

Evaluation of the sector health and childcare under the EEA/Norway Grants



EEA/Norway Grants

Country Report Czech Republic

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COWI

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Responsibility for the contents and presentation of findings and recommendations rest with the evaluation team. The views and opinions expressed in the report do not necessarily correspond with those of the EFTA Financial Mechanism Office.

Country report - Czech Republic

1. Introduction

From 2004 to 2009 33 health and childcare projects were supported by the EEA/Norway Grants in the Czech Republic (32 individual projects and one programme), see appendix 4 for more details. The Czech Republic still lags behind Western European countries in the area of health and childcare in general. However, differences are decreasing. The infant mortality rate is as low in the Czech Republic as in Western European countries and health services are generally of high quality. It is likely that the EEA/Norway Grants have contributed to this development but it is not possible to assess the size of the contribution.

This evaluation of the grants provided to health and childcare projects in the Czech Republic 2004-2009 builds on information collected through desk studies, in-depth reviews of three individual projects and interviews with the National Focal Point (NFP), the Ministry of Health and project promoters. The evaluation results are presented below following a brief presentation of the Czech health system, the national health strategy and the national set-up for implementation of the EEA/Norway Grants. The brief presentation of the Czech health system and national health strategy focuses on child healthcare.

1.1. The Czech health system in brief

Primary care

Basic healthcare and preventative care in the Czech Republic is provided by GPs for children and adolescents. The existing network consists of 2,033 outpatient (ambulatory) GPs offices for children and adolescents (2.04 physicians per 10,000 inhabitants). The network is adequate to the size of the population of the country and well functioning. The serious problem is the age structure of GPs. Over one third of GPs are older than 50 years. The reason for the fading interest of younger doctors in working as GPs is a lower income compared with other medical professions.

Secondary care

Inpatient treatment is provided by hospitals. There are 11 university (teaching) hospitals, 152 general hospitals, and 28 specialized hospitals throughout the country. The number of available beds exceeds 60,000. All university hospitals and most general hospitals have specialized departments for children (95 departments). Some of the university hospitals have a large section devoted to treatment of children (Children's Hospital). University hospitals play a prominent role as providers of the most complicated treatments. In addition, postgraduate education and training of physicians take place there.

Financing

Healthcare services are covered through a system of social and health insurance (SHI), and payments are transferred to service providers through health insurance agencies. All adult inhabitants are requested to contribute to the SHI system. Services for children are covered (paid) by the state. Payment of GPs is based on capitation (depends on the number of registered patients). Payments to hospitals and specialized outpatient facilities are defined by the type of service provided.

Ongoing or possible reforms in the future

The major objective of the reforms in the healthcare system is to create long-term stability and balance in the financing of the healthcare system. Up to now, minor modifications to the system have been introduced, but a fundamental reform is foreseen in the near future. It is expected that restructuring of the hospitals will be one of the main elements of the reform. Today, there are too many beds for acute care, but inadequate resources for taking care of elder persons with serious disabilities, e.g. dementia. The second main element of the reform provides a clear definition of the "standard" – i.e. which services must be fully covered by the insurance and which services should be covered in part or fully by the purchaser (patient). Increasing the share paid by patients is a part of the government's reform plans, but this particular issue is politically sensitive, because of strong opposition from some parties in the parliament and also opposition from the general public.

Child healthcare is not a specific focus area in the political debate on reforms of the healthcare system.

1.2. National health strategy

Generally, the conditions for provision of healthcare are stipulated in Law 20/1966 Sb. Zákon o péči o zdraví lidu (Law on the healthcare of people). The latest amendment to this law was made in 2001. The law lays the groundwork for the functioning of the entire healthcare system, but it is not a health strategy per se.

The health strategy is outlined in the programme "Dlouhodobý program zlepšování zdravotního stavu obyvatelstva ČR - Zdraví pro všechny ve 21. století" (Long-term programme for improvement of the Health Status of inhabitants of the Czech Republic - Health for All in the 21st Century). The plan was approved by the government in October 2002 (resolution #1046), and in many respects it follows recommendations by the WHO. The document is divided into 21 major goals, which cover all segments of healthcare, the organizational and economic conditions of the system, research etc. Of the 21 goals, 4 goals specifically address the health of young people: Goal 3 (Healthy Start to Life), Goal 4 (The Health of Young), Goal 11 (Healthy Lifestyle), and Goal 12 (Reduction of Harm Caused by Misuse of Alcohol, Drugs and Tobacco). The programme Health 21 was foreseen to end in 2015. It is currently (in 2011) under review and revision. The reality is that the programmed objectives were slightly too ambitious to be attained by rather modest economic support of specific actions. Nevertheless, in many indicators of child health, the Czech Republic is fully on a par with the achievements of countries with higher income per capita (e.g. infant mortality rate = 2.83).

1.3. National set-up for implementation of EEA/Norway Grants

There are different procedures and division of responsibilities for the distribution of EEA/Norway Grants support depending on whether the funds are given to individual projects through open calls or as block grants. The first is mostly the case in the sector health and childcare in the Czech Republic.

The open calls for individual projects include three stages: (1) applications are sent to the regional authorities (there are 14 regional authorities in the Czech Republic and each of them deals with applications from their own region). If the applications comply with formal requirements, they are sent to the relevant ministry. (2) The Ministry of Health evaluates the quality of the applications. Each application is evaluated by two evaluators. Applications recommended for funding are selected by an

evaluation committee with 8 members where 50 per cent is appointed by the ministry and 50 per cent by the regional authorities. (3) The recommendation - i.e. applications recommended for funding within the allocation set in the respective open call and some extras (reserve applications) - is then sent to the NFP, which makes its own detailed assessment and recommendations. The Monitoring Committee (composed of members from the ministries, regional authorities, NGOs etc.) makes the final decision about which applications to submit to the Financial Mechanism Office (FMO).

