



IMPACT REPORT

2020-21

DOCTORS OF THE WORLD USA





Doctors of the World USA

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The need for global humanitarian work has become more urgent over the past decade. Even so, few could ever have imagined the unprecedented challenges the world has faced since the spring of 2020.

Despite COVID-19 straining the resources of every major health organization, and armed conflict in Ukraine, Haiti, and Sudan creating new humanitarian crises, Doctors of the World doubled down on our mission to bring equitable and sustainable healthcare to some of the planet's most underserved people. With existing operations in these countries, our teams pivoted immediately to respond to new crises in Haiti, South Sudan, and Ukraine by working with local health facilities, community organizations, and regional and national governments.

At the same time, we grew established programs in other parts of the world. In one of the most isolated and insecure areas of Mali, our efforts to expand vaccination and vitamin A supplementation curbed outbreaks and deaths from measles. In Syria, Nigeria, and the DRC, we expanded antenatal and postnatal care for women and targeted acute malnutrition for children at highest risk.

These are but a few examples of how we have grown our programs to confront ongoing challenges in the midst of increasing humanitarian crises. You can read about our dedicated international teams and the impact of our work in more detail throughout this report.

After exhaustively researching how best to use resources to advance our humanitarian mission domestically, we identified transitional health care for refugees and asylum-seekers along the US-Mexican border as a pressing crisis. We launched the Border Health Program in 2022. This is our first program in the U.S. since 2015.

A record 339 million people, exceeding the entire U.S. population, will need humanitarian assistance and protection in 2023.

As the incoming president of the Board, I am pleased to report that an independent audit revealed, once again, a sound financial foundation upon which we can continue to build these essential projects and services. Of course, none of this would be possible without the hard work of our small but dedicated staff, and most of all, your ongoing generous support.

Glenn Fennelly

El Paso, TX
May, 2023

**A MESSAGE FROM OUR
INCOMING PRESIDENT**



OVERVIEW

DOCTORS OF THE WORLD INTERNATIONAL PROGRAMS

Throughout 2020 and 2021, Doctors of the World has implemented programs across the world; in Syria, Mali, Nigeria, Democratic Republic of Congo (DRC), Haiti, South Sudan, Ukraine, Bulgaria, France and Greece. In each region we have worked to address a multitude of health topics including primary care, sexual and reproductive healthcare, nutrition, and mental health.

Each region carries its own specific needs and challenges. In Syria, Mali, Nigeria, and DRC, civilians have experienced a disruption in access to healthcare due to conflict, political instability, and economic insecurity. In these countries, DotW's aim is to ensure that care is provided to the most vulnerable population affected by the conflicts including Internally Displaced Persons (IDPs), as well as women and children.

In Haiti, South Sudan, and Ukraine our programs focused on addressing the growing health concerns related to COVID-19. These three countries face numerous challenges including poverty, political instability, and, in the case of Haiti and South Sudan, climate disasters. The culmination of these issues have left these regions particularly vulnerable to COVID-19 outbreak, so our approach was focused on capacity building and pandemic preparedness and response, ensuring they could contain an outbreak should it occur.

Meanwhile in Bulgaria and Greece, our aim was to empower the Roma community. The Roma population in these areas are often excluded from the healthcare system, facing hurdles like administrative barriers as well as discrimination. Our approach focused on awareness-raising on healthcare rights as well as community mobilization to address issues.

Finally, our work in France focused on mitigating the risks faced by sexworkers since the criminalization of their profession in 2016. The results of this policy change has seriously impacted the safety of sex workers, leaving them more vulnerable to abuse and violence. Our approach focused on finding solutions to minimize the risks as well as advocate for more progressive policy that will ensure their safety.



A WORLD IN CRISIS

DOCTORS OF THE WORLD'S COVID-19 RESPONSE

At the start of 2020, when COVID-19 was rapidly spreading throughout the world, Doctors of the World focused on developing programs that would help at-risk nations to prepare for the pandemic.





In Haiti, South Sudan, and Ukraine, we worked closely with local health facilities, national, and regional governments, as well as community organizations to help bolster their preventative measures and preparedness response to COVID-19. We simultaneously maintained essential health services such as primary care, sexual and reproductive health, gender-based violence, and mental health and psychosocial support in those locations.

