

MECEVAC czech

AID IN PLACE
CZECH



MINISTRY OF THE INTERIOR
OF THE CZECH REPUBLIC

2021



**COUNTRIES OF THE
MEDEVAC PROGRAMME
IN 2021**

Afghanistan • Belarus • Burkina Faso
Ghana • Georgia • Iraq • Jordan
Kenya • Lebanon • Mali • Mauritania
Nigeria • Peru • Senegal • Ukraine

**A WORD OF INTRODUCTION
FROM THE DIRECTOR OF THE
DEPARTMENT FOR ASYLUM
AND MIGRATION POLICY**

Dear readers,

In this annual report I would like to present two aid programmes operated abroad by the Ministry of the Interior – Aid in Place, and the Permanent Medical Humanitarian Programme MEDEVAC. Both programmes are tools of the external migration policy of the Czech Republic and focus their activities on the countries of origin, first displacement and transit of refugees, internally displaced persons and migrants. Each programme achieves these aims through different activities, however, both have one common objective: to contribute to a shared goal of the European Union, which is to help third countries deal with the causes of migration and forced displacement, to handle crisis situations and to operate in places where specialised medical care is not sufficiently advanced.

After 2020 and the burden of the COVID-19 pandemic, in 2021 we were able to slowly resume the wide range of activities that we had been unable to perform for over one year. This mainly involved the return of the MEDEVAC Programme, specifically in deploying experienced Czech hospital medical teams abroad. Since 1993, we have concentrated on the provision of medical care to civilians with serious medical conditions from vulnerable groups, who cannot afford the necessary treatment. Thanks to our medical staff and their work, the programme has become an important element of Czech aid abroad and helps to spread the good name of the Czech Republic in countries near and far from Europe.

I would like to express my personal gratitude for the encouragement that we have received and still receive from others. Therefore, I thank



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everybody who has worked with us to implement both programmes – partner hospitals both in the Czech Republic and abroad, our international partner organisations, both governmental and non-governmental, colleagues at diplomatic missions of the Czech Republic abroad and other ministries contributing to the implementation of each and every activity.

I greatly appreciate all of the work you have done, your unfailing motivation and the sense of responsibility and empathy that you have demonstrated so many times, as do the people whom your work has directly benefitted. You have offered and given your skills willingly, professionally and bravely, lessening the burden of their situation, often at the expense of your own comfort and safety. The hundreds of cured patients who would normally not be able to afford quality medical care, and the thousands of other people who received such needed aid to improve their living situation are the proof that our common effort falls on fertile ground.

In this report we will map out the details of our collaborations in 2021 in areas where our help was needed the most.

Mgr. Pavla Novotná

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GYNEACOLOGY, UNIVERSITY HOSPITAL BULOVKA, GHANA © MOI CR (PHOTO: ADAM HŘÍBAL)

01 THE MEDEVAC PROGRAMME

MEDEVAC czech

MEDEVAC IN NUMBERS

Overall statistics of the programme 1993–2021

4 303 patients operated

708 persons trained

316 medical humanitarian evacuations carried out

131 medical missions deployed abroad

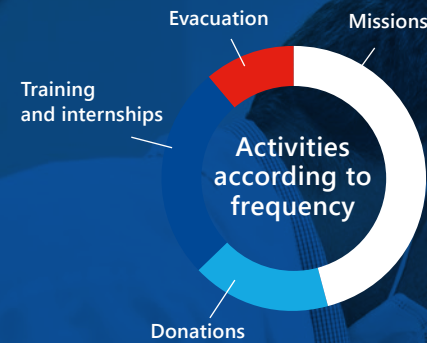
27 countries where the programme has been implemented

26 projects for reinforcing health infrastructure

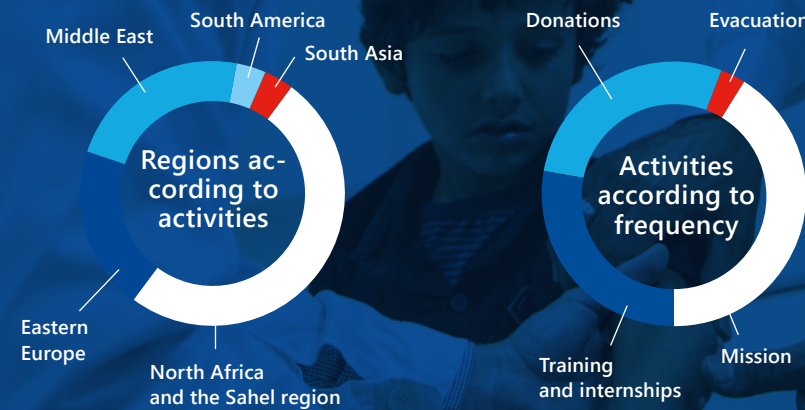
9 medical specialisations

9 participating Czech hospitals

Summary of the MEDEVAC Programme 1993–2021



Summary of the MEDEVAC Programme in 2021



SPECIAL: FOCUSED ON MEDEVAC IN 2021 IN NUMBERS

2 reconnaissance missions were conducted abroad in cooperation with Brno University Hospital, University Hospital Bulovka, General University Hospital in Prague – in order to prepare future missions in Ghana and Georgia.

12 medical teams were deployed on a mission abroad (Ghana, Jordan, Lebanon, Senegal) with the participation of 7 partner hospitals (University Hospital Bulovka, Brno University Hospital, IKEM, Královské Vinohrady University Hospital, Motol University Hospital, Olomouc University Hospital, General University Hospital in Prague)

487 patients operated – in 6 specialised fields (paediatric heart surgery, gynaecology, ophthalmology, ENT, plastic surgery, traumatology)

376 persons trained – in 3 specialised fields, training sessions abroad focused on infectiology and epidemiology in cooperation with IKEM – Institute of Clinical and Experimental Medicine (in the Iraqi Kurdistan Region) and gynaecology in cooperation with University Hospital Bulovka and General University Hospital in Prague (Georgia). 2 online training sessions focused on the COVID-19 pandemic in cooperation with IKEM (Peru) and physiotherapy in cooperation with General University Hospital in Prague (Ukraine)

4 specialist internships of foreign medical staff in the Czech Republic – in the field of gynaecology in cooperation with Brno University Hospital and the University Hospital Bulovka (Ghana, Senegal) and 2 specialist internships of foreign medical staff to the Czech Republic in the field of physiotherapy in cooperation with University Hospital Bulovka and General University Hospital in Prague (Ukraine)

29 people evacuated from Belarus – 13 medical staff and 16 of their family members

8 medical projects implemented – by international organisations (CARE Int., Caritas Int., ICRC, Lutheran World Federation, Light for the World International) funded with a total of CZK 40 million (EUR 1.6 million) (Afghanistan, Burkina Faso, Georgia, Iraq, Kenya, Mauritania, Mali, Nigeria)

MEDEVAC PROGRAMME ACTIVITIES IN 2021

Activity	Number
Specialist examinations with diagnosis	Over 1000
Surgical procedures abroad	567
Medical teams deployed abroad	12
Training foreign medical staff in Georgia and Iraq	2
Specialist internships in the Czech Republic of foreign medical staff (Ghana, Senegal, Ukraine)	4
Reconnaissance missions in preparation for implementation of the programme in Ghana and Georgia	2
Projects for reinforcing healthcare infrastructure via the renovation of healthcare centres, and the arranging of access to medical care for vulnerable persons with a total value of CZK 40 million (implemented via CARE Int., Caritas Int., ICRC, Lutheran World Federation, Light for the World)	8

-  Evacuation
-  Deployment of Czech medical teams abroad
-  Support of projects intended for building and developing healthcare infrastructure abroad
-  Online training
-  Reconnaissance
-  Specialist internships and training of foreign medical staff in the Czech Republic and abroad



MEDEVAC PROGRAMME STAKEHOLDERS

Czech partners hospitals in 2021

Who	What	Where
Brno University Hospital Brno	Gynaecology, Traumatology	Ghana, Senegal
University Hospital Bulovka	Physiotherapy, Gynaecology	Ghana, Senegal, Ukraine
Královské Vinohrady University Hospital	Plastic surgery, Traumatology	Ghana, Jordan, Senegal
Motol University Hospital	Paediatric heart surgery, ENT	Jordan, Senegal
Olomouc University Hospital	Traumatology	Ghana, Senegal
IKEM	Infectiology	Iraq, Peru
General University Hospital in Prague	Physiotherapy, Gynaecology, Ophthalmology, Traumatology	Georgia, Jordan, Lebanon, Senegal, Ukraine

An inter-ministerial working group meets regularly in order to coordinate MEDEVAC Programme activities. This working group is led by the Ministry of the Interior and is composed of representatives of the Ministry of the Interior, the Ministry of Foreign Affairs, the Ministry of Health, the Minister of Defence, the Minister of Industry and Trade, the Ministry of Education, Youth and Sport and the Army of the Czech Republic. The Ministry of the Interior oversees, coordinates and runs the MEDEVAC Programme activities in close cooperation with individual partners.

Our Czech partner hospitals are responsible for the implementation of medical missions, training and internships. Not only do they provide their best specialists in the medical fields involved, but also provide essential administrative and logistical support to the activities of the MEDEVAC Programme.

Our foreign partner hospitals provide the necessary facilities, medical and also non-medical healthcare staff, look after the patients and also frequently perform their pre-selection. By focusing the MEDEVAC Pro-

gramme on long-term cooperation with our partners abroad, we are able to ensure the continuity of patient care in the given region. We always attempt to enhance our operation missions with an educational element, so that our presence in partner hospitals also has a positive impact on the quality and sustainability of healthcare in the long-term perspective.

Other significant contributions of the MEDEVAC Programme go to international organisations and non-governmental non-profit organisations. In the course of its activities, the MEDEVAC Programme supports projects implemented by international governmental and non-governmental organisations which contribute to the advancement of healthcare, or otherwise support the healthcare sector, both in countries where the MEDEVAC Programme operates, and also in countries that are a priority, but where the direct implementation of the programme's activities is impossible. Supporting the development of healthcare capacities helps to rebuild shattered healthcare infrastructure, improves the healthcare system on the spot and positively influences the provision of healthcare services.



GYNAECOLOGY, GENERAL UNIVERSITY HOSPITAL IN PRAGUE, GEORGIA © MOI CR (PHOTO: JAN MIHALIČEK)

Foreign partners hospitals 2021

WHO	WHAT	WHERE
Al Khalidi Hospital	1× paediatric heart surgery mission	Amman, Jordan
Batumi Republican Hospital	1× reconnaissance mission and 1× gynaecology training	Batumi, Georgia
Cape Coast Teaching Hospital	1× traumatology mission	Cape Coast, Ghana
Centre Hospitalier El Hadji Amadou Sakhir Ndieguene	4× mission: gynaecology, ENT, traumatology; 1× gynaecology internship in the Czech Republic	Thiès, Senegal
Kyiv Regional Clinical Hospital	Internship of 4 healthcare workers + 1× online training	Kyiv, Ukraine
Rafik Hariri University Hospital	2× ophthalmology mission	Beirut, Lebanon
Rukhi Republican Hospital	1× reconnaissance mission + participation in training in Batumi	Rukhi, Georgia
Shmaisani Hospital	2× mission: plastic surgery, traumatology	Amman, Jordan
Tamale Teaching Hospital	2× gynaecology mission, 1× gynaecology internship in the Czech Republic	Tamale, Ghana
Zugdidi Screening Centre	1× reconnaissance mission and , 1× gynaecology training	Zugdidi, Georgia

SPECIAL: THE PEOPLE BEHIND THE PROGRAMME

It is the doctors and patients who appear most frequently on the photos from the missions, but it is the administrative coordinators of the MEDEVAC Programme at each hospital without whom our missions to foreign hospitals would not be possible. They take care of the organisation of the missions, and we would like to give you the opportunity to take a look behind the scenes of these preparations, and introduce you to the coordinators at the three large university hospitals that we have been cooperating with for many years within the framework of the MEDEVAC Programme: Bc. Petra Korf Dickerson at Motol University Hospital, Ing. Jitka Ružičová at the General University Hospital in Prague and Filip Kaufmann at University Hospital Bulovka.