The topics in the calls are determined in cooperation between the NFP and the Ministry of Health. Three rounds of open calls took place in the sector health and childcare from 2004 to 2009.

When the decision of the Monitoring Committee is known, the NFP contacts the applicants and provides technical assistance to increase the quality of the English versions of the applications (if necessary), so that the applicants will have a higher probability in succeeding in the appraisal process at the FMO. During the third open call, a project preparation facility could assist applicants in making feasibility studies. However, there was no requirement (based on the decision of the donors) that the application would then have to be submitted. In order to improve resource utilization of the project preparation facility during the second programming period, NFP proposed a two-step procedure: (1) First, potential applicants submit project ideas. Incoming project ideas are screened and relevant ideas are selected. (2) The applicants with a relevant project idea submit an application and benefit from the assistance of the project preparation facility.

The recommendations of the FMO regarding which applications to accept for funding are submitted to the Financial Mechanism Committee. Following approval in this committee, the FMO sends a grant offer letter to the NFP. The NFP passes on this letter to the applicant and sends an acceptance letter to the FMO.

After this, the project grant agreement is compiled and signed by the Financial Mechanism and the NFP. The project implementation plan (PIP) is an important part of the grant agreement as it is the main monitoring tool.

The project promoters can start project implementation before the implementation contract is signed because the grant is eligible from the date of the decision of Financial Mechanism Committee and/or Norwegian Ministry of Foreign Affairs to accept the application for funding stated in the Grant Offer Letter. This procedure has been applied by the FMO in order to shorten the period from the application to the start of the project (provided the application is accepted for funding).

The main principle for individual projects is that project promoters can get an advance payment of 10 per cent of the grant (the advance payment is not automatic – project promoters have to request an advance and the advance has to be accepted in their applications). The project promoter must pre-finance the remaining part of project expenditure and apply for reimbursement. The project promoters must send quarterly monitoring reports to the NFP, including requests for payment. The reports are compiled according to a predefined structure. The NFP verifies the reports and - if approved - the request for payment is passed on to the FMO.

At the end of the project, a project completion report must be submitted to the NFP to assess whether targets have been met.

2. Relevance

The overall objective of the EEA/Norway Grants is twofold, i.e. to contribute to the reduction of economic and social disparities in the European Economic Area and to strengthen bilateral relations between the donor and beneficiary countries.

In the health and childcare sector, the focus areas of the EEA/Norway Grants to the Czech Republic in the programming period 2004-2009 were¹:

1. Systematic and primary prevention of drug abuse
2. Prevention of communicable diseases
3. Food and safety measures
4. Programmes to support children with specific needs.

The programme has contributed to reducing health inequalities between the Czech Republic and donor countries.

In terms of strengthening bilateral relations, the contribution of the programme has been less pronounced since there have been only few partnership projects. The content of the project is decisive for the relevance and benefits of partnerships with stakeholders in donor countries. However, exchange of expertise should be promoted when relevant. This could be done either through partnerships or by the projects containing a component on exchange of expertise. Funds spent on these activities (exchange of expertise) should probably be limited to 1-2 per cent of the grant. Pure social visits are considered an inefficient way of spending funds.

For the programme as a whole, the number of partnerships is increasing. Partnership projects are more common in the academic research sector compared to other sectors.² According to the NFP, the most important reason for the increase is that the programme has come to the attention of prospective Norwegian partners. Furthermore, a new instrument was introduced in the second programming period to increase the number of partnership projects (assistance in finding a partner). It is possible to enhance the visibility of the programme in the donor countries through e.g. campaigns organized by the embassy, international conferences. However, the absorption capacity in Norway is limited, and finding a suitable partner for all relevant projects is not realistic.

The programme has addressed the needs defined by national priorities. 'Programmes to support children with specific needs' were the most important focus area in terms of number of projects supported in 2004-2009. Furthermore, several projects were supported in the focus area 'Prevention of communicable diseases' in 2004-2009. The focus areas 'Systematic and primary prevention of drug abuse' and 'Food and safety measures' were supported to a lesser extent. The focus areas to include in the open calls were determined in cooperation between the NFP and the Ministry of Health. These

¹ See annex B of 'Memorandum of Understanding on the Implementation of the Norwegian Financial Mechanism 2004-2009 established in accordance with the agreement of 14.10.2003 between the Kingdom of Norway and the European Community on a Norwegian financial mechanism for the period 2004-2009' and 'Memorandum of Understanding on the Implementation of the EEA Financial Mechanism 2004-2009'.

² According to the Norwegian Embassy in the Czech Republic, the health area in general has proven to be among the most amenable to bilateral cooperation projects with the Czech Republic in the field of research and scholarship block grants. This reflects in part the fact that the Czech medical sector has a lot to offer and a capability for international cooperation, and also the fact that a large number of Norwegians have studied medicine in the Czech Republic over the past two decades. This tends to foster contacts that may facilitate later cooperation.

areas were chosen because they were not sufficiently funded and because it was not possible to fund projects in these fields through the EU structural funds.

