



THE ESSENCE

Edition 2021



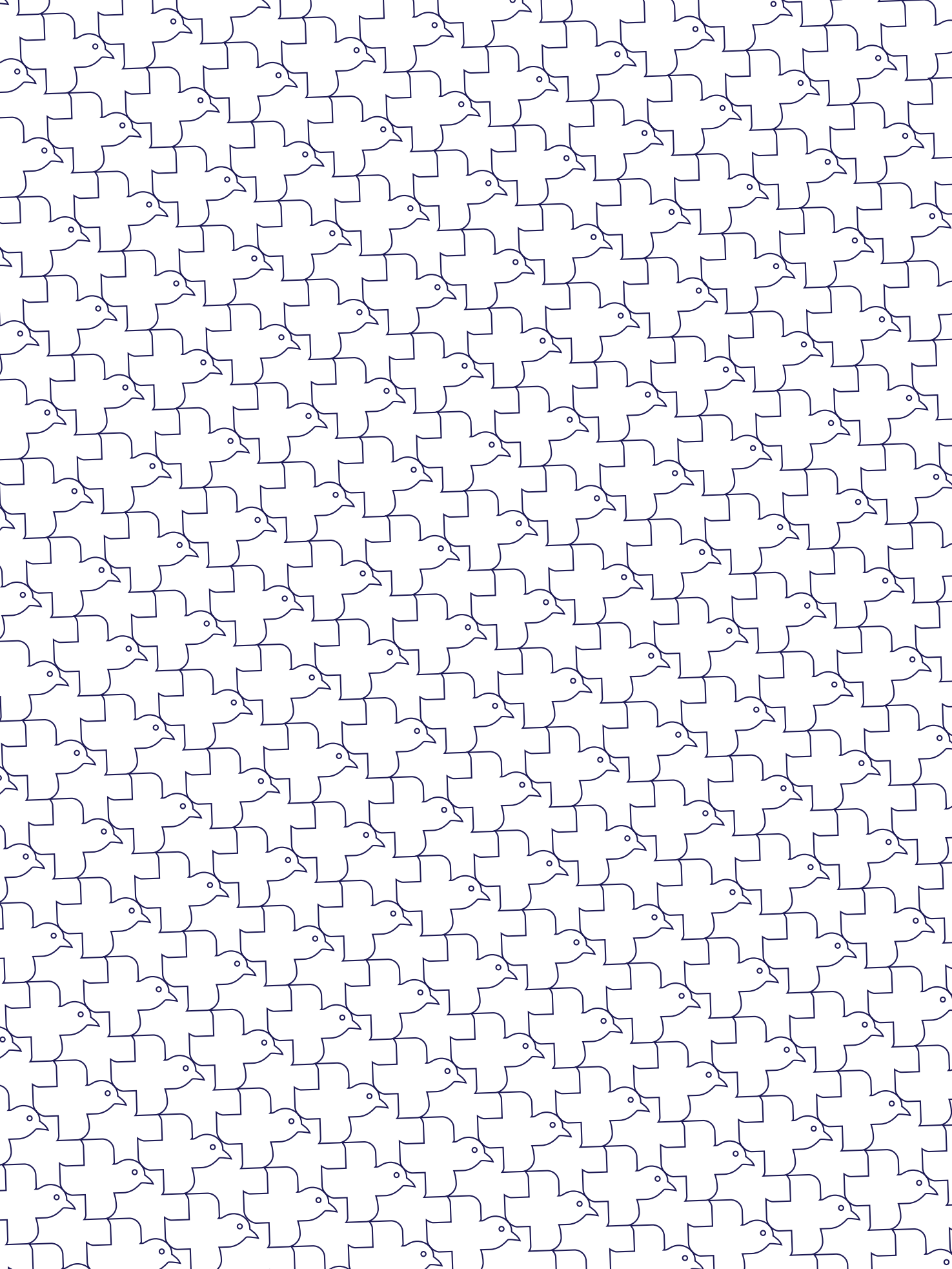


TABLE OF CONTENTS

p.4 MISSION AND VISION

p.6 THE ESSENCE OF DOCTORS OF THE WORLD IN 2021

p.10 OUR EXPERTISES

p.28 INTERNATIONAL PROJECTS

p.52-53 FINANCES AND BUDGET

p.54 HUMAN RESOURCES AND DIVERSITY POLICY

MISSION AND VISION OF DOCTORS OF THE WORLD

Doctors of the World believes in a world in which the right to health is respected everywhere; a world in which every person can access care without encountering obstacles or exclusion.

MISSION

Healthcare is not a privilege, but a human right. As an independent medical NGO, it is the mission of Doctors of the World to ensure that this right is upheld for people who fall outside the scope of normal healthcare. We do so by offering medical, social and psychiatric aid, and also by highlighting abuses and human rights violations. In doing so we hope to help bring about sustainable social change.

The heart of our organisation consists of members, volunteers, an advisory board, employees and interns. We are also supported by a large group of sympathisers, donors and partner organisations who all get behind our projects.

OUR PILLARS

CARE

We provide care – a basic right – to people who would otherwise not be able to access it. We do so by actively involving the community and ensuring that everyone had access medical help. In recent years, we have been primarily active on four fronts:

- medical help for people on the move or displaced people
- emergency aid for the victims of humanitarian crises and armed conflicts
- sexual and reproductive healthcare
- risk reduction for people on the fringes of society.

In each of these fields, we take into account gender-related violence (GRV), health promotion and a psychosocial approach.

BEARING WITNESS

We don't look on from the sidelines in indignation; we roll up our sleeves and get stuck in. We take on abuses with facts, figures and personal testimonies from in the field. We challenge power at different levels and fight for just and accessible care systems. We reject the commercialisation of care and humanity.

FACILITATING SOCIAL CHANGE

