

Annual report
2022



MINISTRY OF THE INTERIOR
OF THE CZECH REPUBLIC

MECEVAC czech

AID IN PLACE
CZECH

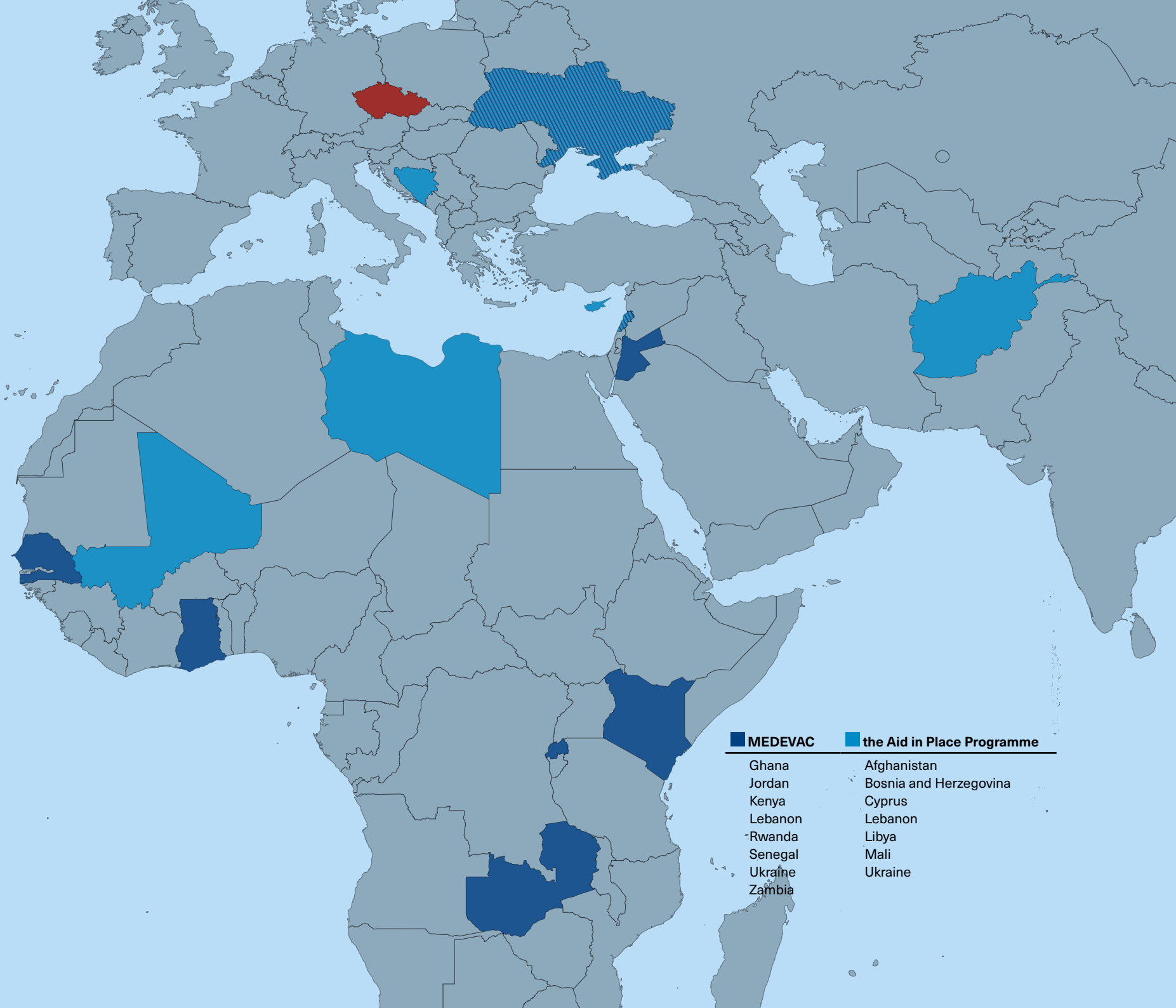


Table of Contents

Introduction by the Director of the Department for Asylum and Migration Policy	3
General program information and numbers	4
Activities of the MEDEVAC Programme in 2022	6
People Behind the Medevac Programme	12
Foreign partners	13
New Face of the Programme	14
A Close Look at a Medical Specialty	17
Anaesthesiology Congress	18
Persons Important to the Programme	19
Reconnaissance	21
Projects for Building Healthcare Infrastructure	23
Emergency Assistance to Ukraine	25
Partner Organisation: Czech Red Cross	27
Raising Awareness of the Programme	28
What Was Written about Us	30
About the Aid in Place Programme	34
Aid in Place in 2022	37
Eastern Mediterranean and Western Balkan Migratory Routes	38
Immediate neighbourhood of the EU	42
Central Mediterranean Migratory Route	45
Western Mediterranean Migratory Route	47
Emergency Situations	48
Contribution Associated with Adoption of the Solidarity Declaration	49
Emergency Assistance to Ukraine	49
Project Implementation Monitoring	50
Aid in Place in 2023	52
Our team	55



Introduction by the Director of the Department for Asylum and Migration Policy

Dear readers,

The year 2022 brought unexpected challenges associated with the Russian military invasion of Ukraine. That was why a considerable part of our assistance went to Ukraine. As part of our programmes, six financial donations were given, a total of nine deliveries of humanitarian aid in kind were sent, and three patients were received in the Czech Republic for treatment.

For the MEDEVAC Programme, last year was extraordinarily successful – its scope was expanded to include two additional medical specialties, new countries and partners; seven reconnaissance missions abroad were carried out, and our medical teams performed surgeries on a record number of patients, which nearly doubled compared to 2021.

Through the Aid in Place Programme, we supported a total of nine projects in seven countries in 2022. We also provided the first Czech contribution under the Solidarity Declaration, which was adopted by a majority of the Member

States of the European Union, including the Czech Republic, in June 2022 as the basis of a voluntary solidarity mechanism designed to help the countries most affected by illegal migration to Europe.

Everything we accomplished is the result of the cooperation and teamwork of many people – medical teams, partner hospitals, colleagues at embassies, cooperating departments and organisations. I would like to take this opportunity to express my deep gratitude and appreciation to all those who provide help together with us and who have linked their professional lives to our Programmes.

Mgr. Pavla Novotná

General program information and numbers

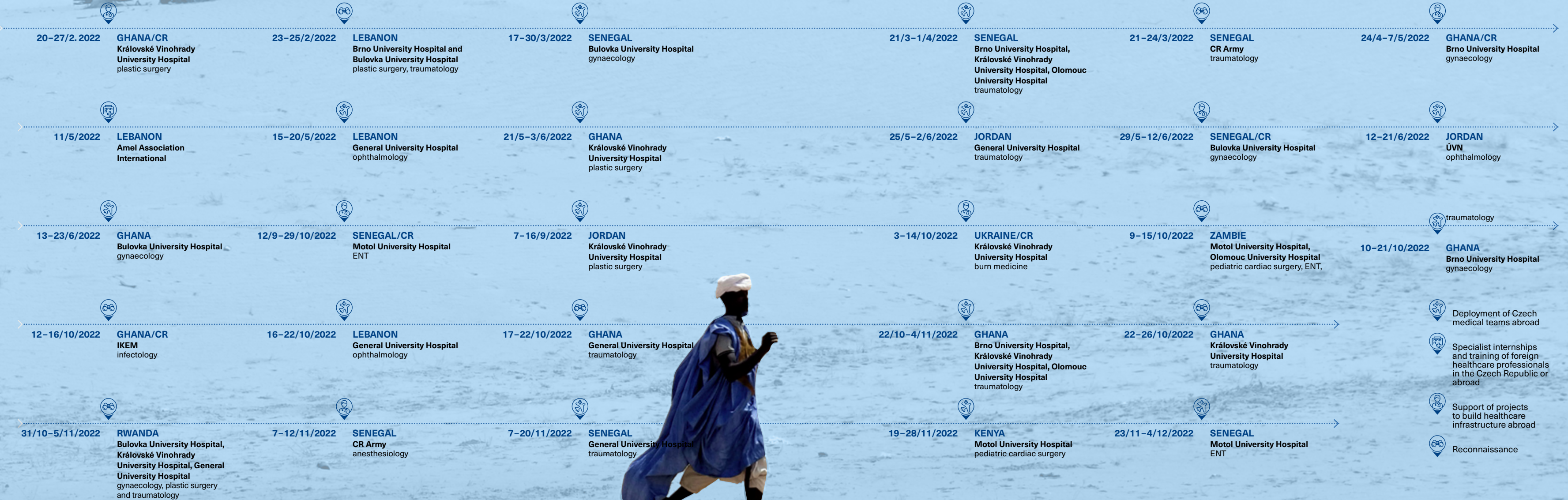
The mission of the governmental MEDEVAC Programme is to provide health care to the vulnerable segment of the population in source or transit migration countries. The Programme has been implemented since 1993 and is coordinated by the Ministry of the Interior of the Czech Republic.

Implementation of the MEDEVAC Programme in 2022

- 14** medical missions deployed abroad (Ghana, Jordan, Kenya, Lebanon, Senegal);
 - 851** surgical procedures performed on 833 patients abroad (gynaecology, ophthalmology, ENT, plastic surgery, traumatology);
 - 7** reconnaissance missions abroad to expand the MEDEVAC Programme in the existing partner countries as well as in completely new destinations (Ghana, Lebanon, Rwanda, Senegal, Zambia);
 - 5** traineeships of healthcare professionals in the Czech Republic, 1 training abroad (Ghana, Senegal, Ukraine) – a total of 19 trained persons + 20 persons trained as part of missions abroad;
 - 1** healthcare project designed to build healthcare infrastructure in Lebanon worth CZK 5 million;
 - 2** foreign professionals hosted from Ghana and Senegal as part of the Health Forum Czech Republic – Africa 2022;
 - 8** Czech hospitals involved (Brno University Hospital, Bulovka University Hospital, Královské Vinohrady University Hospital, Motol University Hospital, Olomouc University Hospital, Institute for Clinical and Experimental Medicine, Military University Hospital Prague, General University Hospital);
- emergency humanitarian assistance to Ukraine in the form of in-kind aid, medical evacuations, traineeships and support of projects of international organisations;
- exhibition of photographs regarding the MEDEVAC and Aid in Place Programmes as part of the Czech Presidency of the EU Council.



