2022-23 IMPACT REPORT

DOCTORS OF THE WORLD USA

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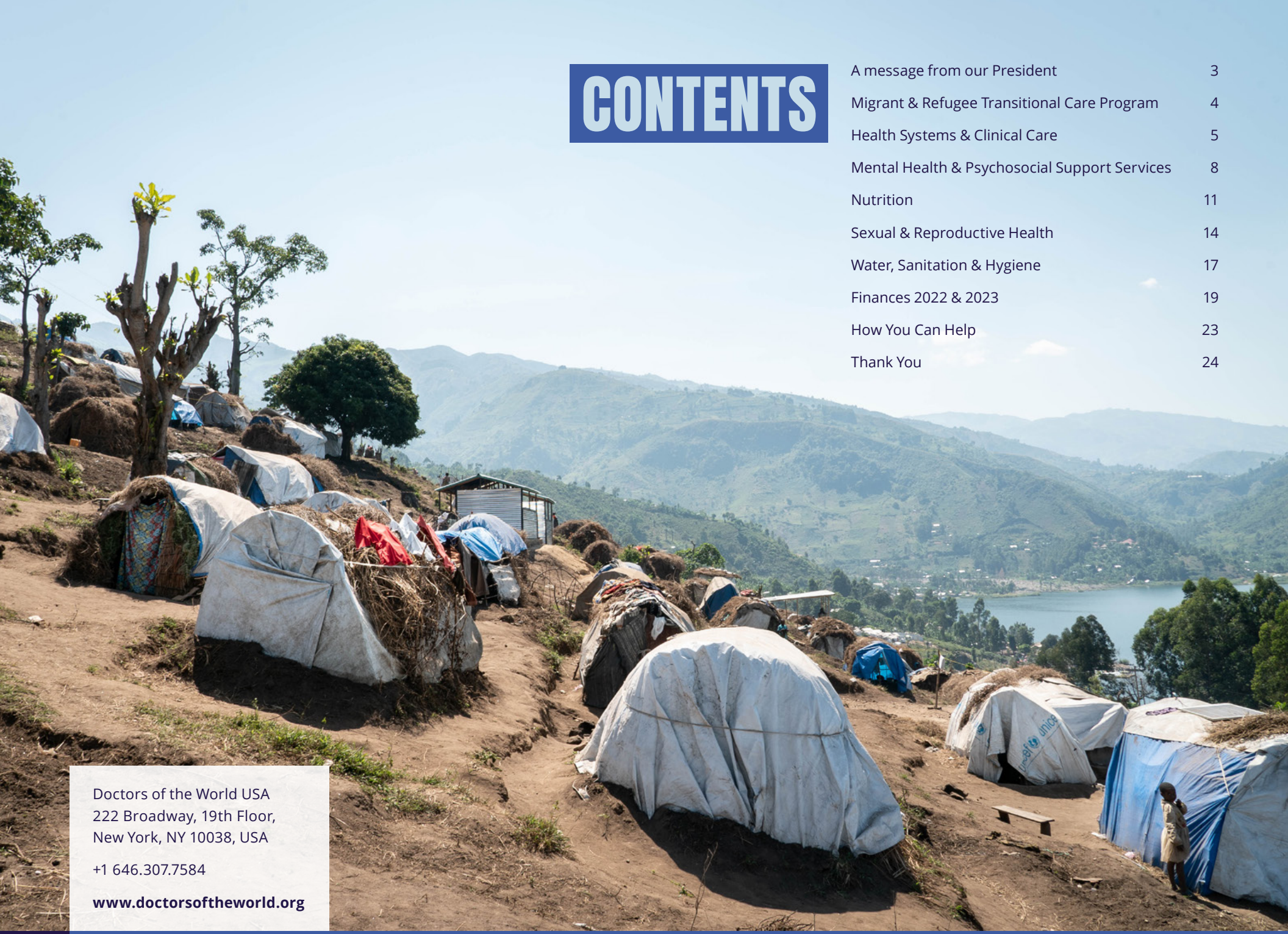

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A MESSAGE FROM OUR PRESIDENT

The demand for global humanitarian relief is increasing. Ongoing conflicts, failing economies, political oppression, and climate change in places like Syria, Haiti, Ukraine, the Democratic Republic of Congo (DRC), and Mali, along with failing economies, political oppression, and climate change are driving that need. Additionally, outbreaks of cholera and measles are putting further strain on health systems still recovering from the COVID-19 pandemic while economic downturns and global supply chain disruptions are increasing food insecurity.

Chronic underinvestment in infrastructure and healthcare in many low-income countries has left communities even more vulnerable. Right now, a record 339 million people – more than the entire population of the U.S. – need humanitarian assistance and protection.

Now more than ever Doctors of the World (DotW) is committed to meeting these urgent needs and fulfilling our mission of providing equitable and sustainable healthcare to some of the world's most underserved populations. We are strengthening health systems in Madagascar, Haiti, Mali, Syria, Nigeria, Ukraine, the DRC, and Turkey. By collaborating with local governments, organizations, and communities, we provide primary care, mental health support, nutrition services, sexual and reproductive health care, assistance for survivors of gender-based violence, and improvements to water, sanitation, and hygiene (WASH) infrastructure.

DotW supported primary care clinics diagnose and treat both non-communicable diseases like diabetes and hypertension, as well as communicable diseases such as malaria, respiratory infections, measles, cholera, and diarrhea. Between 2022 and 2023, we also vaccinated over 10,000 children in Mali against measles. To reach the most marginalized communities, like those in internally displaced persons camps in DRC and Mali, we have organized mobile teams that include a primary care doctor, psychologist, nurse, and nutrition specialist. These teams are designed to refer urgent or complex cases to higher-level health facilities.

In the U.S., DotW has supported primary care clinics in migrant and refugee shelters in El Paso, Texas. We are building local capacity to recognize and treat common ailments in these shelters, helping to prevent overcrowding in emergency departments while ensuring that patients can access secondary or tertiary care as needed. Efforts such as these are crucial to help U.S. border cities manage the influx of refugees seeking political asylum.

DotW is coordinating care and rehabilitation for victims of trauma-related injuries whether the result of armed conflict or traversing fortified borders. This included over 7,000 cases from firearm and knife injuries in DRC and Mali, more than 1,200 Syrian refugee children with disabilities, and dozens resulting from border wall falls in El Paso, Texas. For example, we helped Raul, a 23-year-old refugee from Guatemala who fell 30 feet from the U.S.-Mexico border wall and suffered severe fractures in both legs. DotW coordinated his post-surgery care and physical rehabilitation, accelerating his recovery and helping him start a new life in Massachusetts.