Working towards a fair society starts with acknowledging the collective basic necessities as universal human rights and ensuring they are complied with. To ensure this change is sustainable, we believe it must go hand-in-hand with the empowerment of the beneficiaries. Therefore we do not only help people in vulnerable situations to improve their lot, we also actively support them towards sustainable change, by providing a listening ear and involving them in our activities from the very start. This also means that our activities cease

as soon as an adequate and sustainable public health infrastructure comes into or returns to existence. The reality is often complex, constantly changing and demanding nuanced solutions. This is why Doctors of the World assesses its strategy according to the specific context. Sometimes it is possible to work in a collegial spirit, while other times demand a more forceful approach: from mild lobbying and advocacy to legal claims and getting involved in negotiations.

DNA

DOCTORS OF THE WORLD, AN ORGANISATION WITH A UNIQUE DNA

1. **IN BELGIUM AND BEYOND** Doctors of the World takes care of the most vulnerable people who fall outside the scope of normal healthcare both in Belgium and beyond
2. **EMPOWERMENT** We are a broad international movement of committed employees, volunteers and partners. Wherever we are, we work towards social change. We do this by putting vulnerable people in control of their health.
3. **ADVOCACY** As well as a medical NGO, we are a human rights organisation defending the universal right to health. We do this by ensuring every day that no one is left behind and by addressing abuses we bear witness to.
4. **SUSTAINABLE** Everything we do is focused on sustainable long-term change.
5. **LOCAL PARTNERS** For Doctors of the World, working with local organisations and partners is not merely an afterthought but the core of our DNA: local partners possess expertise, experience, local connections and the trust of the population. Working together we achieve more: strength in numbers.

Doctors of the World is a member of a network of 16 delegations sharing the same vision, values and identity.