Activities of the MEDEVAC Programme in 2022



- traumatology
- Deployment of Czech medical teams abroad
- Specialist internships and training of foreign healthcare professionals in the Czech Republic or abroad
- Support of projects to build healthcare infrastructure abroad
- Reconnaissance



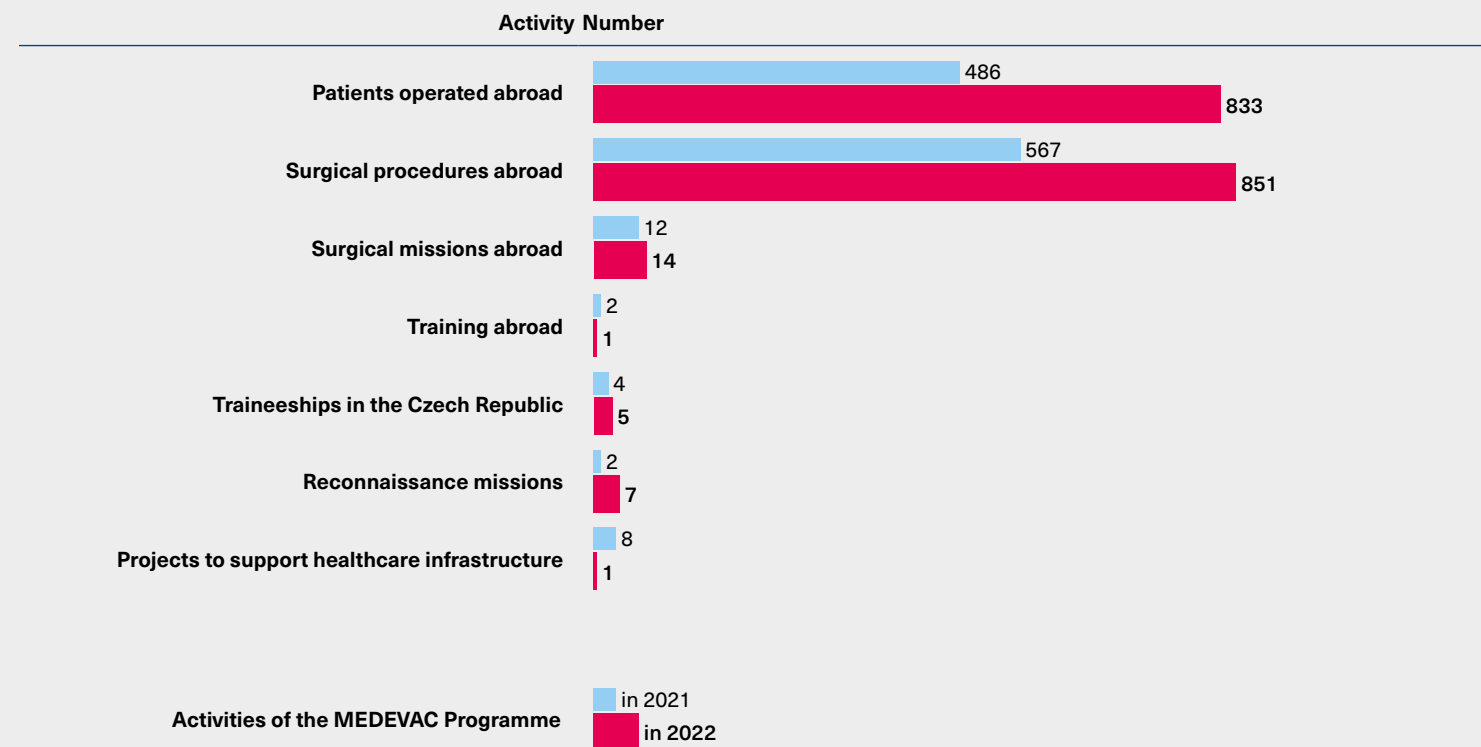
The goals of the Programme are implemented through four activities

1 | Deployment of teams of healthcare professionals abroad

2 | Professional traineeships and training of foreign healthcare professionals

3 | Medical-humanitarian evacuation of patients to the Czech Republic

4 | Support of projects to build healthcare infrastructure



Czech Partner Hospitals in 2022

In 2022, the MEDEVAC Programme collaborated with eight Czech partner hospitals (+ the CR Army)

Who	What	Where
Brno University Hospital	gynaecology, traumatology	Ghana, Senegal
Bulovka University Hospital	gynaecology, plastic surgery	Ghana, Lebanon, Rwanda, Senegal
Královské Vinohrady University Hospital (KVUH)	plastic surgery, burn medicine, traumatology	Ghana, Jordan, Senegal, Ukraine
Motol University Hospital	pediatric cardiac surgery, ENT	Kenya, Senegal, Zambia
Olomouc University Hospital	traumatology	Ghana, Senegal, Zambia
Institute for Clinical and Experimental Medicine (IKEM)	infectology	Ghana
Military University Hospital Prague	ophthalmology	Jordan
General University Hospital in Prague	ophthalmology, traumatology	Ghana, Jordan, Lebanon, Rwanda, Senegal
Physicians from the CR Army	anaesthesiology, traumatology	Senegal

Foreign Partner Hospitals in 2022

In 2022, the MEDEVAC Programme collaborated with seven partner hospitals abroad

Who	What	Where
Al Khalidi Hospital	ophthalmology	Amman, Jordan
Cape Coast Teaching Hospital	plastic surgery, traumatology	Cape Coast, Ghana
Centre Hospitalier El Hadji Amadou Sakhir Ndieguene de Thiès	anaesthesiology, gynaecology, ENT, traumatology	Thiès, Senegal
Mater Misericordiae Hospital	paediatric cardiac surgery	Nairobi, Kenya
Rafik Hariri University Hospital	ophthalmology	Beirut, Lebanon
Tamale Teaching Hospital	gynaecology	Tamale, Ghana
Shmaisani Hospital	plastic surgery, traumatology	Amman, Jordan



People Behind the Medevac Programme

Dozens of people from various fields participate in planning and implementing the MEDEVAC Programme: from political management through administrative officials to healthcare professionals themselves. Every link in this chain is important, and sometimes the success of an entire mission may depend on an individual who ensures the mission goes smoothly.

With each year of its existence, MEDEVAC expands to include additional countries, medical specialties, hospitals and, most importantly, many additional people whose commitment helps drive the Programme forward. On the following pages, we will present at least some of them to you through interviews.

*We have newly included interviews with our foreign partners, who are a key part of the Programme. Local physicians are responsible for organising activities directly on site – they ensure logistics, staffing from among local healthcare professionals, the selection of patients for surgeries as well as follow-up care of patients. One of the key persons behind the operation of the Programme in Thiès, Senegal, is **Prof. Mariétou Thiam Coulibaly**, the Chief Physician of the Gynaecological-Obstetric Ward.*



Foreign partners

Prof. Mariétou Thiam Coulibaly

Chief Physician of the Gynaecological-Obstetric Ward at Centre Hospitalier El Hadji Amadou Sakhir Ndieguene in the city of Thiès in Senegal

Cooperation between the MEDEVAC Programme and *Centre Hospitalier El Hadji Amadou Sakhir Ndieguene* started in March 2017. Since then, Czech physicians come to Thiès to provide assistance several times a year. Currently, four medical specialties are implemented here as part of the MEDEVAC Programme – anaesthesiology, gynaecology, ENT and traumatology. In total, there have been 17 missions carried out in Thiès, and there have been 620 surgeries performed on 610 patients who would have otherwise been unable to afford medical care; in gynaecology alone, there have been five missions carried out, and 180 female patients have undergone surgical procedures.

We asked Professor Mariétou Thiam Coulibaly, the Chief Physician of the Gynaecological Ward at *Centre Hospitalier El Hadji Amadou Sakhir Ndieguene*, to review the collaboration that has taken place so far.

Professor, could you please briefly introduce your hospital and your ward?

Centre Hospitalier El Hadji Amadou Sakhir Ndieguene is the catchment and reference hospital for the Thiès region (the cities of Thiès, M'bour, Tivaouane, Khombole) and the Diourbel region. About 5 million people live in the area which falls under our hospital.

The gynaecological-obstetric ward is the reference centre for oncological gynaecological diseases and acute and high-risk births. Annually, 6,000 births (including 2,500 C-section deliveries) take place in our hospital, and we perform approximately 250 surgeries (particularly myomectomy, hysterectomy, mastectomy) and we also carry out various examinations (colposcopy...).

You were there at the beginning of our collaboration; did our missions change during these five years? Did the care provided to female patients also change over that period?

The missions in Thiès started as the missions of two healthcare professionals. The focus was different than today; the number of surgical procedures was lower. Over time, the size of the Czech team grew and reached up to five physicians, thanks to which more female patients can be operated on and a broader spectrum of diagnoses can be treated; there are also greater opportunities for sharing skills. Now, we invite a relatively large number of female patients (we start the preparations for a mission more than a month before the arrival of the physicians); it is necessary to carry out examinations and put together the surgery schedule.

How do you rate the opportunity for traineeships of healthcare professionals in the Czech Republic and their contribution to the development of your ward?

I highly appreciate the opportunity for traineeship for our physicians. These training courses allow us to see up close what needs to be done and how; it was exactly thanks to the traineeships that we successfully made changes in the organisation of our ward. The traineeships strongly support the transfer of new methods, new surgical techniques, and direct transfer of knowledge. They also allow for maintaining continuity – we remain in live contact even during the periods between missions, which take place once or twice a year.

Do you have any wishes or ideas for the future in relation to our Programme?

My great wish is the development of endoscopy in the hospital in Thiès. I would very much like Czech physicians to come for a training mission focusing on endoscopy. We must learn to use well the endoscopic equipment, which we already have, and to adopt good working practices to be able to help our female patients as best as possible.