While building on our infection prevention and control measures from the COVID-19 pandemic in Haiti, we have educated communities about WASH practices to help control cholera and have assisted in rehabilitating and constructing water systems to ensure tens of thousands have access to clean water.

These are just a few examples of how we're evolving our programs to tackle the ongoing challenges posed by rising humanitarian crises.

As the president of the Board, I'm happy to share that an independent audit confirmed our strong financial foundation once again. This stability allows us to keep developing these crucial projects and services. But none of this would be possible without the hard work of our small yet passionate and highly productive staff –and, most importantly, your continued generous support. Thank you!

Glenn Fennelly MD
President

MIGRANT & REFUGEE TRANSITIONAL CARE PROGRAM
EL PASO, TEXAS

In 2021, nearly 1.6 million people were reported crossing the U.S.-Mexico border and in 2022, this number rose to 2.76 million. Countries in South and Central America are facing a wide array of issues, including economic collapse, political insecurity, widespread drought, climate crisis, corruption, and armed conflict.

Many people are risking the dangerous trek across Central America, including the Darien Gap, and attempting to cross the US-Mexico border in hopes of finding security and peace. The challenges they face on the journey are exponential: exposure, disease, assault, trafficking, and bodily harm. Those who manage to enter the USA are often in poor health, the result of either psychological trauma or physical injury.

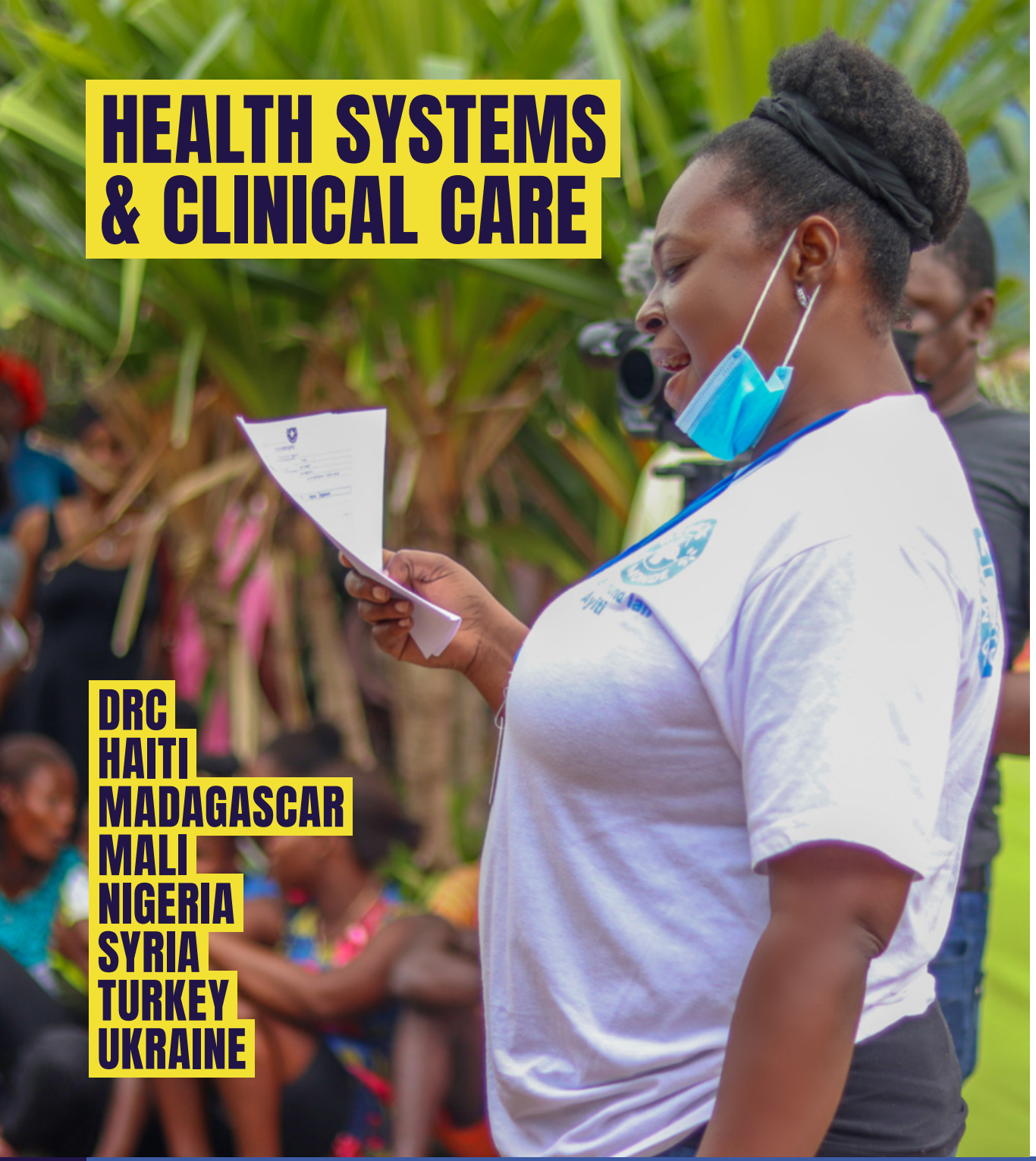
As more migrants arrive every day, people and instutions in El Paso, Texas are struggling to meet the growing demands of this vulnerable community. Shelters, clinics, and NGOs are all over-capacity and lacking resources to manage this humanitarian crisis. With this in mind, DotW implemented the Border Health Program in El Paso in 2022.

In partnership with **Texas Tech University Health Sciences Center El Paso** and other local partners and shelters, the program aims to improve health outcomes among migrants in transit and increase the capacity of local health systems by offering transitional medical care, prioritizing data management to advocate for sound evidence-based public health policy and training local health service providers on migration and public health.

Through a partnership with **Texas Tech University Health Sciences Center Paul L. Foster School of Medicine**, the program also provides faculty, residents, and students hands-on learning opportunities that will serve as the foundation for future research and curriculum development focused on migration and public health.

By leveraging our respective areas of expertise, DotW is building an evidence-based, locally focused program that provides migrants and asylum-seekers the care they need and border communities the necessary resources and capacity to deal with the ongoing migrant crisis.