THE ESSENCE OF DOCTORS OF THE WORLD IN 2021

BUDGET
€34.372.124€



85% OF EVERY EURO IS DIRECTLY IMPLEMENTED IN THE FIELD

85% Field activities

4% Fundraising

5% Mission support, communication & advocacy

6% General operations

1,117 EMPLOYEES MAKE DOCTORS OF THE WORLD POSSIBLE

500 volunteers in Belgium
112 employees in Belgium
469 overseas, local employees
36 expats



OUR BELGIAN OPERATIONS



18 projects in 10 towns and cities

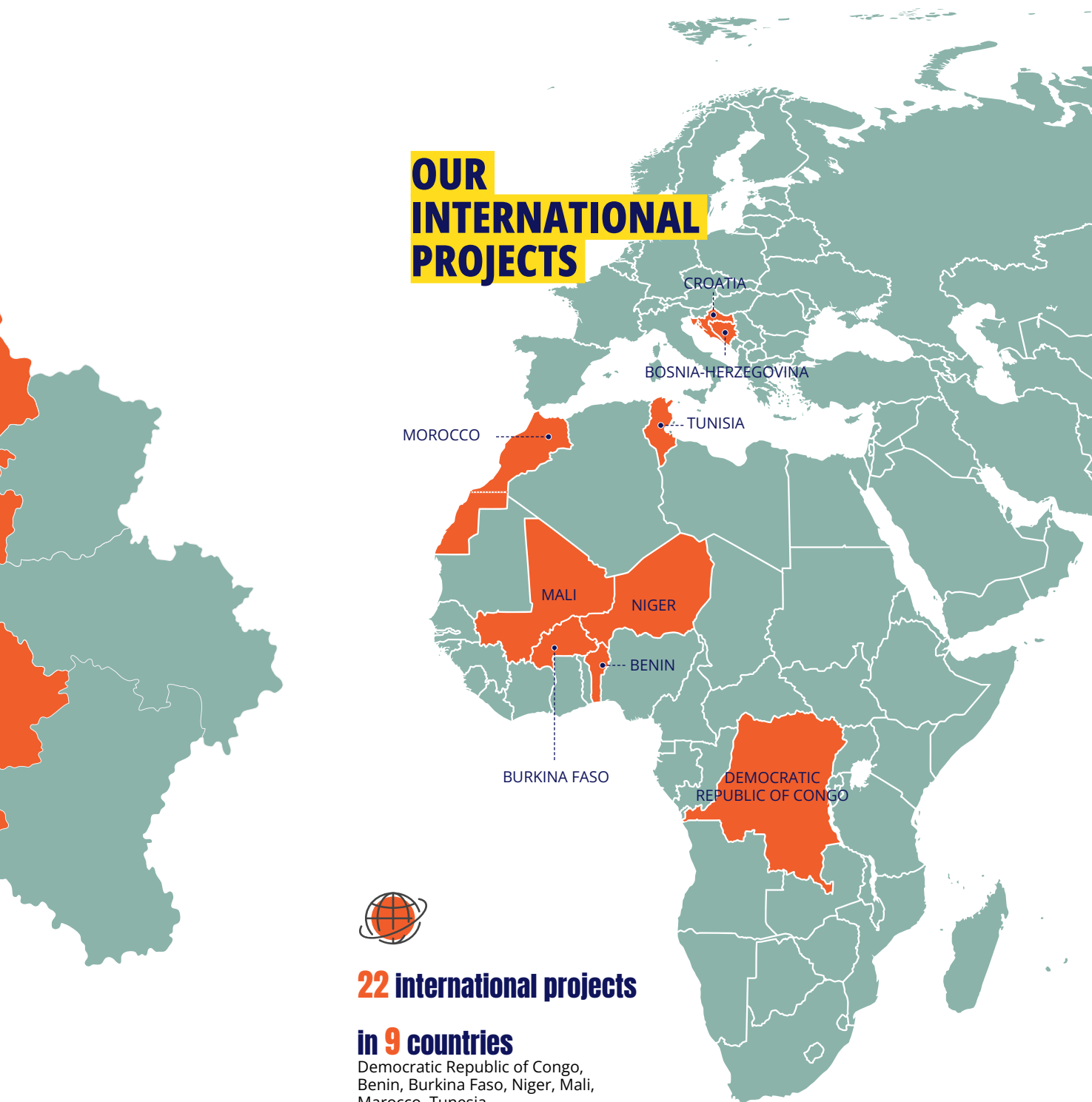
Brussels, Antwerp, Bruges, Ostende, Zeebrugge, Charleroi, Colfontaine, La Louvière, Bergen, Namur