- 1 | What comes to mind when somebody says MEDEVAC?
- 2 | When did you first become involved with the MEDEVAC programme?
- 3 | How would you describe your work for MEDEVAC for our readers?
- 4 | What has your cooperation with the MEDEVAC Programme given you?
- 5 | How do you look forward to future cooperation, what changes would you like to see in MEDEVAC in the future?



Bc. Petra Korf Dickerson, Motol University Hospital

What comes to mind when somebody says MEDEVAC?

To me, MEDEVAC means provision of healthcare to patients who need it at a given moment in a given place, but who often do not receive life-saving healthcare. To me, as a coordinator, the patients (many of whom are children), our Motol medical teams, my colleagues at the Ministry of the Interior and the whole process that we have to go through to implement the mission come to mind.

When did you first become involved with the MEDEVAC programme?

I became involved with the MEDEVAC Programme after my maternity leave was over and I returned to Motol University Hospital in 2016. I was, however, already aware of the MEDEVAC Programme, because although I was working in a different department of the hospital, I had heard something about MEDEVAC.

How would you describe your work for MEDEVAC for our readers?

My work for the MEDEVAC Programme is very much about communication, about knowing what is or isn't possible to organise, and about arranging everything that is necessary. The most important role here is played by the medical team, which needs the best possible conditions to perform its work. The work of a MEDEVAC coordinator is administrative, but it is also important to bear the cultural differences between different nations in mind. Another large part of my work is cooperating with other departments within the hospital, with MEDEVAC Programme coordinators from the Ministry of the Interior, the Ministry of Health etc. The successful implementation of the programme is the result of the work of so many people.

What has your cooperation with the MEDEVAC Programme given you?

I am a trained paramedic and cooperating with the programme brought me back closer to that profession, even though I no longer actively do that job. I am constantly reminded of the essential role played by healthcare workers in society and how lucky we are to live in the Czech Republic, with such excellent healthcare, and also how little we value that fact. Of course I also feel very grateful to have the chance to help provide healthcare to those who might otherwise not receive that healthcare when they need it most. Last but not least, working with the programme introduces me to new experiences, circumstances and also to new co-workers.

How do you look forward to future cooperation, what changes would you like to see in MEDEVAC in the future?

I greatly look forward to my future cooperation because I find it very fulfilling, especially thanks to the wonderful coordinators at the Ministry of the Interior. I wish the programme every success in the future. We have wonderful medical teams and it is important to share at least a little in their work and help them to hand on and share our specialists' skills in countries where people are less fortunate than we are.

Ing. Jitka Ružičová, General University Hospital in Prague

What comes to mind when somebody says MEDEVAC?

Apart from my work duties within the programme, the word MEDEVAC evokes in me the idea of "direct help on the spot, improvement of conditions in developing countries or in areas hit by conflict", thereby reducing the necessity of migration for the inhabitants of such places. It also gives me the reassuring feeling that, thanks to MEDEVAC, patients in areas where the programme operates



are then able to return to their everyday lives, thanks both to the work of our medical teams and thanks to the education in new procedures that the local healthcare staff receive.

When did you first become involved with the MEDEVAC Programme?

My involvement in the MEDEVAC Programme began when the General University Hospital in Prague began to participate in the programme, in other words since 2011 when the first traumatology mission to Libya took place.

How would you describe your work for MEDEVAC for our readers?

MEDEVAC involves cooperating with various teams at our hospital (mainly the orthopaedic team, the ophthalmology team and physiotherapy team) during the organisation of their departure, purchasing flight tickets, insurance, materials and equipment, securing the contractual agreement of cooperation with the healthcare facility abroad, the administration connected with billing the entire project and compiling the Summary Final Report. All this also involves communication with MEDEVAC Programme representatives at the Ministry of the Interior and the Ministry of Health.

What has cooperation with the MEDEVAC Programme given you?

Mainly a different perspective on the possibilities of humanitarian aid. I remember noticing various humanitarian funds and donating to them, but I didn't realise that I could help like this. It is a rewarding feeling to know that to a certain extent I am involved in the direct provision of aid.

How do you look forward to future cooperation, what changes would you like to see in MEDEVAC in the future?

I hope that the MEDEVAC Programme will continue to help where help is needed. And as for my involvement, I hope that I will continue to provide quality administrative support to our hospital's teams on their missions, and in other forms of involvement through aid provision via the MEDEVAC Programme.

Filip Kaufmann, University Hospital Bulovka

What comes to mind when somebody says MEDEVAC?

MEDEVAC is a helping hand for improving the quality of life of so many people who are not lucky enough to live in such advanced and comfortable conditions as we do. Although it operates in various different ways in individual countries, in the end it allows those people to remain in their home country who otherwise might have been forced to leave. The programme also helps to spread the good name of the Czech Republic not just among the people whom it helps, but to others all around the world. As we can see in the popularity of non-governmental organisations in this country, the Czech nation has a very developed sense of solidarity and it is good that the Czech Republic as a state is able to reflect this solidarity through the MEDEVAC Programme.

When did you first become involved with the MEDEVAC programme?

I have been involved in the organisation of medical missions since the very beginning in 2014. University Hospital Bulovka was one of the first hospitals to respond to the appeal from the Ministry of Health, joining the programme and contributing to its initial development in this new direction. Back then, the Ministry of Interior working group was still very small, so I had the opportunity to take part in the mission abroad, which made a very pleasant change to my work duties.

How would you describe your work for MEDEVAC for our readers?

It is my task to take care of the organisational support for our medical teams not only during the mission, but also before it begins and after it finishes. Each mission is the result of careful planning and afterwards aspects of the mission have to be straightened out with the Ministry of Health and the Ministry of the Interior. This means that our healthcare workers are free to concentrate fully on the medical aspects of the mission and on their day-to-day work duties in the given country.

What has cooperation with the MEDEVAC Programme given you?

My colleagues in the MEDEVAC Programme gave me the chance to gain valuable experience of how healthcare works around the world, and I had the opportunity to visit several countries that I would normally not have considered visiting. This changed my opinion of how well the Czech healthcare system works and of its quality; I came to



the profound realisation that the quality of Czech healthcare and its availability is far from the norm around the world. We live in a welfare state and what we take for granted in the Czech Republic is absolutely unaffordable and out of the question in many other countries.

How do you look forward to future cooperation, what changes would you like to see in MEDEVAC in the future?

Ideally I would wish that the MEDEVAC Programme would not be necessary, but of course I hope that it continues to develop successfully, both in terms of the number of activities conducted and the number of destinations, in order to bring relief to more and more patients and places where help is most needed. Personally, I would like to have another opportunity to accompany my colleagues on a mission and see new places around the world.

A NEW FACE OF THE PROGRAMME: DOC. VÍT WEINBERGER, M.D., PH.D.

Head of the Brno University Hospital Gynaecology and Maternity Clinic

2021 saw a new addition to the MEDEVAC Programme in the form of Brno University Hospital, which boasts the largest gynaecology and maternity clinic in the Czech Republic. It was a team of gynaecologists from Brno who bravely and determinedly took on the first task for the MEDEVAC Programme on behalf of their hospital: in the spring of 2021 and in cooperation with University Hospital Bulovka, it hosted a study visit by doctors from Ghana, followed in October by the hospital's first independent mission abroad. You can read more about this joint project in the following interview with doc. Vít Weinberger, M.D., Ph.D., Head of the Brno University Hospital Gynaecology and Maternity Clinic.

Why did you decide to join the MEDEVAC Programme with your team?

The MEDEVAC Programme is a unique instrument and opportunity for helping people in developing countries. It enables us to apply and employ our skills, knowledge and materials to help people who would otherwise not receive top-level medical care. These were the impulses and motives for deciding, in my capacity as Head of the Brno University Hospital Gynaecology and Maternity Clinic, to become actively involved in the programme.

Your first mission under the MEDEVAC Programme took place in the city of Tamale in Ghana, following up on the work done by the team from University Hospital Bulovka. What expectations did you embark on the mission with? And what surprises did the mission have in store for you?

To start with, I went as an observer on a mission with the team led by Professor Zikán (Head of the Gynaecology and Maternity Clinic at University Hospital Bulovka – editor's note) and I must admit that I had no expectations before this mission. I wanted to go there with an open mind, to get the right impression of the environment and therefore be able to evaluate in what way we could be of help in Ghana if I ultimately decided to travel there with my own team. I was surprised to find that the doctors have quite decent facilities at their disposal, in quite a mod-

ern hospital building. The operation theatres and post-op departments are very cleverly designed. The weaknesses lay in the procedures and processes set up and followed by local staff. It represents a great shortcoming that must be changed by long and systematic education.

Since the very beginning of your work in Ghana you and your team have concentrated also on educating the local healthcare staff. What would you like to concentrate on in the future?

We would like to concentrate on training in correct pre-op diagnostics using ultrasound, which is a cheap and available method of examination even in Tamale. This is a unique opportunity to teach the local doctors how to adequately evaluate the extent of a disease and then to choose the right procedure. Another challenge will be the introduction of laparoscopy. It is wrong that at present all gynaecological operations are conducted by opening up the patients! In many cases this senselessly increases the risk of intra-operational and post-operational complications.

What in your opinion is the greatest benefit of your team and the MEDEVAC Programme operating in Tamale?

I am incredibly pleased that we were able to follow up on Professor Zikán's mission and create a model according to which we will alternate with University Hospital Bulovka in visits to the Tamale Teaching Hospital. This will ensure that neither team suffers burnout. We are well-coordinated together and united in the goals of our missions, and one team follows up on the work of the other both in the area of education and in the area of practical medical skills. I believe that creating and sustaining continual systematic development of the gynaecological team of doctors and nurses in Tamale is a way of helping that makes sense and is sustainable too. I think that we bring with us a fundamental benefit both for the local people and for the hospital staff.



PRIORITY REGIONS AND COUNTRIES

The territorial focus of the MEDEVAC Programme was and continues to be determined by the immediate present needs that arise all around the world. In the past, the MEDEVAC Programme focused on the provision of emergency assistance in war zones and was one of the tools with which the Czech Republic not only demonstrated its solidarity with the victims, but also offered real direct assistance. As time went on, provision of desperately needed emergency assistance was combined with continual and conceptual cooperation in countries both near to and far from the European Union. Today we can proudly announce that through the MEDEVAC Programme we are able to provide help in conflict or disaster-stricken zones not only in times of crisis, but also to create long-term partnerships with such countries. Therefore, we provide not only direct assistance to forcibly displaced or migrating persons, but also work towards preventing the reasons why such people decide to leave their homes, and provide support to the countries that are seriously affected by a mass influx of such persons.

The history of the MEDEVAC Programme began in Bosnia and Herzegovina in 1993, when a little girl wounded in the conflict in former Yugoslavia was evacuated for treatment in the Czech Republic. However, the need for humanitarian aid on the Balkan Peninsula never ended. Evacuation of patients from Bosnia, 17 of which were conducted in the years 1993-1994, was followed by further evacuations of patients wounded in the Kosovo War. In 1998, a total of 40 persons from Kosovo were admitted for treatment to the Czech Republic.