HEALTH SYSTEMS & CLINICAL CARE



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PROVISION OF MEDICAL SUPPLIES, CAPACITY BUILDING AND TRAINING

The first and most important step in implementing a new health program is strengthening the base for health care. By supporting local healthcare systems through rehabilitation and capacity building, Doctors of the World ensures that a project will be sustainable and care will continue long after we are gone.

In each country, from Madagascar to Ukraine, DotW selects several health facilities to support, sending staff to evaluate, identify the key gaps, and develop solutions. DotW will then provide the health facilities with the required medicines, equipment, training, and WASH infrastructure. In Haiti, in response to the growing COVID-19 threat, DotW provided Personal Protective Equipment (PPE) to eight health facilities in addition to training on infection prevention and control measures, as well as supported triage and isolation points.

Training healthcare staff and community health workers is a large part of our approach to capacity building. Throughout the different projects, we have provided additional training on the following topics: family planning, neonatal care, basic emergency obstetric care, drug management, infection, prevention and control (IPC), epidemiological and community-based surveillance, and hygiene.

To address the health needs of more remote communities, like isolated Internally Displaced Persons (IDP) camps in the Democratic Republic of Congo and Mali, DotW organized mobile clinics that included a primary care doctor, psychologist, nurse and nutrition specialist. A referral system was established in mobile clinics (and health facilities) in cases of emergency or if secondary care was required.

PROVISION OF CLINICAL CARE

DotW provided primary healthcare to those that visited our supported health facilities or mobile clinics. In our supported facilities, primary care encompasses Sexual Reproductive Health (SRH), Gender based violence (GBV), Mental Health and Psychosocial Serivces (MHPSS), nutrition and immunization. DotW also provides consultations for communicable diseases like malaria, acute respiratory infection, measles, cholera, and diarrhea. Through our health facilities and mobile clinics in Mali, DotW vaccinated 10,776 children aged zero to 11 months against measles from 2022-2023. Our primary care also arranges consultations for non-communicable diseases, helping diagnose and treat cases of diabetes, hypertension, and asthma, among others. In countries experiencing armed conflict, like DRC and Mali, treatment for trauma-related injuries is also included. In the reporting period, we treated 3,045 people in the DRC and 3,982 people in Mali for injuries resulting from firearms and knives. Meanwhile, in Turkey, we improved the health of 1,282 vulnerable Syrian refugee children with disabilities through medical interventions and devices in hospitals.

INFECTION, PREVENTION AND CONTROL

Preparing and managing future public health emergencies plays a large role in our humanitarian response. Strengthening surveillance and tracking of communicable diseases was a key objective.

In Nigeria in 2022, DotW strengthened the ability of healthcare facilities to report disease using Federal Ministry of Health (FMoH) protocols on integrated disease surveillance and response and providing reporting tools and HMIS materials. Weekly surveillance reports were reviewed and submitted to the World Health Organization.

Surveillance reports were also included in the supported health facilities in Syria, with a particular focus on COVID-19 and cholera. DotW also collaborated with the Syria Immunization Group (SIG) COVID-19 vaccination team to provide vaccines in our supported health facilities.

Meanwhile in Mali, DotW trained community health workers to conduct epidemiological investigation missions and support advanced vaccination strategies in the communities they served. Over the course of two years, 10,776 children were vaccinated against measles.

In June 2022, a measles epidemic broke out in the DRC. DotW facilitated the work of the response team (UNICEF and MSF) by transporting vaccines and participating in crisis communication via its community mobilizers.

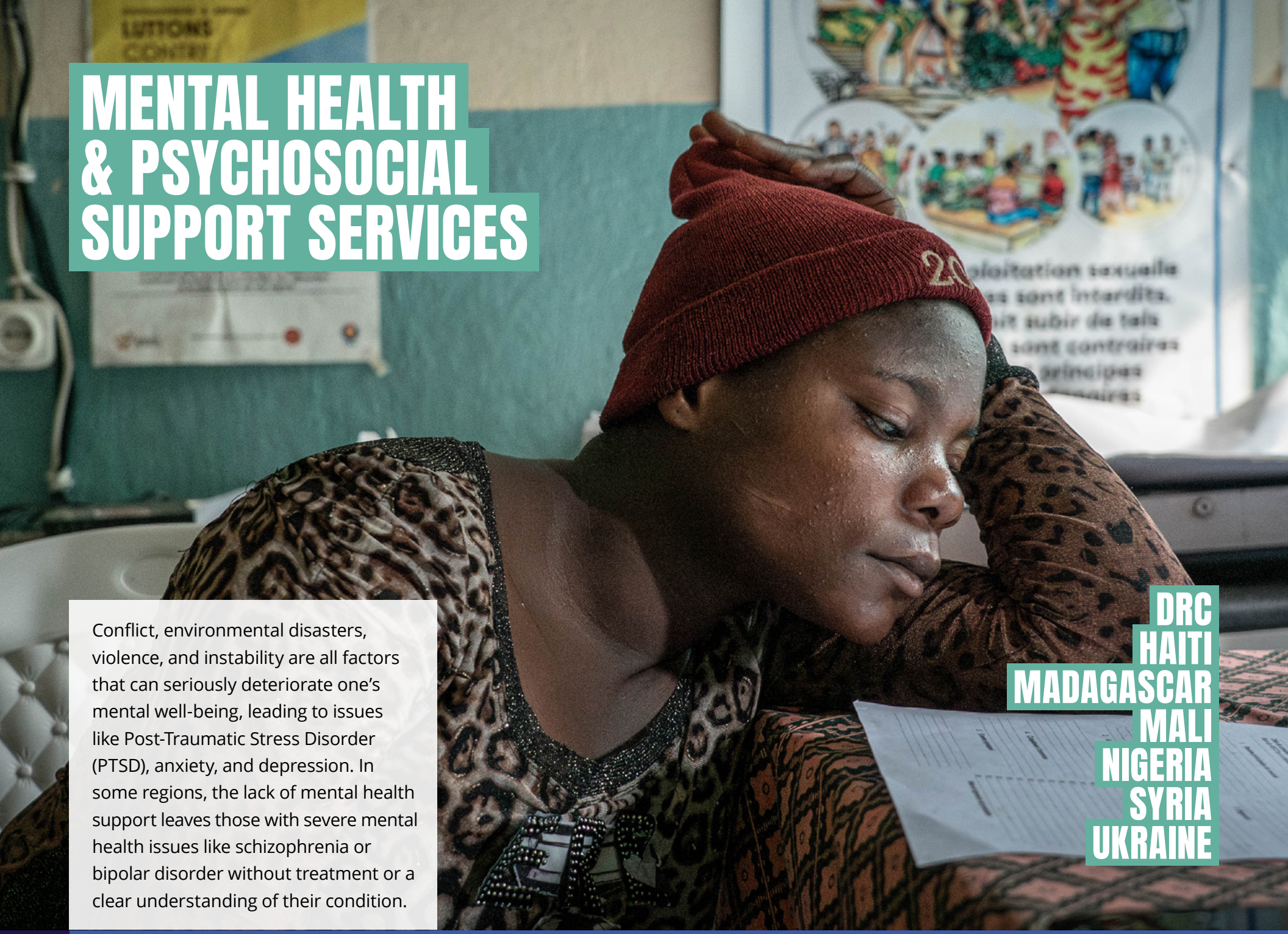
Furthermore, in 2023, DotW retrained and supported 140 community health workers from Community Animation Cells (CAC) to raise awareness on the importance of vaccines and thus increase vaccination coverage.

