmes within the perinatology centres based on their needs. This initiative was welcomed by health professionals, but also pointed out another need, which is subsequent care for children with perinatal burdens after 6th year of age. There have been implemented 11 individual projects. Within the Small Grant Scheme 2 there have been realized 6 sub-projects focused on illness after-effects and health problems in childhood. Projects have been realized in different fields of prevention with the focus on eating disorders, obesity, oncology and trauma burns secondary prevention. All the sub-projects have been prolonged till the April 2017.

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. Implementation of the National action plan for Rare Diseases 2015-2017 has continued. 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-operate at the EU level and participated in the EC Joint Action "E-HOD", "Orphanet", "RDPortal2" and currently implemented Action "RD-Action". Within the Small Grant Scheme there has been realized 1 sub-project focused on raising awareness of rare diseases among the public and rising of competences of parents and health care providers. The implementation of the sub-project will be finished in April 2017. There have been implemented 1 pre-defined project and one sub-project in this area.

3. Reporting on outputs

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 has been 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, is supported in these institutions.

Table 1: Programme outputs

Outcome	Output	Output indicator	Indicator value		
			Baseline	Target	Actual
Improved mental health services	Output 1.1: Setting the system of new approach to the rehabilitation of patients	Number of created systems of the new approach to rehabilitation of patients	0	1	0
	Output 1.2: Implementation of the comprehensive rehabilitation system in the mental hospitals	Number of implemented systems securing the transition of activities from the institutions of psychiatric care to the new approach to the rehabilitation	0	15	16
	Output 1.3: Implementation of the comprehensive rehabilitation system in the mental hospitals	Number of programmes focused on the de-institutionalization and destigmatization created and implemented by NGOs	0	15	34

Improved access to and quality of health services, including reproductive and preventive child health care	Output 2.1 Activities in the field of health care for children in the Czech Republic centralized	The number of established centres on the national level	Baseline	Target	Actual
			0	2	0
	Output 2.2: Development of primary and secondary prevention focused on reduction of after effects of diseases, injuries and health problems in child age	The number of programmes of primary and secondary prevention	Baseline	Target	Actual
			0	10	25
	Output 2.3: 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)	The number of programmes focused on the prevention of child injuries, after effects of diseases and health problem in child age and care for persons with rare diseases conducted by NGOs	Baseline	Target	Actual
			0	15	6

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, Actual reached value: 0. Target value will be reached at the end of project's implementation.

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 main goal of the project has been to evaluate current care and create a new uniform system of rehabilitation at inpatient psychiatric facilities, focusing especially on the subsequent care of patients with serious mental illnesses. Other project goals has included the increased prevention of psychotic illnesses in the population through educational brochures and the website and increased awareness of these illnesses in the general public and among non-psychiatric professionals. Important aspect of the project has been on-going mutual cooperation with Norwegian partner, Oslo University Hospital. Used methods, forms of individual and crisis plans were discussed. Pilot version of the new programme called "S.U.P.R." has been created and thus, its pilot implementation has been launched in 12 centres engaged in the project. So far, 130 patients have been involved in the programme. Results of the testing and patients involvement are captured in the study which is integral part of the Manual of good clinical practice (hereafter as "Manual"). New system has been designed in order to provide comparable data and has been conducted by using an evaluable methodology. It has been aimed at the individual needs of patients, respect their individual pace of treatment progress and particularities given by the course of their illness. Working version of the Manual has already been prepared and it is composed of 4 main parts- diagnosis, psychotherapy, follow-up care and preventive activities.

During the project implementation, the Train-the-Trainer Programme in the CARE model (Comprehensive Approach to Rehabilitation) which provides the knowledge and skills to become a certified trainer in the CARE Model was organised. The CARE Model is meant to support persons in vulnerable situations, due to psychiatric conditions, addiction, homelessness, poverty and marginalisation in their recovery process. It is aimed at increasing Quality of Life, self-reliance and community participation. Trained trainers will train other employee of project partners and will guarantee sustainability of rehabilitation methods. Till the end of 2016, 28 persons were trained. Project promoter has reported that this training is positively perceived by all involved. Other method used in the project has been the Camberwell Assessment of Need (CAN). It is a family of questionnaires and is used to help health and social care professionals fully understand the problems and difficulties experienced by people who have a serious mental illness, and then plan appropriate care and support. During the project implementation, there have been trained 120 persons in CAN. This training was beneficial, among others, in order to collect proper data for Programme S.U.P.R. and Manual.

As part of the preventive aspect of the project, there have been organised 16 seminars for preventive workers, families of patients, or general practitioners. Organisation of seminars will continue also in the year 2017. All these activities are raising awareness about mental health care, early detection and intervention of mental problems and prevention of serious mental illness.

After the system of the comprehensive psychiatric rehabilitation is fully implemented, it should ensure improvement in the quality of care of particularly long-term hospitalisation in aftercare facilities, it should humanise the provided care, aim therapy at discharging patients from inpatient care and clearly define health indications for hospitalisation. It is expected to define the requirements for the scope and type of other follow-up support services extramurally. Moreover, such a system enables the improvement of interconnection of extramural and inpatient care, it facilitates patient transitions into the external environment and their adaptation, and thus increases the quality of their life.

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, Actual reached value: 16

Overall, 12 projects have been approved under the Open Call and implementation of 7 projects finished in the year 2016. 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 26. In this monitoring period, the reported reached target value was 16, thus set target value has been already overreached.

Contribution of selected projects to the achievement to Programme output:

NF-CZ11-OV-2-030-2015 (Physical health care for mentally ill patients and independent life skills training), reported reached target value in the year 2016 was 9.