New Face of the Programme

Prof. Jiří Skála-Rosenbaum, M.D., Ph.D., MHA

*Deputy to the Director for Research
at the Orthopaedic-Traumatological Clinic of the Královské
Vinohrady University Hospital*

In 2022, the Orthopaedic-Traumatological Clinic of the Královské Vinohrady University Hospital became involved with the MEDEVAC Programme. In October, Prof. Jiří Skála-Rosenbaum, M.D., Ph.D., MHA, joined the team of the Olomouc University Hospital in Cape Coast Teaching Hospital in Ghana for a reconnaissance as well as partly operating mission before fully joining the MEDEVAC Programme with his team. You can read more about this collaboration in the interview below.

How did you learn about the MEDEVAC Programme, and what does involvement with the Programme mean to you?

I had already heard about the Programme in the past, but I only learned about the details later from our new colleague, Dr Pavel Korpa, who came to our clinic from Olomouc. He already had several missions under his belt and literally infected me with his enthusiasm. And I must say that I fully understand him today and hope that I, in turn, will infect my other colleagues. And what does involvement with the Programme mean to me? An opportunity to be a member of a magnificent team who participates in meaningful work, an opportunity to gain new experience, get to know a different environment and work under difficult conditions, and get to know myself a little better.

What were your expectations before your trip to Ghana?

I could not fully imagine how a hospital works in African conditions. We are basically spoiled, and we take the quality of our healthcare system and the conditions we work in for granted. The same goes for patients and their perception

of the availability of provided services. And you realise all this when you see the suffering, particularly that of young people who would already be back to health and their activities for a long time after a surgery in our system.

What impressions did you take from the reconnaissance mission in Cape Coast, Ghana? How did the local hospital and Ghana, in general, make you feel?

From what I had time to see, Ghana is a beautiful country. Green, with a wild ocean, safe, growing and developing and, on top of that, relatively democratic. It is full of pleasant and nice people, but there are also enormous social differences. I saw a wealthy neighbourhood in Accra, comparable with the Western world, but I also saw poor villages and many people lying along roads without a roof over their heads. The hospital is strongly underfunded, and the equipment is quite obsolete. Orthopaedics as an effective discipline virtually does not exist here, and most patients with injuries are treated conservatively. And this is true even for open fractures of long bones. The number of children hospitalised with advanced osteomyelitis in combination with sickle cell disease.¹ But even these patients normally do not have access to surgical treatment.

How are you preparing for the first mission of your team?

We are planning an autumn mission to the *Cape Coast Teaching Hospital*. We have put together a team of three physicians and two operating room nurses from the Královské Vinohrady University Hospital. I am very happy that we can also bring a part of the team from Olomouc onto the mission team. Thanks to this, we can work simultaneously in two operating rooms, thereby increasing the number of patients who will be surgically treated. This entails increasing the amount of medical consumables as well as implants, which must be available. And I feel that we are all looking forward to the mission already.

¹ "Osteomyelitis is bone inflammation or, speaking precisely, inflammation of the bone marrow, which occurs in patients with sickle cell disease. It is an illness, which occurs in Asia and Africa, and it is actually developmentally beneficial because it used to protect from malaria in the past. Nevertheless, at present when treatment of malaria is relatively successful, this illness does more harm than good. It affects the spleen, liver as well as bone marrow. This is caused by deformed red blood cells, which are supposed to carry oxygen to tissues. If a child inherits this from both parents, the child dies immediately. If a child inherits this from one parent, then this is how the child is ill. The illness causes separation of large parts of bones, it affects joints, and all this is accompanied by tremendous pain."





A Close Look at a Medical Specialty

Jakub Bala, M.D.
*Chief Physician of the Emergency Room in the Bulovka
University Hospital*

Although anaesthesiologists have been members of our teams for a long time, and the training during missions to Ghana has been taking place approximately since 2019, we put a stronger focus on this medical specialty in 2022. Collaboration and information sharing between Czech and foreign healthcare professionals during our missions, where specialists meet while providing care to our patients before, during and after a surgical procedure, is necessary. Therefore, we decided to give more support to anaesthesiology under the MEDEVAC Programme and perform activities concentrated exclusively on this medical specialty. In 2022, we started carrying out separate training sessions for local healthcare professionals in Senegal, which focus on anaesthesiology, and we do this in cooperation with the team of the Army of the Czech Republic. We also provide other training in Ghana in cooperation with the Bulovka University Hospital. The training in Ghana takes place under the supervision of Jakub Bala, M.D., the Chief Physician of the Emergency Room. In the interview below, you will learn what made him participate in the Programme, interesting facts about health care in other countries and much more.

What made you get involved with the MEDEVAC Programme in 2022?

We were intrigued by the idea of helping in those areas where health care is already being provided, but the provision is limited in terms of resources or experience of the staff. I very much like the concept of sharing experience and implementing diagnostic and therapeutic methods that work well in our healthcare system while, of course, taking into account the local situation.

What are the differences between the Czech Republic and Africa in approach to anaesthesiology and urgent care?

In the Czech Republic, anaesthesiology and intensive care is always provided by a team, which consists of medical and paramedical staff, and each team member has their defined duties, with all the medical procedures related to anaesthesia or treatment of patients as part of intensive care are carried out by a physician. In Africa, based on my experience, anaesthesiologic care is

provided by anaesthetic technicians who completed a very detailed three-year training in anaesthesiology and intensive care. Ideally, these techniques are overseen by a physician.

Do anaesthesiologic methods abroad correspond to those in the Czech Republic? Have you encountered anything that surprised you about the practices abroad?

The anaesthesiologic care methods are basically the same; nevertheless, technical equipment and human resources are vastly different, and so are the possibilities for providing care. I was surprised by the theoretical preparedness and manual skilfulness of the staff. Also, the interest of the anaesthesiology technicians in exchanging experience and gaining new knowledge was highly motivating.

Would you say that your experience in Africa was enriching for you in some way?

It definitely and plentifully was, particularly thanks to meeting new people, having an opportunity to collaborate with them in their home country and getting to know their lifestyle and culture.

Would you like to learn more about anaesthesiology and urgent care in a specific country?

I think that wherever one travels, one always has an opportunity to learn something new. I would definitely like to continue the collaboration under the MEDEVAC Programme and return to the countries of Africa and possibly the Middle East as part of future missions.

Anaesthesiology Congress

From 15 to 17 September 2022, the MEDEVAC Programme team from the Ministry of the Interior attended a congress of the Czech Association of Anesthesiology, Resuscitation and Intensive Medicine (CSARIM) in Brno. The main goal was to present the Programme to a wide range of Czech and foreign healthcare professionals. At the same time, we informed the participants of our specific activities, particularly in the specialised field of anaesthesiology.

As part of the congress, Dagmar Seidlová, M.D. Ph.D., the Chief Physician of the 2nd Anaesthesiology-Resuscitation Ward of the Brno University Hospital, who participated in the gynaecological mission in the Tamale Teaching Hospital in Ghana in 2021, gave a speech. During her lecture, she spoke about the differences between medical facilities in the Czech Republic and the hospital in Tamale. She shared the unforgettable experiences which she gained from the mission.

The CSARIM is a voluntary professional and scientific organisation which brings together physicians, intermediate healthcare professionals and other workers involved in anaesthesiology, intensive and resuscitation care, algiesiology and emergency medicine.



Persons Important to the Programme

Asst. Prof. Filip Burget, M.D., Ph.D.
Traumatologist at the 1st Medical Clinic for Abdominal, Thoracic and Injury Surgery of the 1st Faculty of Medicine and the General University Hospital

Asst. Prof. Filip Burget, M.D., Ph.D., is one of the physicians who have worked under the MEDEVAC Programme for the longest time. His first mission took place as far back as in 2011; Asst. Prof. Burget participated in medical, training or reconnaissance missions, for example, in Iraq, Libya, Nepal, Jordan, Senegal, Ghana, Rwanda and Ukraine, and he participated in a total of 32 activities. So, we asked him to take a look at our joint past.

With what expectations did you leave for your first mission, and were these expectations met? What was your goal; was that goal accomplished?

I left for the first mission in the autumn of 2011; it was a mission to Libya, and it was merely a few weeks after the collapse of Kaddafi's regime. I went to ask Prof. Krška, the Clinical Director, whether he would let me join a mission to Pakistan together with Doctors without Borders. He gave me his permission and summoned me several days later and said that since I was "such a humanitarian type of person", he would like to ask me to go to select patients in Libya [under the MEDEVAC Programme]. Of course, I agreed. The goal was to select approximately ten patients on whom we could perform surgeries at our 1st Surgical Clinic at the General University Hospital Prague. We then evacuated the patients by a special military aircraft. A similar course of action was then repeated in the summer of 2012 and, after the conflict in Syria erupted, it was repeated twice in Jordan, where we evacuated patients from the Zaatari refugee camp on the Jordanian Syrian border. The advantage of this method was that, with rather complicated cases, we could perform surgeries in several stages.

Are there countries where it is easier for you and your team to work and, conversely, countries where obstacles need to be overcome? Does this change over time; do you, for example, notice some improvements in those countries you travel to repeatedly; do you



think it is worthwhile to return to destinations? And did you, conversely, experience a situation where the conditions in a country deteriorated to such a degree that it was pointless to carry on with missions?

Whenever we leave for a mission and work outside our home base, our hospital, we must adapt to local conditions. We often have to accept compromises, particularly as concerns equipment and sterility, because if we insisted on the conditions applicable in our hospitals, we would not be able to perform surgery on anyone. We seek to show and explain the correct practices and during following visits, it is somewhat better, and they are better prepared. With this, I am also answering the next question: making repeated trips is worthwhile because, besides helping patients, we also educate local physicians and other healthcare professionals. I have not experienced any deterioration of conditions, but, for example, after three missions in Senegal, I felt we achieved the maximum possible level and that a change is needed.

In what respect (if any) is your experience with African countries different from your experience with the Middle East countries; what are the differences between these countries from a healthcare professional's point of view (hospital equipment, attitude of the staff, attitude of the patients)?