Disturbances and the related need for urgent assistance in the Middle East brought the MEDEVAC Programme to Iraq and Syria after the year 2000, and then several years later to Jordan, too. Both Iraq and Jordan are MEDEVAC partner countries to this day, with Jordan being a record holder in the numbers of activities performed, due to the massive influx of refugees to that country as a result of war in neighbouring Syria and Iraq. Between 2013 and 2021, we have implemented a total of 70 activ-

ities in Jordan, the vast majority of which were medical missions. For instance, in 2017 we visited Jordan 15 times and operated on almost 600 patients, mainly Syrian refugees.

However, the number of activities performed in the Middle East did nothing to prevent the programme from operating in other regions too, not just regions hit by war. Those in need of help due to difficult living conditions came from far-flung corners of the world, whatever the reason for their forced or voluntary departure from home may have been. The reasons for a displacement of the population often include humanitarian disasters, political unrest or voluntary migration with the aim of securing basic needs.

By the year 2021, the MEDEVAC Programme had operated in at total of 27 countries in various regions, namely North Africa (Libya, Morocco), sub-Saharan Africa (Ethiopia, Burkina Faso, Ghana, Kenya, Mali, Mauritania, Niger, Nigeria, Senegal), Europe and the Caucasus (Belarus, Bosnia and Herzegovina, Georgia, Kosovo, Greece, Ukraine), the Middle East (Iraq, Jordan, Lebanon, Syria) and also Central and Eastern Asia (Afghanistan, Cambodia, Myanmar, Nepal, Pakistan). In 2021, we also

provided online training in Peru, meaning that our programme now also operates in South America.

In line with the priorities of the Czech Republic and the European Union, the current territorial focus of the MEDEVAC Programme is directed mainly towards Africa, the Middle East and Eastern Europe, including the Caucasus. In addition to the provision of emergency assistance, the programme's activities are planned in the long term in priority regions in order to assure targeted support in the neediest areas of local healthcare.

In 2021, the MEDEVAC Programme operated primarily in its partner countries where it has long been implementing its activities, i.e. in Ghana, Iraq, Jordan, Lebanon, Senegal and Ukraine, although the programme's geographical focus was widened to include the Caucasus too, specifically Georgia. Emergency assistance was provided to citizens of Belarus who were evacuated to the Czech Republic, and consequently escaped persecution. Countries where the MEDEVAC Programme does not operate directly, such as Afghanistan, Burkina Faso, Kenya, Mali, Mauritania and Nigeria, instead received donations in 2021, which made it possible to fund local healthcare infrastructure.

Activities by countries in 2021

WHERE	WHAT	WHO
Belarus	Evacuation of persecuted healthcare workers and their family members	Ministry of the Interior, Ministry of Foreign Affairs, Ministry of Health
Ghana	Medical missions and gynaecology and traumatology training	Brno University Hospital, University Hospital Bulovka, Královské Vinohrady University Hospital, Olomouc University Hospital
Georgia	Reconnaissance mission and gynaecology training	University Hospital Bulovka, General University Hospital in Prague
Iraq	Infectiology training	IKEM
Jordan	Medical missions: paediatric heart surgery, traumatology	Motol University Hospital, Královské Vinohrady University Hospital, General University Hospital in Prague
Lebanon	Medical missions: ophthalmology	General University Hospital in Prague
Senegal	Medical missions and gynaecology, ENT, traumatology training	Brno University Hospital, University Hospital Bulovka, Královské Vinohrady University Hospital, Motol University Hospital, Olomouc University Hospital
Ukraine	Physiotherapy training	University Hospital Bulovka, General University Hospital in Prague
Afghanistan, Burkina Faso, Georgia, Iraq, Kenya, Mali, Mauritania and Nigeria	Healthcare infrastructure reinforcement projects	International organisations

SPECIAL: A FOCUS ON SENEGAL

After Ghana, Senegal is another African country where we have established a long-term presence. The MEDEVAC Programme has been active in Senegal since 2017, when we made first progress in the form of reconnaissance mission and thereafter deployed medical teams specialising in gynaecology and ENT. A year later, in 2018, traumatology also became a permanent part of the mission. We currently travel to Senegal twice a year: in the spring (specialising in traumatology and gynaecology) and in autumn (specialising in traumatology and ENT). If we have a look at the statistics, over the past 5 years a total of 13 medical missions have been deployed to Senegal, during which doctors performed a total of 425 operations. 4 teams from 6 hospitals participate in missions in Senegal: gynaecologists from University Hospital Bulovka, ear, nose and throat specialists from Motol University Hospital, trauma teams from General University Hospital in Prague and a mixed trauma team composed of specialists from Olomouc University Hospital, Brno University Hospital and Královské Vinohrady University Hospital.

As time went on, our activities in Senegal – medical missions and training – were expanded to include internships: in September 2021 we were lucky enough to be visited by Professor Mariéta Thiam Coulibaly, who spent her first 14-day internship at University Hospital

Bulovka and Brno University Hospital. We are planning further internships in 2022 – we intend to invite other medical staff from Thiès hospital: in addition to further gynaecology specialists, an ENT specialist should also be visiting the Czech Republic.

We look forward to the intensification of our activities in Thiès, and cooperation with hospitals in the wake of the pledge of a financial donation that the Czech diplomatic mission in Dakar is finalising in cooperation with the MEDEVAC Programme, which takes account of the needs of the hospital in Thiès, where MEDEVAC missions take place. In addition to securing materials and equipment for the fields that we are focused on (which in itself means significant aid for the hospital), this pledged financial donation will also be used for equipping an extra operation theatre intended exclusively for endoscopic procedures, which will advance the medical care provided by the hospital in Thiès to a higher level altogether. In this respect, preparations are already underway for an internship to the Czech Republic by gynaecology specialists in 2022, which will focus heavily on sharing skills in the area of laparoscopy.



ACROSS OUR ACTIVITIES

The MEDEVAC Programme is a governmental medical humanitarian programme of the Ministry of the Interior of the Czech Republic which, since its creation in 1993, has focused on the provision of medical care to vulnerable groups. Provision of humanitarian medical care via the MEDEVAC Programme is organised through its four main activities:

- deployment of Czech medical teams abroad,
- specialist internships and training of foreign medical staff in the Czech Republic or abroad,
- humanitarian medical evacuation of persons for treatment in the Czech Republic,
- supporting projects that build and develop medical infrastructure abroad.

The very first activity implemented by the MEDEVAC Programme was the humanitarian medical evacuation of persons for treatment in the Czech Republic. The beginnings of the MEDEVAC Programme are closely linked with the war in Yugoslavia, at a time when, like many other states, the newly created Czech Republic was seeking ways of helping civilians wounded in the conflict. Consequently, in the autumn of 1993, four-year-old Alexandra

was evacuated from Bosnia and Herzegovina at the request of the Ministry of the Interior of the Czech Republic. In Prague, little Alexandra recovered from wounds caused by an exploding grenade, and the process that placed her in the safe care of Czech doctors was repeated successfully in the case of a further 16 patients from Bosnia. By 2021, a total of 316 persons who would most likely not have received the medical care that they needed, either due to conflict or lack of access to healthcare, had been evacuated to the Czech Republic under the programme. Evacuations under the MEDEVAC Programme are performed on an individual assessment basis, and today represent a very rarely used form of assistance, because they are extremely demanding in terms of logistics and finances. However, in 2020 and 2021, evacuations went ahead again, this time as a form of aid for persecuted citizens of Belarus. A total of 89 such persons were evacuated, the vast majority of whom found a long-term refuge in the Czech Republic, thereby giving another dimension to evacuations performed as part of the MEDEVAC Programme.

Other frequently used forms of aid under the MEDEVAC Programme are specialist internships and training of foreign medical staff in the Czech Republic or abroad, and the deployment of Czech medical teams abroad, or

a combination of the two. However, before launching any cooperation with the country in question, a Czech medical team visits the site, accompanied by MEDEVAC Programme coordinators from the Ministry of the Interior, on a so-called reconnaissance mission. Reconnaissance missions are essential in establishing relationships in the target country and assessing needs on the spot. The specific parameters of cooperation are agreed upon and made to suit the foreign partners, to ensure that our work there is as effective as possible.





Deployment of healthcare staff on medical missions abroad makes it possible to not only help a large number of patients over a short period of time (on average our missions last 10 days), but it also gives us the opportunity to interact personally with the local medical staff. Such interactions can bring many benefits, beyond the personal relationships for which we are very grateful, such as the exchange of information and experiences between experts. For this reason, over the past few years we have combined medical missions with training sessions and internships made by foreign staff in the Czech Republic, which facilitate full use of the potential of the programme and, as a result, the missions are given an additional theoretic aspect.

The most recent programme activity is the financial support of projects for building and developing healthcare infrastructures abroad, and material donations. The MEDEVAC Programme supports projects abroad

implemented by other international governmental or non-governmental organisations, which promote the improvement of healthcare, or support the healthcare sector in other ways. The aim of the subsidised medical projects is to contribute to increased access to healthcare for forcibly displaced persons, returnees and host communities and to improve the quality of healthcare. Such support is implemented by the MEDEVAC Programme in countries that are relevant to the programme, but for logistical, security-related or capacity-related reasons it is impossible to implement activities requiring the direct involvement of our medical staff, or in countries where the programme already operates or could operate, such projects are enacted as an additional component to planned or implemented activities. Direct material aid is provided mainly as a reaction to an arisen humanitarian situation and is provided to the government of the recipient state, a hospital abroad or to another relevant actor.

All MEDEVAC programme activities are mutually complementary and together form a comprehensive system of aid that the Czech Republic offers to programme partner countries. At the same time, these activities are intended to adapt as much as possible according to specific needs and demands, and therefore individual activities are frequently modified and combined in order to achieve their objective as effectively as possible.

Activities by type in 2021

ACTIVITY	WHAT	WHERE
 Evacuation	29 evacuated persons	Belarus
 Deployment of Czech medical teams abroad	16 missions completed, during which a total of 51 specialists travelled abroad	Ghana, Jordan, Lebanon, Senegal
 Specialist internships and training of foreign medical staff in the Czech Republic and abroad	376 persons trained in total	Ghana, Georgia, Iraq, Peru, Senegal, Ukraine
 Support of projects intended for building and developing healthcare infrastructure abroad	8 projects at a cost of CZK 40 mil. (EUR 1.6 mil.)	Afghanistan, Burkina Faso, Georgia, Iraq, Kenya, Mauritania, Mali, Nigeria

SPECIAL: CONTRIBUTION TOWARDS DEVELOPMENT OF HEALTHCARE INFRASTRUCTURE

Among its many activities, the MEDEVAC Programme supports projects abroad implemented by international governmental or non-governmental organisations which are working towards developing healthcare, or supporting the healthcare sector in other ways. The aim of subsidising healthcare projects is to contribute towards improving access to healthcare for forcibly displaced persons, returnees and the host community, and to improve the quality of care, mainly through renovation and rebuilding of healthcare facilities, supporting the education of local medical staff, or the distribution of medical equipment and materials.

In 2021, financial donations totalling CZK 40 million were made in support of 8 healthcare projects run by international organisations.



IRAQ © CARE INTERNATIONAL

Afghanistan

Subsidising primary medical care for the inhabitants of Afghanistan

Allocated amount: CZK 5 million (EUR 200 000)
Implementation partner: International Committee of the Red Cross (ICRC)
Implementation period: January – December 2021

Project description: A financial donation funded a primary medical care programme in Afghanistan. The recipients were the inhabitants of Afghanistan, including internally displaced persons. The project facilitated access to primary medical care for children and adults, which otherwise would not be available in many areas of Afghanistan. Essential medical supplies and medicines, and also protective clothing for medical staff were purchased under the project. Implementation of the project was completed in December 2021.