TableA10-1 Relevance of EEA/Norway Grants support to the Czech Republic

	Focal point and intermediate bodies	Project promoters
EEA/Norway Grants - social cohesion	According to the NFP, they have been successful in achieving the objective of social cohesion. All projects funded have fulfilled their objectives according to predefined indicators and targets at project level.	All three projects selected for in-depth review were successful in addressing this objective.
EEA/Norway Grants - bilateral relations	According to the NFP, they have been less successful in achieving the objective of strengthening bilateral relations. A new instrument was introduced in the second programming period to increase the number of partnership projects (assistance in finding a partner). It is possible to enhance the visibility of the programme in the donor countries.	N.A.
EEA/Norway Grants - focus areas in the sector health and childcare	According to the Ministry of Health, 'Programmes to support children with specific needs' has been the most important focus area in terms of number of projects supported from 2004 to 2009.	Two out of three projects addressed focus areas of the sector. The last project was funded under the priority sector Human Resource Development.
National/EU health strategies	According to the Ministry of Health, the programme has been successful in addressing national/EU strategies. The national strategy 'Health 21' is a key government document.	One of the three projects was successful in addressing needs of national priorities. For the two other projects, national priorities were not clear.

Sources: In-depth project reviews and interviews

2.1. Objectives of the EEA/Norway Grants

The three projects selected for in-depth review were all successful in addressing the objective of social cohesion, i.e. to contribute to the reduction of economic and social disparities in the European Economic Area. The Czech Republic still lags behind the standards of Western European countries in the area of health and childcare in general. However, differences are decreasing. Projects selected for funding in the future should be in areas where these differences are most pronounced.

Table A10-2 How successful was the project in addressing the objectives of the EEA/Norway Grants?

Project	Affect lifestyles	Prevent or treat diseases	Prevent or treat diseases
Was the project successful in addressing the objective of social cohesion?	The project was successful in addressing this objective. The Czech Republic still lags behind the standards in the Western European countries in terms of providing a good environment for children in kindergartens.	The project was successful in addressing this objective. The Czech Republic still lags behind the standards in Western European countries in terms of conditions for care of infectious patients.	The project was successful in addressing this objective. The Czech Republic still lags behind the standards in the Western European countries in terms of therapeutic possibilities and providing a good environment for children in psychiatric hospitals.
Was the project successful in addressing the objective of strengthened bilateral relations?	The project is not a partnership project. Therefore, the contribution to achieving this objective is limited.	The project is not a partnership project. Therefore, the contribution to achieving this objective is limited.	The project is not a partnership project. Therefore, the contribution to achieving this objective is limited.
Was the project successful in addressing the focus areas in the sector health and childcare?	The project did not directly address the focus areas of the health and childcare sectors, as the main target group was 'normal children' and the project as such falls under priority 3 – Human Resource Development. The project was also successful in addressing another EEA/Norway Grants priority, namely protection of the environment by reducing energy consumption.	The project did address the focus area of the health and childcare sectors 'Prevention of communicable diseases' and 'Programmes to support children with specific problems'.	The project did address the focus area of the health and childcare sectors 'Programmes to support children with specific problems'.
Evaluator assessment*	2: The project contributed only to a limited degree to the objectives of the EEA/Norway Grants (in the sector health and childcare). The project was funded under a different priority (Human Resource Development).	3: The project contributed to the achievement of the objectives of the EEA/Norway Grants.	3: The project contributed to the achievement of the objectives of the EEA/Norway Grants.

*Explanation of the score: The score 4 is given if the project contributes to achieving both of the overall objectives of the EEA/Norway Grants (social cohesion and strengthened bilateral relations) and the focus areas in the sector health and childcare. The score 3 is given if the project contributes to achieving two of the objectives (either social cohesion, strengthened bilateral relations or specific focus areas in the sector health and childcare). The score 2 is given if the project contributes to achieving one of the objectives (either social cohesion, strengthened bilateral relations or specific focus areas in the sector health and childcare). The score 1 is given if the project does not contribute to any of these objectives.

Source: In-depth project review

2.2. National and EU health strategies

A mixed picture is observed about the extent to which the three projects selected for in-depth review were successful in addressing the objectives of national and EU health strategies. This is partly a consequence of the national priorities not being entirely clear at present (the national health strategy is under review and revision).

Table A10-3 How successful was the project in addressing the objectives of national and EU health strategies?

Project	Affect lifestyles	Prevent or treat diseases	Prevent or treat diseases
Was the project successful in addressing the objectives of national health strategies?	The project did not directly address objectives of national health strategies. The project was funded under a different priority (Human Resource Development). The project was successful in addressing the needs defined by local priorities, as it is a part of the strategy of Plzen to improve the care (environment) for children.	The project was successful in addressing the needs defined by national priorities, as perinatal care is a high priority in the Czech Republic. Prevention (treatment) of communicable diseases is also a national priority.	National priorities in relation to mental care are not clear at present. However, the project was successful in addressing national needs, as mental health is currently not funded sufficiently.
Was the project successful in addressing the objectives of EU health strategies?	The project does not aim at implementing EU legislation. However, the project supports the EU strategy to reduce consumption of energy and emissions of greenhouse gases.	The project does not aim at implementing EU legislation. However, the project will ensure full compliance with hygienic and sanitary standards and consequently full compliance of provided health services with the public health protection act and related legislation.	The project does not aim at implementing EU legislation.
Evaluator assessment*	2: The project contributed only to a limited degree to the achievement of objectives of national or EU health strategies. The project was funded under a different priority (Human Resource Development).	4: The project contributed significantly to the achievement of objectives of national or EU health strategies.	3: The project contributed to the achievement of objectives of national or EU health strategies.