In the Middle East countries, the main problem we encountered was exhaustion of the supplies during long-term fights and, of course, fatigue of the staff. The quality of hospitals is similar to ours, and some private hospitals are top notch; this is also true for physicians most of whom studied in Europe or the US and can continue their learning there on a regular basis. In these areas, we focused particularly on war injuries and healthcare assistance to refugees. The situation is completely different in the countries of sub-Saharan Africa where I had the opportunity to work. National health insurance only covers hospitalisation, but the patient must pay for all medicines, bandages, osteosynthetic material and anaesthesiology supplies from their pocket. If the patient does not have money, the patient will receive a minimum level of care – fractured limbs are stretched through extension (this involves long-term pull of weight on the limb) – and after the formation of a ligamentous muscle around the fracture, patients are released home. These patients then often come to our missions because their bones healed in incorrect positions, their bones got infected or a non-union developed. There is also a lack of physicians in Africa; one traumatologist serves an area equivalent to the Central Bohemian Region in terms of size and population. Due to this, the quality of care is clearly different; surgeries are only performed on patients who have a chance to survive and are only performed during the daytime. Triage of patients, which we know from war-affected areas or mass disasters, is carried out spontaneously here.

Does any of your patients stand out in your memories?

There are more patients like this, but I would mention a recent story of a 14-year-old boy from Senegal whose lower limbs were run over by a woman who was learning to drive, specifically over his thighs and shanks, while he was playing

with other boys. He lay in a hospital for four weeks with a traction (a barrel of water was hanging at the end of his legs as a weight). When we undressed both limbs in the operating room, his left leg was only hanging on a remainder of a dead bone, and there were deep necroses on his right leg. Both femurs were moving during any movement. Since we did not have consent for the amputation, we put on external fixators on all four fractures. The next day, the boy thanked us that he could sleep well without pain after a month. We had to explain to his father and brother that it was necessary to carry out amputation in the left shank and that the prognosis for the other fractures was uncertain. The boy took everything in stride with calmness and serenity, which is typical of local patients. The boy underwent several surgeries progressively performed by the MEDEVAC teams; now, he rides a wheelchair, and the rehabilitation options are being considered. In our conditions, such a patient would be in an operating room no later than within three hours, and it would be highly probable that he would be able to walk normally after recovery.

What do you see as the most important factor for a successful mission, both on our part and the part of the hosts, concerning material and non-material conditions?

I think it is very important to create a good group because, after all, you are with the team all day for two weeks, and you often experience stressful situations in the operating room. Also, setting your ego aside and respecting local customs and conditions is necessary because the locals often have no choice and do an excellent job under the given circumstances. I appreciate it if the medical staff shows interest, watches surgical procedures and asks questions. I remember being infected by the enthusiasm of Buddhist monks in Nepal, where we were teaching them first aid after an earthquake in 2015. For each next lesson, they were perfectly prepared, although they had to perform all the other works necessary for keeping their monastery in operation.

Based on your experience, what should a healthcare professional wishing to go on a mission under the MEDEVAC Programme prepare for?

Humility, ability to improvise and versatility. Sometimes, we get outside our comfort zone and must do things we usually do not do. For example, during last year's reconnaissance mission to Ghana, I performed a C-section when a young local physician ran into problems. On the other hand, it is necessary to be able to stand by your decision and not let yourself be pushed into high-risk situations.

What are your plans for the future as concerns missions?

While answering the questions in this interview, I am on a mission to Tamale in Ghana. For autumn, we are getting ready for our first mission to Rwanda, which made me excited during the reconnaissance. It is an honour for me to represent the Czech Republic under the MEDEVAC Programme, and I will be happy for any additional mission offered to me.

Reconnaissance

The year 2022 brought a significant expansion of the scope of the MEDEVAC Programme. During the year, seven reconnaissance missions were carried out by our medical teams to identify opportunities for collaboration in the existing partner countries and hospitals and in new destinations.

As a result, the implementation of the MEDEVAC Programme should be expanded in Ghana, Lebanon and Senegal in the forthcoming years; the Programme will start to operate in Rwanda and Zambia, which we will focus on in the following paragraphs.

Rwanda

In November 2022, a reconnaissance mission to Rwanda was carried out in medical specialties considered to be the most needed ones, specifically gynaecology, plastic surgery and traumatology. Asst. Prof. Filip Burget, M.D., Ph.D., from the General University Hospital, Prof. Andrej Sukop, M.D., Ph.D., from the Královské Vinohrady University Hospital, Prof. Michal Zikán, M.D., Ph.D., from the Bulovka University Hospital and representatives of the Ministry of the Interior and the Embassy of the Czech Republic in Nairobi participated in the reconnaissance.

Over several days, our team visited five hospitals, both in the capital city of Kigali and in regions. At the same time, negotiations were held with the local Ministry of Health and the Embassy in Nairobi to define the form of our future cooperation so that our work in Rwanda would be as effective as possible.



In the future, it will be possible to build on successful reconnaissance by implementing medical missions and training in all three specialised fields of medicine. Three hospitals identified in the reconnaissance will be involved: *the University Teaching Hospital of Kigali, Rwanda Military Hospital and the University Teaching Hospital of Butare.*

The Rwandan side is primarily interested in enhancing their own healthcare capacities and raising the level of their expertise – therefore, besides humanitarian assistance, particularly the developmental dimension with an emphasis on training and sharing Czech know-how should be a prominent part of the activities.

Zambia

In the autumn of 2022, reconnaissance took place in Zambia, specifically in its capital city of Lusaka and in the city of Mongu in Western Province. Cooperation with Zambia started in May 2022 when we were contacted by Mr Pavel Procházka, the Ambassador of the Czech Republic to Zambia, as well as by Mrs Silvia Masebo, the Zambian Minister of Health, on the Health Forum Czech Republic – Africa 2022. The Minister of Health directly stated the most needed medical specialties, ENT and traumatology/orthopaedics; later, we were also contacted regarding paediatric cardiac surgery.

Petr Špiroch, M.D., Ph.D., from the Olomouc University Hospital, Žaneta Bandžuchová, M.D., Terézia Tavačová, M.D. and Asst. Prof. Zdeněk Čada, M.D., Ph.D., from the Motal University Hospital and a representative of the Czech Ministry of the Interior and representatives of the Embassy of the Czech Republic in Lusaka, participated in the reconnaissance. A total of three hospitals were visited, two in the capital city and one in Western Province.

Based on the reconnaissance mission, we are already preparing traineeships for Zambian physicians in Czech partner hospitals for spring 2023 and medical missions in traumatology for May 2023 and ENT and paediatric cardiac surgery for autumn 2023. Cooperation was established with *the University Teaching Hospital, the National Heart Hospital in Lusaka and the Lewanika General Hospital in Mongu.*



Projects for Building Healthcare Infrastructure

As part of its activities, the MEDEVAC Programme supports foreign projects of international governmental or non-governmental organisations, which help develop healthcare systems or perhaps support the healthcare sector in different manners. The goal is to help improve access to health care for forcibly displaced persons, returnees and the host community and to improve the quality of care, particularly by renovating and reconstructing healthcare facilities, supporting the education of local healthcare professionals or the distribution of medical equipment and supplies.

In 2022, the MEDEVAC Programme gave a financial donation of CZK 5 million to Lebanon. At the end of the year, we also personally visited Dadaab in Kenya, where we had the opportunity to see the results of the project of the Lutheran World Federation (LWF), which we supported in 2021.

Kenya: Support of Primary Health Care

The supported LWF project focused on supporting primary health care in Garissa County, where the Dadaab refugee camp is situated. This site actually consists of three refugee camps: Dagahaley, Ifo and Hagadera. According to official statistics, approximately 350,000 people took refuge there. They are primarily refugees from neighbouring Somalia leaving the country, particularly due to climate change, related drought, and an unfavourable security situation.

As part of the LWF project, two medical facilities were supported: *Dadaab Sub-County Hospital*, the only hospital in this area; it is the catchment hospital for around 500,000 people from the refugee community and the poor host community. A rehabilitation centre was also supported. It is situated directly in the Dadaab/Hagadera refugee camp and serves primarily refugees. In cooperation with the LWF, the MEDEVAC Programme donates equipment (devices, supplies) to both medical facilities. At the same time, the training of staff in maintaining and using the new equipment took place. At the time of the monitoring visit, most of the project was already carried out. We had the pleasure of seeing the results of our joint work and speaking with the staff who received the training. We also had the opportunity to meet with those who live in the Dadaab camp and need our help. The monitoring mission confirmed the major benefit that the implementation of the project brought to the refugee community and the local community.

Ліван: первинна медична допомога

The project of *Amel Association International*, which concentrates on enhancing the infrastructure for providing primary health care in Lebanon, received financial support from the MEDEVAC Programme in the amount of CZK 5 million. The project will involve purchasing ophthalmological and laboratory equipment, ultrasound equipment, refrigerators for vaccines and photovoltaic systems for ten medical centres in Beirut, Beqaa Valley and southern Lebanon.

The supported project will also include training healthcare professionals in using the equipment, on the standards of the World Health Organisation (WHO), on prevention against Covid-19 and healthcare ethics.

The project aims to increase the quality of the provided ophthalmological, gynaecological, cardiac and paediatric care. The target group of the project is intended to consist of more than 38,000 beneficiaries of the assistance over a period of 12 months.



Emergency Assistance to Ukraine

The MEDEVAC Programme started to operate in Ukraine in 2014 in response to the Maidan protests. In the years 2014–2015, approximately 50 patients injured during the Maidan events were transported to the Czech Republic for treatment under the Programme. After providing initial treatment to the patients and transporting them back to Ukraine, we continued to support their recovery, and we started to develop cooperation with Ukraine in rehabilitation and physical therapy. In this medical specialty, we successfully implemented traineeship and training of healthcare professionals from Ukraine until the breakout of the Covid-19 pandemic. The Covid pandemic did not stop our cooperation; we launched online training sessions and expanded the scope of the training by focusing on patients with Covid and hospital infectology in addition to physical therapy.

After the conflict with Russia escalated in February 2022, we returned to the original MEDEVAC Programme's purpose – providing urgent humanitarian medical assistance. Thanks to the fact that the Government of the Czech Republic approved the provision of emergency assistance to Ukraine through the MEDEVAC Programme in its Resolution No. 131 of 25 February 2022, we could provide medical assistance in those places where it was most needed in response to requests from Ukrainian hospitals and the Embassy of Ukraine to the Czech Republic.