COMMUNITY EMPOWERMENT AND MOBILIZATION AROUND HEALTH

Finally, to develop a long-term, sustainable humanitarian response, it is vital that the local communities are included in the process and encouraged to take autonomy around their health. To accomplish this, DotW works with local leaders and community health workers to develop activities and sessions where health and wellbeing are discussed with members of the community. By working in a community setting, members can identify their most pressing health concerns and come together to develop solutions, a technique that will continue to benefit them long after DotW leaves. Thanks to the work of community health workers in Mali, 6,060 children under five were treated for common childhood illnesses from 2022-2023.

	Health Facilities Supported	Training HC professional	Beneficiaries supported	NCD	Communicable disease	Other
Madagascar	2022: four Health Facilities + three mobile clinics 2023: 19 HF + two to three mobile clinics (# changed)	Training will commence in Sept 2022 2023: a total of 91 staff	Total = 82.515	Total = 957 patients	Total = 39,670 patients	Number of children under five receiving community treatment for common childhood illnesses = 12,732 total
Nigeria (project ended after 2022)	Comprehensive support to three facilities and partial support to two health facilities.	146 staff (90M, 56F) 30 community mobilizers six social workers	255,321 beneficiaries Including 68,690 IDP for PHC and SRH consultations	6,339	48,493	X
Mali	2022 = 28 health facilities, 10 CHW sites, three mobile teams 2023 = 20 health facilities (1 REFHC, 19 CHC), 3 mobile teams	Training mostly completed last year	2022-2023= 156,244	Total = 4733	Total = 41956 cases	Total = 3982 trauma related injuries
Syria	2022 = 4 HF and 11 community health workers (CHW) supported 2023 = four HF and 12 CHWs	2022 = 42 healthcare staff trained 2023 = 56 healthcare staff	Total = 105,611	2022 = X 2023 = 20,404	2022 = X 2023 = 96,493	8418 external referrals were made
Haiti [Reinforced Access to Health and Protection Services]	8 HF supported from 2021-2023	106 healthcare staff trained 2021-2023	83,902 reached from 2021-2023	X	X	People screened or triaged for COVID-19 in HF= 25,929 persons including from 2021-2023
Haiti [Earthquake Response]	13 HF supported plus seven rehabilitated from 2021-2023	60 HC workers trainings on prevention measures, psychological support, and high-quality care from 2021-2023	198,176 direct beneficiaries from 2021-2023	X	X	DoTW supported 97 community health workers (CHW) (48 women and 49 men), in the two targeted departments from 2021-2023
Haiti [Cholera Outbreak, March 2023 - March 2024]	39 HF supported	41 HC workers trained	37,585 direct beneficiaries	X	X	In total DoTW is supporting 81 healthcare workers
Ukraine	2022 = Process of selecting 2023 = 3 HF supported	2022 = nine healthcare staff trained 2023 = 57 healthcare staff trained	Total = 8694 beneficiaries reached	Total = 5,941	Total = 587	9526 consultations provided through the mobile clinic (2022-2023)
DRC	2022 = 10 HF supported 2023 = 12 HF supported	X	Total = 243,172 beneficiaries	Total = 35,426	Total = 148,862	Total = 3,045
Syrian Refugees in Turkey (Sept 2022 - Sept 2023)	X	X	1,282 individuals (563 in Istanbul and 719 in Izmir and Manisa) supported with Special Needs Fund	X	X	Improved health of vulnerable children with disabilities: In total, DoTW-T 1,282 beneficiaries (58% non-Syrian) benefitted from paid medical interventions and devices in hospitals.

MENTAL HEALTH & PSYCHOSOCIAL SUPPORT SERVICES



Conflict, environmental disasters, violence, and instability are all factors that can seriously deteriorate one's mental well-being, leading to issues like Post-Traumatic Stress Disorder (PTSD), anxiety, and depression. In some regions, the lack of mental health support leaves those with severe mental health issues like schizophrenia or bipolar disorder without treatment or a clear understanding of their condition.

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At Doctors of the World, we recognize that mental health is a key factor in a person's overall health. When working on Mental Health and Psychosocial Support (MHPSS), we have developed a two-pronged approach: provision of MHPSS services and de-stigmatization of mental health.

Establishing mental health support services is a key component of DotW humanitarian aid. DotW psychologists are established in health facilities and mobile clinics, providing single or group consultations. Their responsibilities are extensive, from diagnosing mental or neurological disorders to helping people cope with trauma in the context of conflict, Gender Based Violence (GBV), or other crises. In cases of more severe psychological disorders, referrals are made to ensure that patients receive the best care. In Nigeria, 2,537 people, including both internally displaced persons and host communities, accessed individual mental health consultations and 427 were referred for further treatment. With group sessions, 32,418 people were provided with psychosocial support.

In Haiti, healthcare professionals faced incredibly difficult and stressful conditions, leading DotW to provide psychosocial support services to help them as well. Healthcare staff were provided with consultations as well as training on how to protect one's own mental health. Special care and support related to COVID-19 was provided for frontline workers and their families.

To further ensure the continuation of MHPSS after DotW leaves a region, we also provide training on the subject to local healthcare staff and psychosocial workers. Training focuses largely on basic psychological first aid that can be provided by doctors, nurses, or psychosocial assistants. In Chernihiv, Ukraine, the MHPSS team provided training on psychological aid to 16 front liners, mainly social workers.

Additional care is taken to provide training and mental health support in the context of GBV. In Madagascar, psychosocial workers closely collaborate with the medical staff of the mobile clinic to reinforce prevention and case management of GBV.