*Explanation of the score: The score 4 is given if the project contributes directly to achieving objectives of national or EU health strategies. The score 3 is given if the project contributes indirectly to achieving the objectives of national or EU health strategies. The score 2 is given if the project contributes to achieving objectives of other national or EU strategies. The score 1 is given if the project does not contribute to any of these objectives.

Source: In-depth project review

3. Impact/effectiveness

Generally, projects have been successful in attaining their objectives, including pre-defined targets, and project deliverables are in use. However, achievements cannot be measured at programme level as the projects had different indicators. According to the NFP, a number of general indicators to measure programme achievements in the future mechanisms have been decided in cooperation with the FMO. These indicators will be applicable from the next programming period.

In general, dissemination efforts have been effective at the local level and in some cases also at the national level. Furthermore, the EEA/Norway Grants support is visible to people who visit/use the facilities as the logo is written on boards and stickers. However, it is assumed that not all healthcare providers know about the possibility to gain support from the EEA/Norway Grants even though knowledge has been increasing (due to the logo being on hospital websites, projects being mentioned on the television etc.). The NFP has considered Info days to increase familiarity with the programme.

It is the general view that the programme has contributed to increasing institutional capacity in the Czech Republic when institutional capacity is interpreted as the capacity to treat patients etc.

No measurements of impacts on public health-related indicators were available for the projects selected for in-depth review. However, planned impacts seem to have been achieved.

Table A10-4 Impact/effectiveness of EEA/Norway Grants support to the Czech Republic

	Focal point and intermediate bodies	Project promoters
Project deliverables	According to the NFP, projects have been successful in achieving their objectives (in terms of content). However, achievements cannot be added up as the projects have had different indicators. The NFP has agreed with the FMO on a number of general indicators to measure programme achievements in the future.	The three projects have met their pre-defined targets and all project deliverables are in use.
Dissemination and visibility of EEA/Norway Grants	According to the Ministry of Health, the Internet is the most important tool to achieving publicity/visibility, including having the EEA/Norway Grant logo on websites. This is accomplished in most projects according to the ministry.	Dissemination efforts have been effective at the local level. One of the projects has also disseminated/published results at national level. The EEA/Norway Grants support is visible to people who visit/use the facilities as the logo is written on boards and stickers.
Impacts	General indicators that relate to public health outcomes are necessary to measure impacts, see project deliverables above.	Planned impacts on the quality of life of the children and mortality/morbidity seem to have been achieved. No quantitative data on the achievement of impacts were available.

Sources: In-depth project reviews and interviews.

3.1. Project deliverables

The three projects selected for in-depth review have all met their predefined targets and all project deliverables are in use.

Table A9-5 Have the project activities resulted in the planned project deliverables and have they been used?

Project	Affect lifestyles	Prevent or treat diseases	Prevent or treat diseases
What was the purpose of the project?	The purpose of the project was to ensure improved possibilities for physical activities of children and reduce energy consumption in four kindergartens in Plzen (1).	The purpose of the project was to improve the perinatal care conditions and the safety epidemiological communicable diseases control at the Faculty Hospital Brno (2).	The purpose of the project was to develop the infrastructure and modern therapeutic procedures and programme services provided for children and youth with mental health diseases at the Bohnice Psychiatric Hospital (3).
What are the predefined targets (indicators)?	<ul style="list-style-type: none"> • Estimated heat saved in MWh/year: 588. • Annual number of children < 18 years of age benefiting from the project: 500. 	<ul style="list-style-type: none"> • Number of patients who were monitored by the new equipment in the Perinatal Care Centre: 25 (this target was not set correctly). • Number of patients with infectious/communicable diseases treated/-operated: 600. 	<ul style="list-style-type: none"> • Number of new modern therapeutic procedures and programme services: 9. • Number of children benefiting from the project: 250. • Number of leisure activities adopted: 8.
Have predefined targets (indicators) been met?	Yes.	Yes. According to the project promoter, more than 7.000 patients were monitored by the new equipment in the Perinatal Care Centre (every patient is monitored 10-15 times). The achieved number of patients with infectious/communicable diseases treated/operated is 690.	Yes.
Have project deliverables been used?	Yes - all deliverables are in use.	Yes - all deliverables are in use.	Yes - all deliverables are in use. At the time of the interview with the project promoter, the theatre equipment had not yet been used. The equipment was to be used in connection with an exhibition in the gallery, which opened the following week.
Evaluator assessment*	4: Project activities resulted in the planned deliverables and all deliverables were used by the users.	4: Project activities resulted in the planned deliverables and all deliverables were used by the users.	4: Project activities resulted in the planned deliverables and all deliverables were used by the users.

Evaluation of the sector health and childcare under the EEA/Norway Grants

(1) Project activities include: Purchase of furniture and equipment; thermo modernization works in four kindergartens – replacement of windows, insulation of walls, doors and roofs; other modernization works – modernization of heating systems, reconstruction of washrooms and toilets; project publicity campaign and management.

(2) Project activities include: Purchase and installation of equipment for the communicable diseases unit, including medical staff training; purchase and installation of equipment for the perinatal care unit, including medical staff training; purchase and installation of equipment for the neonatal care unit, including medical staff training; project management and publicity.

(3) Project activities include: Development of the hospital infrastructure for the patients' leisure activities (greenhouse and zoo); purchase and installation of equipment for the children's mental health treatment units and for the leisure activities; creation of conditions for modern therapeutic procedures and programmes for the hospitalized children; installation of a security system for the units dedicated to children's treatment; project management and publicity.