Assistance was successfully provided as early as during the first weeks after the invasion. In 2022, we evacuated three people to the Czech Republic for treatment in total; we also sent nine deliveries of medical supplies; we provided assistance in the form of traineeships in the Czech Republic for healthcare professionals from Ukraine as well as in the form of a financial donation to the Ukrainian Red Cross. You can read more about our assistance to Ukraine, which we provided in collaboration with our partners, on the following pages.

Evacuations

Evacuations are a type of activity for which the MEDEVAC Programme was created in the first place (hence the name of the Programme, which is an abbreviation of the English words medical evacuation). It all started during the war in Yugoslavia, when the newly formed Czech Republic, as well as many other states, were looking for possibilities of helping civilians injured in the war. And so, in the autumn of 1993, a four-year-old Alexandra from Bosnia and Herzegovina was evacuated to the Motol University Hospital in Prague at the request of the Ministry of the Interior of the Czech Republic. In Prague, little Alexandra recovered from her injuries caused by a grenade explosion.

In 2022, after nearly 30 years of existence of the MEDEVAC Programme, we received information from Asst. Prof. Robert Zajíček, M.D., Ph.D., the Director of the Clinic of Burn Medicine at the Královské Vinohrady University Hospital, on 18-month-old Yulia from the Lviv region who suffered thermal injuries on 60% of her body. That was a very serious condition, but the situation was even more complicated because due to the war and the strain on the capacities of local hospitals, it was impossible to provide adequate care to Yulia in Ukraine at that time. It did not take long to decide whether we would try to save little Yulia's life despite the risk associated with the demanding transport to the Czech Republic for treatment. And so we started the evacuation on 24 March 2022.

Evacuating a small child in a critical condition from a war zone is an activity which would not be possible without the involvement of many people – our partners, collaborating Ministries and, no less importantly, a number of Czech and foreign physicians. Besides the life-threatening condition of Yulia, the transport was also demanding because it was impossible to come for her directly to the hospital in Ukraine.

Therefore, the Ukrainian hospital had to secure her transport to Rzeszów, Poland, the nearest possible point of collection, on its own when it was at the limit of its capacities due to the large number of people with war injuries. Moreover, due to the war-related chaos on the border between the European Union and Ukraine, there was a several-hour delay, which, fortunately, Yulia bravely endured. Yulia’s health condition for the transport was secured under close coordination between physicians from Ukraine and the Czech Republic; it was necessary to involve both civilian and military physicians. The Army of the Czech Republic sent a specially equipped aircraft for Yulia to Poland, designed for transporting persons in such a critical condition, and thus secured her transport from Rzeszów to Prague. In Prague, the ambulance of the Prague Emergency Medical Service collected the little patient with her mother and took them both directly to a hospital.

Yulia spent the first critical weeks in the Czech Republic in the General University Hospital. A medical team of leading experts from the General University Hospital and the Královské Vinohrady University Hospital attended her. Yulia proved to be a great fighter, and so a big stone fell from the hearts of everyone when her life was no longer in danger after several days. After several weeks, she was moved to the Královské Vinohrady University Hospital to be under the direct supervision of Asst. Prof. Robert Zajíček. She underwent

several surgeries to mitigate the effects of her injuries as much as possible. Caritas of the Archdiocese of Prague provided the evacuated girl and her mom with material and non-material support.

Yulia’s story has a happy ending. After more than six months of receiving treatment in the Czech Republic and staying in hospitals and rehabilitation spas, she could return with her mom to the rest of their family in Ukraine. However, we remain in contact with the family and monitor the girl to see how she is doing and how else we can help her recover.

In-kind Assistance to Ukraine

The MEDEVAC Programme responds to the needs identified by our Ukrainian partners. As the Ukrainian side communicated a request for the delivery of medical supplies as a priority, our assistance efforts concentrated on this. As a result, primarily deliveries of medical supplies to Ukraine were being carried out under the MEDEVAC Programme in accordance with the requests from partner Ukrainian hospitals, the Ukrainian Ministry of the Interior and the Embassy of Ukraine to the Czech Republic, which were based on the current situation in that country: due to war, there were disruptions in the standard deliveries of medical supplies and, at the same time, the need for medical supplies significantly increased.

In cooperation with Czech partner hospitals (Bulovka University Hospital, Královské Vinohrady University Hospital, Motol University Hospital, the General University Hospital), the Czech Red Cross and the Fire Rescue Service of the Czech Republic, a total of nine deliveries of medical supplies were provided to Ukraine in 2022.

Deliveries of Medical Supplies to Ukraine

Description	Implementation partner
Medical supplies for treating burns in Lviv	
First-aid kits and tourniquets for the Ukrainian Ministry of the Interior	
Medical consumables and external fixators for the paediatric orthopaedic ward in the Children’s Hospital in Kyiv	Ministry of Health (Královské Vinohrady University Hospital)
Medical consumables for the burn treatment centre in Lviv	
Supplies for treating traumas delivered to the Regional Hospital in Kyiv	
First aid medical consumables for the humanitarian hub, through the Embassy of Ukraine to the CR	Ministry of Health (Motol University Hospital)
In-kind support for a cardiac clinic in Transcarpathia	
Medical consumables, external fixators and splints for the Regional Hospital in Kyiv	Ministry of Health (Bulovka University Hospital)
Medical consumables and equipment for hospitals in Kyiv	
Blood bags for the humanitarian hub in Transcarpathia	Fire Rescue Service of the CR

Partner Organisation: Czech Red Cross

Ing. Richard Smejkal, Ph.D.,
Head of Emergency Response Unit of the Czech Red Cross

After the war in Ukraine broke out in 2022, it was necessary to respond as quickly as possible to the urgent needs that arose on the part of Ukraine. Since the possibilities of implementing the MEDEVAC Programme in a war zone are limited, we need our partner organisations, including the Czech Red Cross (CRC). In cooperation with the CRC, we sent five deliveries of medical supplies to Ukraine and carried out the evacuation of two people in 2022. You can read more about our assistance and cooperation in the interview with Ing. Richard Smejkal, Ph.D., the Head of the Emergency Response Unit of the CRC.

From your point of view, what were the first weeks of the war in Ukraine in 2022 like? What were the needs on the part of Ukraine?

We have been helping the Ukrainian Red Cross since as early as 2014, and we expanded our cooperation in stockpiling medical supplies for their medical teams in late 2021. Coincidentally, our colleagues succeeded in delivering the necessary supplies already in early February 2022, which subsequently allowed them to respond on the front lines since the beginning. To put it briefly, their medical role focused on evacuating civilians, sick and injured people from the shelled areas to safety since the first days of the invasion. For this, they needed, in particular, transport and communication technology. The second task they were performing was providing care to the injured directly on the sites where attacks were occurring and treating the sick who remained in dangerous areas and were unable to evacuate. It was important to secure the basic medical supplies for them.

What did the MEDEVAC Programme and the Czech Red Cross cooperation look like? What did the CRC provide?

We established close cooperation virtually immediately. We offered MEDEVAC a transport corridor for delivering medical supplies to local hospitals as well as special medical supplies for selected medical facilities – such as burn treatment clinics. Burns are a very frequent injury in similar situations and hospitals were not normally equipped and prepared for such an increase. We saw a highly valuable benefit of the assistance in this.

As time passed, we agreed with MEDEVAC to support evacuating injured people to the Czech Republic. These were cases that the Ukrainian side requested and which the Czech side accepted for the provision of medical care. Our role was to transport these people from Ukraine all the way to the Czech Republic. In this way, we formed a compact evacuation team with MEDEVAC.

Did you have the opportunity to see the impacts of the assistance provided in collaboration with MEDEVAC?

I happened to make a totally unscheduled visit to a hospital in Uzhhorod and, coincidentally, we walked around the burn treatment clinic. The staff there took me to show me how they were using the burn treatment kits and equipment delivered from Czechia directly into the operating room. It was very nice and pleasant to see how the supplies packed for delivery in Prague several months ago were now helping where it was most needed. Coincidentally, this clinic is in a building built as early as in the Czechoslovakian era. The Ukrainian Red Cross has very strict requirements for monitoring anything delivered as aid. So each such delivery also has its own file with photographic documentation.

How would you evaluate the assistance provided to Ukraine by the MEDEVAC Programme?

From my point of view, it is important to see that the assistance offered by Czechia to Ukraine has several layers. As concerns medical supplies, one can see that civic help plays its role (in-kind donations of general medical supplies), as does the non-governmental sector, which often focuses on specialised medical assistance in the field, and as does the governmental sector – and this is where MEDEVAC comes into its own because it can focus on highly specialised assistance (for example, the aforementioned burn treatment equipment) provided to specific hospitals. It makes sense to me that the roles are divided this way and that MEDEVAC can satisfy needs that would otherwise remain unmet financially or organisationally. Therefore, we are happy that we, the Czech Red Cross, can also contribute to implementing this assistance.

Raising Awareness of the Programme

Mr Tomáš Haišman, the founder of the MEDEVAC Programme and former Director of the Department for Asylum and Migration Policy of the Ministry of the Interior, once said that “MEDEVAC is a project which lifts up the soul of everyone who gets involved in it”. Therefore, besides implementing the actual Programme, we also try to share its achievements with the public as much as possible. You can find out more about the programmes on the website at medevacczech.cz, in printed materials, and we regularly provide information on our activities on social networks as well.

In 2022, we continued to share our experiences, for example, by participating in congresses and discussions and by organising exhibitions of our photographs documenting the activities of the MEDEVAC and Aid in Place programmes. We will present to you some of these activities below in greater detail.

Health Forum Czech Republic – Africa 2022

As part of the Day of Africa, *Health Forum Czech Republic – Africa 2022* took place in Prague from 17 to 19 May 2022 under the auspices of the Ministry of Foreign Affairs of the Czech Republic. The Forum focused on developing cooperation in the healthcare sector. During the event, the main points of the current cooperation with African countries in the healthcare sector were summarised, and the possibilities of expanding this cooperation were discussed.

The event was attended by the Ministers of Health of selected African countries, representatives of Czech Ministries and representatives of Czech businesses. The MEDEVAC Programme presented its activities on the Forum during an expert panel discussion focused on implementing the Programme in Africa in gynaecology. This panel discussion was attended by female physicians from partner hospitals in Ghana and Senegal, the directors of gynaecological-obstetric clinics at the Brno University Hospital and the Bulovka University Hospital, whose teams travel to Ghana and Senegal from time to time, and the Ministry of the Interior’s Head of the International Programmes Unit.