Burkina Faso

Improving the quality of ophthalmological care in the Hauts-Bassins region

Allocated amount: CZK 5 million (EUR 200 000)
Implementation partner: Light for the World International
Implementation period: July 2021 – June 2022

Project description: The MEDEVAC Programme supported a project that followed up on the previous work of Light for the World International, focused on providing ophthalmological care in the Hauts-Bassins region of Burkina Faso. The project facilitated not only healthcare, but also medical devices, medical supplies and training for healthcare staff at Centre Hospitalier Universitaire de Souro Sanou, which has a catchment area of almost 6 million people, including from surrounding countries as well.

Georgia

Improving the quality of gynaecological oncology in western Georgia

Allocated amount: CZK 5 million (EUR 200 000)
Implementation partner: Caritas Europa
Implementation period: January – December 2022

Project description: A financial donation funded improvement in the quality of gynaecological oncology in western Georgia. A special course has been set up as part of the project, comprising the following topics: urgent gynaecological care, monitoring foetal heartbeat, diagnosis of gynaecological diseases and the use of specialised apparatus. Training will initially be given to at least 10 doctors and 15 nurses from hospitals in Rukhi and Batumi, Zugdidi screening centre and the hospital in Gali. Furthermore, specialised oncogynaecological equipment will be purchased for hospitals in Rukhi and Batumi and for the hospital in Gali in Abkhazia. Under the project at least 200 doctors from provincial healthcare centres will also receive training in oncogynaecological care and diagnosis at out-patient level, and an awareness campaign will take place in rural communities. Implementation of the project will continue until December 2022.

Iraq

Improving access to reproductive, antenatal and postnatal healthcare in western Mosul

Allocated amount: CZK 5 million (EUR 200 000)
Implementation partner: CARE International
Implementation period: April 2021 – May 2022

Project description: Our donation was targeted towards improving access to reproductive, antenatal and postnatal healthcare in war-torn western Mosul. The aim of the financial donation was to support two hospitals in Mosul that were completely destroyed in the course of the conflict with ISIS. Equipment for delivery rooms and postnatal departments such as postnatal ventilators, ultrasound devices, birthing chairs, equipment and supplies for epidural anaesthesia, caesarean section sets and protective clothing were all purchased under this project. Furthermore, healthcare staff received training in prenatal and postnatal care, post-operational care and family planning.

Kenya

Improving the quality of healthcare and rehabilitation of people with disabilities in Dadaab district

Allocated amount: CZK 5 million (EUR 200 000)
Implementation partner: Lutheran World Federation
Implementation period: November 2021 – October 2022

Project description: The aim of the project is to equip and improve healthcare at the public health centre in Dadaab in northern Kenya, thereby cutting transportation costs for patients living outside this area. Dadaab healthcare centre serves a community of over 185 000 local inhabitants and refugees from the refugee camp in Dadaab, which currently accommodates over 221 000 people, mainly refugees from Somalia. Project activities include the purchase of equipment for basic surgical procedures, comprehensive postnatal care, a laboratory, and orthopaedic and rehabilitation care. Furthermore, the project is training the healthcare centre's staff in the correct use of the equipment and laboratory, and also in the areas of equipment sterilisation, waste management, financial management and administration. Implementation of the project will continue until October 2022.

Mali

Improvement of urgent maternal and newborn baby healthcare, awareness of the local community about female circumcision and prevention of COVID-19 in the Ségou region

Allocated amount: CZK 5 million (EUR 200 000)

Implementation partner: CARE International

Implementation period: November 2021 – October 2022

Project description: Over the course of this project, 10 healthcare facilities were equipped with supplies and equipment for natal and newborn baby healthcare. The project also includes the training of healthcare staff and spreading awareness amongst young people about the risks connected with female circumcision, about hygiene issues and the prevention of COVID-19. Implementation of the project will continue until October 2022.

Mauritania

Improving the standard of healthcare and equipment of healthcare centres in the Bassikounou region

Allocated amount: CZK 5 million (EUR 200 000)

Implementation partner: Lutheran World Federation

Implementation period: April – December 2021

Project description: This project was a continuation of a project that the MEDEVAC Programme supported in 2019. That project was

aimed at improvement of the standard of healthcare and equipment of health centres that care for patients from Mbera refugee camp, which mainly accommodates refugees from neighbouring Mali. The aim of the follow-up project was to equip two healthcare centres with devices and supplies for specialised surgical and natal care. An additional component of the project was also the equipping of a laboratory, healthcare staff training and an awareness campaign targeted towards the local inhabitants regarding the importance of prevention and timely visits to healthcare facilities.

Nigeria

Support of provision of rehabilitation and orthopaedic services

Allocated amount: CZK 5 million (EUR 200 000)

Implementation partner: International Committee of the Red Cross (ICRC)

Implementation period: January – December 2021

Project description: Our donation supported an improvement in the provision of rehabilitation and orthopaedic services in Nigeria. Support was specifically targeted towards the National Orthopaedic Hospital in the city of Kano, which is the only healthcare facility in north-eastern Nigeria that provides orthopaedic and rehabilitation services; support was also targeted towards the newly-opened Maiduguri Teaching Hospital – UMTH. A key component of the project was the provision of medical supplies, transportation and healthcare for patients from far-flung rural areas, and also specialised training of healthcare staff. At the same time, support was also given to the creation of job opportunities for the disabled inhabitants of Nigeria.





SPECIALISED HEALTHCARE

The MEDEVAC Programme facilitates the provision of humanitarian medical assistance exclusively to civilians hit by humanitarian disasters as a consequence of forced displacement, political unrest and war, and also to people with serious health problems or whose state of health does not allow them to lead a dignified life. Those selected for the MEDEVAC Programme are generally patients who would otherwise not be able to receive adequate medical care where they are located, or whose state of health is so serious that it requires a highly specialised procedure which the medical staff is unable to perform on the spot.

The fundamental values of the MEDEVAC Programme primarily include assistance to vulnerable groups of inhabitants and the provision of the most efficient and most effective assistance possible on the spot. During its operations, the MEDEVAC Programme offers not only expert assistance, but also helps to systematically improve access to and sustainability of healthcare in partner countries, and the quality of life of the patients selected.

Medical care is provided to the selected patients free of charge in all cases; all costs of the medical procedures and subsequent rehabilitation are covered through the MEDEVAC Programme budget.

We provide medical care to the most vulnerable groups, mainly to those forcibly displaced, and also to the host community: to women, children and the elderly in the programme's partner countries. By providing quality care systematically and in the long term, we improve the quality of life of our patients, returning them their dignity, making it possible for them to return to work, reducing their dependence on other members of their family.

And what problems can we help patients with?

The MEDEVAC Programme cooperates with medical staff in a total of nine medical fields: paediatric heart surgery, physiotherapy, gynaecology, infectiology, ophthalmology, ENT, orthopaedics, plastic and reconstruction surgery and traumatology.

In all of these fields, we focus on patients with medical conditions that do not require intensive treatment lasting several years – our patients are those for whom an operation abroad or treatment in the Czech Republic means an immediate and significant change in their state of health, i.e. it saves their lives or fundamentally improves their quality of life.

SPREADING AWARENESS ABOUT THE PROGRAMME AMONGST THE PUBLIC

We actively communicate with the public and share our experiences with them

The purpose of PR is primarily to inform the public about the benefits of the MEDEVAC Programme, whether that means saving people's lives or improving their quality of life, funding the reinforcement of healthcare infrastructure, or encouraging the sharing of knowledge and skills (something that happens on every mission) through training and internships. This aspect of the programme is very important to us; we greatly value the reaction of the public to our work, offers of help and all words of thanks. We also take very seriously any criticism of our work from all those who follow our activities.

We use various channels to communicate with the public: both directly, through participation at various events, and also via printed and online media.

Social media

We communicate with the general public primarily via social networks such as Facebook and Instagram, where we post updates about medical missions, internships, training sessions and projects. Photos of all of our activities form an essential part of the information we provide. On our website, the public can find basic information about the MEDEVAC Programme, statistics on the number of procedures and treatments performed on patients, and they can also download MEDEVAC Programme annual reports from years past.

Printed promotional materials

The **annual report** in the form of the brochure that you are now holding gives a comprehensive overview of the activities that we have implemented over the past year. Professional photographers often accompany our medical missions and training sessions abroad, trying to capture the work of our medical teams and our patients' stories; they document provision of aid in the form of financial donations for building and developing healthcare infrastructure abroad. We try to present our activities in the greatest possible detail and photo documentation is a great help in this.

Another printed source of information about our programme are **leaflets** presenting a basic summary of our activities, including all the main statistical data.

All of our media, whether printed or online, contains contact details that the public can use to get in touch with us.

Exhibitions and seminars

We display selected photos documenting our activities at thematic exhibitions. We always try to ensure that these exhibitions portray our activities as fully as possible and that they express the fundamental principle that accompanies our work: we try to help where it is most needed, thereby making the world a better place to live in.



PLASTIC SURGERY – INTERNSHIP FROM MOROCCO, KRÁLOVSKÉ VINOHRADY UNIVERSITY HOSPITAL © MOI CR (PHOTO: ADAM HŘÍBAL)

WRITTEN ABOUT US

This year MEDEVAC made operations possible for 500 people in areas where no specialised care is available

Prague, 21 December 2021 (ČTK) – This year, under the humanitarian MEDEVAC Programme, the Czech Republic facilitated operations for almost five hundred people living in areas where specialised medical care is unavailable. The programme also arranged for the evacuation of 16 health professionals and their family members from Belarus. These were people who were persecuted in that country under Alexander Lukashenko's regime. Spokesperson for the Ministry of the Interior, Klára Dlubalová, issued a press statement to this effect today.

„MEDEVAC is a programme full of wonderful people without whom many women and children in various parts of the world would not have received specialist medical care. I have been following their work for years, I admire it and I intend to support it now as Minister of the Interior,” said Minister of the Interior, Vít Rakušan (STAN). The government will approve the priorities of the programme for the coming year at the beginning of next year.

16 healthcare workers from Belarus now work in the Czech Republic. They lost their jobs at home due to their criticism of the regime

Prague, 7 August 2021 (ČT24) – Healthcare workers from Belarus have begun to work in the Czech Republic. Sixteen of them arrived in this country under the MEDEVAC Programme; they were accompanied by thirteen relatives. They lost their jobs in their home country because of their opposition to Alexander Lukashenko's regime. They will be able to treat Czech patients once they have passed the necessary exams.

CZK 195 million (EUR 7.8 million) for the Middle East, the Balkans, Africa and Eastern Europe. The Aid in Place and MEDEVAC programmes offer their help this year too

16 February 2021 (Business Info) – Deployment of medical teams overseas, building healthcare infrastructure and assisting refugees in Africa and the Middle East. The government approved the priorities of the MEDEVAC and Aid in Place programmes for this year. Stabilisation of these regions can also reduce migration pressures on Europe.