*Explanation of the score: The score 4 is given if the project activities have resulted in the planned deliverables (predefined targets have been met) and all project deliverables have been used by the users. The score 3 is given if the project activities have resulted in the planned deliverables (predefined targets have been met) and most project deliverables have been used by the users. The score 2 is given if the project activities have resulted in the planned deliverables (predefined targets have been met) but project deliverables have only been used to a limited extent by the users. The score 1 is given if project activities did not result in the planned deliverables (predefined targets have not been met).

Source: In-depth project review

3.2. Dissemination and visibility of the EEA/Norway Grants

Dissemination efforts have been effective at the local level for the three projects selected for in-depth review. For some projects, it is only relevant to disseminate results at the local level. For other projects with a broader target group of potential users, it is also relevant to disseminate results at the national and perhaps international level. One of the three projects has disseminated/published results at the national level.

The logo of EEA/Norway Grants is written on boards and stickers to show that the renovation of the buildings/new equipment have been co-funded by the EEA/Norway Grants. In this way, the EEA/Norway Grants support is visible to all who use/visit the facilities. One of the three project promoters (The University Hospital Brno, CZ0141) also displays the logo of the EEA Grants on their main homepage.

TableA10-6 How effective were the dissemination efforts and has the EEA/Norway Grants support become visible?

Project	Affect lifestyles	Prevent or treat diseases	Prevent or treat diseases
Have the dissemination efforts been effective?	Yes, at local level. The city of Plzen has its own TV channel where the project has been mentioned several times, including the information that the project was supported by the EEA/Norway Grants. Local politicians and the media were invited to the opening of the kindergartens.	Yes, at both local and national level. Results have been disseminated/-published at the national level (national conference and newspaper). They plan/prepare to publish an article in a peer-reviewed journal. They have conducted internal and external seminars. They have also made a video for the patients where they introduce the equipment.	Yes, at local level. They have had two conferences - one at the start and one at the end of the project period - to inform the public and the staff at the hospital about the project funded by the EEA/Norway Grants. The professional community and local politicians are well informed.
Has the EEA/Norway Grants support become visible?	Yes - for the staff, the children, parents and others who visit the kindergartens. There is a board in each kindergarten, which shows that the kindergarten has been supported by the EEA/Norway Grants.	Yes - for the staff, the patients, their friends and family and others who visit the hospital, because there are stickers on all the equipment bought by money from the EEA/Norway Grants.	Yes - for the staff, the patients, their friends and family and others who visit the hospital. There is a board in front of building 28, which shows that the hospital has been supported by the EEA/Norway Grants and stickers on all equipment bought by money from the EEA/Norway Grants.
Evaluator assessment*	3: Dissemination efforts were effective at either local or national level and the EEA/Norway Grants support is visible.	4: Dissemination efforts were effective at both local and national level and the EEA/Norway Grants support is visible.	3: Dissemination efforts were effective at either local or national level and the EEA/Norway Grants support is visible.

*Explanation of the score: The score 4 is given if the dissemination efforts were effective at both local and national level and the EEA/Norway Grants support is visible. The score 3 is given if the dissemination efforts were effective at either local or national level and the EEA/Norway Grants support is visible. The score 2 is given if the dissemination efforts were not effective or the EEA/Norway Grants support is not visible. The score 1 is given if the dissemination efforts were not effective and the EEA/Norway Grants support is not visible.

Source: In-depth project review

3.3. Impacts

Based on information available, planned impacts seem to have been achieved for the three projects selected for in-depth review. In general, measuring the impacts of projects on for example the quality of life of the children or mortality/morbidity requires a sophisticated evaluation design and is a time-consuming exercise. No such measurements of impacts were available for the three projects selected for in-depth review.

Table A10-7 What have been the planned and unplanned impacts?

Project	Affect lifestyles	Prevent or treat diseases	Prevent or treat diseases
Has the project achieved the planned impacts (on institutional capacity and the targeted areas/groups)?	Yes. The planned impacts were to improve the quality of life of the children and to realize savings on heating (protect the environment). According to the project promoter, the life quality of the children has been increased, but no quantitative data are available. Significant savings on heating have been realized.	Yes. The planned impact was to reduce mortality and morbidity among prematurely born babies and patients with infectious/communicable diseases. According to the project promoter, this has been realised. No targets were defined in relation to this as it would have been difficult to assess the impact of the project on such measures, which are influenced by many other developments.	Yes. The main planned impact was to increase the quality of life of the children at the hospital. According to the project promoter and personal inspection, this has been realised. No quantitative data on the improvement of the quality of life of the children are available.
Has the project achieved unplanned impacts (on institutional capacity and the targeted areas/groups)?	No unplanned impacts reported.	Yes. They have trained specialists in the field from other institutions. They plan to do research projects on monitoring of patients using the new equipment - the results of such research projects will be relevant to other countries.	No unplanned impacts reported.
Evaluator assessment*	3: The project achieved the planned impacts, and any unplanned impacts have not changed this view.	4: The project achieved the planned impacts, and unplanned impacts only enhance the overall positive impacts of the project.	3: The project achieved the planned impacts, and any unplanned impacts have not changed this view.

*Explanation of the score: The assessment is based on information from the project promoter. No quantitative data has been available. The score 4 is given if the project has achieved the planned impacts, and unplanned impacts only enhance the overall positive impacts of the project. The score 3 is given if the project has achieved the planned impacts, and any unplanned impacts have not changed this view. The score 2 is given if the project has achieved the planned impacts, but unplanned impacts have reduced the overall positive impacts of the project. The score 1 is given if the project has not achieved the planned impacts.