12.928 people helped

14.701 consultations

*Homeless people, undocumented migrants, sex workers, drug users, nationals in poverty, refugees, sexual violence survivors.

OUR INTERNATIONAL PROJECTS



22 international projects

in 9 countries

Democratic Republic of Congo,
Benin, Burkina Faso, Niger, Mali,
Marocco, Tunesia,
Bosnia-Herzegovina, Croatia

PUBLICATION: OUR STRATEGIC PRIORITIES FOR THE COMING YEARS

In August 2021, we presented our new strategic report for the next 5 years. The impact of the climate change on the collective and individual health and living conditions of our beneficiaries is a major strategic priority:

"Climate change has a tremendous impact on our health and living conditions. As a medical humanitarian organization, it is our duty to incorporate these issues into our projects. Our fieldworkers and beneficiaries are already being faced with the detrimental impact of the climate change on the collective and individual health of the most vulnerable populations. We must ensure that policymakers take the necessary measures to protect these populations."

OTHER STRATEGIC OBJECTIVES:

- Continuing to expand our international movement of volunteers, staff and beneficiaries
- Continuing to expand our national and international operations focusing on our 5 areas of expertise.
- An approach that continues the support of local partnerships, empowerment and health promotion throughout all our projects.
- investing in our financial autonomy and a solid and attractive human resources policy.



OUR EXPERTISES

1. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Doctors of the World works with a range of partners to make access to sexual and reproductive healthcare easier and fairer. Though it concerns everyone, we focus on women and girls: as well as the right to safe pregnancy and childbirth, we advocate especially for the right to contraceptive methods and access to safe abortions.

The right to sexual and reproductive healthcare is an all-encompassing concept that involves not only access to care but also the right to make one's own decisions regarding sexuality and health. The objective: to be able to lead an enjoyable, safe and freely-chosen sexual life without coercion, discrimination or violence. While we prioritise women and girls, this concerns equally the sexual and reproductive rights and health of boys, men and all people regardless of gender identity or sexual orientation (LGBTQIA+).

OUR INTERVENTION FOR UNDOCUMENTED WOMEN IN BELGIUM

There are an estimated 100 to 150,000 undocumented people in Belgium, the majority of whom are in major cities. They have no rights other than the right to medical care. However, the procedure for obtaining access to care is so long, complicated and inaccessible that many people give up or do not receive the care they need in time. **This is a serious problem for undocumented women in need of sexual and reproductive care.** Every week, we encounter in our projects women with queries regarding pregnancy monitoring, contraception or termination. They cannot wait for weeks or months until they (might) find out whether or not their request for medical care is accepted.

This is why we intervene. For example, in Antwerp we organise gynaecological consultations, help women with contraceptive methods and/or signpost them to specialists or partner organisations. At the same time, our social workers ensure that our patients can access the normal healthcare system again.



"I have been with my boyfriend for two years, but I'm only 18 and don't want to get pregnant. I received help here. At first I wanted an implant but I was too scared of the procedure. Doctor Chris (volunteer doctor specialising in Sexual and Reproductive Healthcare - Ed.) gave me the pill and impressed upon me that I mustn't forget to take it."

Juliana, one of our undocumented patients in our Antwerp care centre.