PAEDIATRIC HEART SURGERY, MOTOL UNIVERSITY HOSPITAL, JORDAN © MOI CR (PHOTO: ADAM HŘÍBAL)



PHYZIOTHERAPY - INTERNSHIP FROM UKRAINE UNIVERSITY HOSPITAL BULOVKA © UNIVERSITY HOSPITAL BULOVKA



ENT, MOTOL UNIVERSITY HOSPITAL, SENEGAL © MOI CR (PHOTO: ŠTĚPÁN LOHR)



GYNAECOLOGY - RECONNAISSANCE, UNIVERSITY HOSPITAL BULOVKA, GENERAL UNIVERSITY HOSPITAL IN PRAGUE, GEORGIA © MOI CR



PLASTIC SURGERY, KRÁLOVSKÉ VINOHRADY UNIVERSITY HOSPITAL, JORDAN, © MOI CR



PHYZIOTHERAPY - INTERNSHIP FROM UKRAINE UNIVERSITY HOSPITAL BULOVKA © UNIVERSITY HOSPITAL BULOVKA



GYNAECOLOGY - INTERNSHIP FROM SENEGAL, BRNO UNIVERSITY HOSPITAL © BRNO UNIVERSITY HOSPITAL



PHYZIOTHERAPY, INTERNSHIP FROM UKRAINE, UNIVERSITY HOSPITAL BULOVKA © UNIVERSITY HOSPITAL BULOVKA



JORDAN©MOI (PHOTO: ŠTĚPÁN LOHR)

02 AID IN PLACE PROGRAMME

AID **IN** PLACE
CZECH

ABOUT THE AID IN PLACE PROGRAMME

The Aid in Place programme was set up by the Government of the Czech Republic on 14 January 2015 on the basis of its Resolution No. 19. Since 2015, and since then this programme has been reacting flexibly to the current situation in the area of migration and forced displacement around the world, providing targeted and effective assistance to persons and countries under high migration pressure, thereby contributing to the prevention of illegal migration to the European Union and improving security in Europe.

An updated concept for the Aid in Place programme was approved by Resolution of the Government of the Czech Republic No. 557 of 21 June 2021 and titled "Concept Document of the Ministry of the Interior's Aid in Place Programme as an Instrument of the External Migration Policy of the Czech Republic". The main aim of this new concept was to create an integrated conceptual and methodological framework for determining the priorities of the Ministry of the Interior with regard to the Aid in Place programme as an instrument of the external migration policy of the Czech Republic. The aims of the Aid in Place programme are set in accordance with the aims proposed by the European Commission under the New Pact on Migration and Asylum for the EU of September 2020, where the EU reflects its intention to meet its obligations and to provide essential aid to millions of refugees and internally displaced persons in the place to which they are initially displaced, and also to promote sustainable solutions aimed at development abroad. With this approach, the Ministry of the Interior demonstrates its solidarity with the EU, while contributing effectively to

the positive image of the Czech Republic as a country actively involved in the practical implementation of external migration policy.

The new concept defines the basic goals of the aid which can be grouped into three fundamental pillars:

01 | Protection

and support for forcibly displaced persons and other vulnerable persons on the move

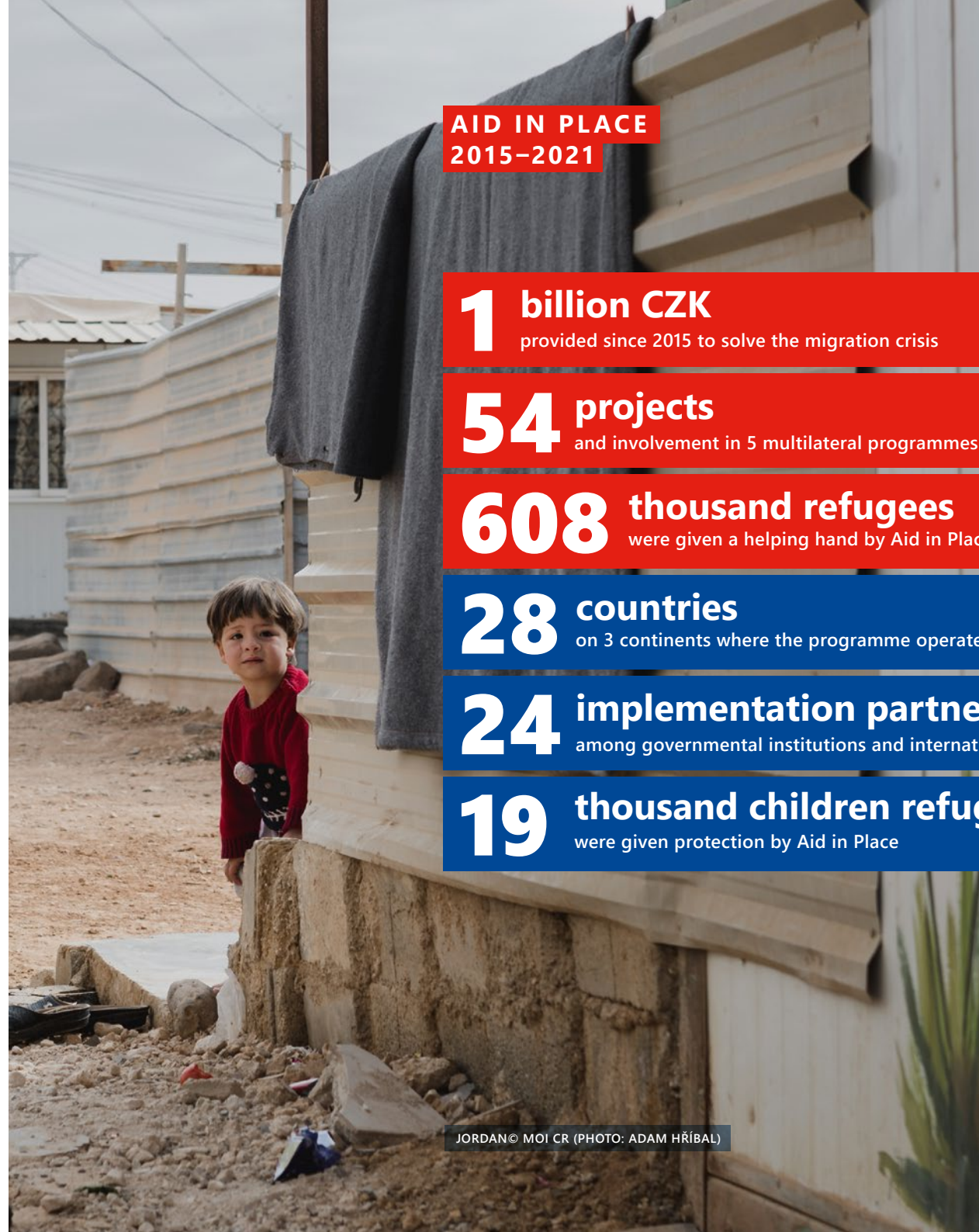
02 | Support

for the asylum, migration and integration systems of countries under high migration pressures

03 | Prevention

of illegal migration and human trafficking

Projects financed from the Aid in Place programme are implemented in partnership with individual foreign governments, international organisations and international non-governmental organisations. To ensure that intervention has a greater impact, the Ministry of the Interior attempts to implement projects in collaboration with other European Union member states.



**AID IN PLACE
2015–2021**

1 billion CZK
provided since 2015 to solve the migration crisis

54 projects
and involvement in 5 multilateral programmes

608 thousand refugees
were given a helping hand by Aid in Place

28 countries
on 3 continents where the programme operates

24 implementation partners
among governmental institutions and international organisations

19 thousand children refugees
were given protection by Aid in Place

The main implementation partners of Aid in Place include:

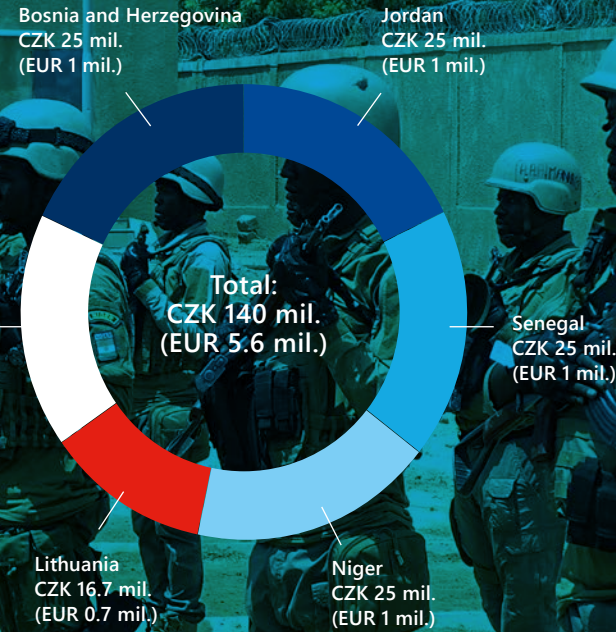
- United Nations High Commissioner for Refugees (UNHCR)
- International Organisation for Migration (IOM)
- United Nations International Children's Emergency Fund (UNICEF)
- European Union Agency for Asylum (EUAA)
- International Centre for Migration Policy Development (ICMPD)
- World Food Programme (WFP)
- EU Capacity Building Mission (EUCAP) Sahel Niger
- CARE International
- Lutheran World Federation (LWF)
- ADRA

AID IN PLACE IN 2021

The Aid in Place programme budget for 2021 was a total of **CZK 140 million (EUR 5.6 million)**, which made it possible to finance the **implementation of seven projects** and also to provide **one humanitarian material donation**. The projects were implemented in six countries: Bosnia and Herzegovina, Jordan, Lithuania, Morocco, Niger and Senegal.

Under this programme, the Ministry of the Interior collaborated with **a total of five foreign partners in 2021**, two of which were new partners, specifically EUCAP Sahel Niger and the Ministry of the Interior of the Republic of Lithuania.

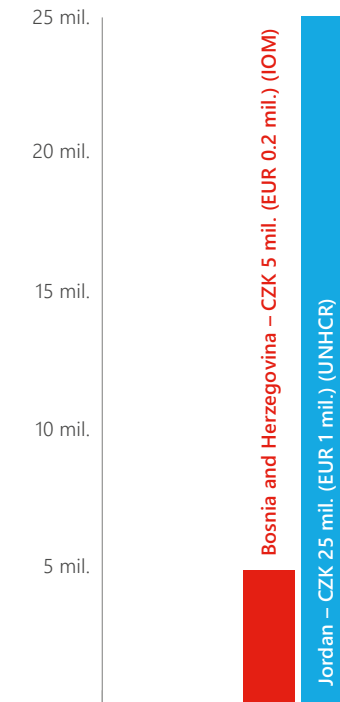
Projects in all three main pillars were implemented in 2021 (I. Protection and support of forcibly displaced persons, II. Support of asylum, migration and integration systems, and III. Prevention of illegal migration). In terms of geographic regions, the main emphasis fell on the Balkans, the Middle East and Northern Africa. Priority regions and priority countries were chosen according to the migration and refugee situation in the vicinity of the European Union and the related migration pressures on the EU and the Czech Republic in the preceding year.



01

PILLAR I:

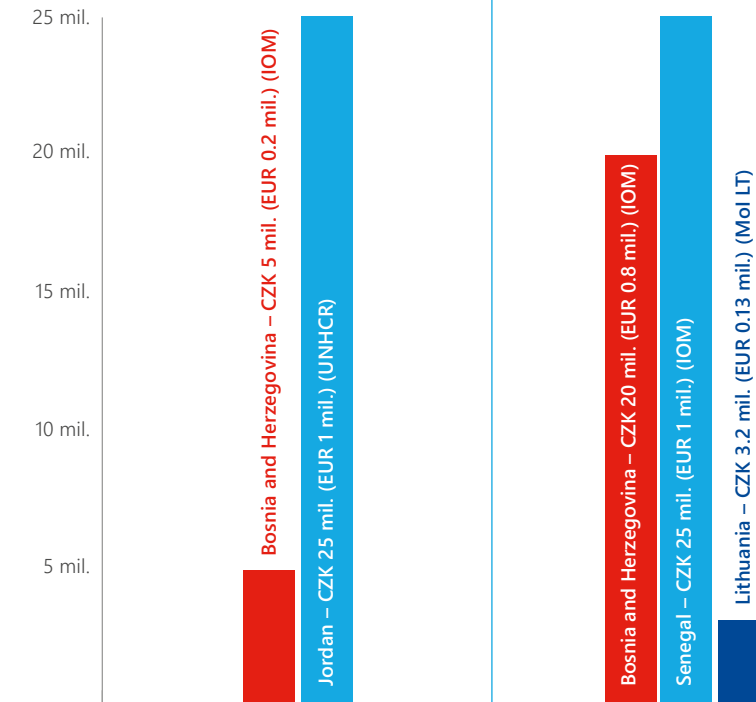
Protection and support for forcibly displaced persons and other vulnerable persons on the move



02

PILLAR II:

Support for the asylum, migration and integration systems of nations under high migration pressures



03

PILLAR III:

Prevention of illegal migration and human trafficking



01

PILLAR I: CONTRIBUTING TOWARDS THE PROTECTION AND SUPPORT OF FORCIBLY DISPLACED PERSONS AND OTHER VULNERABLE PERSONS ON THE MOVE

According to the United Nations High Commissioner for Refugees (UNHCR), almost 92 million forcibly displaced persons were located in 132 countries all around the world in 2021. Most of these people, which include both refugees displaced outside their own country and persons displaced within their own country, were living in East Africa and the Horn of Africa, West Africa, the Middle East and in North Africa, but also in Central and South America, Asia and, last but not least, in Europe. They frequently live below the poverty line and have to struggle for their livelihood and access to basic services. Services that we take for granted, such as housing, access to drinking water, health care and education are often beyond the reach of such persons. And so, under the Aid in Place programme and with the help of our implementation partners, we seek to make it possible for displaced persons to live in decent conditions and to allow them access not just to basic services, but also to sources of income to enable them to become self-sufficient in the future and able to satisfy their basic needs by themselves, rather than being a burden on their host state.