Source: In-depth project review

4. Efficiency

Overall, the programme has been efficiently implemented in the Czech Republic. There are good working relations between the NFP and the project promoters. The NFP seems to be highly respected among project promoters. The Ministry of Health is involved in decisions about topics in the calls and the selection of applications to recommend for funding. The Ministry of Health would like to become more involved in the monitoring and evaluation of projects. In general, the working relationship between the NFP and the Ministry of Health did not seem optimal especially due to different administrative procedures of EEA/Norway Grants and state budget funds.

A main problem or constraint faced by the project promoters relates to the tender requirements. The EEA/Norway Grants is rather strict on the requirements for tenders, i.e. tenders are required for

amounts above CZK 125,000 (EUR 5,000). This is a lower amount than what is common practice in the Czech Republic. It is time-consuming to prepare tenders, and it is sometimes difficult to get three offers as required for the tender to be valid.

Another problem is that project promoters have to prefinance project expenditures. Some project promoters have to take out loans to meet the prefinancing requirement. The NFP has suggested raising the advance payment from 10 per cent to 20 per cent or 30 per cent in future programming periods. In the case of the block grants (Research Fund), the fund managers receive advance payment according to their expected expenditures. This has worked well (no prefinancing is needed).

Another problem relates to additional (unexpected) expenditures, which must be covered by the project promoter. This includes additional expenditures caused by higher prices than expected and/or exchange rate losses as grants are given in EUR. The EUR grant is based on the fixed exchange rate valid at the time of the approval of the application (all anticipated costs are converted from CZK into EUR according to this exchange rate). Progressive appreciation of CZK during the grant approval procedure and during the implementation period has caused massive exchange rate losses that have had to be covered by the project promoters. According to the NFP, it is not possible to set aside funds to cover exchange rate losses as these are not eligible for funding by the Financial Mechanism.

Furthermore, it is not possible to use savings to cover additional expenditure associated with another activity/budget heading without prior approval. Up to 15 per cent of funds can be reallocated with the approval of the NFP. If the amount is higher, the reallocation must be approved by the FMO. The limit of 15 per cent set for approval of transfers between activities/budget headings is by some project promoters regarded as too low.

In some cases, there have been problems related to project management. If project promoters do not have the necessary management skills in-house, it is a good idea to use an external project management agency. However, the quality of the work of such agencies varies, and the agency must be chosen carefully. Some project promoters also suggested increasing the budget allocated for project management.

The NFP mentioned that biannual reporting in some cases was preferred to quarterly reporting. This had been implemented for some projects following approval by the FMO. The biannual reporting was preferred by those project promoters who had sufficient financial sources for project prefinancing or who were prefinanced by the state budget (organizations on the state budget or their contributory organizations). On the other hand, project promoters who had insufficient financial sources for prefinancing appreciated the quarterly reporting as it enabled a regular cash-flow and eliminated delays in project implementation.

The NFP is satisfied with the cooperation with the FMO. However, they feel that in the past the cooperation was much easier for block grants compared with individual projects. They also felt that the FMO was overloaded with work, which resulted in long assessment periods on their part. A decision has been made that the FMO should make assessments only at programme (not project) level in the future. They believe that this will reduce the workload at the FMO and shorten the assessment period.

Table A10-8 Efficiency of EEA/Norway Grants support to the Czech Republic

	Focal point and intermediate bodies	Project promoters
Problems and constraints	It was stated that project pre-financing is financially demanding for the project promoters (some had to take loans). On the other hand, projects prefinanced by the promoter's own resources in general provide better quality reporting than project prefinanced from state budget. The factor of "investing and controlling own money" plays a crucial role.	(1) Tender requirements are time-consuming, and sometimes it is difficult to get three offers as required by national legislation for the tender to be accepted. (2) Additional (unexpected) expenditures and exchange rate losses have to be financed by the project promoter. (3) It is not possible to use savings for another activity/budget heading without approval.
Collaboration between stakeholders	The NFP recommends that the NFP handle the direct contact with the individual project promoters (as is the case today). The Ministry of Health - on the other hand - would like to become more involved, i.e. to monitor/control the projects funded.	Good collaboration with NFP.
Donor efficiency	(1) The donor does not finance exchange rate losses. (2) The workload in the FMO has been extensive, which has resulted in long assessment periods. In the future, the FMO will only have to approve projects selected for funding at programme level. This will reduce the problem.	Problems and constraints are partly related to donor efficiency and partly to beneficiary state efficiency.
Beneficiary country efficiency	(1) The work of the external management agencies is of varying quality. Still, it is a good idea for some project promoters to use an external management agency (some project promoters do not have the management resources necessary) but the project promoter must choose a good agency and follow up. (2) Tender requirements according to Czech law apply to tenders above (CZK 2 million) are not easy in respect of the procedure and it is quite easy to make a mistake. (3) It is not possible to increase the grant if actual prices prove to be higher than expected in the application.	

Evaluation of the sector health and childcare under the EEA/Norway Grants

Sources: In-depth project reviews and interviews

Activities and outputs of the three projects selected for in-depth review were delivered according to specifications. The project period of one of the projects was extended significantly, partly due to late approval of use of savings to buy additional equipment.

Table A10-9 How efficient was the project implementation set-up?