Our activities around COVID-19 were tailored towards three key objectives: The first was ensuring that health facilities and staff were properly informed about COVID-19 to manage outbreaks in the region. To meet this objective, Doctors of the World conducted evaluations to measure individuals' understanding about the virus, both within the community and among healthcare staff.

Once the gaps in knowledge were identified, Doctors of the World conducted training sessions for medical staff and community health workers to inform them about using Personal Protective Equipment (PPE) and COVID-19 including its etiology, transmission, symptoms, risk, diagnosis, and treatment. Training sessions were also expanded to include Mental Health and Psychosocial Support (MHPSS), particularly within the context of COVID-19.



The second key objective for Doctors of the World was to support health facilities that would be managing the COVID-19 outbreaks in their area. Beyond training staff, the efforts focused largely on providing them with Infection Prevention and Control (IPC) supplies like PPE as well as medicine and medical equipment.

The last key objective on addressing COVID-19 in our health programs focused on disseminating information about the virus to the public so that individuals were better equipped to recognize symptoms, prevent infection, and seek out treatment. To do this, Doctors of the World took to

various media including TV, radio, and social media platforms like Facebook. Information was also shared with community leaders/organizations who could further amplify our message.

In Ukraine, Doctors of the World organized phone consultations for individuals to call and receive the necessary information about COVID-19, as well as a video competition among children on how to prevent the spread of COVID-19. In Turkey, we also worked in coordination with the Izmir Public Health Directorate in its COVID-19 vaccination campaign targeting seasonal workers, an effort that led to the vaccination of hundreds of people.



While our work largely focused on IPC, Doctors of the World also recognized the risk that the pandemic posed to other essential healthcare services. To that end, we also looked to bolster the healthcare facilities so they could continue to provide care in several domains.

In South Sudan and Haiti, DotW ensured the continuity of Sexual and Reproductive Health services including ante and postnatal care, as well as treating cases of sexual violence and raising awareness of gender-based violence. These services were particularly important in the context of COVID-19, as the

forced isolation left many women and children with increased exposure to this risk.

MHPSS is another health sector that has been put under serious strain due to COVID-19. In all of our COVID-19 responses, Doctors of the World has worked to ensure that individuals can receive consultations with trained psychologists to cope with their mental health issues. Furthermore, as previously mentioned, healthcare staff were also trained in MHPSS, from teaching coping strategies for stress to providing referrals for patients to appropriate MHPSS clinics.

A woman in a white lab coat and black headwrap is focused on writing in a large medical form. The form has a grid and various fields, with the word 'DESENFANTS' visible. She is holding a blue pen. In the background, another person in a white lab coat is also working at a desk. The desk is cluttered with papers, a bottle of glue, and other medical supplies.

HEALTH SYSTEMS & CLINICAL CARE

Provision of Medical Supplies, Capacity Building, and Training

Our primary mission when undertaking a humanitarian response is focused largely on capacity building and supporting local health systems, as well as providing clinical care. In each region, DotW selected several health facilities to support, sending staff to evaluate resources, establish the key gaps and develop solutions. DotW then carried out the necessary tasks to ensure that facilities were provided with medicine, equipment, and Water Sanitation and Hygiene (WASH) infrastructure. DotW staff worked with local healthcare staff to ensure capacity building and 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 those in the DRC and Mali, DotW organized mobile clinics that included a primary care doctor, psychologist, nurse, and nutrition specialist.



Provision of Clinical Care

DotW provided free primary healthcare to those who visited our supported health facilities or mobile clinics. In our supported facilities, primary care encompassed SRH, GBV, MHPSS, nutrition, and immunization. DotW also provides consultations for communicable diseases like malaria, acute respiratory infection, measles and diarrhea. In Mali, DotW's advanced vaccination strategy for children led to a curb in measles outbreaks; zero measles-related deaths were recorded in that region in 2021. Our primary care also provides consultations for non-communicable diseases, helping diagnose and treat cases of diabetes, hypertension, asthma, and more.

Infection, Prevention and Control

Preparing for future public health emergencies takes a large role in our humanitarian response. Strengthening surveillance and tracking of communicable diseases, whether malaria or COVID-19, was a key objective. In Mali, DotW provided monthly financial support and internet access to SIS managers for the collection and analysis of epidemiological and nutritional surveillance data. Similar approaches were taken in Nigeria and the DRC. Measures were also taken to develop and implement IPC measures at supported health facilities. In Bulgaria, Greece, Nigeria, Mali, and Syria, the concern around COVID-19 remained high. DotW staff launched awareness campaigns to teach beneficiaries about the virus to help curb its spread.