Consequently many of our projects focus and will continue to focus on supporting education, livelihoods and developing the knowledge and skills for starting-up and

growing their own small businesses. Both satisfaction of immediate basic needs and also investment in the future of displaced persons are essential for their personal development and stability in host countries. The knowledge and skills gained may also come in use for reintegration if it becomes possible for them to return to their own country or place of origin.

The most vulnerable individuals among such displaced persons deserve special attention in terms of aid provided under the programme: these include women, children, the elderly and persons with disabilities. Unfortunately, these people are frequently the target of various forms of abuse on their journey in search of safety, including smuggling and trafficking. The provision of appropriate protection and psychosocial services and advice to this group of inhabitants, both on the way to and inside the host countries, is also one of the tasks set for the Aid in Place programme.

The priority geographical regions of this programme have long included the Western Balkans, the Middle East, North Africa and the wider Sahel region. Again in 2021, the Aid in Place programme focused on these regions, all of which lie on the main migration routes into Europe.



THANKS TO SUPPORT FROM UNHCR, GHADA, A SINGLE MOTHER OF FIVE CHILDREN, HAS STARTED SELLING TRADITIONAL SYRIAN DISHES IN JORDAN. © UNHCR/LILLY CARLISLE



IOM WORKERS HANDING OUT BASIC SUPPLIES TO MIGRANTS IN BOSNIA AND HERZEGOVINA. © IOM

FOCUS ON: PROJECTS SUPPORTING FORCIBLY DISPLACED PERSONS AND OTHER VULNERABLE PERSONS ON THE MOVE IN 2021

Supporting the provision of basic needs of refugees and migrants in the territory of Bosnia and Herzegovina

Allocated amount: CZK 5 million (EUR 0.2 million)

Implementation partner: International Organisation for Migration (IOM)

Implementation period: March – August 2021

Project description: At the beginning of January 2021, about 9,500 migrants and refugees were living in the territory of Bosnia and Herzegovina. Around 64% of them were housed in formal reception centres, while 36% were living outside such facilities. With the onset of winter and rising numbers of incoming persons, a humanitarian crisis began to culminate in Bosnia and Herzegovina, caused by a shortage of suitable accommodation capacities and basic amenities for this migrant population. The International Organisation for Migration (IOM) has been collaborating with the government of Bosnia and Herzegovina to ensure that the quality of accommodation, food and other material needs for refugees and migrants is satisfactory. The aim of the project was to provide improved protection and living conditions for those vulnerable persons living outside the formal reception centres by purchasing urgent basic supplies.

State of implementation: With the help of a financial donation from the Czech Republic, the International Organisation for Migration purchased 65,850 bottles of drinking water and 96,034 material need items, specifically raincoats, trousers, T-shirts, sweat-suits, underwear, socks, shoes, towels and hygiene products for migrants in Bosnia and Herzegovina. The purchased items were distributed by IOM field workers to more than 2,700 migrants and refugees not housed in accommodation facilities. The vast majority of these displaced persons hailed from Afghanistan and Pakistan. Around 16% of them were children. Implementation of the project was concluded in August 2021.

Supporting livelihoods of Syrian refugees in Jordan

Allocated amount: CZK 25 million (EUR 1 million)

Implementation partner: United Nations High Commissioner for Refugees (UNHCR)

Implementation period: January – December 2021

Project description: The aim of this project was to support the development of small businesses run by Syrian refugees in Jordan, especially women. The vast majority of refugees living in Jordan live below the national poverty threshold. The economic situation of such persons became even worse as a consequence of the Covid-19 pandemic. The Jordanian government nevertheless undertook to issue work permits to 70,000 Syrian refugees. The UNHCR has long focused on supporting refugees in accessing employment and self-employment alike. One of the aims of the project was to make it easier for refugees to meet the conditions for gaining work permits and succeeding on the employment market.

State of implementation: A total of 604 persons, mostly women, were supported under this project. The activities included professional training in hairdressing, tailoring and cosmetician skills. Future freelancers were also trained in technical and commercial skills and they likewise received legal advice aimed at making their entry to the formal employment market possible. 70 carefully selected aid recipients received an initial grant to purchase equipment and material to start up their business, as well as receiving legal advice when registering their business. Furthermore, they were put in touch with potential trading partners, both retail and wholesale, to facilitate the successful launch to their enterprise. Implementation of the project was concluded in December 2021.

02

PILLAR II: PROVIDING SUPPORT FOR THE ASYLUM, MIGRATION AND INTEGRATION SYSTEMS OF COUNTRIES UNDER HIGH MIGRATION PRESSURES

The main influx of migrants into the European Union follows the Western, Central and Eastern Mediterranean migration routes. The Eastern Mediterranean migration route joins up with and continues into Europe as the Western Balkans migration route.

According to Frontex data, a total of 184,180 persons crossed the borders of the European Union illegally in 2021. This is an increase of 60% compared to 2020, a year heavily affected by the pandemic measures, but it also represents a rise of 45% in comparison with the pre-pandemic year of 2019. The most frequented route in 2021 was the **Central Mediterranean route** via which more than 64,000 persons made the journey from North Africa across the sea to Italy and Malta, a figure that is 89% higher than in the previous year. The number of migrants on the route via the Western Balkans also rose, with 55,000 persons crossing the sea borders in 2021, according to Frontex statistics. In comparison with 2020, this means an increase of 138% and an increase of 387% compared to 2019. Conversely, Greece experienced lower migration pressure in 2021. Only 19,000 migrants came into the EU via the **Eastern Mediterranean route**, which is a fall of 3% compared to the previous year. The **Western Mediterranean route** showed a slightly rising trend, with

Frontex registering about 17,100 persons who crossed the EU's sea borders from Africa to Spain in 2021 (an increase of 6%) and about 20,100 migrants who landed on the Canary Islands (an increase of 3%).

Under the Aid in Place programme, we support countries along the main migration routes into the European Union that face a large influx of migrants and refugees. Since 2015, we have implemented various projects in collaboration with our implementation partners, increasing the reception capacities of those nations, their migrant and asylum seeker registration systems and integration capacities for those granted international protection. In 2021, we supported a project encouraging voluntary returns for the first time and we intend specifically to address this area under the Aid in Place programme in the future. We see the support of voluntary returns and subsequent re-integration of migrants in their country of origin as one of the permanent solutions for displaced persons and one that reduces the burden on the migration systems of host countries. Therefore, we intend to focus much more on this type of projects in the future.



SYRIAN REFUGEES WITH SMALL CHILDREN AT A RECEPTION CENTRE IN SERBIA. ©UNHCR (PHOTO: IGOR PAVICEVIC)



THE SELECTION OF PROJECT RECIPIENTS TOOK PLACE IN TAMBACOUNDA REGION IN SENEGAL. © IOM

FOCUS ON: PROJECTS TO SUPPORT COUNTRIES UNDER HIGH MIGRATION PRESSURES IN DEVELOPING THEIR ASYLUM, MIGRATION AND INTEGRATION SYSTEMS IN 2021

Supporting the migration system of Bosnia and Herzegovina in the area of increasing voluntary returns and data collection

Allocated amount: CZK 20 million (EUR 0.8 million)

Implementation partner: International Organisation for Migration (IOM)

Implementation period: July 2021 – June 2022

Project description: The aim of the project was to facilitate for the national government, the IOM and its partners, access to precise and current data concerning the presence of migrants and refugees in the territory of Bosnia and Herzegovina, both in accommodation reception centres and outside them. The lack of precise and current data on the number and profiles of the refugees and migrants located in the territory of Bosnia and Herzegovina makes it very difficult to plan adequate assistance measures on the part of the government, international organisations and other participating partners. The second aim of this project was to reinforce the capacity of the Bosnian Service for Foreigners' Affairs (SFA) in provision of precise and current data on voluntary returns to the country of origin including subsequent reintegration. The target group was up to 40,000 persons in the course of one year. The costs for implementing returns and reintegration in the country of origin were covered by the projects mainly financed by the Czech Republic's partner countries – Denmark and Germany.

State of implementation: By the end of 2021, a regular system for data collection had been set up. Thanks to the IOM tool, the Displacement Tracking Matrix (DTM), the government authorities of Bosnia and Herzegovina and their partners now have updated monthly information at their disposal concerning the presence of migrants and refugees in the territory of Bosnia and Herzegovina. This measure contributed to improvements in migration control and provision of services to vulnerable displaced persons. As for voluntary returns, the IOM arranged for the training of 8 SFA employees and 29 members of the border police force in providing information concerning voluntary returns. After their training and in cooperation with SFA staff and border police, the IOM approached and informed 13,016 migrants of the opportunity of voluntary return and what the process involves in the course of 2021. 2,099 of them were subsequently given detailed individual advice. Most of the migrants involved came from Pakistan, Afghanistan and Bangladesh. Since 2021, a total of 189 persons have returned from

Bosnia and Herzegovina to their country of origin. The project was launched in 2021 and concluded in June 2022.

Support of reintegration of Senegal returnees and prevention of illegal migration from Senegal

Allocated amount: CZK 25 million (EUR 1 million)

Implementation partner: International Organisation for Migration (IOM)

Implementation period: November 2021 – October 2022

Project description: The main goal of this project is to support economic opportunities for returnees and potential future migrants in Senegal. According to IOM data, migration is the future envisaged by most young Senegalese. Yet the same data indicates that 45% of migrants from Senegal do not reach their target destination, and return home to Senegal, intending to make another attempt at migration again sometime later. For this reason, the IOM prepared a project for the Aid in Place programme, whose goal is comprehensive support of small businesses run by returnees and young Senegalese by creating new job opportunities via easier access to financing (including microcredit), equipment and new technologies, and also by means of training such people in technical and commercial skills. The second goal of the project is to increase awareness among young people and their families, promote economic opportunities for young Senegalese by sharing the success stories of returnees and presenting alternatives to illegal migration. The awareness campaign is aimed mainly at young people, but also at their families who often pressure these young people into migration.

State of implementation: On 4 March 2022, the project was officially launched in the Senegalese city of Tambacounda at a ceremony attended by the head of the IOM Senegal mission, the vice-head of the Czech Republic's diplomatic mission in Senegal, the vice-governor of Tambacounda Region, members of the local media and other local organisations. The launch of the project meant that 20 previously selected persons would receive not just specialised education in the field of agriculture but also the necessary agricultural equipment. Furthermore, a list was made of 200 returnees and young people in the region to be given training in business skills. The project will continue to be implemented until the end of October 2022.