However, providing MHPSS services is only half the challenge. In many countries like Syria, Haiti, or Ukraine, the stigma associated with the topic makes it hard to attract patients. With the help of healthcare staff and community health workers, awareness-raising sessions regarding MHPSS are presented to the public. In Turkey, where thousands of Syrian refugees reside, DotW organized 354 Psycho-social support (PSS) sessions with the participation of 4,804 individuals, mainly Syrian refugees. The PSS sessions discussed a wide range of issues including bullying in public schools, mechanisms to cope with stress, interpersonal relationships, burnout among parents, and self-care. Community Health Workers are also trained to lead conversations on the subject with members of their community and make them aware of the services they can access at DotW-supported healthcare facilities if they want to seek further assistance.

	Consultations / Trainings
Nigeria (2022)	• 2,537 people (1,134 M; 1,403 F) of which 49% were IDPs and 51% from host communities accessed mental health consultations representing 117% of the project targe • A total of 427 people (200M; 227F) were referred for further treatment. • **Group sessions** on psychosocial support were provided to 32,418 people (7,648 M; 24,770 F) of which the majority (54.2%) were from host communities • **4,052 GBV survivors** received psychosocial support (1,703M; 2,349F) of which 75% were follow-up cases and 25% were new cases.
Syria	• Total = 1308 consultations were delivered by DoTW doctors trained in MHGap • 2023: **A total of 3,086 MH consultations were delivered for individuals with mental health conditions**. – 436 consultations were mhGap for psychiatric interventions by doctors trained in mhGAP, – 2,650 were psychological counseling and psychotherapeutic consultations delivered by psychologists. – Mood disorders such as depression and bipolar disorder were the most categorized morbidity (23%). This was followed by Neurotic, stress-related, and somatoform disorders (15.5%). The psychologists offer individual counseling sessions tailored to each case, including Cognitive Behavioral Therapy, Emotional behavior therapy, and Relaxation techniques, defined on a case-by-case basis
Madagascar	• 2022 = PSW daily conduct sensitization on GBV thematic during mobile clinics activities. 3,100 women and 969 men participated in these activities. – The main topics: concept of gender, GBV (types + causes + consequences), FP (types + effects + benefits), sexually transmitted infections and diseases, human rights (general), hygiene (generalized), positive masculinity, positive parenthood. – Note: this also occurred in 2023 however number of people reached was not specified
DRC	• 7,824 people received MHPSS in the supported health facilities
Mali	• 2022 = 30 cases (mainly among IDPs) were recorded in the Menaka city sites in collaboration with the WHO. Among them, 15 cases were referred with the assistance of the ICRC to the REFHC of Gao, which has a psychiatric service. • 2023 = 16 cases (M: 1, F: 15) of consultations for mental health problems at the Ménaka REFHC,
Ukraine	• A total of 1125 MH consultations have been performed (2022-2023) • 2023 = MHGap five-day training program aimed to provide knowledge and skills to identify and provide early-stage care for mental disorders and quality referrals to specialized care by non-specialized health care facilities [15 participants, doctors and nurses, who represented 5 PHC systems of Chernihiv oblast]. • 2023 = As part of the PM+ program, the MHPSS team conducted a 5-day training for 16 front liners (mostly social workers) in the city of Chernihiv • 2023 = The leaflets on "Psychological First Aid" were distributed among 100 beneficiaries who participated in 64 sessions. During 21 sessions, 100 beneficiaries received printed materials on "Self-help in Chronic Conditions" to help them better manage their chronic conditions.
Haiti [Reinforced Access to Health and Protection Services]	• 2021 - 2023 = 242 health care workers (129 women and 113 men) were trained on psychological principle • In total, 2,161 people received psychosocial support services • 97% of people having received psychological support reported improvement of feeling of wellbeing
Haiti [Cholera Outbreak] (2023-2024)	• 2023 - 2024 = 442 people (including 291 women and 161 men) received psychological support, including training. This support will continue for several more months to meet the needs of the Haitian population • 2023 - 2024 = DotW held three training sessions in the **Nippes region for 126 service providers (89 women and 37 men) and 48 CHWs (31 women and 27 men).** The training covered Psychological first aid, understanding the experience of cholera patients, and recognizing signs of psychological distress. In the west, one session was held for 37 CHWs (23 women and 14 men) on understanding cholera patients' experiences. • 2023 - 2024 = In the Northwest, three training sessions were conducted for **84 CHWs (51 women and 33 men) and 27 providers (20 women and 7 men)** on understanding and managing cholera patients' experiences.
Syrian Refugees in Turkey (2023)	• 2023 = DoTW-T organized 354 Psycho-social support (PSS) sessions with the participation of 4,804 individuals of which 3,149 were Syrians (66%), 1,113 were non–Syrians (23%), and 542 were from earthquake-displaced host community members (11%).

NUTRITION

Environmental crises like drought and flooding, along with the Ukraine conflict, have led to massive food security issues in countries like Syria, Mali, Nigeria, DRC, and Madagascar. Malnutrition can lead to serious health risks, particularly to young children or pregnant women, which can impede their long-term development. Between 2022 and 2023, DotW implemented several programs in these countries to screen, monitor, and treat cases of malnutrition, ranging from acute to severe. Our programs follow several steps to tackle this growing crisis.

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AWARENESS AND PREVENTION AGAINST MALNUTRITION

Our primary mission on malnutrition focuses on prevention, while improving nutrition. That requires raising awareness on the subject and ensuring that the community can recognize at-risk cases and address them before they develop further. Doctors of the World has enlisted and trained community health workers (CHW), healthcare staff, and other local members to teach their community about Infant and Young Child Feeding (IYCF) practices, nutrition, food hygiene, maternal nutrition, breastfeeding, malnutrition screening, as well as causes of malnutrition. In Nigeria, DotW recruited ten lead mothers and trained them to provide IYCF services in selected communities. As a result, 1,287 women with children were enrolled in nutrition programs. Similar programs that enlisted CHW to engage with pregnant women and mothers were implemented in Syria, Mali, DRC, and Madagascar.