Community Empowerment and Mobilization around Health

In order to develop a long-term, sustainable humanitarian response it is vital to include local communities and encourage them to take autonomy around their health. To accomplish this, DotW works with local leaders and community health workers to develop health and wellbeing activities with members of the community. By working in a community setting, members can identify the most pressing health concerns and help develop solutions. In Bulgaria, the Roma community is often excluded from the health system, and learning about their health rights allowed them to find empowerment and mobilize their community to take action.



	Health Facilities Supported	Training HC professional	Beneficiaries supported through clinics	Non Communicable Disease (NCD)	Communicable disease	Other
DRC	10 health facilities + mobile clinics for isolated populations	278 (62 women, 216 men)	92,554 including 42,511 IDPs	14,669 patients supported for NCDs	65,934 consultations	1,771 people were treated for injuries (knives/firearms)
Nigeria	7	103 trained at clinics 75 medical staff received training for medical supply chain	265,751 (53% were IDPs)	7,436 NCD consultations were achieved	27,556 were treated or were referred to health facilities.	
Mali	31 + 3 mobile teams	346 CHW, 5 CHC Directors 29 health workers were trained in medical supply and management	126,375 beneficiaries received curative consultations	2,848 consultations were recorded	50,016 cases were reported	3,634 trauma-related injuries were treated
Syria	4	121 staff members were trained and 11 CHW supported 7 trained in medical supply and management	27,596 beneficiaries supported (52,989 for PHC)			2 incinerators were opened to safely remove and manage medical waste (previously dumped near camps)



SEXUAL & REPRODUCTIVE HEALTH

Sexual and Reproductive Health (SRH) is a field within healthcare that is particularly vital to women and infants. Often, in times of crisis, women's access to SRH services are severely hindered, and the outcomes can be tragic: higher rates of maternal and infant mortality, increased rates of sexual violence and other devastating effects. The Doctors of the World SRH program focuses on two key areas, each of which is heavily tied into community-building: social activism, and educating women on their rights.





Our first area of focus lies heavily on reproductive health, particularly pregnancies, birth, young infant health, and family planning. In Syria, Mali, Nigeria and the DRC, DotW focused on sustaining and increasing the number of women who receive antenatal (ANC) and postnatal care (PNC). During ANC visits, a few different issues may be addressed depending on the context.

In Syria, a key issue was a lack of nutrition for pregnant women, to which DotW responded with nutrition-specific interventions. Overall, 792 women received at least 2 nutrition-specific interventions in Syria. In Mali, malaria and other mosquito-borne diseases can pose a serious risk to pregnant women, thus during ANC visits women in that community received Long-lasting Insecticidal Nets (LLIN).

Another key issue DotW worked on was at-home births, around which several activities were developed in Mali, Nigeria, and the DRC. DotW worked closely with community leaders and organizations to raise awareness about the risks of at-home-births, and to encourage ANC and PNC visits. These campaigns were successful in reaching pregnant women and increasing the number of consultations and deliveries at the clinics that DotW supported.

Pregnant women also received hygienic delivery kits in case they chose not to, or were unable to come to the clinic. In Mali, staff were further trained in basic emergency obstetrical and neonatal care, and a referral system was organized in the case of major obstetrical complications.

	ANC	PNC	Deliveries	Kits
Mali	9291 pregnant women received one ANC consultation, and 4,840 received two	1366 newborns received postnatal care within 3 days of delivery	1,195 medically assisted deliveries	2420 clean delivery kits
Nigeria	14,796 received one ANC consultation, while 9,828 received two	4,872 women received PNC within 3 days of delivery. In addition, 2396 SRH kits were given during these visits	2,987 births were assisted by DotW midwives	2,116 pregnant women received clean delivery kits
DRC	4,637 pregnant women received at least two ANC consultations	3,404 newborns received PNC within 3 days of delivery	3,385 deliveries were assisted by qualified professionals	2,760 received clean delivery kits
Syria	793 received two ANC consultations	214 newborns received PNC within 3 days of delivery	N/A	N/A

Sexual and gender-based violence (S/GBV) is another key aspect that DotW focuses on in its SRH strategy. In the Democratic Republic of Congo, Nigeria, and France we have developed extensive programs to mitigate the risk of GBV, improve protection, and also provide support and care to survivors of GBV.