03

PILLAR III: CONTRIBUTING TO THE PREVENTION OF ILLEGAL MIGRATION AND HUMAN TRAFFICKING

Illegal migration is not just a problem in Europe, but worldwide. According to Frontex, a total of 184,180 persons illegally crossed the borders of the European Union in 2021, which is a rise of 60% compared to 2020, when the coronavirus crisis was at its peak. A continuing phenomenon of illegal migration into Europe is human smuggling and human trafficking. According to Europol information, more than 90% of migrant arrivals in Europe are organised by smuggling rings. Reinforcing the capacities not just of EU member states, but also of other European and non-European countries in terms of border protection and combating human smugglers and traffickers, is essential both for reducing illegal migration into Europe, and also for protecting the lives of migrants.

Through the Aid in Place programme, the Czech Republic supports projects aimed at border protection and combating human smugglers and traffickers, thus contributing to solving the global problem that illegal migration represents. The principle on which the Aid in Place programme bases its support is that attempting to deal with illegal border crossings at the borders of the European Union is simply too late. We believe it is essential to deal with illegal migration as close as possible to the source, in other words as close as possible to the migrants' coun-

try of origin. Therefore, we help countries on the main migration routes in sub-Saharan and North Africa, in the Middle East and Western Balkans by providing them with the equipment necessary for effective border protection and for combating human smugglers and traffickers, and by providing training and sharing expertise with them. This assistance is always implemented with our implementation partners.

Yet we are not alone in our fight. In addition to bilateral projects with individual partner countries, for instance in the Balkans, we participate in joint projects with other EU member states. Such joint solutions increase the efficacy of the activities performed and have a greater positive impact on solving as complex an issue as illegal migration.

In 2021, in cooperation with Germany, we supported the activities of EUCAP Sahel Niger on the continent of Africa. The Czech Republic is also collaborating with Germany and our partners from the Visegrád Group on a joint project in Morocco, with the aim of reinforcing protection of the borders of this North African country.





VEHICLES WERE ALSO PURCHASED UNDER THE EUCAP SAHEL NIGER PROJECT. © EUCAP SAHEL NIGER

FOCUS ON: PROJECTS CONTRIBUTING TO THE PREVENTION OF ILLEGAL MIGRATION AND HUMAN TRAFFICKING

Setting up mobile police units for protection of the southern borders of Niger

Allocated amount: CZK 25 million (EUR 1 million)

Implementation partner: EU capacity building mission (EUCAP) Sahel Niger

Implementation period: July 2021 – December 2022

Project description: Niger, one of the main African transit countries for migrants heading to Europe, has 6,400 km of borders with seven countries. Permanent protection of these borders is an immense challenge. Cross-border terrorism (especially on the borders with Nigeria, Burkina Faso and Mali), illegal migration, and drug and weapons smuggling are unfortunately all too frequent. The continuing instability in the Sahel region was the reason why the EU established a civil mission, EUCAP Sahel Niger, which is now an important element of the EU Strategy for Security and Development of the Sahel. The aim of the project is to set up and equip a mobile police unit comprising around 250 officers to protect the southern borders of Niger in the Tillabéri Region. The project is co-financed by the Czech Republic and Germany. This is already the third police unit set up by EUCAP Sahel Niger in Niger.

State of implementation: By the end of 2021, construction documentation to build barracks in the Tillabéri Region was completed, and a tender issued for the procurement of armoured vehicles and other technical equipment, specifically motorcycles, helmets, bullet-proof jackets and communication technology that will be purchased in the first few months of 2022. Afterwards, essential physical and theoretical training of the unit will follow. Implementation of the project will be completed in December 2022.

The Czech Republic's contribution to pillar 1 of the V4-Germany joint migration project in Morocco

Allocated amount: CZK 23.3 million (EUR 0.9 million)

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

Implementation period: 2022–2023

Project description: Morocco is one of the main countries of origin and transit on the Western Migration Route. Migrants from this country continue their journey into Spain, which is just 14 km away across the Strait of Gibraltar. In addition, Morocco also borders on Spain's African enclaves of Ceuta and Melilla. This joint project for implementation in Morocco, agreed upon by the Visegrád Group countries (Czech Republic, Hungary, Poland and Slovakia) and Germany, originated from an initiative of the Slovakian V4 presidency and the consensus of the premiers of the V4 countries and the German Chancellor. It is divided into two components – pillar 1 aimed at border protection (the responsibility of the Ministry of the Interior) and pillar 2 aimed at development (the responsibility of the Ministry of Foreign Affairs). Pillar 1 (border protection) will be implemented by the International Centre for Migration Policy Development (ICMPD). The project will run for a period of two years. The total project budget is EUR 30 million, 50% of which will be funded by Germany and 50% in equal parts by the V4 countries.

State of implementation: In November 2021, the ICMPD received a financial donation for the implementation of pillar 1 of this joint migration project. In the course of 2022, a project document will be drawn up with the help of our Moroccan partners and the project will then be launched.

REACTION TO EMERGENCY SITUATIONS

Every year, a section of the Aid in Place budget is left as a reserve for dealing with unexpected emergency migration situations.

In 2021, these funds were used in connection with events on the external border of the EU bordering on Belarus, and to fight against the instrumentalisation of migration by the Belarus regime. Essentially, this was a situation where Belarus was purposefully putting pressure on the EU, taking advantage of its visa-free relations with third countries, tempting migrants mainly from Iraq to come to Belarus from where they were forced, sometimes violently, to attempt to cross the border into the EU. A total of 8,267 migrants entered the EU between June and December 2021 using this route, most of whom entered the territory of Lithuania and Poland. More than 48,000 migrants were prevented from entering Lithuania, Poland and Latvia. The vast majority of migrants were citizens of Iraq, but among them were also many citizens of Syria, Congo, Cameroon, Afghanistan and other countries. The assistance provided by the Czech Republic under the Aid in Place programme was provided specifically to Lithuania which had asked EU member states for help. By the end of 2021, the situation on the Eastern Migration Route was relatively calm, but things are still tense and it is difficult to predict future developments.

Material aid in connection with the current migration situation on the Lithuania-Belarus border

Allocated amount: CZK 3.2 million (EUR 0.13 million)

Implementation partner: The Ministry of the Interior of the Republic of Lithuania

Implementation period: July 2021

Project description: On 24 July 2021, the Fire and Rescue Service of the Czech Republic delivered material aid to Lithuania which comprised 20 tents, 100 folding beds with mattresses, 500 blankets, 20 heaters and 500 sleeping bags from its own reserves. This was the Czech Republic's reaction to the call for help from the Lithuanian Interior Ministry via the European Union Civil Protection Mechanism (UCPM) in response to the dramatic rise in migration pressure on the Lithuania-Belarus border. At the end of July 2021, more than 4,000 illegal border crossings from Belarus to Lithuania had been registered. The aim of this material donation was to support Lithuania in handling this migration pressure and providing temporary accommodation to migrants.

Support of the migration system of the Republic of Lithuania

Allocated amount: CZK 13.5 million (EUR 0.54 million)

Implementation partner: The Ministry of the Interior of the Republic of Lithuania

Implementation period: September 2021 – August 2022

Project description: Following up on the material aid provided to Lithuania in July 2021, a financial donation was made to the Ministry of the Interior of the Republic of Lithuania to reinforce the migration system in connection with the dramatic rise in migrant arrivals across the land border with Belarus and the use of illegal migration as a weapon on the part of the Belarus regime. The financial donation will be used by the Lithuanian government towards building a physical barrier on the Lithuania-Belarus borders and potentially also towards increasing accommodation capacities and for the direct support of migrants and applicants for international protection inside Lithuania.

State of implementation: In autumn 2021 a fence was constructed on the Lithuania-Belarus border. Construction continued into 2021, as witnessed by Vít Rakušan on his visit to Lithuania as Minister of the Interior on 21 January 2022. The Ministry of the Interior of the Czech Republic will receive the final report on use of the donation by Lithuania in September 2022.



MINISTER OF THE INTERIOR VÍT RAKUŠAN ON HIS VISIT TO THE LITHUANIA-BELARUS BORDER IN JANUARY 2022. © MOI CZ



SYRIAN STUDENT HAMZEH AND HIS SISTER BOTH STUDY IT IN JORDAN
THANKS TO THE DAFI PROGRAMME. ©UNHCR (PHOTO: MOHAMMAD HAWARI)

LONG-TERM AID AND CONTINUING PROJECTS

Alongside new projects launched in the course of 2021, the implementation of some projects launched in previous years continued.

A UNHCR project began in November 2020 to support higher education for Syrian refugees in Jordan and continued until October 2021. Under this project, grants were given to 143 Syrian students, thereby supporting their studies at higher technical schools and universities. The grants provided under the UNHCR programme titled “DAFI” covered tuition fees and materials, meals, accommodation and transportation, as well as language lessons and other study courses.

Between November 2020 and October 2021, a World Food Programme project was also implemented in Libya. The aim of the project was the stabilisation of refugees, migrants and internally displaced persons in this North African country. This project facilitated the creation of job opportunities along the migration routes in Libya, specifically in the south-eastern region of Fezzan. The project activities comprised training project recipients so that they could succeed in the employment market in the fields of agriculture, construction and services. The project recipients were 2,450 men and women, mostly displaced persons, but also members of the local community.

A project in Mali implemented by UNICEF ran from July 2019 to June 2021 and bore the title “Protecting Children on the Move in Mali”. Under this project, a total of 13,803 children on the move were supported, 8,237 of whom were unaccompanied by an adult in Mali. 393 children

who had fallen victim to psychological or sexual abuse received medical and psychological assistance. 171 children were cared for in transit centres or in foster families. 194 unaccompanied children were reunited with their families in their home countries and were provided with reintegration support. 8,970 children and young people likely to migrate and leave their families were informed of the risks of illegal migration by means of community programmes and awareness campaigns. The Aid in Place programme plans to continue its support of UNICEF in the follow-up project for 2022, again aimed at protecting children and young people on the move.

A pilot project of the European Union Agency for Asylum for North Africa is currently running, having started in November 2020 and planned to continue until October 2022. The aim of the project is to support asylum systems in the countries of North Africa, specifically Algeria, Egypt, Morocco, Niger and Tunisia. The project is co-funded in equal parts by the Czech Republic and Denmark. In 2021, the needs of each country were mapped, and in October 2021, a regional conference was held in Cairo, attended by representatives of the Ministry of the Interior of the Czech Republic, on the topic of international protection for persons with special needs. Study trips, workshops and a second regional conference are planned for 2022 with the aim of sharing experiences between EU member states and North African countries and between the individual countries of North Africa.

MONITORING OF PROJECT IMPLEMENTATION

In cooperation with our diplomatic missions, the Ministry of the Interior conducts regular, ongoing monitoring of all projects supported through the Aid in Place programme. The implementation partners of the Ministry of the Interior submit regular interim and final report concerning the implementation of projects, including a summary of budget use.

Over and above this, coordinators of the Aid in Place programme also conduct monitoring of activities and outputs from selected projects onsite at the implementation locations in cooperation with the relevant diplomatic missions of the Czech Republic and local partners.

Monitoring projects onsite was hindered in 2021 by the Covid-19 pandemic and related anti-epidemic measures in the Czech Republic and in most of our partner countries. Monitoring of projects during 2021 was conducted mainly by means of written reports, photographic documentation and video conferences with partners.