OUR INTERVENTION IN MOBA & KANSIMBA (CONGO)

473 Congolese mothers die
100.000 births*
18% of Congolese women
have access to methods of
contraception
40 centres supported
12.286 women helped with
contraceptive methods

In Congo, the number of women who (un) intentionally fall pregnant and die during childbirth is very high. The mortality figures are even higher in the Moba and Kansimba regions. This is due to a number of causes: the care centres are poorly equipped and there is no referral system for transferring women with complications to the regional hospitals. In addition, the personnel available are often inadequately qualified, the distances to the centres are often inaccessible and, on top of all this, too much money is charged in relation to the quality of care.

* 6 in Belgium /100,000 births

"In 2017 we started supporting more than 40 care centres with medicines, medical equipment, contraceptive methods and staff training (in, for example, resuscitating newborns and treating complications during birth). We set up a mobile clinic and transport system for urgent and complex cases, and also made sure that our care was free to access from the start."

Lily Cadwell, desk manager,
Congo



2. HARM REDUCTION AMONG VULNERABLE MINORITIES

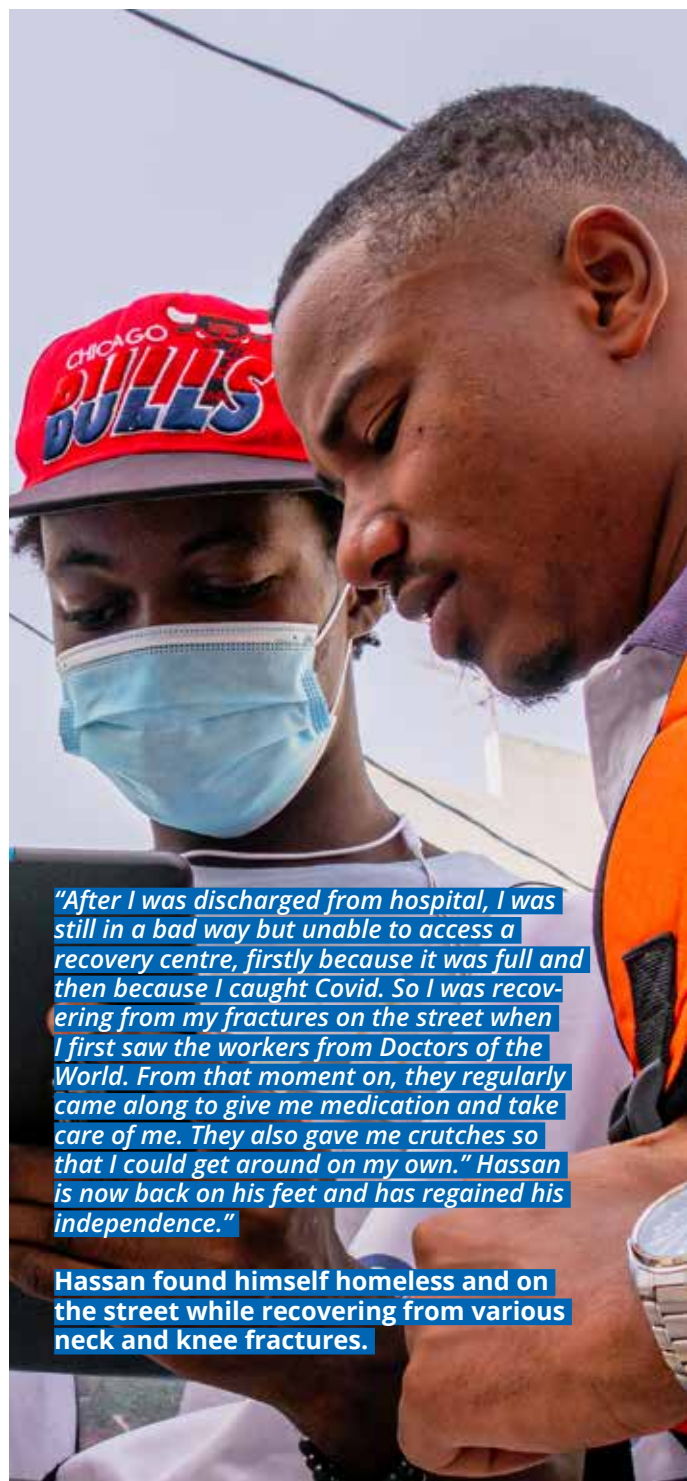
Every day, in our domestic and international projects, we meet minorities who live and work under precarious conditions. They are mostly homeless people, people living in poverty or without documentation, street children, drug users, sex workers and gender minorities (LGBTQIA+).