SEXUAL AND GENDER-BASED VIOLENCE



Sex Workers

In France, DotW has created an extended network to help sex-workers. This was largely created to respond to France's 'Ending Demand' legislation in 2016, that criminalized sex-work and, as a consequence, left sex-workers unprotected and vulnerable to violence, assault, and theft. DotW has implemented a few key projects to provide support to sex-workers in France. One of the biggest accomplishments is the website and app called projet-yasmine.org, which allows sex-workers to flag risky or dangerous clients and protect their colleagues. It also shares access information on



health, rights, and self-defense tutorials, as well as points them to local infrastructure that can aid them. The website will also be used to collect data and advocate for the end of France's legislation against sex-work. From March to June 2020, more than 100 acts of violence were reported on projet-yasmine.org. DotW has worked to build a network of healthcare providers, social workers, and lawyers that have received sensitivity-training to provide aid without judgment or patronization, and is mindful of the challenges sex-workers face.



Support for GBV survivors

In the DRC and Nigeria, GBV was another key point of DotW's humanitarian project. Within our GBV program we focused on two key objects: providing immediate care to survivors and raising community awareness on the subject of SGBV.

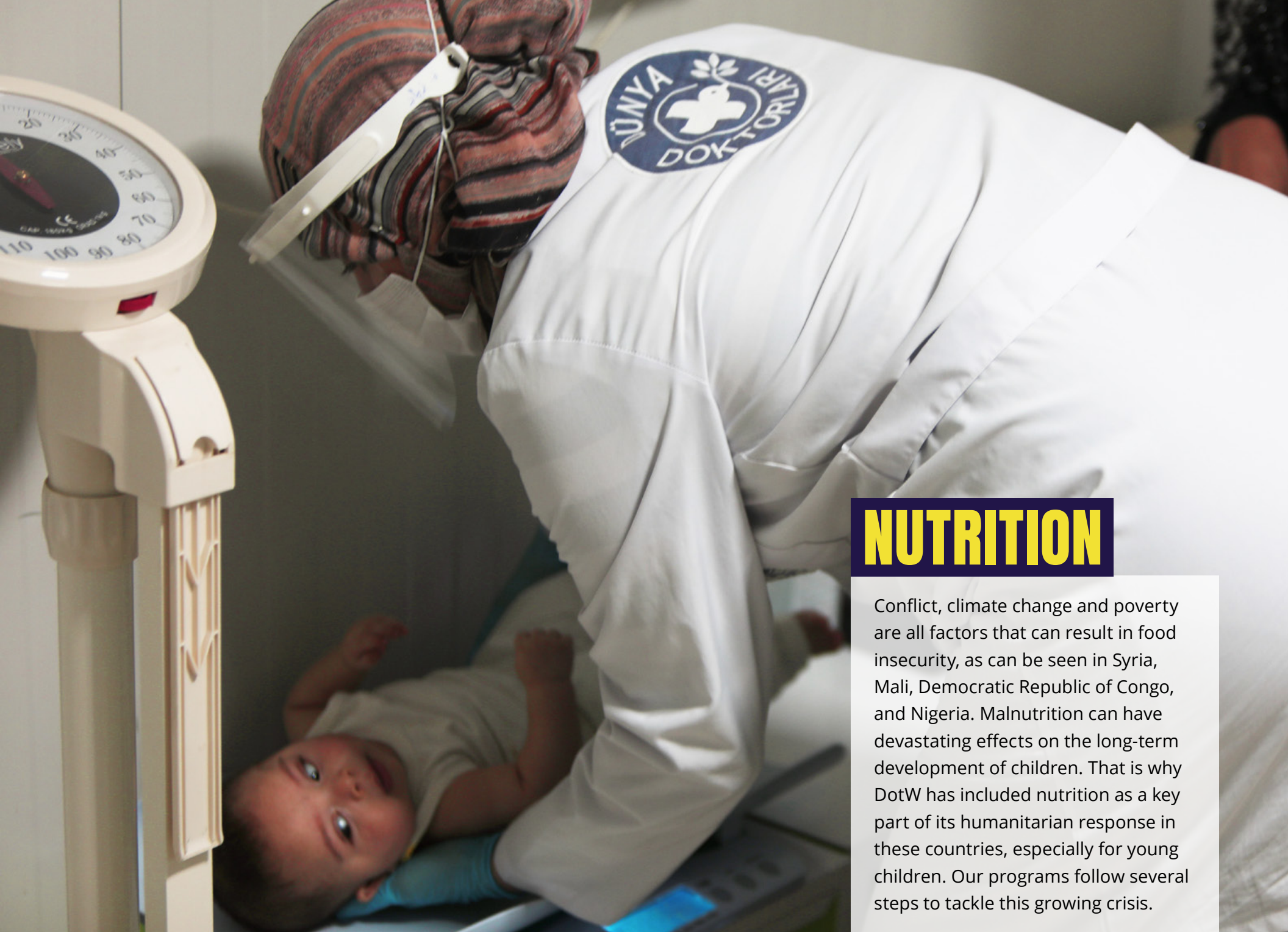
For our first objective, DotW provided medical care to survivors that consisted of rape kits (should they wish to file against the aggressor), primary care, and psychosocial support. We also provided sensitivity training to healthcare staff that worked with GBV survivors. In Nigeria, DotW established a toll-free call line that acted as an alternative entry point for GBV survivors to access quality comprehensive medical care, emotional support, and referrals to specialized GBV services.