Prevention	CHW trained	IYCF and other trainings for mothers/community
Nigeria (2022)	Tem lead mothers trained to provide IYCF services	• 1,287 women w/ children enrolled into nutrition programs • 20,728 community stakeholders received BHI • 7,543 expectant mothers, 4,733 lactating women, and 438 women of childbearing age were reached within health facility
Syria (2022)	42 unique field staff members in the four BHA-supported PHCCs.	• 13,076 nutrition interventions who are delivered with BHI internations to improve IYCF • A total of 4,139 individuals (mothers and/ or pregnant females), were provided with information about breastfeeding, nutritional needs of newborns, and required feeding practices. • 3,806 pregnant women reached with nutrition-specific interventions through BHA.
Madagascar	X	• 2022 = 2,420 people received awareness-raising sessions on nutrition. • 2023 = 1,575 pregnant women were reached with specific interventions from BHA • 2023 = Child nutrition counseling is provided during post-natal consultations and SAM admission. Micronutrients such as iron and folic acid are provided to beneficiaries
DRC	• 2022 = 34 healthcare staff trained on IYCF and WASH in Nutrition • 2022 - 2023 = 260 community relays were trained to assist and counsel regarding nutrition and hygiene.	• 15,186 were sensitized to good practices for infant and young child feeding in emergency contexts and other essential family practices • 1,811 culinary demonstrations were organized in health centers and in the community
Mali	2023: • Training sessions for CHWs on Integrated Management of Acute Malnutrition (IMAM) simplified were organized in two sessions, in which 21 participants took part. • A training session for 63 Community Relays [CR] on WASH nutrition • Training session was organized for five new NASGs from the HD of Ménaka with the participation of 50 people, including two men.	• Total = 5,273 children under five years of age received micronutrients in the form of pastes and nutritional advice • 2023 = 5,606 beneficiaries were reached by the IYCF activities that were carried out by the NASGs

SCREENING AND TREATMENT FOR MALNUTRITION

Prevention only represents half of our services related to nutrition and food security: the remaining portion focuses on screening for cases of malnutrition as well as providing treatment or referrals. Our teams travel around the world providing training to CHWs and healthcare staff on how to screen, manage, and treat cases of malnutrition ranging from Moderate Acute Malnutrition (MAM) to Severe Acute Malnutrition (SAM).

In 2022, in Madagascar, ten DotW staff were trained in SAM and MAM screening and case management, including two medical doctors and six paramedics in the mobile clinics, and one doctor at each hospital. Additionally, over the course of two years, 18 sites were supported by DoTW for the management of acute malnutrition, where we screened 4,796 children.

In Nigeria, DotW also offers an Outpatient Therapeutic Program (OTP) for cases of SAM. 1,085 children were admitted into the program and DotW registered a 100% cure rate. DotW further distributed 1,140 OTP kits. In the DRC, DotW set up an Ambulatory Therapeutic Nutritional Unit (ATNU) in 2022 where 2067 patients received treatment. In 2023, we expanded to support 12 Ambulatory Therapeutic Nutrition Unit (UNTAs) and two Intensive Nutritional Therapeutic Units (INTUs), plus the Nabindi and Tumungu mobile clinics, by supplying them with nutritional inputs.

	Screening	Treatment	Other
Nigeria (2022)	34,147	1,085 children received OTP	1,040 OTP kits distributed
Syria (only 2022)	9,096 children under 5 screened	205 received referrals	X
Madagascar	Total = 4,796 screened for malnutrition	Total = 432 admitted for SAM	2022 = ten DotW staff trained on SAM and MAM screening and case management and tool utilization to reinforce their capacities 2023 = 18 sites are supported by DoTW for management of acute malnutrition (six sites in 2022)
DRC	33,382 people benefited from active screenings carried out by the community relays with the supervision of community mobilizers	2022 = A total of 2,067 patients were treated in the Ambulatory Therapeutic Nutritional Unit (ATNU) 2023 = 2,919 patients suffering from severe acute malnutrition without medical complications were admitted to the UNTAs supported by the project.	2022 = 34 healthcare staff received training for ATNU 2023 = 20 Community relay (CORE) from the southern axis of the Minembwe HZ were trained in screening and referral methodology and gender mainstreaming in nutrition. 38 health workers from UNTA, UNTI, and BCZS Itombwe and Minembwe were trained in the management of acute malnutrition, revitalized pre-school consultations, emergency IYCF, optimal IYCF and WASH in Nutrition (WiN), with technical support from the Provincial Division of the Ministry of Health (DPS)/ DRC National Nutrition Program Five health agents from the Rugezi and Kinyokwe UNTAs in the Minembwe HZ were trained in the above-mentioned approaches.
Mali	Total = 11,234 children under the age of five were screened by CHW.	2022 = 3376 children were admitted and managed, including 3204 SAM cases and 172 SAMC. 2023 = 5,809 people (M: 2,661, F: 3,148) were admitted and treated for acute malnutrition.	2023 = 20 sites, one REFHC and 19 CHC, managed acute malnutrition.
Haiti	X	X	2022 = Distribution of non-medical material (such as Plumpy Nut: peanut-based therapeutic food) in the four supported health structures in Nippes.

SEXUAL & REPRODUCTIVE HEALTH

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When a conflict or crisis arises, it is often women and children that suffer the most. A rise in the rates of gender-based violence (GBV) and dwindling access to healthcare, specifically sexual and reproductive healthcare (SRH), are two key issues that women and girls struggle with in cases of emergency.

As rates of maternal and infant mortality increase, the results can be devastating. Victims of GBV suffer from physical and psychological trauma and stigmatization and have little access to care. It is vital that SRH remains accessible for women, regardless of the crisis or conflict. At Doctors of the World, our SRH program expands beyond care, and works to incorporate community-building, social activism, and educating women on their rights.

PRE- AND POST-NATAL CARE

Improving access to reproductive health and reducing rates of maternal and infant mortality is a key goal in our SRH mission. To accomplish this goal, we strive to provide women with consultations that vary from antenatal/postnatal care (ANC/PNC), birthing assistance, family planning, and contraception. Each country has varying needs, for example in Madagascar, we provided 687 women with contraception while in Mali, where malaria and other mosquito-borne diseases pose serious risk to pregnant women, we provided 11,472 Long-Lasting Insecticide-Treated nets over the course of two years. Our program further includes training healthcare staff, traditional midwives, and community health workers on key SRH topics: family planning, emergency obstetric care, post-abortion care, STI, GBV, and more.

Along with providing care, DotW strives to raise women's awareness regarding their own health and wellbeing. With the support of community health workers, town criers, and through visits at our supported clinics, we provide insight into key SRH concerns. In regions that have higher rates of at-home births, like the DRC, Nigeria, and Mali, we educate pregnant women on the value of PNC and ANC visits, as well as the risks associated with at-home births. These campaigns showed a positive impact in reaching pregnant women and increasing the number of consultations and deliveries at the clinics that DotW supported. In the DRC, we saw the number of ANC visits grow from 2022 (7,014 attending two ANC visits) to 2023 (8,920 attending two ANC visits). Nonetheless, pregnant women also received hygienic delivery kits in case they chose to deliver at home or were unable to come to the clinic, with over 4,058 kits distributed to expecting mothers in Mali.