The main objective of the project, which implementation finished in August 2016, was to create a system of screening of cardiovascular and metabolic risks of patients and to create two standards - the methodology of comprehensive rehabilitation care for the physical health of patients with mental illness and methodology for comprehensive rehabilitation training for independent living in a transitional phase. Norwegian project partner is the National Centre for Telemedicine. Within the implementation of complex rehabilitation system, following 9 systems have been created and implemented:

- 1) Methodics of comprehensive rehabilitative care for the physical health of mentally ill patients (so called SOMA score)- during the pilot testing 135 patients were supported
- 2) Methododics of Feasibility study
- 3) Methododics of physiotherapy – 61 patients supported by overall 87 courses and 854 therapies
- 4) Methododics of kinesiotherapy – 28 patients supported, 90 therapies
- 5) Methododics of ergotherapy – 30 patients, 70 therapies
- 6) Methododics of nutritional care – group therapies with cognitive-behavioural approach, 1 per week for 60 minutes, programme finished 23 patients. Out of this number, 12 patients improved their results concerning their body weight
- 7) Methododics of training skills for normal, self-sustaining life – 22 persons supported (by using the facilities of training apartments)
- 8) SW - New tools of Hospital Information System HIPPO - the early identification of patients with the risk for cardiovascular disease
- 9) Implementation of system of Peer Therapy

The functionality of the entire system as well as its effectiveness was tested in practice. Overall, 73 employees were trained in the new methods of complex rehabilitation and number of patients using services of system of complex rehabilitation was 228. Outputs of the project were presented at different international conference held in the Czech Republic such as International Conference in Pardubice (April 2016), meeting of Psychiatric society in Spindlerov mlyn (June 2016), Symposium of North-Czech psychiatrists 2016 (May 2016). In the cooperation with the project partner FBMI, paper called „Use of Mobile Technologies for Physical Health Maintenance in Psychiatric Patients“was written.

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, Actual reached value: 34.

The objective of the Small Grant Scheme has been 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. Overall, there will be created 48 programmes. Out of 48 there will be 16 programmes focused on de-institutionalization and remaining 32 programmes will be focused on de-stigmatization. De-stigmatization programmes have mainly consisted of information campaigns fighting the stigma that mentally ill people face in society. Programmes developed in sub-projects focused on de-institutionalization were mainly based on creation of multidisciplinary teams helping or taking care of mentally ill people released from the psychiatric hospitals. In the year 2016, reported reached target value was 34.

Contribution of selected project to the achievement to Programme output:

STUDIO 27 "focused on the soul"(CZ.11/MGS/054)

Studio 27 "focused on the soul" is movie-making team of people (journalists) with experience of mental illness, especially with schizophrenia. The de-stigmatization programme created within sub-project CZ.11/MGS/054 consisted of several activities. There were organized 11 public sessions with international and also Czech guests who have dealt with mental issues. Some of the guests were well known persons such as the actress and presidential candidate Táňa Fischerová. All the 11 public sessions and 8 private sessions were uploaded on YouTube and are free to watch and share. There were also issued 20 articles that were either informing about sessions, mental health or sub-project itself.

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, Actual reached value: 0. Target value will be reached at the end of projects' implementation.

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). Reported target value in 2016 was 0.

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, as part of preventive activities there were created preventive tools such as animated videos, applications for the prevention of accidents and narrative game of suicidal behaviour. Many information seminars, public events and workshops were organised. There have also been created a set of methodologies aimed at primary prevention e.g. in GP surgeries, trauma centers, schools, sports, home, hobby groups. In this regard, there is close cooperation with donor project partner Norwegian Safety Forum and there are frequent personal meetings in order to share experiences with the establishment of the centre and the implementation of preventive activities.

One of the important aspects of the project **NF-CZ11-PDP-3-003-2014** is 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, there are 95 samples of DNA in biobank. It was also purchased equipment for phenotypization and from the beginning of the project there have been scanned 1 773 patients and their relatives and saved in the phenotypic database. It seems that most of the patients have autism spectrum disorders, epilepsy, growth problems and mental retardation. Regarding the anthropometric study, there is still ongoing collection of data of children aged 4-7 years. The results will be processed in 2017. There is a continuous analyse of Next Generation Sequencing data. This topic is also subject of discussion with Norwegian project partner Frambu.

There were also co-authored many research articles in expert journals such as e.g.:

- A product of immunoreactive trypsinogen and pancreatitis-associated protein as second-tier strategy in cystic fibrosis new-born screening (Journal of Cystic Fibrosis)
- Odontogenic ceratocysts in the Basal Cell Nevus (Gorlin-Goltz) Syndrome associated with paraesthesia of the lower jaw: case report, retrospective analysis of a representative Czech cohort and recommendations for an early diagnosis of the disease (Neuroendocrinology Letters)
- Minimum Information required for a DMET Experiment reporting (Pharmacogenomics)
- Cost-of-illness analysis and regression modelling in cystic fibrosis: a retrospective prevalence-based study (European Journal of Health Economics)

On the occasion of the International Day of Rare Diseases which took place on 29 February 2016 there were organised several events such as Round Table at the Chamber of Deputies (topic: Situation of patients and possible solutions), or classic music concert at Museum of Mendeleev in Brno. So called "help-mail" has been created and queries of doctors and patients associations have been 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, Actual reached value: 25.

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, reported reached target value was 25.

Contribution of selected project to the achievement of Programme output:

NF-CZ11-OV-1-009-2015 (New methods in the follow up care of new-born at risk in Centre of complex care for children with perinatal burden in GUH):

The project has contributed to improving the quality of diagnostic and therapeutic care for premature infants across the entire Czech Republic. The project enabled earliest possible diagnosis of deviations in the development and an early therapeutic intervention in the areas such as: 1. Psychology- Psychiatry - screening for early neurodevelopment deviations and cognitive rehabilitation, 2. Auxology - creating growth charts to monitor anthropometric data of premature infants, 3. Pneumology – tracking the dynamics of lung function tests up to the early schoolage, 4. Rehabilitation - new diagnostic and therapeutic methods.

The main task of this project has been to develop multidisciplinary care of ex-preterm children and children with perinatal burden after their discharge from the neonatal intensive care unit. The specialised network of individual specialities covered following domains: psychology, psychiatry, pneumology and physiotherapy. During implementation of this project 50 preterm children were investigated between first month of life and eight years. There were created 4 programmes of primary and 4 of secondary prevention. The newly developed tests, methods, techniques and the most recent technology and medical equipment was used by experienced medical staff in a view to identify risk factors and subsequently to reduce the morbidity of this extremely vulnerable group of patients. The results of this project serve as a foundation for developing new diagnostic and therapeutic guidelines applicable in other units (centres) in the Czech Republic. **The number of children benefiting** from the improved preventive activities was at the time of final project report submission **120**.

Based on the results of the project, it appears that the impacts of severe immaturity are often seen after several years and there are in line with Behavioural Phenotype of prematurity. A common feature is change in development caused by maturation in "other" conditions than in the body of the mother. They have similar problems - lack of concentration, emotional lability, anxiety, poor self-regulation measure and a similar typical phenotype. Immaturity of all systems translates into a maturing body scheme, lung function, overall physical fitness, motor coordination.