Our participation in the Forum expanded the already existing cooperation with the partner countries of the Programme in Africa as well as established completely new partnerships, for example, with Zambia. Consequently, based on bilateral negotiations, a reconnaissance mission to Zambia was carried out soon in the second half of the year.



EXHIBITION OF PHOTOGRAPHS: Wherever We Are Most Needed

On the occasion of the Czech Presidency of the Council of the European Union, an exhibition of photographs mapping out the activities of the MEDEVAC and Aid in Place programmes in recent years was put together and entitled *Wherever We Are Most Needed*. During the second half of 2022, the photographs were on display on the premises of the Senate of the Czech Republic and subsequently in the Congress Centre or the Diplomat Hotel in Prague as part of events related to the Czech Presidency. It was also possible to see the exhibition abroad, specifically in Belgium, on the premises of the Permanent Representation of the Czech Republic to the EU in Brussels.

The photographs are the results of the work of three photographers who were documenting the activities of both programmes: Adam Hříbal, Štěpán Lohr and Jan Mihaliček. We asked them what cooperation with the MEDEVAC Programme means to them.

Adam Hříbal

First and foremost, it is an honour for me to document wonderful physicians, nurses and other healthcare professionals. My respect and admiration for their work grows with each next mission or training. At the same time, this collaboration occasionally fills me with something that could be described as pride. I remember that when we were in the Zaatari refugee camp in Jordan, and there was a Czech flag among the flags of the several countries supporting the camp, I really felt some kind of pride. I think it is enormously important for both programmes (MEDEVAC and Aid in Place) to continue their work and grow because I have seen them with my own eyes save human lives many times.

Štěpán Lohr

For me, collaboration with the MEDEVAC Programme particularly meant that I had the possibility to watch up close the work of the top Czech healthcare professionals in highly unusual, sometimes even extreme conditions. It is a unique opportunity for a photographer.

Jan Mihaliček

Collaboration with the MEDEVAC Programme gives me an opportunity to capture something that is rarely meaningful in this day and age. I have always felt a close connection to humanitarian projects. With MEDEVAC, I am right in the middle of specific help. Having a chance to document the work of Czech physicians abroad allows me to appreciate their utmost professionalism and enthusiasm. Sometimes, in much-improvised conditions, they perform in a way which is astonishing to me every time again and again. Whether they are traumatologists, onco-gynaecologists or plastic surgeons, I always see the same passion for their discipline and a heartfelt connection to an ordinary person, a patient. I like just as much watching the organisational team of MEDEVAC trying to secure the best possible conditions for the Czech physicians for their work and to maximise the level of effectiveness of assistance in individual countries through logistics, although it is not always easy. Every time I look at the photographs after coming back, I realise how many people’s lives were changed successfully and how very complicated their lives would have been without the help of the MEDEVAC Programme.

What Was Written about Us

Prague, 2 July 2022 (Seznam News) – The life of Andrey Vovchuk, a 28-year-old Ukrainian man, changed the day he hit a mine with his fire truck. After the amputation of his leg and 12 surgeries in Olomouc, he is gathering strength for a new beginning. Andrey Vovchuk got to Czechia thanks to the MEDEVAC Programme – a medical humanitarian project coordinated by the Ministry of the Interior. Ukrainian physicians knew that his left leg could be saved and that the Czech traumatologists who had trained them in the past could help him.



Prague, 26 March 2022 (Czech Television 24) – As part of the MEDEVAC Programme, an 18-month-old girl who suffered burns on 60% of her body was successfully evacuated from Ukraine to the Czech Republic. She was received by Czech physicians in a critical but stabilised condition. Due to the war in Ukraine, it was not possible to provide her with the necessary high level of care there.



Prague, 5 September 2022 (iROZHLAS) – This year, physicians working under the MEDEVAC Programme completed seven missions abroad and performed surgeries on more than 500 patients. Some of these patients would have no chance of surviving without their care. Medical teams from five university hospitals, which helped, for example, in Lebanon, Ghana or Senegal, performed gynaecological procedures or fracture and eye surgeries. Through the MEDEVAC Programme, the Czech Republic is also helping during the war in Ukraine. Since the beginning of the Russian invasion, eight deliveries of medical supplies worth more than CZK 18 million were sent there. The medical supplies mainly consisted of needles, bandages, gauze and blood bags.



6 November 2022 (aktualne.cz) – Disabled people are the specific group on which the LWF and Diakonia focus. In Dadaab, it is apparent at first sight that there is a higher number of them than in the general population. “At present, we have identified a group of 50 people with amputations. However, we do not have an overall idea of how many disabled people are in the camp right now. And MEDEVAC is the only major project, currently actively helping these people,” explains Areba. Most amputations are caused by explosions and gunshot wounds; others are a result of diseases such as diabetes. The LWF, for example, also works with three children whose legs were amputated by the explosions of improvised explosive devices. Areba ensures the manufacture of prosthetics for them. “We are very grateful for the donation from Czechia. It gives hope to the most vulnerable people,” she comments..



About the Aid in Place Programme

The government of the Czech Republic created the *Aid in Place Programme* on 14 January 2015 by Resolution No. 19. Since 2015, this Programme has been flexibly responding to the current situation related to migration and forced displacement around the world and providing a targeted and effective assistance to displaced persons and countries facing heavy migratory pressure. Thus, it helps prevent illegal migration to the European Union and enhance security in the European area.

In June 2021, an updated concept of the Aid in Place Programme entitled *Concept of the Ministry of the Interior's Aid in Place Programme as an Instrument of External Migration Policy of the Czech Republic* was approved by Resolution of the Government of the Czech Republic No. 557 of 21 June 2021. The main goal of the new concept was to create an integrated conceptual and methodological framework through which the priorities of the Ministry of the Interior will be identified for the Aid in Place Programme as the instrument of the external migration policy of the Czech Republic.

The main goals of the support defined by the current policy include:

1. **To protect and support forcibly displaced persons and other vulnerable persons on the move;**
2. **To support the asylum, migration and integration systems of countries facing heavy migratory pressure;**
3. **To prevent illegal migration and human trafficking.**

The projects funded under the Aid in Place Programme are implemented in partnership with individual foreign governments, international organisations or international non-governmental organisations. To enhance the impact of interventions, the Ministry of the Interior strives to implement projects in cooperation with other Member States of the European Union.

In the years 2015–2022, a total of **63 projects in 30 countries** were supported under the Aid in Place Programme. The amount allocated to addressing the migration crisis has reached **CZK 1.1 billion** since 2015.





Aid in Place in 2022

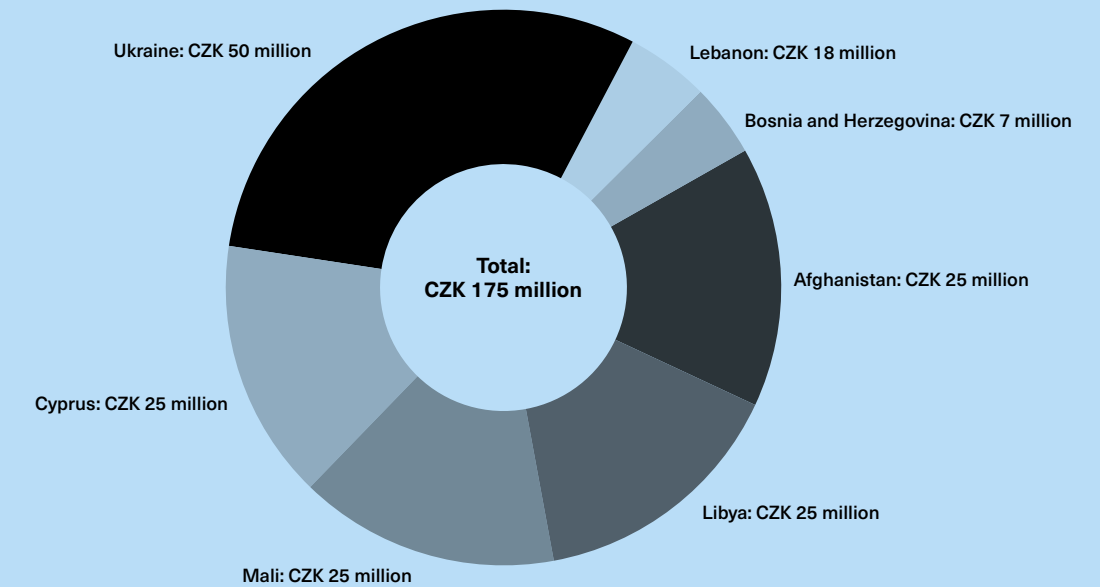
In 2022, the Aid in Place Programme budget amounted to **CZK 175 million**.

Therefore, it was possible **to support nine projects in seven countries** under the Programme in 2022: Afghanistan, Bosnia and Herzegovina, Lebanon, Libya, Mali, Ukraine, and Cyprus. This was done in accordance with the priorities defined for the year 2022 in the countries **along the Eastern Mediterranean and Western Balkan routes** (priority 1), in the countries **immediately adjacent to the EU** (priority 2), in the countries **along the Central Mediterranean migratory route** (priority 3) and the countries **along the Western Mediterranean migratory route** (priority 4). The financial donation to Cyprus was granted as the first Czech contribution under the Solidarity Declaration, which was adopted by the majority of the Member States of the European Union (EU), including the Czech Republic (CR), on 22 June 2022 as the basis of what is referred to as the voluntary solidarity mechanism for solidarity with southern European states (Italy, Cyprus, Malta, Greece and Spain),

which are most affected by migration along Mediterranean migratory routes. Just as in previous years, particular attention was paid to vulnerable groups, especially children and minors, in support of projects in 2022.

Beyond the regular annual budget and priorities, special assistance was also given to Ukraine and neighbouring Moldova under the Aid in Place Programme in 2022 in connection with the Russian aggression in Ukraine under Government Resolution No. 131 of 25 February 2022. By this Resolution, an additional CZK 150 million was earmarked for the Ministry of the Interior. Under the Aid in Place Programme, four financial donations totalling CZK 100 million were given from this money. Another assistance was provided through the MEDEVAC Permanent Medical Humanitarian Programme.