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. Community leaders and organizations received training on key GBV topics such as sensitization, safety-planning, access to care, reporting cases, and challenging harmful gendered norms and practices.

In turn, they organized communal meetings where they led discussions and activities around these topics and came up with community strategies to address GBV.

Police, religious structures, schools, and other important institutions were also included in these awareness-raising sessions. These messages were amplified on the radio, ensuring that individuals could recognize cases of GBV or child abuse, find help, and mitigate risk.





NUTRITION

Conflict, climate change and poverty are all factors that can result in food insecurity, as can be seen in Syria, Mali, Democratic Republic of Congo, and Nigeria. Malnutrition can have devastating effects on the long-term development of children. That is why DotW has included nutrition as a key part of its humanitarian response in these countries, especially for young children. Our programs follow several steps to tackle this growing crisis.

Awareness and Prevention against Malnutrition

A key part of humanitarian response focuses on prevention against malnutrition while boosting nutrition. To do this, we enlisted and trained community health workers (CHWs) to teach their community about infant and young child feeding (IYCF) practices, WASH in nutrition (WiN), lactating feeding, and how to monitor children's nutrition using mid-upper-arms circumference (MUAC). Nutrition Activity Support Groups were also established, giving members a chance to receive more training and exchange information. With this approach, CHW were able to reach hundreds, even thousands of people with information about nutrition and good eating habits.

In Mali and Syria, pregnant women and young children received additional nutritional interventions to improve their health. Women that were pregnant, postpartum, or lactating were given iron, folic acid, and micronutrient powder. In Mali, a total of 6,341 children received micronutrient supplements, while in Syria 3,058 pregnant women and children benefited from nutrition interventions.

	Trainings NASG (nutrition activity support groups)	CHW trained	IYCF and other trainings for mothers/community
Mali	50	15 (on acute mal)	
Syria			1,904
Nigeria		50 (general including nutrition)	32,092
DRC		90 (specific) + 315 (general + nutrition)	1,130





Treatment of Severe Acute Malnutrition

Doctors of the World also worked diligently to screen and treat Severe Acute Malnutrition (SAM), and trained staff and CHWs to be able to do so as well. DotW also provided MUAC, scales, reporting sheets, and SAM treatments like Ready to Use Therapeutic Food (RUTF) and therapeutic milk to health facilities we supported. Treatment was usually implemented through Outpatient Therapeutic Programs

(OTP), which provided children and families with a weekly ration of RUTF, antibiotics, vitamin A supplements, and albendazole for deworming over the course of six weeks. Once the children recovered and were discharged, families received an OTP kit to maintain nutrition. However, in cases of SAM with complications, DotW provided referrals to receive in-patient treatment.

	Screening SAM	Treatment	Beneficiaries reached
Nigeria	33,265	1,152 children received OTP 14,075 were referred to partner OTP sites, and 1294 were sent back to DotW to complete nutrition rehabilitation	65,357 reached, of which 26,744 are IDPs
DRC		2,021 children (ages 0-59 months) with SAM were admitted to OTP, and 173 children with complications were referred for in-patient treatment 300 children (ages 5-17) were also admitted for treatment In total, 2,593 malnourished persons were treated	32,062 reached
Mali	90,741 children were screened for malnutrition by DotW centers, CHW and NASGs	2,681 children received treatment for SAM	6,341 children under 5 and 667 pregnant women reached
Syria	361	3,058 nutrition interventions for women and children.	