Distinct finding of the project is that it is not possible to diagnose many development deviations of children till the age of 2 years. It is important to take into consideration the fact that different somatic and psychosocial development will not appear until the age of 5 – 8 years. Long-term monitoring of these children, early diagnosis of deviations and initiation of appropriate therapy (physiotherapy, psychotherapy, and drug therapy) appears to be a necessary precondition for improving their health, including their socialization and inclusion among peers. Other finding of the project is the fact, that polymorbidity of these children, which is neither serious nor life-threatening, but rather in the area of psychosocial, certainly requires a multidisciplinary approach of many specialists. This should be aspect of the focus in the future in the Czech Republic.

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. In the monitoring period, reached target value was 6. It is planned that there will be 16 programmes created till the end of sub-projects' implementation. Out of this amount there will be 7 programmes focused on child injuries prevention, 7 programmes on after effects of child injuries and 2 programmes on improvement of health care for children in the area of rare diseases. Child injuries programmes have been focused on organizing prevention activities for children either in schools

or at special camps. Programmes in the area of rare diseases aimed at raising awareness among general public and also among health care workers and doctors.

Contribution of selected project to the achievement of Programme output:

Sub-project CZ.11/MGS/071 called "Safe Childhood – Without Accidents by the Water"

Drowning is second more often cause of fatal accidents in the Czech Republic after traffic accidents. The aim of the project has been improving the knowledge of parents and children about the safety rules related to safe behaviour while staying by the water or next to the water area and drowning prevention of children. There have been planned 69 one-day workshops about the prevention of drowning organised in open water areas, rivers, swimming pools and aquaparks. Workshops are focused on children aged 4-11 and their parents. There have been created promotional materials such as leaflets, puzzles, posters, webpage and also 10 video spots with topic of drowning prevention and the basic safety rules while staying at/in the water and in doing water sports. Promotional materials have been given to schools and will be available on-line at the webpage.

4. Reporting on Programme outcome(s)

During the year 2016, implementation of all projects under the Programme CZ 11 has continued. Overall goal of implemented projects is to help the target groups of patients in access to quality health care, help patients reintegrate into society, improve the prevention and avoid subsequent complications in the area of health and health care. Out of 90 projects, there were 49 projects finished during the monitoring period.

It is not expected, that the Programme will not achieve its planned outcomes. On contrary, many output indicators have been already reached or significantly overreached. However, mitigating actions have been put in place to address the identified risks in order to secure the achievement, especially the time risk (prolongation of projects). In the monitoring period there was detected a risk of delays in the process of interim reports control of sub-projects under the Small Grant Scheme. As a mitigation measure, PO of the SGS hired two external employees for interim reports control.

Table 2: Programme outcomes

Outcome	Indicator	Indicator value		
		Baseline	Target	Actual
Improved mental health services	Number of patients benefiting from the improved mental health services	0	300	4 226
Improved access to and quality of health services, including reproductive and preventive child health	Number of activities leading to the reduction of child injuries	0	2	2
	Number of children benefiting from the improved preventive activities	0	200	10 947
	Number of activities leading to both the improvement of diagnostics of rare diseases and the care for patients with rare diseases	0	7	11

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” determines involvement of the target group (the psychiatrically ill) into the new system of rehabilitation. In the year 2016, 4 226 patients were supported. Thus, target value 300 set in the Programme agreement was highly overreached. There are still some projects in their implementation phase, therefore till the end of Programme implementation, final number will be higher.

Contribution of selected project to the achievement of Programme outcome:

NF-CZ11-OV-2-034-2015 (Implementation of comprehensive rehabilitation system psychiatric sanatorium U Honzíčka)

The aim of this project has been to improve mental health care by creating a dignified environment for the treatment of long-term psychiatric ill patients, to ensure appropriate conditions for the development and setting up and implementation of a comprehensive rehabilitation system, provide support and assistance in fulfilling the social, health and educational needs of patients. New comprehensive rehabilitation system has been based on a highly individual approach to the patient and has also been involving different types of therapies by multidisciplinary team. Pilot implementation started on 1 June 2015 and continued till the end of project’s implementation (30 April 2016). There were 325 patients supported. The outcome, among others, was creation of methodology and presentation of project’s results of the implementation of comprehensive rehabilitation. An important part of the project was also training of employees and destigmatization events in the multimedia cafeteria, which has become very frequent meeting point of mentally ill patients with the general public. There were held many events for expert and general public such as exhibitions, readings of poetry, concerts, presentations of patients’ products from art therapy or occupational therapy, discussions and educational lectures.

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. Till the end of the monitoring period, it was reported reached target value: 11. Indicator was thus already overreached.

Contribution of selected project to the achievement of Programme outcome:

NF-CZ11-OV-1-017-2015 (Multidisciplinary Care Centre 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. Within the tertiary prevention, the families are provided with counselling care to gain more confidence, and the help to find solutions in the social field. They will achieve an intensive intervention in favour of mastering the skills associated with school-entry. Establishment of Multidisciplinary Care Centre has improved and made easier diagnosis and treatment of children with

rare diseases. There has been 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, implementation of the project is also contributing to the lowering of stress level of parents. Speed of transfer of information and improvement of diagnostics of diseases including of rare diseases and the care for patients is increasing. 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” (set target value 200) has reached value of 10 947 in the monitoring period.

Contribution of selected project to the achievement of Programme outcome:

NF-CZ11-OV-1-021-2015 (Improving care for children with perinatal disabilities in Vesna Children's Hospital)

The goal of the project was enabling to children with perinatal burden complex therapy. Prevention programme focused on care of children with perinatal burden was created and tested. Facilities of the children's hospital were equipped with modern therapeutic devices in order to improve rehabilitation process of young patients. Clinical psychologist worked not only with children, but also provided relief and support for parents of disabled children. Till the end of project's implementation (September 2016), reported number of children benefiting from the improved preventive activities was 955.

Indicator “Number of activities leading to the reduction of child injuries” (set target value 2) has reached target value 2 in the monitoring period.

Contribution of selected project to the achievement of Programme outcome:

NF-CZ11-OV-1-019-2015 (The Preventive Unit in Paediatric Trauma Centre University Hospital Brno)

The Preventive Unit was established within the Trauma Centre of the UH Brno. Since June 2016 it has provided almost 50 cycles of preventive programmes to reduce injuries in child age. Based on the analysis of most frequent causes and mechanisms of child injuries and casuistic from its medical records, the team of experienced surgeons developed and launched three elementary preventive programmes (safety, prevention and first aid when it comes to injury) plus 2 complementary programmes (transport injuries and recovery after severe injuries). Preventive programmes are tailored to various age-groups of kids (kindergarten to secondary school) and take place in devoted premises directly in the Trauma Centre to ensure maximum preventive effect. Lectures are given by surgeons assisted by the teacher and supported by interactive tools (tablets, PCs). Children may also experience work with surgery tools, plasters, models of bones and organs. Within the programme „Back to life“ motivation visits of children that successfully recovered after serious injury to the child being hospitalised after major injury are organised. In the reporting period, 1 activity leading to the reduction of child injuries was reported.