Chart: Regular budget allocations by country



Priority 1: Eastern Mediterranean and Western Balkan Migratory Routes

Support of livelihood and reintegration of internally displaced persons in Afghanistan

Allocated amount: CZK 25 million

Implementation partner: Office of the UN High Commissioner for Refugees (UNHCR) and the UN Development Programme (UNDP)

Implementation period: January – December 2022

Project description: The project was approved in response to the Taliban's seizure of power in Afghanistan in August 2021, when the humanitarian situation of the Afghan population dramatically deteriorated due to the political and security developments in the country, and the risk of further large-scale internal displacement and migration from Afghanistan to neighbouring countries increased. When the project was approved, nearly 10% of the country's population was internally displaced, i.e., approximately 3.8 million people were affected.

The goal of the joint UNHCR and UNDP project was to stabilise internally displaced inhabitants of Afghanistan and support their livelihood in the first place of displacement or support their return and reintegration in priority reintegration zones created by implementation partners. The assistance included improving access to basic services, supporting small businesses, particularly those run by women, and creating special emergency job opportunities on a cash-for-work basis. As part of the project, job opportunities were created for more than 1,140 residents of Afghanistan - project implementation ended in December 2022.

Support for the national return system of Bosnia and Herzegovina

Allocated amount: CZK 7 million

Implementation partner: International Centre for Migration Policy Development (ICMPD)

Implementation period: November 2022 – October 2023

Project description: According to the data from the Ministry of Security of Bosnia and Herzegovina, 15,740 illegal migrants came into the country in 2021, and 12,671 migrants arrived over the first eight months of 2022. Most of them planned to continue their journey to the EU; nevertheless, a large percentage of migrants got stranded in Bosnia and Herzegovina. Therefore, support of voluntary and forced returns of illegal migrants and rejected asylum seekers to their respective countries of origin is of key importance to Bosnia and Herzegovina, a country situated on the Western Balkan migratory route.

The goal of the pilot project of ICMPD is to support the national return system of Bosnia and Herzegovina. As part of the project, an action plan will be created to carry out voluntary and forced returns, and the capacities of the Ministry of Security and the Service for Foreigners' Affairs (SFA) will be strengthened for independent implementation of return operations. The pilot project will be carried out until the end of October 2023.





Support of livelihoods of vulnerable Lebanese and Syrian farmers in Lebanon

Allocated amount: CZK 10 million

Implementation partner: ADRA Europe

Implementation period: June 2022 – May 2023

Project description: In 2022, Lebanon faced and still faces a combined economic, financial and political crisis. The Lebanese pound lost more than 90% of its value in relation to the US dollar in 2022; inflation in this country exceeded 295%. As a result of this unfavourable economic situation, around 55% of Lebanese households and up to 91% of Syrian households in Lebanon live under the poverty line. As a consequence of the crisis, many people lost their jobs and sources of their income. Covering living expenses while facing extremely high prices of essential items is increasingly difficult for Lebanese people and refugees, whom Lebanon hosts around 855,000. As an alternative, they subsequently choose emigration from the country.

This ADRA project aims to support the livelihoods of Lebanese people and Syrian refugees in rural areas of Lebanon. The objective is to improve the gainful activities of small farmers by enhancing their capacities (knowledge and material inputs) and by supporting the sale of their produce on the local market. The activities include buying goats and sheep for a total of 100 chosen farmers, providing financial support for 100 women to purchase ingredients to produce jams, training in the fields of breeding goats and sheep, food processing, dairy products production, sanitary regulations, marketing, accounting and finance. The project is implemented in cooperation with LOST (Lebanon Organisation for Studies and Training), which has focused on livelihood support for over 20 years. Implementation of the project will end in May 2023.

Support of vocational training and job opportunities for poor Lebanese people and Syrian refugees

Allocated amount: CZK 8 million

Implementation partner: Lutheran World Federation (LWF)

Implementation period: July 2022 – December 2023

Project description: This is the second supported project helping to stabilise the situation of Lebanon residents and prevent their further migratory movements. Unlike the ADRA project, which focuses on rural areas, the LWF project focuses on the poor neighbourhood in the capital city of Beirut.

This LWF project aims to improve access to vocational training courses for young people and disadvantaged adults in the poor neighbourhood of Hay El Gharbeh in southern Beirut, where many families of Syrian refugees and poor Lebanese people live. The project's activities include creating a new teaching area in the vocational training centre, expanding the existing vocational course

for sewing, and creating a new one-year training course for carpentry. It is also planned to expand the scope of training from two hours to a minimum of four hours per day and include other study subjects. Additional activities include electrifying the training centre with a photovoltaic system to ensure self-sufficiency in a situation characterised by an unstable electricity supply. The training centre will also expand income-generating activities so that the activities of the sewing studio and the carpentry shop can sustain at least 25 families. Over one year, the sewing and carpentry courses will be attended by 50 young people aged 13–18 years. The project will be implemented until December 2023.

Priority 2: Immediate neighbourhood of the EU

Support for internally displaced persons in Ukraine in connection with the Russian aggression

Allocated amount: CZK 25 million

Implementation partner: Office of the UN High Commissioner for Refugees (UNHCR)

Implementation period: June – December 2022

Project description: In 2022, as part of the Aid in Place Programme, assistance to Ukraine was provided not only from the funds additionally earmarked by the Government of the Czech Republic for urgent assistance to Ukraine but also from the regular annual budget of the programme allocated to the immediate neighbourhood of the EU.

The financial donation to the UNHCR supported internally displaced persons in Ukraine in connection with the Russian aggression. The donation was used to support the necessary protection of displaced residents, their accommodation and basic humanitarian assistance – both in kind and financial. Implementation ended in December 2022.

Support of Ukrainian State Migration Service and Consulates Abroad

Allocated amount: CZK 25 million

Implementation partner: International Centre for Migration Policy Development (ICMPD)

Implementation period: November 2022 – June 2025

Project description: As of 1 August 2022, when preparations for the project were underway, temporary protection was granted to 3,937,475 people in the EU. The highest numbers of temporary protection beneficiaries were in Poland, Germany and the Czech Republic. As of the same date, more than 6.6 million people were displaced within Ukraine. Although central government authorities in Ukraine are functioning, their infrastructure was often damaged due to the war, and these authorities need urgent support to be able to provide full services to their citizens once again. At the same time, a need arose to increase the capacity of consular services provided to displaced Ukrainian citizens living abroad.

The ICMPD has been cooperating with Ukrainian institutions in migration and border management, including the State Migration Service, for a long term. The project aims to support the Ukrainian State Migration Service in renewing its damaged infrastructure and resuming the provision of all services, particularly issuing travel documents to citizens of Ukraine and residence permits to foreigners. As part of the project, the provision of information and consular services to the citizens of Ukraine will also be expanded. They will include the provision of information on integration in the given country and consultations on voluntary returns and reintegration in Ukraine in the future. Besides the Czech Republic, this project also received financial support from Germany.





Priority 3: Central Mediterranean Migratory Route

Support of Border Management in Libya

Allocated amount: CZK 25 million

Implementation partner: International Centre for Migration Policy Development (ICMPD)

Implementation period: January – December 2023

Project description: In 2022, more than 105,000 illegal migrants arrived via the Central Mediterranean migratory route in the EU, 55% more than in the previous year. Libya is one of the most often used transit countries along this migratory route. At the end of 2022, Libya hosted more than 694,000 migrants, and more than half of these people came from the countries of sub-Saharan Africa.

The quality of the border management system in Libya remains very poor. Responsibility for managing border control is still divided among several Ministries and their organisational sections; there is no single coordinating

umbrella authority. Libya also still has no comprehensive national strategy for border management and no related action plan. Therefore, this ICMPD project aims to support an institutional reform of the Libyan border management system. As part of the project, a strategic roadmap of steps to implement the most important systemic measures will be created. Furthermore, a border management strategy will be created and, no less importantly, the coordination and operational capacities of the key Libyan institutions will be strengthened. Implementation of the project will be taking place until December 2023.



Priority 4: Western Mediterranean Migratory Route

Protection and Reintegration of Children and Adolescents on the Move in Mali

Allocated amount: CZK 25 million

Implementation partner: UN Children's Fund (UNICEF)

Implementation period: July 2022 – June 2024

Project description: The “Protection and Reintegration of Children and Adolescents on the Move in Mali” project builds on the two-year UNICEF project in Mali entitled “Protection of Children on the Move”, which received support from the Ministry of the Interior under the Aid in Place Programme in 2019. In 2021, the number of internally displaced people in Mali doubled and reached nearly 402,000, of whom children and minors accounted for 54%. Over half of Mali's population aged between 15 and 24 is illiterate.

The continuing two-year UNICEF project aims to protect and stabilise displaced children and minors in Mali and prevent their further migratory movements. The target group consists of internally displaced children and adolescents, refugees, child and adolescent migrants on the move, and child and adolescent returnees. The project's main outputs include providing protection and psychosocial support to 4,000 children and minors and training 100 field social workers. The second output is reintegration support for 200 minors returning to their homes. The reintegration support will include, for example, literacy courses, vocational training courses and small business support. Implementation of the project will take place until June 2024.

Emergency Situations Contribution Associated with Adoption of the Solidarity Declaration

Support of Voluntary Returns from the Republic of Cyprus in the Context of Current Increased Migration Flows

Allocated amount: CZK 25 million

Implementation partner: Ministry of the Interior of the Republic of Cyprus

Implementation period: October 2022 – February 2023

Project description: This is the first Czech contribution to a Member State of the EU under the Voluntary Solidarity Mechanism, created under the Solidarity Declaration adopted in June 2022. In the years 2018–2021, 41,738 persons in the Republic of Cyprus applied for international protection, while from the beginning of the year to July 2022 alone, the number of applicants increased by 13,818, which makes this small island state the country with the highest number of asylum seekers per capita in the EU. A large percentage of applications for international protection are rejected. So, Cyprus constantly works on improving the efficiency of voluntary returns of rejected applicants to their respective countries of origin. From January to July 2022, Cyprus had already carried out 4,000 voluntary returns.