Doctors of the World has over 40 years' experience of harm reduction programmes: instead of stigmatising or denying their life situation and identity, we work with them to build solutions that suit their needs. As well as providing medical, psychiatric and holistic care, we help them to eliminate the legal, moral and social barriers they are faced with every day and which perpetuate exclusion (including in care).

OUR HEALTHCARE BUS IN TUNIS

1.715 consultations
1.550 hygiene kits and snacks distributed

The pandemic has also brought an increase in precarity in Tunis. For this reason, Doctors of the World set up a mobile clinic in 2020. The healthcare bus has since become a familiar sight in the city: we provide medical and psychosocial help, distribute hygiene kits and food and, as with our Belgian healthcare buses, try to reintegrate our visitors into the regular healthcare system. Those who visit our bus are often homeless, drug users, migrants, sex workers or members of the LGBTQIA+ community. They are abandoned by national health campaigns and excluded from the traditional healthcare system.



"After I was discharged from hospital, I was still in a bad way but unable to access a recovery centre, firstly because it was full and then because I caught Covid. So I was recovering from my fractures on the street when I first saw the workers from Doctors of the World. From that moment on, they regularly came along to give me medication and take care of me. They also gave me crutches so that I could get around on my own." Hassan is now back on his feet and has regained his independence."

Hassan found himself homeless and on the street while recovering from various neck and knee fractures.



OUR HEALTHCARE BUS IN CHARLEROI

1.000 homeless in Charleroi

1.450 contacts made

24 rounds

985 sterile needles distributed

It is estimated there are just under a thousand homeless people in Charleroi. 80.5% of them are of Belgian nationality. A third of this group has addiction problems and 13% has chronic health problems. Because of the town's decision to reduce the visibility of homeless people and beggars, this marginalised group has been pushed to the outskirts of Charleroi. It is in places like this, motorway service stations for example, that we turn up with our healthcare bus.

"The people who come to our healthcare bus are often drug users, sex workers, homeless people and those in unstable accommodation. They can obtain paramedic care at our bus and get tested for HIV, hepatitis C and syphilis. Drug users can obtain injection materials and dispose of used materials safely. We also build up trust and try to help them find the correct psychiatric health, medical and social services."

Nathalie Annez, coordinator of Wallonia projects.

3. MIGRATION

The reception and treatment of migrants and refugees is substandard in very many countries – including within Europe. Often repressive and discriminatory policies mean that even healthy people gradually become unwell en route. In addition, access to care is poor, if available at all, on most migratory routes. This is why we are active in hotspots on migratory routes with medical and psychiatric help and report on the human rights violations that we observe together with our patients.


OUR MEDICAL CONSULTATIONS IN THE BRUSSELS HUMANITARIAN HUB

25.552 contacts

4.316 medical consultations

350 medical consultations per month

The humanitarian hub was established in 2017 in response to the lack of action from the Belgian government in dealing with the needs of especially vulnerable migrants in the capital. Today, the humanitarian hub is a base for a dozen services in one place. These include clothing distribution, psychiatric help and family reunification. Doctors of the World takes care of the medical side. We have a medical office, a team of midwives and a pharmacy. During our consultations we encounter a wide range of nationalities, first and foremost people (often young) from Eritrea and Sudan.