4.1. Progress on horizontal concerns

Programme CZ 11 contributed towards integration of minority groups into the society by providing trainings focused on reintegration into the society and daily life. Destigmatization 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. The aim of the Programme is improved health care which is available to all patients regardless of race and culture.

For instance, 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 centre has offered them possibility to undergo medication with secured care for their children. Other 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 disadvantaged groups - disabled children. It has contributed towards improvement of quality of life of handicapped children.

5. Project selection

Small Grant Scheme (hereafter “SGS”)

Open Call for Additional Activities under the SGS 1 and SGS 2 was announced on 23 September 2015 and closed on 2 November 2015. The evaluation and selection process of sub-projects within these calls was carried out in 2016 by the Programme Partner as stated in the Programme Agreement between Programme Operator and Programme Partner. The selection process consisted of 1) Assessment of formal requirements and eligibility and 2) Evaluation of quality. Only the beneficiaries of already approved sub-projects were eligible applicants.

Selection Committee for additional activities of SGS 1 took place on 22 January 2016 and for SGS 2 on 20 January 2016. Within the Call for Additional Activities of SGS 1 there were submitted 35 applications. 18 applications were successful and were recommended for granting. Remaining 17 applications were refused. Within the Call for Additional Activities of SGS 2 there were submitted 10 applications out of which 8 were recommended for granting and 2 were refused. The financial resources allocated for the SGS 2 were not fully used, therefore the remaining amount of approximately 175 000 EUR was transferred into SGS 1 in order to enable to support 4 sub-projects from the reserve list. There weren't established any new bilateral relations within the Calls for additional activities of SGS 1, 2. However, some beneficiaries extended already existing bilateral relations with the Norwegian partners within previous sub-projects. In total 9 sub-projects have a Norwegian partner.

As lessons learned could be considered set up of real time schedule of the evaluation of the Opened Call for Additional Activities. Personal capacities should be also taken into a consideration.

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 SGS there have been implemented 9 sub-projects with the donor partnership. Thus, programme bilateral indicator “Number of project partnership agreements in the beneficiary public sector” has been reached (target value was 8). In all projects intensive cooperation among partners took place during the monitoring period. Project Promoters deepened 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 2016 (on 2 May 2016 in Norway and on 18 October 2016 in the Czech Republic). All tasks related to the implementation of the programme, results of the Selection Committee meetings, changes, use of savings, potential risks, publicity as well as bilateral cooperation were discussed. The representatives of the DPP took part as observers at two Selection Committees of the call for additional activities for the SGS. Cooperation among the partners appeared to be very intense, constructive and beneficial.

Bilateral Fund at Programme Level – Measure A (hereafter “BFA”)

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 (there were representatives of 7 Norwegian organizations). There were also 8 initiatives realized within the BFA. Out of 8 realized initiatives 5 beneficiaries realized projects within Open Calls (2) and within Small Grant Scheme (3). The final accounting of the initiatives took place at the turn of 2015 and 2016. For the use of this fund, it was allocated EUR 100 695. However, total eligible costs were EUR 1 43 583. In 2016, these financial sources were reallocated to the bilateral fund at programme level, measure “B”.

Bilateral fund at programme level, measure “B” (hereafter “BFB”)

In 2016, **Guidelines for applicants and beneficiaries- Bilateral fund at programme level, measure “B” as well as Open Call were updated twice**- in July and November.

Among the most important updates were, for instance, increase of the amount of maximum grant which may be up to 50 000 EUR. The aim of the initiative should be to establish and strengthen cooperation in the framework of the relevant programme areas:

- a) in cooperation with other entities from the donor states active within the relevant programme areas (i.e. actively involved in the programme area for at least 1 year);
- b) in cooperation with other entities from the donor states active within the relevant programme areas (i.e. actively involved in the programme area for at least 1 year) and international organization.

Applications can be submitted continuously from the date of the announcement of the Call for proposals until 31 July 2017 or until the total allocation is used. Supported initiatives must be realised till 15 September 2017. Moreover, the Ministry of Finance, the Operator of the BFB, organised **on 9 December 2016 seminar**. Its aim was to inform potential grant applicants about third updated Open Call for submission of Grant Applications and guidelines for preparation of grant applications, implementation and administration of initiatives. Representatives of DPP as well as Norwegian embassy participated at the seminar.

In the year 2016, **7 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, workshops and conferences. As one of the biggest contributions of the usage of this Fund, could be considered newly 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.

Initiative **NF-CZ11-BFB-1-040-2015** has helped 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 physiotherapy. Both partners have decided to further cooperate and in the year 2016 they applied for other grant in order to organise 2 days conference in Pisek, Czech Republic (**NF-CZ11-BFB-1-060-2016**). The topic of the conference was therapeutic activities when working with disabled children. Norwegian partners from Lillehammer University shared their experience about primary care in Norway and how it is approaching children with disability as well as actual leisure participation of Norwegian adolescents with Down syndrome.

On 11 – 13 April 2016 under the initiative **NF-CZ11-BFB-1-053-2016** conference called „Current Trends in Mental Health Care“was organised in Prague. First day, workshop focused on the creation and implementation of methodics for early interventions for people with mental illness was discussed. Following days, conference related to the ACT model and involvement of people with mental illness experience into the care services took place. From Norwegian side, representatives from Vestre Viken Hospital Trust (Baerum District Psychiatric Centre), Stavanger Universitetssjukehus and Buskerud and Vestfold University College participated at the conference. They shared their experiences in the area such as integration of people with their own mental illness experience into the care and education, C-Flex model and public awareness media campaigns.

Some other applicants of the BFB participated at the 24th Congress of Psychiatry in Madrid which took place on 12 – 15 March 2016. Besides the increase of knowledge of the participants in particular health issues, the participation at this conference helped to build new contacts, find information about best practices in other countries and therefore contributed 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.