A woman with dark skin and short hair is sitting at a wooden table. She is resting her head on her right hand, looking off to the side with a thoughtful or perhaps distressed expression. She is wearing a patterned yellow and black top. The background is a simple room with a blue wall and a dark doorway.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES

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 around the subject of mental health. This approach was implemented in the DRC, Nigeria, Syria, and Bulgaria during this period.



Provision of mental health services

For provision of MHPSS services, DotW had psychologists on staff at health facilities that could provide single or group consultations, whether it was to diagnose a mental or neurological disorder, or to help with trauma in the context of conflict, GBV, or other crises. In our program in Nigeria, beneficiaries with severe mental, neurological, and substance-abuse conditions benefited from consultations with psychiatric nurses and clinicians trained in mental health Global Action programming (mhGAP) and treated as recommended by the WHO.

Capacity building and training around mental health

DotW psychologists also provided some preliminary training to local healthcare officials to recognize mental health issues and provide appropriate referrals to patients so that they may seek further help. In the DRC, healthcare staff received classes on mental and psychosocial management of GBV so that survivors may receive sensitized care. DotW also worked closely with healthcare staff to destigmatize the subject of mental health in certain regions where it is quickly dismissed.

Community mobilization and de-stigmatization of mental health

DotW psychologists team also worked with community health workers to raise awareness about mental health and address stigmatization. CHW were trained to lead conversations on the subject with members of their community, as well as make them aware of the services they can access at DotW supported healthcare facilities for further assistance.

Consultations	
DRC	3,467 (2,052 women and 1,409 men)
Mali	0 > Although they aimed to provide consultations, none came in. Linked to the stigmatization around the topic.
Nigeria	7,142 (3,042 men, 4,100 women) consultations to identify mental health issues. 52,111 (11,023 male, 41,088 female) individuals benefited through individual and group psychosocial support.
Bulgaria	98 people received individual or group counseling.
Syria	497 consultations



DOMESTIC PROGRAMS IN THE USA



Border Health Program – El Paso, Texas

From 2020 to 2021, Doctors of the World began an investigation into the health of migrants and asylum seekers passing through the US Southern Border, as reports of inadequate care had been continuously circulating.

Our exploratory missions and external reports demonstrated that there was an urgent need for both medical care and rational public policy regarding access to healthcare for populations in transit at the border, particularly as the number of asylum seekers entering the US continued to increase.

It is clear that local shelters and Customs and Border Protection (CBP) facilities were seriously lacking sufficient accommodations, staffing, or procedures to properly assess migrants' health needs, resulting in increased health risks, and stress on local health systems.

With this information, Doctors of the World decided to launch its own Border Health Program and Migrant and Refugee Transitional Care Clinic in 2022, which will focus on providing medical care and collecting research to better advocate for, and inform progressive immigration and public health policy.

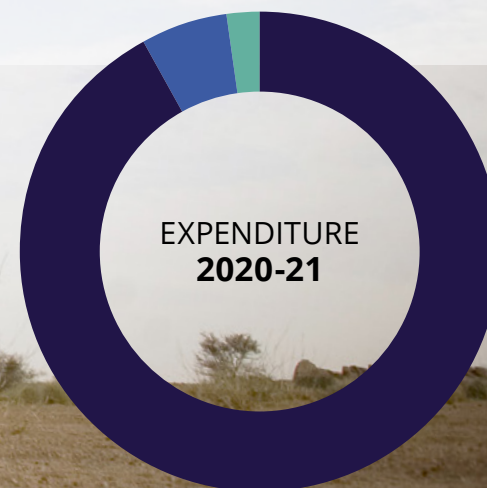
FINANCES 2020 & 2021

Founded in 2012, we are a young and growing organization, with increasing influence in supporting and strengthening the programs of the MdM Network internationally, and building the reputation of MdM with US stakeholders and donors, while taking steps to develop a programmatic presence and impact here in the US. This progress is evident in the financial results presented here. 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 to which 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 2020-2021, 92% of our budget was spent on programs. We spent 8% of our budget on administrative expenses (6% for fundraising; and 2% for administration).