Project	Affect lifestyles	Prevent or treat diseases	Prevent or treat diseases
Were anticipated activities and outputs delivered on time and according to specifications?	Activities and outputs were delivered according to specifications. No extension of the project period reported.	Activities and outputs have been delivered according to specifications. The project period was extended (about 1 year).	Activities and outputs were delivered according to specifications. Only a minor extension of the project period was reported (< 6 months).
What are the main problems or constraints that project promoters have faced?	The initial budget proved to be insufficient and additional expenditure had to be financed by the municipality. In the end, the municipality covered 40% of the total project costs (only 15% was anticipated at the beginning). The reason for the budget overrun was partly that the technical specifications were not sufficiently detailed to begin with and partly unforeseeable problems arising during project implementation.	The only negative experience related to the tender requirements. The problems were that it took longer than expected to prepare the tender (the required level of detail is high) and that tenders were cancelled if they did not get offers from three companies as required (in some cases, there may not be three companies who can deliver). This is a very time-consuming process, and it is necessary to start at an early stage.	The project promoter had to make about 18 tenders. It is more difficult to get three offers of sufficient quality (the offers must be well described) as it is required - when the tender is small (i.e. the amount is low) because the suppliers will not invest the time necessary to make an offer. As a consequence, about four tenders had to be repeated in this project because they did not get enough offers. This process was very time-consuming.
To what extent are these problems related to donor efficiency?	In the existing framework it is not possible to cover unexpected costs (no reserve).	Not related.	
To what extent are these problems related to beneficiary state efficiency?	Within the existing framework, it is not possible to cover unexpected costs (no reserve).	The problems were related to Czech law [the amount of the tender was above CZK 2 million].	Tenders are required when the amount is above CZK 0,5 million and 2 million according to the internal rules at the hospital (Ministry of Health) and Czech law.
Evaluator assessment*	4: Anticipated activities and outputs were delivered according to specifications without any significant extension of the project period.	3: Anticipated activities and outputs were delivered according to specifications, but the project period was extended by 6-12 months.	4: Anticipated activities and outputs were delivered according to specifications without any significant extension of the project period.

*Explanation of the score: The score 4 is given if anticipated activities and outputs have been delivered according to specifications without any significant extension of the project period (< 6 months). The score 3 is given if anticipated activities and outputs have been delivered according to specifications, but the project period has been extended by 6-12 months. The score 2 is given if anticipated activities and outputs have been delivered according to specifications, but the project period has been extended by more than 12 months. The score 1 is given if anticipated activities and outputs have not been delivered according to specifications.

Source: In-depth project review

5. Sustainability

According to the NFP, it is important to look at sustainability from the start - only individual projects that are sustainable should be awarded funding.

Table A10-10 Sustainability of EEA/Norway Grants support to the Czech Republic

	Focal point and intermediate bodies	Project promoters
Project set-up	The NFP mentioned that it is important to look at sustainability from the start - only individual projects, which are sustainable, should be awarded funding. For investment projects, the project promoter has to secure funds for maintenance costs for a period of 10 years. This is a part of the grant agreement.	Not relevant, as the three projects are not partnership projects.
Project deliverables		Maintenance of investments for the next ten years were guaranteed by the project promoters [this is standard in relation to EEA/Norway Grants.
Project impacts		Sustainability of impacts is likely.

Sources: In-depth project reviews and interviews

The results of the three projects selected for in-depth review are sustained beyond the EEA/Norway Grants co-funding period as maintenance of investments for the next ten years has been guaranteed by the project promoter (this is standard in relation to EEA/Norway Grants with regard to investment projects). Furthermore, sustainability is promoted by the fact that the investments have been integrated into the service provision of the project promoter.

Table A10-11 Are project set-up and outcomes sustainable?

Project	Affect lifestyles	Prevent or treat diseases	Prevent or treat diseases
Does the project set-up sustain beyond the EEA/Norway Grant co-funding period?	Not relevant, as this is not a partnership project.	Not relevant, as this is not a partnership project.	Not relevant, as this is not a partnership project.
Do project deliverables sustain beyond the EEA/Norway Grants co-funding period?	Yes - maintenance of investments for the next ten years has been guaranteed by the project promoter (this is standard in relation to the EEA/Norway Grants). Part of the municipal budget has been allocated to this purpose for the next ten years. If there is money left after ten years, the money will be invested in kindergartens.	Yes - maintenance of investments for the next ten years has been guaranteed by the project promoter (this is standard in relation to the EEA/Norway Grants). The hospital receives reimbursements from the insurance company when they have treated a patient - part of this income will be used to finance maintenance costs. They continue training of staff on a regular basis to make sure that the staff knows how to use the equipment.	Yes - maintenance of investments for the next ten years has been guaranteed by the project promoter (this is standard in relation to the EEA/Norway Grants). The equipment has been integrated into the therapeutic practice/system at the hospital and will continue to be used in the future.
Do project impacts sustain beyond the EEA/Norway Grants co-funding period?	Highly probable. Sustainability of project impacts could be measured as quality of life of the children, satisfaction of the parents	Highly probable. Sustainability of project impacts could be measured by the development in perinatal mortality and morbidity.	Highly probable. Suggested measurable indicators include statistics of use, e.g. how often do they have patients in animal therapy,

Project	Affect lifestyles	Prevent or treat diseases	Prevent or treat diseases
	and savings on heating.	However, these indicators will not only be determined by the impact of the EEA/Norway Grants. Other suggested indicators more directly linked to the EEA/Norway Grants are number of monitored and treated/operated patients (as used as indicators in the project implementation plan).	therapy in greenhouse etc. However, these indicators should be measured in relation to number of beds. Other suggested sustainability measures of project impacts include quality of life of the children and satisfaction of the parents.
Evaluator assessment*	4: The project results fully sustain beyond the EEA/Norway Grants co-funding period.	4: The project results fully sustain beyond the EEA/Norway Grants co-funding period.	4: The project results fully sustain beyond the EEA/Norway Grants co-funding period.