	ANC	PNC	Deliveries	Other
Mali	Total = 11,472 = ANC1 8,831 = ANC2	Total = 2,676	Total = 2531 assisted deliveries	4058 kits distributed (2 towels, 1 piece of soap, 2 blades, 2 pairs of gloves, 1 bed sheet and 2 clamp-cord)
Nigeria (ends 2022)	27,358 women accessed ANC services, with 15,559 received two or more ANC consultations.	5,550 PNC consultations. 31.2% received SHR kits.	5,551 deliveries were registered by the community mobilizers of which 44% were health facility deliveries by skilled birth attendants and 56% were community deliveries by traditional birth attendants.	4,278 kits distributed
DRC	Conflicting numbers but best guess is: Total = 15,934	8592 children received PNC within three days of delivery	7,867 assisted deliveries	4,346 kits distributed in 2022 (2023 has not #)
Syria Total = 11,996 SRH consultations	Total = ANC1 = 9,563 ANC2 = 3,868	2022 = 366 newborns received PNC	N/A	N/A
Ukraine Total = 1773 SRH consultations	X	X	X	X
Haiti [Reinforced Access to Health and Protection Services]	2021 - 2023 = 6,436 pregnant women attended at least two ANC	2021- 2023 = 3,331 newborns PNC within three days of delivery	2021 - 2023 = 3,615 deliveries were attended by a skilled attendant during this project.	X
Madagascar	2023 = 1,575 pregnant women were reached with specific interventions from BHA	2022 = 1,588 PNC visits	2023 = 855 deliveries attended by a skilled attendant	687 women received contraception

SEXUAL AND GENDER-BASED VIOLENCE

Sexual and gender-based violence (S/GBV) is another key aspect that DotW focuses on in its SRH strategy. GBV encompasses rape, sexual assault, physical assault, forced marriage, denial of resources, and physical/mental abuse. In the DRC, Nigeria, Haiti, Mali, and Madagascar, we have developed extensive programs to mitigate the risk of GBV, improve protection, and provide support and care to survivors of GBV.

Support for GBV survivors

The care provided to survivors of GBV incorporates primary care, rape kits, case management (should they wish to file), and psychosocial support. In the DRC and Nigeria, where rape is being used as a weapon in the ongoing conflict, GBV is a huge concern. 592 people (20M, 572F) received GBV services in our supported health facilities in Nigeria in 2022, and 618 cases of sexual violence were treated in the DRC from 2022 to 2023. To ensure that survivors get the help they need, we established a toll-free line where one can access GBV information in the DRC and Nigeria. Along with providing care and support to survivors, we also train staff and community health workers on how to handle GBV cases, ensuring survivors receive quality, sensitized care.

	Medical Care	Psychosocial Care	Community mobilization	Training	Other
DRC	Total = 618 cases of sexual violence treated	Total = 4,688 people benefited from psychosocial support,	Protection activities including GBV sensitization and prevention, reached a total of 106,793 people	2022 = 38 health care providers trained	X
Nigeria (Complete 2022)	592 received GBV services from HF and community visits.	Not specified	54,722 people reached with GBV prevention	36 community mobilizers trained. 60 adolescent girls were also trained. 50 community organizers in Maiduguri and Damboa trained.	Toll line on GBV. 241 GBV kits distributed.
Mali	2022 = 16 cases of GBV treated	X	X	2022 = 20 health workers were trained	X
Haiti [Reinforced Access to Health and Protection Services]	X	X	X	2022 = 20 health workers have been trained on GBV principles and Clinical Management of Rape	X
Madagascar	X	X	24,199 people attended awareness session	X	Condoms are distributed after the awareness sessions

With our second objective, we aimed to mitigate the risk of GBV, reduce stigmatization, and raise awareness about women's rights and safety through community mobilization. DotW reached out to local authorities, grassroots organizations, community leaders, and the civilian population to discuss the topic of GBV, reduce stigmatization, and brainstorm solutions for prevention.

In the DRC in particular, we are starting to see positive results from our efforts. Over 106,793 people were reached by the protection activities, which enabled communities to overcome psychological and cultural barriers and assist survivors in reaching out for help. We can affirm that there has been a decrease in GBV in two of our intervention zones, thanks to awareness-raising and advocacy action.

WATER, SANITATION & HYGIENE

Responding to cholera outbreaks, ensuring medical waste is safely removed, and confirming health centers are up to date on their hygiene measures are other aspects of our humanitarian response abroad. Implementing WASH infrastructure and procedures can ensure positive, long-lasting impacts on health.

In 2022 and 2023, Doctors of the World had varied approaches to WASH depending on the needs of the region. In Syria, our focus was to ensure the safe removal and management of medical waste, which was accomplished by installing two incinerators in Idlib in 2022. The following year, we provided training to two waste incinerator technicians on medical waste management. In Madagascar, the WASH program that started in 2022 has grown significantly over the following year. DotW worked on upgrading the water distribution systems in the different departments, as well as the construction and rehabilitation of 19 latrines and showers for patients and medical staff. Four septic tanks were also built, connected to four pits built in the same place.

The DRC is one of our biggest WASH programs, reaching over 186,100 beneficiaries in the course of two years. In 2022, DotW rehabilitated and constructed several WASH structures in the health zones of Minembwe and Itombwe. Our WASH program includes installing new latrines and showers that ensure better plumbing and more privacy for patients, as well as the construction of garbage pits, placenta pits, and fencing of the waste area. Handwashing facilities were also installed in the supported health facilities and the plumbing was also updated. With these measures, the supported health facilities will be up to standard for hygiene measures and will be less exposed to the risk of infection and outbreaks. In 2023, eight water committees were selected and trained by the team from the Provincial Health Division (Public Health and Hygiene Office) in the management of the water sources in the community and provided with maintenance materials and work equipment.

In Haiti, our approach to WASH included similar measures. However, there was also more outreach to families living in the health zones we served. In 2022, 827 WASH kits were distributed in the outskirts of Cité Soliel, combined with community activities on how to use the WASH kits and properly wash your hands. In 2023, we distributed over 1000 hygiene kits in Nippes. These measures were taken to help stem the outbreak of cholera which began in September 2022. Ensuring that families knew how to protect themselves against cholera was key in our approach to WASH. Finally, thanks to multiple rehabilitation and construction of water systems, DotW was able to help 35,922 people directly access water services.