In addition, the Global MdM network functions with highly efficient margins. MdM published a detailed financial report annually, available in multiple languages at: www.medecinsdumonde.org/en/financial-transparency.

Programs **92%** ■
Fundraising **6%** ■
Administration **2%** ■



STATEMENTS

Statements of financial position as of
December 31, 2020 and December 31, 2021

	2021 \$	2020 \$
ASSETS		
Current assets		
Cash and cash equivalents	1,229,252	1,818,205
Grants receivable:		
Federal	1,806,036	-
Non-Federal	-	200,000
Advances to Médecins du Monde and Affiliates	2,086,375	3,777,444
Accounts receivable	449	-
Prepaid expenses	3,676	10,458
Total current assets	5,125,788	5,806,107
Property and equipment		
Equipment	7,638	4,545
Website	31,125	31,125
Less: Accumulated depreciation and amortization	(36,353)	(35,670)
Net property and equipment	2,410	-
Other assets		
Security deposit	10,800	10,800
TOTAL ASSETS	5,138,998	5,816,907
LIABILITIES AND NET ASSETS (DEFICIT)		
Current liabilities		
Accounts payable and accrued liabilities	38,523	47,982
Grants payable	2,221,806	1,005,143
Due to Médecins du Monde	1,731,961	3,850,817
Total current liabilities	3,992,290	4,903,942
Net assets		
Without donor restrictions	1,146,708	904,392
With donor restrictions	-	8,573
Total net assets	1,146,708	912,965
TOTAL LIABILITIES AND NET ASSETS (DEFICIT)	5,138,998	5,816,907

STATEMENTS

Statements of activities and changes in net assets for the year ended December 31, 2020

	2021		
	Without donor restrictions	With donor restrictions	Total
	\$	\$	\$
REVENUE			
Contributions and grants	8,718,161	100,000	8,818,161
Net assets released from donor restrictions	108,573	(108,573)	-
Total revenue	<u>8,826,734</u>	<u>(8,573)</u>	<u>8,818,161</u>
EXPENSES			
Program services:			
International programs	7,830,310	-	7,830,310
National programs	183,804	-	183,804
Total program services	<u>8,014,114</u>	<u>-</u>	<u>8,014,114</u>
Supporting services:			
Fundraising	413,004	-	413,004
General and administrative	157,300	-	157,300
Total supporting services	<u>570,304</u>	<u>-</u>	<u>570,304</u>
Total expenses	<u>8,584,418</u>	<u>-</u>	<u>8,584,418</u>
Changes in net assets	242,316	(8,573)	233,743
Net assets at beginning of year	904,392	8,573	912,965
NET ASSETS AT END OF YEAR	<u>1,146,708</u>	<u>-</u>	<u>1,146,708</u>

STATEMENTS

Statements of activities and changes in net assets for the year ended December 31, 2021

	2020		
	Without donor restrictions	With donor restrictions	Total
	\$	\$	\$
REVENUE			
Contributions and grants	5,380,290	1,050,000	6,430,290
Contributed services and materials	464,286	-	464,286
Net assets released from donor restrictions	1,041,427	(1,041,427)	-
Total revenue	<u>6,886,003</u>	<u>8,573</u>	<u>6,894,576</u>
EXPENSES			
Program services:			
International programs	5,843,956	-	5,843,956
National programs	209,041	-	209,041
Total program services	<u>6,052,997</u>	<u>-</u>	<u>6,052,997</u>
Supporting services:			
Fundraising	476,490	-	476,490
General and administrative	177,587	-	177,587
Total supporting services	<u>654,077</u>	<u>-</u>	<u>654,077</u>
Total expenses	<u>6,707,074</u>	<u>-</u>	<u>6,707,074</u>
Changes in net assets	178,929	8,573	187,502
Net assets at beginning of year	725,463	-	725,463
NET ASSETS AT END OF YEAR	<u>904,392</u>	<u>8,573</u>	<u>912,965</u>

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](https://www.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 [\[donate@doctorsoftheworld.org?\]](mailto: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 2020 and 2021, 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

The American Jewish World Service

The Foundation to Promote Open Society

The David and Lucile Packard Foundation

The Jaharis Family Foundation

Buddhist Tzu Chi Charitable Foundation

The MAC AIDS Fund

Open Society Foundations

Virgin Unite

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Ribka Amsalu Tessera *(as of 1/21)*

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