*Explanation of the score: The score 4 is given if the project results fully sustain beyond the EEA/Norway Grants co-funding period, i.e. the project set-up sustain (if relevant), the project deliverables sustain for a period of at least 10 years, and sustainability of project impacts are likely. The score 3 is given if the project results partly sustain beyond the EEA/Norway Grants co-funding period, i.e. the project set-up partly sustain (if relevant) and the project deliverables sustain beyond the co-funding period but for a period of 5-9 years or sustainability of project impacts are not likely. The score 2 is given if the project results sustain only to a limited degree beyond the EEA/Norway Grants co-funding period, i.e. the project set-up partly sustain (if relevant), the project deliverables sustain beyond the co-funding period but for a period of < 5 years or sustainability of project impacts are not likely. The score 1 is given if the project results do not sustain beyond the EEA/Norway Grants co-funding period, i.e. the project set-up does not sustain (if relevant), the project deliverables do not sustain beyond the co-funding and sustainability of project impacts are not likely.

Source: In-depth project review

6. Cross-cutting issues

One of the projects selected for in-depth assessment directly contributes to sustainable development by realizing savings on heating and thereby protecting the environment. The other two projects do not affect environmental sustainability. All three projects implicitly contribute to economic and social development by improving health and quality of life. The projects selected for in-depth review were all investment projects and did not contribute in any significant way to gender equality. According to the NFP, the implementation of the programme complies with gender equality rules. Furthermore, the projects are compliant with the relevant Czech legislation and EU regulations and thereby meet the requirements of good governance.³

³ Annual Report No 5 on the Implementation of the Norway Financial Mechanism in the Czech Republic, National Focal Point, 9 April 2010.

Table A10-12 Does the project contribute to sustainability, gender equality and good governance?

Project	Affect lifestyles	Prevent or treat diseases	Prevent or treat diseases
Sustainable development (environmental, economic, social)	The project contributes directly to environmental sustainability by realizing savings on heating as a consequence of better isolation of the building. The project implicitly contributes to economic and social development by improving the quality of life of children and parents.	No environmental sustainability role. The project implicitly contributes to economic and social development by improving health.	No environmental sustainability role. The project implicitly contributes to economic and social development by improving the mental health and quality of life of children.
Gender equality	It could be argued that gender equality is addressed as availability of kindergartens is a precondition for mothers being able to work. However, the project did not increase the capacity of the kindergartens.	No gender equality role.	No gender equality role.
Good governance	The project is compliant with the relevant Czech legislation and EU regulations.	The project is compliant with the relevant Czech legislation and EU regulations.	The project is compliant with the relevant Czech legislation and EU regulations.

Source: In-depth project review.

7. Conclusions

The EEA/Norway Grants have contributed to reducing health inequalities between the Czech Republic and donor countries, which is one of the two overall objectives of the programmes. The Czech Republic still lags behind Western European countries in the area of health and childcare in general. However, differences are decreasing. Today, when looking at many indicators of child health, the Czech Republic is fully on a par with achievements of Western European countries. Projects selected for funding in the future is recommended to be in areas where health inequalities are most pronounced. More attention should be directed to this issue in the future as health inequalities between Eastern and Western European countries are decreasing.

In terms of strengthening the bilateral relations - which is the second overall objective of the EEA/Norway Grants - the contribution of the programme has been less pronounced. **A challenge for the future** is to promote exchange of expertise between the Czech Republic and donor countries, when relevant. Pure social visits are considered an inefficient way of spending funds.

Furthermore, the programme has addressed national priorities even though the national priorities are not entirely clear at present (the national health strategy is under review and revision). No conflicts were identified between national and EU health strategies.

Generally, projects have been successful in achieving their objectives, including predefined targets, and project deliverables are in use. A **key lesson learned** is that it is necessary to have general indicators that apply to all projects to be able to measure programme achievements. In general, measuring the impacts of projects on for example the quality of life of the children or mortality/morbidity re-

quires a sophisticated evaluation design and is a time-consuming exercise. Therefore, indicators related to e.g. the use of project deliverables are recommended.

In the main, dissemination efforts have been effective at the local level and - in some cases, also at the national level. Furthermore, the EEA/Norway Grants support is visible to people who use/visit the facilities, because the logo is written on boards and stickers.

The results of investment projects are sustained beyond the EEA/Norway Grants co-funding period as the project promoter guarantees maintenance of investments for ten years. Furthermore, sustainability is promoted when the investments are integrated into the project promoter's service provision .

Overall, the programme is implemented efficiently in the Czech Republic. The NFP seems to be highly respected among project promoters. However, the working relations between the NFP and the Ministry of Health did not seem optimal, especially due to different administrative procedures of the EEA/Norway Grants and the state budget funds. In some cases, this leads to prolonged administrative procedures and thus leads to less efficient management of the grants.

Furthermore, four main problems or **areas of improvement** were identified:

- Project promoters (of individual projects) have to prefinance project expenditures. Some project promoters have to take out loans to meet the prefinancing requirement. Raising the advance payment from 10 per cent to 20 per cent or 30 per cent would reduce the problems
- Additional (unexpected) expenditures must be covered by the project promoter, e.g. additional expenditures caused by higher prices than expected and/or exchange rate losses. The problems can be reduced by avoiding long assessment periods and/or by allowing funding of exchange rate losses. The problem of exchange rate losses should be solved at system level where the losses of some project promoters can potentially be offset by gains by others.
- In general, the project promoters would like to have more flexibility to use savings for other activities/budget headings. Today, up to 15 per cent of the grant can be reallocated with the approval of the NFP. If the amount is higher, the FMO must approve reallocation.