FINANCES 2022 & 2023

Founded in 2012, we are a young and growing organization, with increasing influence on the MdM Network internationally. As we build the reputation of MdM with US stakeholders and donors, DotW USA ia taking steps to develop a programmatic presence and impact domestically as well. As part of the Médecins du Monde / Doctors of the World International Network, funds we raise for domestic programming are spent in the United States. Funds raised for international programming are transferred to other members of the MdM global network who are implementing our life-saving programs in the field.

Doctors of the World posted excellent financial results in both years, achieving a balanced budget and dramatically improved organizational performance, reflecting a strong return on investment made in fundraising and support systems in previous years. In 2022-2023, XX% of our budget was spent on programs (XX% for international programs; and XX% for domestic programs). We spent XX% of our budget on administrative expenses (XX% for fundraising; and XX% for administration). In addition, the Global MdM network functions with highly efficient margins. MdM publishes a **detailed annual financial report**, available in multiple languages.

- Programs **XX%**
- Fundraising **X%**
- Administration **X%**

STATEMENTS

Statements of financial position as of
December 31, 2022, and December 31, 2022

	2023	2022
	$	$
ASSETS		
Current assets		
Cash and cash equivalents	1,681,214	1,156,105
Grants receivable:		
Federal	3,077,787	1,674,965
Non-Federal	7,272	105,000
Advances to Médecins du Monde and Affiliates	1,123,486	1,979,848
Prepaid expenses	3,073	4,018
Total current assets	5,892,832	4,919,936
Property and equipment		
Equipment	14,579	7,638
Website	31,125	31,125
Less: Accumulated depreciation and amortization	(39,298)	(37,384)
Net property and equipment	6,406	1,379
Other assets		
Security deposit	10,800	13,710
TOTAL ASSETS	**5,910,038**	**4,935,025**
LIABILITIES AND NET ASSETS (DEFICIT)		
Current liabilities		
Accounts payable and accrued liabilities	64,754	56,807
Grants payable	3,069,160	1,738,761
Due to Médecins du Monde	1,070,374	1,984,103
Total current liabilities	4,204,288	3,779,671
Net assets		
Without donor restrictions	1,653,916	1,155,354
With donor restrictions	51,834	–
Total net assets	1,705,750	1,155,354
TOTAL LIABILITIES AND NET ASSETS (DEFICIT)	**5,910,038**	**4,935,025**

STATEMENTS

Statements of activities and changes in net assets for the year ended December 31, 2023

	2023		
	Without donor restrictions	With donor restrictions	Total
	$	$	$
REVENUE			
Contributions and grants			
Federal	17,115,738	–	17,115,738
Non–federal	1,002,439	128,920	1,131,359
Other revenue	6,831	–	6,831
Net assets released from donor restrictions	77,086	(77,086)	–
Total revenue	18,202,094	51,834	18,253,928
EXPENSES			
Program services:			
International programs	16,972,956	–	16,972,956
National programs	331,297	–	331,297
Total program services	17,304,253	–	17,304,253
Supporting services:			
Fundraising and development	208,562	–	208,562
General and administrative	190,717	–	190,717
Total supporting services	399,279	–	399,279
Total expenses	17,703,532	–	17,703,532
Changes in net assets	498,562	51,834	550,396
Net assets at beginning of year	1,155,354	–	1,155,354
NET ASSETS AT END OF YEAR	**1,653,916**	**51,834**	**1,705,750**

STATEMENTS

Statements of activities and changes in net assets for the year ended December 31, 2022

	2022		
	Without donor restrictions	With donor restrictions	Total
	$	$	$
REVENUE			
Contributions and grants			
Federal	13,194,904	–	13,194,904
Non–federal	621,320	585,000	1,206,320
Net assets released from donor restrictions	585,000	(585,000)	–
Total revenue	14,401,224	–	14,401,224
EXPENSES			
Program services:			
International programs	13,663,462	–	13,663,462
National programs	257,325	–	257,325
Total program services	13,920,787	–	13,920,787
Supporting services:			
Fundraising and development	219,978	–	219,978
General and administrative	251,813	–	251,813
Total supporting services	471,791	–	471,791
Total expenses	14,392,578	–	14,392,578
Changes in net assets	8,646	–	8,646
Net assets at beginning of year	1,146,708	–	1,146,708
NET ASSETS AT END OF YEAR	**1,155,354**	–	**1,155,354**

HOW YOU CAN HELP

INDIFFERENCE IS A DISEASE

We believe that standing by silently is harmful and contagious.

It is our responsibility as citizens of a global community to help people access the health care that is their right, and we take that responsibility very seriously.

The disease of indifference is cured through action. There are many ways you can help by supporting Doctors of the World USA.

DONATE

Online: Through the donate page on our website you can sign up to make a one-time gift, or set up a monthly donation. We also provide options for employee giving platforms.
doctorsoftheworld.org/donate

Offline: You can send us a check, include us in your estate planning or will, or donate shares of stock to Doctors of the World USA. Our address is: 222 Broadway, Fl. 19, New York, NY 10038.

If you have any questions about making a gift to Doctors of the World USA, please contact us at **donate@doctorsoftheworld.org**.

VOLUNTEER

We rely heavily on our volunteers and are continually grateful and proud of the amazing work they do. As a volunteer you will be making a difference in the lives of vulnerable and marginalized people at home and overseas.

Applications for medical and non-medical volunteers are accepted on a rolling basis. Send your resume and a brief statement of interest to volunteer@doctorsoftheworld.org. Be sure to include the volunteer type and department in the subject of your email.

FIND OUT MORE

Visit our website for more information on the work that we do and how you can get involved.
www.doctorsoftheworld.org

THANK YOU

We gratefully acknowledge the generous support of the many individual and institutional donors to Doctors of the World USA in 2022 and 2023, including those listed below. Our work would not be possible without their help.

GOVERNMENT SUPPORT

Bureau for Humanitarian Assistance, U.S. Agency for International Development

Bureau of Population, Refugees and Migrants, U.S. Department of State

MAJOR FOUNDATION SUPPORT

Blue Cross Blue Shield of Texas
Broadway Cares/Equity Fights AIDS
Buddhist Tzu Chi Charitable Foundation
Clementine Fund
Dr. Scholl Foundation
El Paso Community Foundation
GECU Foundation
The Dudley T. Dougherty Foundation
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