Nevertheless, on 22 November 2021 the head of the Czech Republic's diplomatic mission in Amman managed to attend in person the ceremonial opening of a new training centre for schooling in the area of asylum issues, which was built and equipped with the help of a donation of CZK 15 million (EUR 0.6 million) from the Czech Republic under the Aid in Place programme. On 29 and 30 November 2021, the head of the diplomatic mission also visited the implementation sites of an IOM project subsidised by a sum of CZK 25 million (EUR 1 million) from Aid in Place.

The financial donation for the construction and equipping of the training centre was presented to the Public

Security Directorate of the Hashemite Kingdom of Jordan in June 2018. The training centre will support the education of new police officers in agendas related to solving the Syrian refugee crisis in the country, i.e. mainly issues connected with identity documents, documentation and registration of Syrian refugees. Both male and female police officers will be trained. The ceremonial opening of the centre was attended by the Ambassador of the Czech Republic in Jordan, Mr. Josef Koutský, and General Tarik Aazer, personal secretary to the police president and director of the department for managing Syrian refugee issues in Jordan.

A project implemented by the IOM titled "Supporting the Governments of Iraq and Jordan in reaction to Covid-19" received support from the Aid in Place programme in 2020. The aim of implementing this project in Jordan was to reinforce capacities at Jordanian border-crossing points to detect travellers infected with Covid-19. Under this project, it became possible to perform preliminary medical examinations of Iraqi refugees before their entry into Jordan. Mr. Josef Koutský, Ambassador of the Czech Republic in Jordan, visited newly refurbished spaces containing the new exercise and training centre for medical personnel in the Jordanian Health Ministry building which, thanks to funding from the project, was equipped with furniture, medical equipment and IT equipment with a new migration information database. Medical personnel will be trained here in Covid-19 procedures, preparing them for their work at border-crossing points. The ambassador also visited the King Hussein Bridge border-crossing point with a newly renovated clinic fitted out with new furniture and medical equipment.



AID IN PLACE FOR THE YEAR 2022

As in past years, the priorities of the Aid in Place programme for 2022 take into account the migration and refugee situation on the main migration routes into Europe. The budget for Aid in Place for 2022 is CZK 130 million (EUR 5.2 million). The programme priorities for 2022 were discussed by an inter-ministerial working group and approved by the Government of the Czech Republic under Resolution No. 108 of 23 February 2022.

A new development is that the priorities are not focused on separate geographical regions, but rather on the migration routes as a whole, under what is known as the whole-of-route approach. This approach is in line with the initiatives of the European Union's Team Europe which we plan to join with Aid in Place projects in 2022.

Priority No. 1

Eastern Mediterranean and Western Balkans migration routes

The Eastern Mediterranean route includes the countries of the Middle East where, from the point of view of migration to the EU, the most significant countries are Iraq, Iran, Jordan, Lebanon, Syria and Turkey. The Middle East nations host a large number of mainly Syrian refugees. According to UNHCR data, 5.6 million Syrians still live in the neighbouring countries. The largest numbers of Syrian refugees are hosted by Turkey (3.6 mil.), Lebanon (918,000), Jordan (654,000) and Iraq (244,000). The route used by many migrants and refugees from Afghanistan also crosses this region, and the stabilisation of Afghanistan and the surrounding area will be a major challenge in 2022.

The Western Balkans migration route follows on from the Eastern Mediterranean route. Migrants continue on from Greece, most often via North Macedonia or Albania, passing through Serbia, Montenegro and Bosnia and Herzegovina. Migrants mostly merely transit through the Western Balkans and try, either by themselves or using smuggling networks, to penetrate the Schengen Area. Movement along this route rose sharply in 2021. For this reason, cooperation between the countries of the Western Balkans, the Czech Republic and the European Union in the area of border protection, combating illegal migration including human smuggling and trafficking, asylum policy and integration, and especially voluntary returns, is vital.

The priority countries of the programme for the Eastern Mediterranean route in 2022 are **Afghanistan and Lebanon**. The speedy stabilisation of Afghanistan and prevention of a humanitarian disaster is essential in order to prevent illegal migration by the country's inhabitants. Also, stabilisation of the ever-worsening economic and humanitarian situation in Lebanon is fundamental to avert the migration of Lebanese people and of the refugees that Lebanon has hosted for many years now.

The priority countries for the programme on the Western Balkans migration route are Bosnia and Herzegovina, North Macedonia and Serbia. Projects commenced in previous years will also continue in 2022.

Priority No. 2

Immediate vicinity of the EU

The year 2021 and the rise of a new migration route via Belarus showed that new migration routes into the European Union can spring up unexpectedly, for instance when illegal migration is used as an instrument for putting pressure on EU member states, as witnessed in the case of the Belarus regime. From this point of view, it is important to be able to respond with quick and targeted reactions to suddenly arising challenges.

Undoubtedly, the Russian invasion of **Ukraine** in February 2022 and the subsequent wave of refugees flooding into neighbouring countries, as well as internally inside Ukraine, is an unprecedented challenge that was still completely unforeseen at the end of 2021. The reaction to this massive displacement, providing assistance to displaced persons and nations that host refugees, will definitely be one of the biggest tasks of 2022. Therefore, in its Resolution No. 131 of 25 February 2022, the Government of the Czech Republic approved the earmarking of CZK 300 million (EUR 12 million) for urgent aid to Ukraine. These funds will be divided equally between the Ministry of the Interior and the Ministry of Foreign Affairs. Some of the funds controlled by the Ministry of the Interior will be allocated via the Aid in Place programme.

Priority No. 3

Central Mediterranean migration route

The Central Mediterranean migration route leading to Malta and Italy was the most frequented migration route in 2021. In 2022, the Ministry of the Interior indicated that it would provide a financial contribution aimed at the Central Mediterranean migration route via Team Europe. According to this initiative, this route includes the following countries: Libya, Tunisia, Niger, Burkina Faso, Chad, Ethiopia, Eritrea, Somalia and Sudan.

The priority countries on the Central Mediterranean migration route are **Libya and Niger**. Libya is one of the most frequented transit countries on the Central Mediterranean migration route, currently hosting over 610,000 migrants. Niger

lies at the crossroads of the Central and Western Mediterranean migration routes and, along with Germany, here we have been focusing on the reinforcement of border protection via the Aid in Place programme since 2021.

Priority No. 4

Western Mediterranean migration route

The Western Mediterranean migration route leads to mainland Spain and to Spain's Canary Islands. In 2022, the Ministry of the Interior indicated that it would provide a financial contribution aimed at the Western Mediterranean migration route via Team Europe. According to this initiative, this route includes the following countries: Algeria, Morocco, Burkina Faso, Gambia, Ghana, Guinea, Mali, Mauritania, Niger, Nigeria, Ivory Coast and Senegal.

The priority country on the Western Mediterranean migration route is **Mali**. Mali is one of the most frequented transit countries and also the leading country of origin on this route. Mali has almost 402,000 internally displaced persons on its territory, 54% of whom are children and young people. We plan to pursue our successful cooperation with UNICEF in Mali and continue to support children and young people on the move.



IOM OFFERING MIGRANTS IN BOSNIA AND HERZEGOVINA VOLUNTARY RETURN TO THEIR COUNTRY OF ORIGIN. © IOM



CEREMONIAL OPENING OF THE TRAINING CENTRE FOR ASYLUM ISSUES IN AMMAN IN NOVEMBER. © MFA CZ



CZECH FIRE RESCUE SERVICE IS LEAVING TO LITHUANIA WITH MATERIAL AID. © MOI CZ

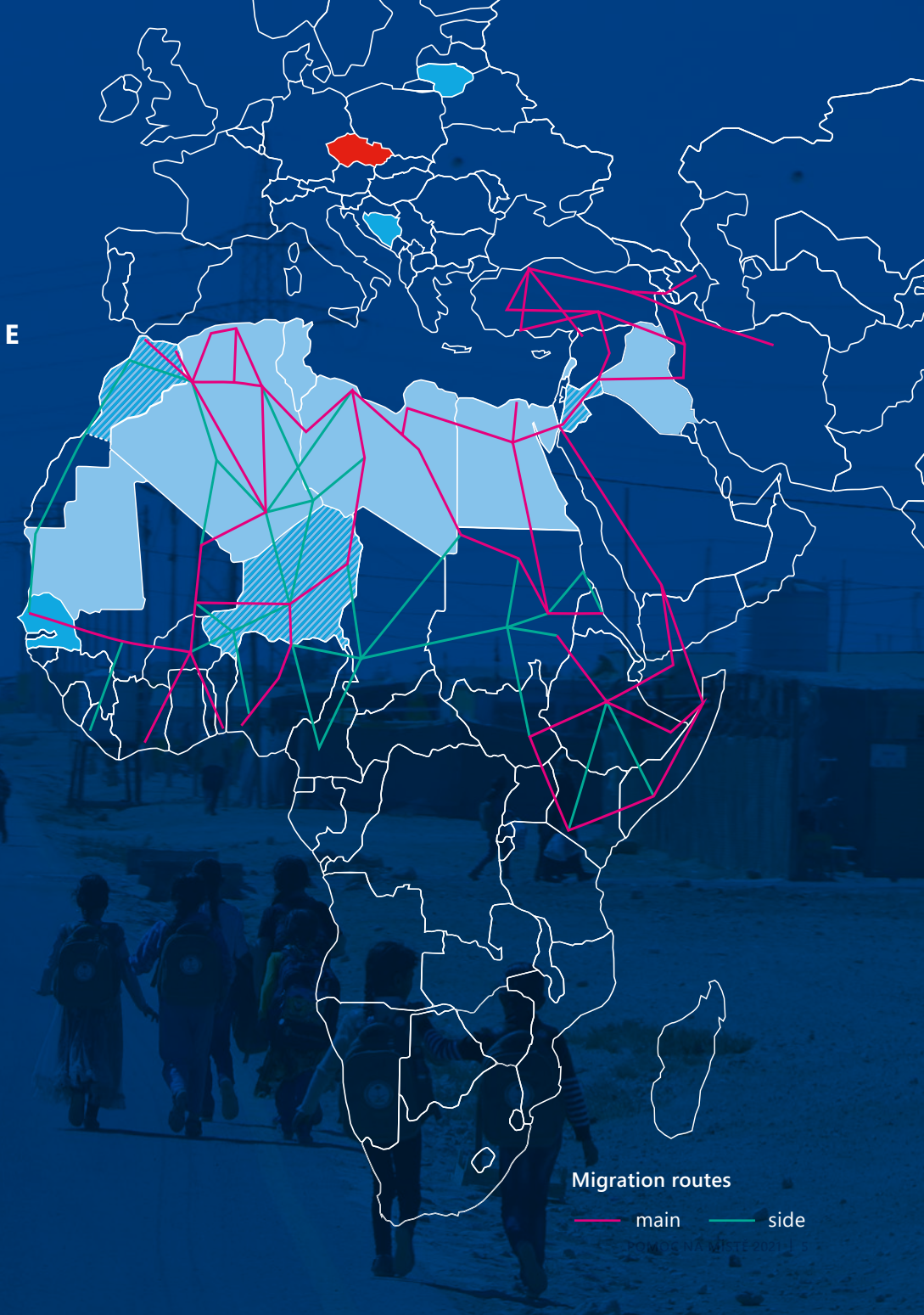


DISTRIBUTION OF MATERIAL AID TO MIGRANTS IN BOSNIA AND HERZEGOVINA. © IOM

COUNTRIES OF THE AID IN PLACE PROGRAMME IN 2021


Bilateral cooperation:
 Bosnia and Herzegovina • Jordan
 Senegal • Lithuania • Morocco • Niger

Multilateral cooperation:
 Middle East: Iraq • Jordan • Lebanon
 North Africa: Algeria • Egypt
 Libya • Morocco • Mauritania
 Niger • Tunisia






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