Fund for Bilateral Relations at National Level (hereafter “BFN”)

Public health initiatives became **the priority programme area of the BFN for the year 2016** approved by donors at the Annual Meeting held on September 2015. In the year 2016, PP together with PO and DPP organised 3 events in Prague - conference with the aim to contribute towards destigmatization of people with mental disorder called “Beyond Stigma, Towards Equity” (15 October), symposium focused on Primary Prevention of Psychiatric Disorders (17 October) and workshop focused on the eHealth (8 December).

Bilateral relations at project level

START - CRS Comprehensive rehabilitation to self-sufficiency (NF-CZ11-OV-2-025-2015)

Cooperation with the donor project partner Baerum Distric Psychiatric Center has been established during the initiative funded from the Open Call for bilateral initiatives, measure A. Donor project partner participated at the project formulation and project agreement was signed. During the project implementation, intensive cooperation among partners was executed, there were organised several exchange meetings in Czech Republic as well as in Norway. There were on-going consultations regarding the created programmes in the project focused on enabling better adaptation in daily management after the discharge from hospital, greater involvement of patients in aftercare, leisure and social needs of patients as part of promoting self-development and the prevention of stigmatization and practical follow-up to increase the availability of social and community services.

Thanks to the extension of the project implementation, partners agreed to evaluate project outcomes by using the Warwick-Edinburgh Mental Wellbeing Scale. This scale was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. There were organised 2 video-conference calls with donor project partner in order to share results from this evaluation. Partners also discussed data collection of programmes created during the project's implementation and usage of data for possible research purposes.

Formal project partnership was concluded on 31 July 2016 by the completion of the project. However, project promoter has expressed the plans for further cooperation and sharing knowledge with the Baerum Distric Psychiatric Center. After the project completion, project promoter has started to plan common meeting with donor project partner and project promoter of project NF-CZ11-OV-2-032-2015 who has the same donor project partner to evaluate and share experiences from both projects funded by Norway grants.

Evaluation of bilateral cooperation

In 2016, an **evaluation of bilateral cooperation within the EEA / Norwegian grants** was carried out by the Ministry of Finance based on a contract with an external contractor. The aim of the analysis was to evaluate bilateral cooperation between Czech entities and entities from donor states in the period from 18 June 2011 to 31 May 2015. There were 10 EEA/Norway grants programme including Programme CZ 11 evaluated. Overall, there were 105 responders from all programmes supported by EEA /Norway grants. In relation to the CZ 11, there were 6 representatives of project promoters and 5 representatives of donor project partner.

Only 17 % of responders in the area of public health considered funding as problematic partnership negotiation area and as the most demanding area marked overall project setting and distribution of task for the project execution, both by 50 % of respondents. The structured interviews with the project partners from donor states showed that assigning responsibility for project administration and clarifying funding were the most problematic areas in the partnership negotiation. In the Programme CZ 11, majority of project promoters (67%) considered participation of donor project partner in project important for reaching the goals. **No beneficiary stated that partner involvement in a project was without benefit (see Figure 1).** On the question "Do you think that more intense involvement of donor project partner would be beneficial or would have positive impact on the outcomes of the project?", 50 % of respondents answered probably yes, 33 % probably no, 17 % certainly, 0 % definitely not. As the biggest obstacle of greater partner involvement in a project, 50% of project promoters of the CZ 11 cited lack of capacity and distance.

Figure 1: Evaluation of involvement of project partner in relation to the influence on project outcomes

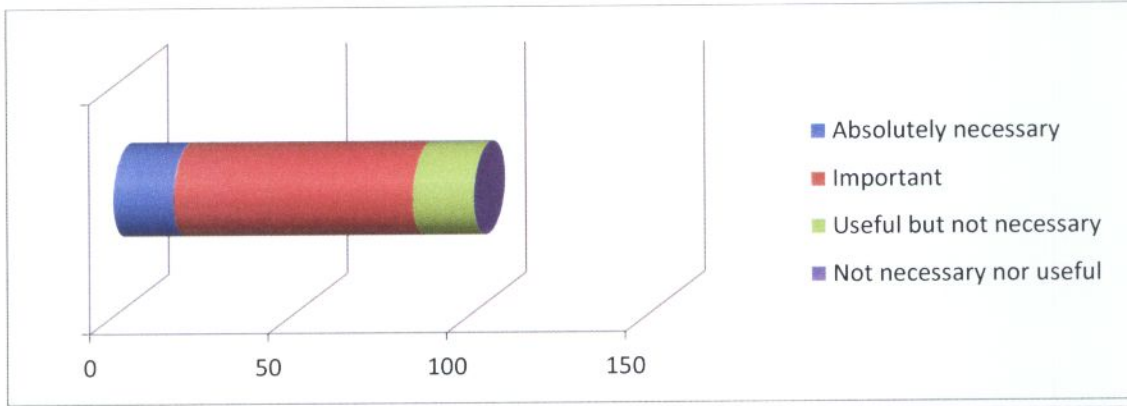
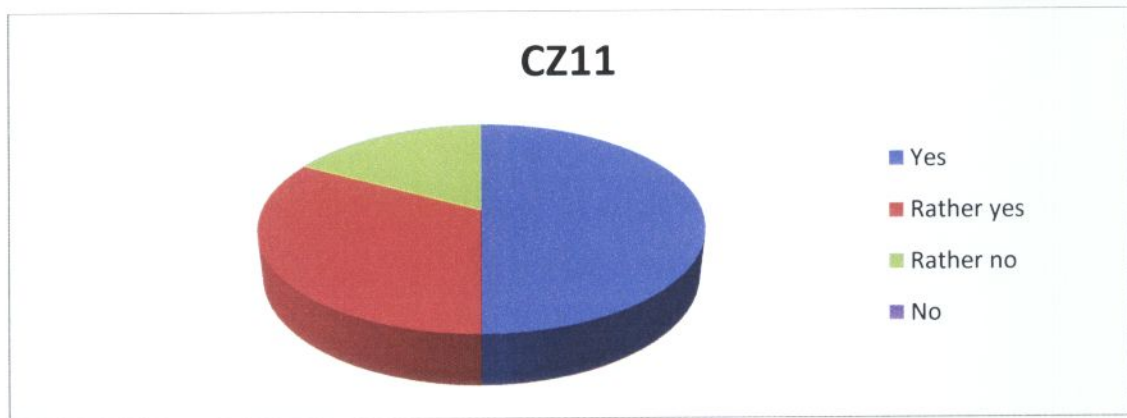
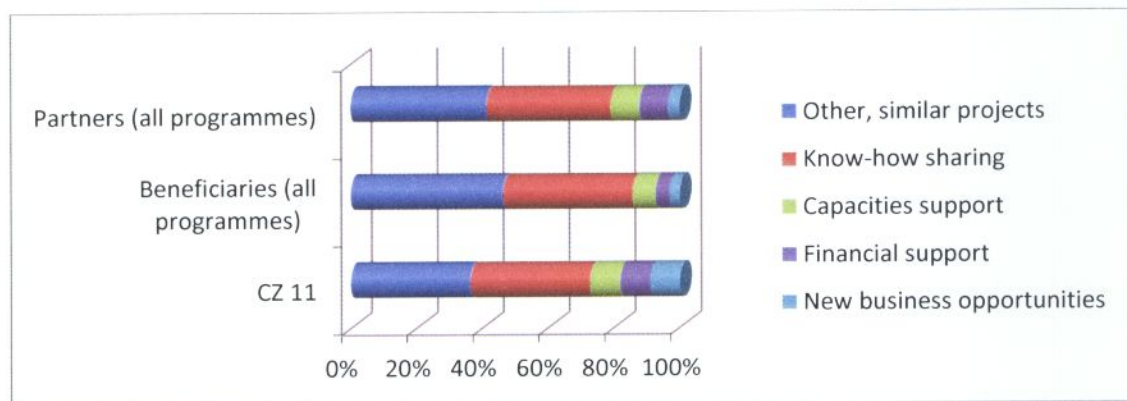