A proposal for a project to support the Office for Voluntary Returns, which is established under the Cypriot Ministry of the Interior, was presented by the Ministry of the Interior of the Republic of Cyprus to the Ministry of the Interior of the Czech Republic. The Czech Republic's financial donation supported the dissemination of information on voluntary returns among rejected asylum seekers in Cyprus and covered the costs of transporting returnees to their respective countries of origin.



Emergency Assistance to Ukraine

In connection with the Russian aggression in Ukraine, the Government of the Czech Republic approved special funds for urgent assistance to Ukraine with its Resolution No. 131 as early as on 25 February 2022. For the Ministry of the Interior, there were CZK 150 million earmarked, which were allocated to assistance to Ukraine under the Aid in Place Programme and MEDEVAC Programme in 2022.

As part of the Aid in Place programme, three financial donations to international organisations operating in Ukraine were provided in a very short time to support internally displaced residents, whose number was growing quickly during 2022. In August 2022, the number of internally displaced residents of Ukraine hovered around a record of 6.6 million. Another financial donation was given from the regular budget of the Aid in Place Programme. The urgent support included securing access to accommodation, food and other necessities, supporting medical care, providing education, and ensuring protection for the most vulnerable groups, including children.

One financial donation was also given to help neighbouring Moldova, where more than 300,000 inhabitants of Ukraine sought refuge and safety. The support involved strengthening the reception capacities of this country, with a population of just below 3.3 million people.

Implementation partner	Financial donation amount	Use of the donation
International Committee of the Red Cross (ICRC)	CZK 25 million	To support medical care and necessities for residents of Ukraine
UN Children's Fund (UNICEF)	CZK 25 million	To support children in Ukraine – to secure protection, to provide medical care, to support access to education, to evacuate children in institutional care to safe areas
UN World Food Programme (WFP)	CZK 25 million	To secure food for residents of Ukraine who are displaced and worst affected by the war
Office of the UN High Commissioner for Refugees (UNHCR)	CZK 25 million	To support internally displaced persons in Ukraine – to secure the necessary protection, accommodation and basic humanitarian assistance (both in kind and financial)
Office of the UN High Commissioner for Refugees (UNHCR)	CZK 25 million	To support the capacities of Moldova for receiving refugees from Ukraine – to support the accommodation capacities and basic humanitarian assistance (both in kind and financial)

Project Implementation Monitoring

In cooperation with embassies, the Ministry of the Interior of the Czech Republic monitors all the projects supported under the Aid in Place Programme on a regular and ongoing basis. Implementation partners present an interim report and final report on project implementation, including a statement of payments from the budget to the Ministry of the Interior.

In addition, coordinators of the Aid in Place Programme also carry out detailed monitoring of activities and outputs of selected projects directly on the site of implementation in cooperation with the relevant embassies of the Czech Republic in the given country and local partners. In 2022, monitoring trips were made to Bosnia and Herzegovina, Jordan and Lebanon.

Bosnia and Herzegovina

The purpose of the trip made to Bosnia and Herzegovina from 9 to 12 May 2022 was to monitor the project of the International Organisation for Migration (IOM) focused on the systematic collection of data on migrants in the territory of Bosnia and Herzegovina outside reception centres and on the support of voluntary returns of migrants to their respective countries of origin. This project was supported under the Aid in Place Programme with an amount of CZK 20 million in 2021.

As part of the monitoring, representatives of the Ministry of the Interior and the Embassy of the Czech Republic to Bosnia and Herzegovina visited three transit reception centres managed by IOM in cooperation with the Service for Foreigners' Affairs (SFA) of Bosnia and Herzegovina, specifically the Borići centre, the Ušivak centre and the newly opened Lipa transit reception centre. Meetings with the Service for Foreigners' Affairs, the Ministry of Security and representatives from other donors were also held. The monitoring focused mainly on the main outputs of the supported project, i.e. on the provision of information and consultations on voluntary return, the process of registering migrants in reception centres, the collection of data on migrants in the territory of Bosnia and Herzegovina, and the process of analysing and sharing these data with other stakeholders.

Jordan and Lebanon

From 20 to 24 June 2022, a monitoring mission to Jordan and Lebanon took place. A coordinator of the Aid in Place Programme participated in the trip of members of the Steering Committee of the Regional Development and Protection Programme (RDPP) for the Middle East, which is coordinated by the Danish Ministry of Foreign Affairs. The Czech Republic contributed to Phase II of the RDPP for the Middle East in 2018 with CZK 10 million and consequently

was a member of the Steering Committee of Phase II of the programme, along with Denmark, Ireland, Switzerland, and the European Commission. Activities within this Phase II were implemented in Jordan, Lebanon and Iraq from October 2018 to December 2022. The monitoring trip was important, among other things, because a contribution from the Aid in Place Programme to Phase III of the RDPP for the Middle East was being considered for 2023.

The participants visited several supported projects in Jordan and Lebanon during the trip. They had the opportunity to speak with the beneficiaries. The monitoring focused on all three main areas of support provided under the RDPP – support of livelihood for Syrian refugees and the hosting community, the protection of refugees and other vulnerable persons, and research into and promotion of permanent solutions for the refugee community. In total, 22 projects were implemented in Phase II of the RDPP. During the monitoring trip, the members of the Steering Committee were able to learn in greater detail about 19 of them. Many projects were implemented by local Jordanian or Lebanese non-governmental organisations. Throughout the implementation of Phase II of the RDPP, the localisation approach was applied, meaning implementation was done through local non-governmental organisations and their capacities were strengthened. Implementation of Phase II of the programme ended in December 2022, and the indicators defined for outputs of the entire programme were exceeded in many cases; based on evaluation of the monitoring and the programme document of the RDPP for Phase III, the Ministry of the Interior decided at the end of the year 2022 to continue to support the RDPP for the Middle East in 2023.





Aid in Place in 2023

*Same as in the previous years, the priorities of the Aid in Place Programme for the year 2023 take into account the migration and refugee situation along the main migratory routes to Europe. For the year 2023, the budget of the Aid in Place Programme amounts to **CZK 150 million**. The 2023 Programme priorities were discussed by the inter-ministerial working group and approved by the Government of the Czech Republic in Resolution No. 165 of 8 March 2023.*

The 2023 priorities have been defined particularly with regard to the Solidarity Declaration, which was adopted by the majority of the EU Member States, including the Czech Republic, on 22 June 2022, as the basis of the Voluntary Solidarity Mechanism to help Mediterranean European states (Italy, Cyprus, Malta, Greece and Spain), which are most affected by migration along Mediterranean migratory routes. Under this declaration, the priorities deal with migration source countries, transit countries and first recipient countries along the main migratory routes to the EU, i.e., along the Eastern, Central and Western Mediterranean migratory route, to prevent and reduce further uncontrollable movement of people into the EU and help front-line European countries handle large migration flows. A great deal of attention is also paid to the Western Balkan migratory route, which is connected to the Eastern Mediterranean route, and the events occurring on this route have a direct impact on the Czech Republic.

Priority 1: Western Balkan and Eastern Mediterranean Migratory Routes

The Western Balkan migratory route, which is connected to the Eastern Mediterranean migratory route, saw a record increase in arrivals of illegal migrants in 2022. Migrants continue their journey from Greece, most often across North Macedonia or Albania and then across Serbia, Montenegro, and Bosnia and Herzegovina. Migrants usually only transit across the countries of Western Balkan and try to get further into the Schengen Area on their own or with the help of human smuggling networks. Cooperation with the countries of Western Balkan regarding border control and efforts to counter illegal migration, including migrant smuggling and human trafficking, regarding asylum policy and integration, as well as with respect to the issue of returns, is crucial for the Czech Republic and the European Union.

The Eastern Mediterranean route includes the countries of the Middle East where significant source or transit countries are Iraq, Iran, Jordan, Lebanon, Syria and Turkey with respect to migration to the EU. The countries of the Middle East host a large number of refugees, particularly Syrian refugees. According to the UNHCR data, 5.4 million Syrians continue to live in adjacent countries, with Turkey, Lebanon, Jordan and Iraq having the highest numbers of them in their territories. The journey of many migrants and refugees from Afghanistan, representing the second largest group of asylum seekers in the EU after Syrians, also leads across this region. In 2022, the Eastern Mediterranean migratory route leading to Greece and Cyprus saw the second highest year-on-year increase after the Western Balkan route.

Priority 2: Central Mediterranean Migratory Route

The Central Mediterranean route leading to Malta and Italy was the most frequently used Mediterranean migratory route in 2022. On 25 November 2022, the EU Action Plan for the Central Mediterranean, which covers the prioritised areas of cooperation and priority countries for cooperation in the external dimension, was presented at a special meeting of the Council on Justice and Home Affairs (JHA Council). The main priorities include strengthening capacities and supporting the countries along the Central Mediterranean migratory route, particularly in the following fields: border control and migration management, efforts against migrant smuggling and human trafficking, and support of returns and reintegration. The Ministry of the Interior also participates, coordinates and reports its contributions within the Team Europe Initiative for the Central Mediterranean migratory route. In the first quarter of 2023, this Mediterranean route saw another enormous increase in the number of migrants heading to Italy and Malta.

Priority 3: Western Mediterranean Migratory Route

The Western Mediterranean migratory route leads to mainland Spain, to the Spanish enclaves of Ceuta and Melilla and the Canary Islands. In 2022, it was the only Mediterranean route which saw a decrease in the number of illegal migrants; nevertheless, even these lower figures are very significant, and it is necessary to continue to pay great attention to this route, too. Therefore, the Ministry of the Interior participates, coordinates and reports its contributions within the Team Europe Initiative for the Western Mediterranean migratory route.



Our team

University Hospital Brno

Gynaecology
Traumatology

Bulovka University Hospital

Gynaecology
Plastic surgery

University Hospital Vinohrady

Plastic surgery
Burn medicine
Traumatology

University Hospital Motol

Paediatric cardiac surgery
ENT

Olomouc University Hospital

Traumatology

Institute of Clinical and Experimental Medicine Prague

Infectology

Central Military Hospital

Ophthalmology

General University Hospital Prague

Ophthalmology
Physiotherapy
Traumatology

Army of the Czech Republic

Traumatology
Anaesthesiology

THANK YOU!

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MINISTRY OF THE INTERIOR
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