Figure 2: Plan to continue the cooperation after the termination of the financial support



Considering the area for potential future cooperation, respondents of the Programme CZ 11 stated willingness to be involved in the similar projects and sharing of know-how (100% responders cited these areas), see figure 3.

Figure 3: Areas in which should the partnership continue



Beneficiaries of the support and partners from donor countries referred in the individual interviews the above-mentioned most frequent areas of cooperation beyond the scope of the project (enhancement of know-how, new contacts, increase of competencies and new business opportunities). Both groups further stressed the priceless experience **in the exchange of experience and knowledge of new cultures**, which is associated with this international cooperation.

Among general **recommendations** stemmed from the evaluation in terms of bilateral cooperation at the program level was, for instance, creation of database of potential partners in the donor country. In case of creation of lists of groups with limited numbers of entities, where such contacts can be easily obtained (governmental organisations, universities, municipalities, scientific organisations etc.), it is possible to create lists containing almost all potential partners in the given country. At project level, it was stressed the importance of improving communication during the preparation of the project and greater involvement of the partner in the preparation of the project. The recommendation consists in thorough preparation of the partnership with the partner from the donor country. This could be supported by the program partner, e.g. by means of a list or a checklist of the key topics, which should be agreed by the partner. Moreover, the beneficiaries should communicate more with their partners from donor countries during the conceiving of the projects and to reflect their comments and opinions on the project.

6.1. Complementary action

There were two events financed from the Complementary Action that took place during the year 2016. These events were organised by PO from another recipient country together with Norwegian partner.

1. Programme Operators Meeting, Vilnius, Lithuania (June 8 - 10, 2016)
2. Programme Operator Meeting, Bucharest, Romania (December 23 - 25, 2016)

There were present representatives from Programme Operators, Partners of Programmes, Donor Programme Partners, Financial Mechanism Office, the Norwegian Embassy and several Project Promoters from particular countries. The programme of the meeting contained overviews of programmes in PA27 within EEA/Norway Grants, news and updates from the FMO focused mainly on the new Programme period and also workshop on successful communication and evaluation strategies.

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 twice during the monitoring period (2 March and 30 September). There also took place two **Cooperation Committee Meetings** (2 May in Tromsø and 18 October in Prague). Among others, there were discussed procedure, progress and outcomes of the Call for Additional Activities and strengthening of bilateral cooperation. Regular meetings and sharing of information among stakeholders appeared to be constructive and beneficial.

In 2015, The PO 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. All projects within the Open Call and pre-defined projects are foreseen to be controlled. In the year 2016, there have been realised 16 interim on-site controls and 9 final financial controls of pre-defined, individual projects and management of Small Grant Scheme. Not all of these controls have been finished. Nevertheless, except of several minor findings, there was identified substantial irregularity related to the insolvency of the sub-project CZ11/MGS/046 and the case was further reported to the tax office. Therefore, the outcomes and outputs of this sub-project will not be fulfilled and the indicator "Implemented sub-projects focused on de-stigmatization" will be reached only in the amount of 32. Due to lack of personal capacities of the Operator of the SGS, not all sub-projects will undergo the on-site visits till the end of April 2017 and the majority of on-site visits will be carried out ex post. The regular onsite control after the completion of the sub-project of the beneficiary of CZ.11/MGS/006 was carried out on 29 November 2016. During the control there

weren't found any irregularities. The Monitoring plan for the year 2017 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). Operator of SGS in each interim report monitor also risk analysis. In case of high risk level the on-site visit or public administration control is conducted. Because of the high number of implemented sub-projects the check of interim reports was being delayed. Therefore, since July 2016 two external employees were hired for check of the interim reports. The majority of the submitted interim reports were therefore controlled by the end of 2016. There weren't identified any other risks related to the fulfilment of the indicators of SGS.

Audit Authority carried out an audit of operation of the project NF-CZ11-OV-1-016-2015 (Improving the Quality of Dispensary Care of Premature Infants in Krajská zdravotní was carried out. Till the end of monitoring period, audit has not been concluded.

Review of the programme CZ 11 shall be carried out in March - April 2017 by the external company that shall be contracted in January 2017. The programme shall be evaluated based on the five evaluation criteria (relevance, efficiency, effectiveness, impact, sustainability) with respect to its outcomes and outputs as specified in the Programme Agreement.

Each criterion will be scored using the five-grade grid. The score will be awarded based on objective and impartial expert opinion substantiated by verifiable and well-founded data, facts and evidence.

The theory of change shall be developed for the programme, Outcome Harvesting shall be used as one of the methods for data collection, so as to exploit all effects of the programme, including unintended or unexpected ones. Achievement of bilateral indicators will be examined as well.

The review report will be subject to consultation process and debriefing with all relevant stakeholders prior to its publication in Czech and English.

8. Need for adjustments

On the basis of the results of the Selection Committees held on January 2016 and in order to enable support of all recommended additional activities, on 20 April 2016 **the National Focal Point has approved reallocation between budget headings in the amount of 111 105, 55 EUR (2 941 912, 20 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). This reallocation together with the previous reallocation among outcomes from 23 March 2015 cumulatively presents 558 141, 40 EUR (14 790 747, 09 CZK), thus **2, 91% of the total eligible expenditures of the Programme. This reallocation was in line with article 2.9 of the Programme Agreement CZ 11.** Increase of the allocation for SGS is in lines with approved exception to Article 5.6 under the Regulation sent by letter from 8 September 2015.

In addition, total budget of the SGS 2 was further increased due to additional financial transfer from not allocated financial sources from open call within the outcome Improved mental health services. Thus, new final budget for SGS psychiatric care allowing support all recommended additional activities is 3 217 467, 84 EUR. Increase of the allocation for SGS is also in lines with approved by FMO exception to Article 5.6 under the Regulation by letter from 8 September 2015.

Furthermore, the FMO approved by a letter on 27 October 2016 transfer of not allocated financial sources from relevant budget headings and increase of the allocation for bilateral cooperation. It was approved to widen the scope for applicants for the bilateral fund and thus enable networking, exchange,

sharing and transfer of knowledge, technology, experience and best practice between entities in the Beneficiary State and entities in the Donor States and international organisations, within the relevant programme area. Increase of the maximum grant amount for bilateral initiatives to 40,000 was also approved.

9. Risk management

Extension of projects' implementation was a suitable measure in order to mitigate **the time risk** (caused mainly by administrative and legal challenges in public procurements) which could result in not fulfilment of some project activities and thus could threatened the achievement of set indicators of the Programme CZ 11. The risk of low **programme absorption capacity** was mitigated by administration of 4 Open Calls for Additional Activities. Not allocated financial sources were also transferred to the **bilateral fund** and update of the Guidelines for applicants of the bilateral fund was introduced in order to attract more potential applicants and ensure better options of fund utilisation. Focusing on two different areas of health care might bring the risk of **difficulty of the Programme set-up**. This risk was mitigated already in 2014 by administrating separate calls for Activity I and Activity II. Besides the indicated measure, intensive communication among Project Promoters, PP and PO in the year 2016 has continued. In order to ensure proper monitoring of the CZ 11, plan of inner controls and on-the-spot visits was set. In the monitoring period there was detected a risk of **delays in the process of interim reports control of sub-projects under the Small Grant Scheme**. As a mitigation measure, PO of the SGS hired two external employees for interim reports control.

10. Information and publicity

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

Programme level:

General information about the programme is provided both on the website of the Programme Operator www.eeagrants.cz/ www.norwaygrants.cz/ and on the programme partner's website www.mzcr.cz administered by the Ministry of Health. Any news and updates are presented on the official Czech EEA and Norway Grants' Facebook profile <https://www.facebook.com/EHPaNF>. In 2016, there were organized 2 workshops and 1 conference within Programme CZ11 financed from BFN. The conference "Beyond Stigma, Towards Equity" was held on 15 October in Prague and the Symposium on primary prevention of mental disorders took place in Prague 2 days later on 17 October. Workshop on eHealth was held on 8 December in the premises of the Ministry of Health in Prague. Except the great added value on professional level all initiatives were very helpful in dissemination of information about Programme CZ11, its goals and meaning.

The publicity activities focused mostly on project level and the closing conferences of supported projects. The conferences summarized the results and outcomes of the projects. These were channelled at national level mostly via Facebook and national newspapers. The article about the progress of the project of Vesna Children's Rehabilitation Centre Janské Lázně was published by PO in the national daily "Deník" on 13 October 2016. Another one or two articles about the results of the selected projects are planned to be published in the first half of 2017.

The results of the programme will be presented in an information brochure which will be distributed at the final conference of the programme. The preparation of the brochure started in the last quarter of

2016. The final conference of the programme including the SGS is planned on 23 February 2017. The programme of the conference will be prepared in cooperation with programme partners. It is expected the conference will last one day and donors and all involved entities will share their experience from projects and their results. The PO contracted the promotional materials with Norway Grants logos (notepads, bags, paper folders and pens), which are distributed at different occasions. Some special and thematic materials are under the preparation and will be distributed at the final conference of the programme.

Project level:

As far as all projects were in 2016 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.

For instance, there were broadcasted reportages concerning the opening of Daily care centre in Opava (project NF-CZ11-OV-2-032-2015) in national and regional TV-
<http://polar.cz/zpravy/opavsko/opava/11000004725/novy-stacionar-pro-klienty-s-poskozenim-mozku>
and <http://www.ceskatelevize.cz/ivysilani/10122978233-udalosti-v-regionech-ostrava/416231100030708-udalosti-v-regionech>. This project is implemented in cooperation with the Norwegian partner- Baerum Distric Psychiatric Center.

The main objective of the sub-project **Parallel Lives II. (CZ.11/MGS/006)** was to improve the quality of life of people with mental disorders in the Czech Republic through the implementation of public awareness, education and media campaign in order to reduce stigma of people with chronic mental illness in the society. Norwegian partner of sub-project was Oslo and Akershus University College of Applied Sciences. With the partner rules for evaluating communication and destigmatization programmes were discussed. Thanks to the project there were addressed nearly 300 people during the 7 regional workshops, other people received information about destigmatization activities via social networks (a campaign on Google+ where more than 12 000 unique views at the time of preparation sub-project evaluation study, on Facebook page received 100 likes), or in other forms such as postcards, posters, or issued 10 press releases during project implementation.

11. Cross - cutting issues

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. Moreover, some activities realized within the Activity 1 tend to have a positive impact on the economic sustainability by improving the access to the labour market for the members of focused target groups.

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.

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 destigmatization 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 2017

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

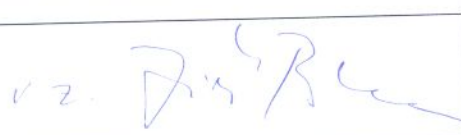
SIGNATURE:**For Programme Operator**

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 Matyášová			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
	8	2	2017	18	12	2017

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 Dupáková					
Position	Deputy Minister of Finance					
Organisation	Ministry of Finance of the Czech Republic					
Signature						
Date	Day	Month	Year	Day	Month	Year
	10	02	2017			

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.	2	5	10	In order to enhance absorption capacity there were announced 4 calls for additional activities for Project Promoters. Remaining not allocated financial sources were transferred to the bilateral fund (Programme modification approved by FMO).
	Legislation changes	There was no legislation change in 2016 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.	2	5	10	Extension of projects till 30/4/2017 in necessary cases had mitigated the risk.
	Specific programme risk (risk identified in PP relating to PRG)	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

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 (outcomes)	Description of risk in the reporting period	Likelihood ²	Impact ³	Importance ⁴	Mitigation planned/done
						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 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, enlargement of the possible eligible applicants, activities and maximum grant amount 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	2	5	10	Regular monitoring, on spot controls and periodic updates of the Programme Manual.

Type of objective ¹	Risk	Description of risk in the reporting period	Likelihood ²	Impact ³	Importance ⁴	Mitigation planned/done
		within Small Grant Schemes are monitored by the Programme Partner.				
	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, 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.	2	4	8	Manuals and other relevant guidelines for the recipient were issued and according to need, they are gradually updated.
	Reports and irregularities within programme	There were some irregularities reported in 2016.	1	4	4	The system of reporting of irregularities was set.
	Programme audits/controls	In 2016, 1 audit of operation was carried out (project Improving the Quality of Dispensary Care of Premature Infants in Krajská zdravotní, a.s.). Till the end of monitoring period, audit was not concluded.	3	3	9	Setting up the plan of inner controls.
	Information system	Programme Operator has created a grant information system (CEDR) for Programme administration.	3	3	9	Setting the system was carried out continuously for several months. Ongoing corrections

Type of objective ¹	Risk	Description of risk in the reporting period	Likelihood ²	Impact ³	Importance ⁴	Mitigation planned/done
		The system was launched in 2013.				of the system according to the relevant requirements as well as in 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 the individual working positions through the transparent selection process.	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.

Annex 2: Monitoring plan

Project no.	Name of the project	Planned date of on-site monitoring visit /review	Note
NF-CZ11-MGS-2-037-2015	Application for release of funds - small grant scheme SGS 2 Care for children	1Q 2017 and 3Q 2017	Interim and final financial on-the spot visits of SGS including sample of 2 sub-projects.
NF-CZ11-MGS-1-036-2015	Application for release of funds - small grant scheme SGS 1 Psychiatric care	3Q 2017	Final financial on-the spot visit.
NF-CZ11-OV-2-028-2015	Center psychiatric rehabilitation PN Horní Beřkovice	1Q 2017 and 3Q 2017	2 on-the spot visits-interim and final financial.
NF-CZ11-OV-1-021-2015	Improving care for children with perinatal disabilities in Vesna Children's Hospital	1Q 2017	Final financial on-the spot visit.
NF-CZ11-OV-2-025-2015	START - CRS Comprehensive rehabilitation to self-sufficiency	1Q 2017	Final financial on-the spot visit.
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 2017	Final financial on-the spot visit.
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	2Q 2017	Final financial on-the spot visit.
NF-CZ11-PDP-1-002-2014	The creation of the comprehensive rehabilitation system for the mentally ill and its implementation in the Inpatient Facilities	3Q 2017	Final financial on-the spot visit.
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	3Q 2017	Final financial on-the spot visit.

NF-CZ11-PDP-3-003-2014	National Coordinating Centre for rare Diseases at the Motol University Hospital	3Q 2017	Final financial on-the spot visit.
NF-CZ11-OV-1-013-2015	The development of multidisciplinary dispensary care for children with perinatal stress in Hradec Králové FN	3Q 2017	Final financial on-the spot visit.
NF-CZ11-OV-1-014-2015	Child Accident Prevention FN Ostrava	3Q 2017	Final financial on-the spot visit.
NF-CZ11-OV-1-015-2015	Outpatient Long-term Observation of High-risk Neonates	3Q 2017	Final financial on-the spot visit.
NF-CZ11-OV-1-016-2015	Improving the Quality of Dispensary Care of Premature Infants in Regional Health Corp. (Krajská zdravotní, a.s.)	3Q 2017	Final financial on-the spot visit.
NF-CZ11-OV-1-017-2015	Multidisciplinary Care Center for Children with Perinatal Risk Situation in University Hospital Motol	3Q 2017	Final financial on-the spot visit.
NF-CZ11-OV-1-022-2015	Primary, secondary and tertiary prevention of child injuries in the Trauma centrum Thomayerova Hospital	3Q 2017	Final financial on-the spot visit.
NF-CZ11-OV-1-018-2015	Prevention of the consequences of diseases and health problems in childhood FN Ostrava	3Q 2017	Final financial on-the spot visit.
NF-CZ11-OV-1-019-2015	The Preventive Unit in Paediatric Trauma Centre University Hospital Brno	3Q 2017	Final financial on-the spot visit.
NF-CZ11-OV-1-020-2015	Vojta method II. generation - a chance for risk children	3Q 2017	Final financial on-the spot visit.
NF-CZ11-OV-2-026-2015	Albertinum Žamberk – the Implementation of the Comprehensive Rehabilitation System in Terms of a Psychiatric Clinic	3Q 2017	Final financial on-the spot visit.
NF-CZ11-OV-2-027-2015	The creating the conditions for the implementation of enhanced and differentiated care in Psychiatric Hospital Cervený Dvur	3Q 2017	Final financial on-the spot visit.
NF-CZ11-OV-2-028-2015	Center psychiatric rehabilitation PN Horní Beřkovice	3Q 2017	Final financial on-the spot visit.
NF-CZ11-OV-2-	FN Ostrava Building - care	3Q 2017	Final financial on-the

033-2015	centre for comprehensive rehabilitation in mental health care		spot visit.
-	1-2 sub-projects	January 2017	Small Grant Scheme 1/2
-	2-3 sub-projects	February 2017	Small Grant Scheme 1/2
-	2-3 sub-projects	March 2017	Small Grant Scheme 1/2
-	2-3 sub-projects	April 2017	Small Grant Scheme 1/2
-	3-4 sub-projects	May 2017	Small Grant Scheme 1/2
-	3-4 sub-projects	June 2017	Small Grant Scheme 1/2

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

Project no.	Name of the project	Note
NF-CZ11-OV-2-027-2015	The creating the conditions for the implementation of enhanced and differentiated care in Psychiatric Hospital Cerveny Dvur	
NF-CZ11-OV-1-009-2015	New methods in the follow up care of newborn at risk in Centre of complex care for children with perinatal burden in GUH	
NF-CZ11-OV-2-025-2015	START - CRS Comprehensive rehabilitation to self-sufficiency	
CZ.11/MGS/067	Injury prevention with the Blue Hippo	
CZ.11/MGS/069	Mole in motion	
CZ.11/MGS/054	Studio 27	
CZ.11/MGS/006	Parallel Lives II.	