"The ongoing violence is causing a refugee stream from Sudan. Once they reach Europe, including Belgium, they are faced with even more violence. They are stuck in cities and on borders as they are not all able to pay smugglers to get them in. They sleep on the streets, in squats, parks and woods, with little or no help. The humanitarian hub is one of the few 'safe spaces' for them."

Priscilla Fligitter, Humanitarian Hub coordinator for Doctors of the World.



Doctor in London
DO YOU NEED A DOCTOR?
We offer a free consultation and
a full medical examination.
Tel: 020 7462 1234
www.doctorsvantheworld.org.uk
BECOME A DOCTOR



OUR INTERVENTION IN AGADEZ, NIGER

5.406 migrants missing in the
desert since 2014*

4.701 migrants helped in our
care centres

Agadez is an important crossroads for migrants travelling to Libya, Algeria and the Mediterranean Sea via the desert. Because of a EU deal that increasingly externalises border controls, the journey through the desert has become perilous, clandestine and deadly. In this context, hundreds of migrants await their departure every day in remote, clandestine and dilapidated settings, also known as ghettos. There are often dozens of them packed into a ghetto without water, electricity, food or medical care.

*Estimate. The actual number is probably many times higher.



"I've been living in the ghettos of Agadez for six months. I'm saving up for the crossing for the second time. Since the migration deal, prices have gone up and it's got a lot harder to make a little money in the city as a foreigner: we used to be seen as an income source, now we are clandestine pariahs. So we're stuck here, hoping that family or friends can send some money to help us move on."

Abdel, 19 years.



"Doctors of the World is one of the few humanitarian organisations that visits the ghettos every morning with medical and psychiatric aid. Every migrant is given a hygiene kit including soap, toothpaste, a toothbrush and sanitary towels for the women. We also try to improve living conditions in the ghettos a little. We bring rubbish bins, sleeping mats, blankets and buckets and offer nutritional aid. If anyone is ill we take them to our care centres."

Suzette Dijon, "mama migrant", psychosocial worker for Doctors of the World in Agadez.

4. EMERGENCIES AND CRISES



Political crises, armed conflicts, epidemics, climate change, famine and/or natural disasters: these often result in humanitarian crises and disruption (or further erosion) of the healthcare system. At key moments like these, Doctors of the World steps in in the field and demands assurances of humanitarian spaces.

OUR INTERVENTION DURING THE HUNGER STRIKE IN BRUSSELS

450 hunger strikers monitored
2 months of emergency
intervention
150 volunteers

On 23 May 2021, 450 undocumented people began a hunger strike in Brussels' Beguinage church and the campuses of the VUB and ULB. What did they demand? After working and living in Belgium for years, hope for an acknowledgement of their existence. As the hunger strike went on, the health of the strikers was increasingly at risk. As an independent humanitarian organisation, we decided to intervene, along with others including the Francophone Red Cross. In total, we mobilised 150 volunteers who kept a close eye on the health of the hunger strikers. After two months, the strike finally came to an end and 70 people were admitted to hospital.

OUR EMERGENCY OPERATIONS IN THE HIGHLANDS OF UVIRA (CONGO)

15.973 primary care consultations
1.125 prenatal consultations
620 women preventively treated against STIs
88 survivors of sexual violence treated within 72 hours
14 abortions safely supported

The humanitarian situation in the highlands of Uvira has gradually worsened since 2020 with the resuming of conflicts between armed militias. These conflicts result in mass relocations of populations, murder, gender-related violence, looting, damage to the care infrastructure and the destruction and theft of fields, crops and stock. It leaves behind a people in need, in terms of mental health, physical health and food insecurity.

Together with the local NGO 'People in Need', we have built up a wide array of humanitarian aid: in six care centres and our aid post in a refugee camp, we treat malnutrition, offer primary and gynaecological care and improve the capacity of the care centres. We have also worked on an efficient hospital referral system for urgent cases. These may involve severely malnourished children, or complications following sexual violence or during childbirth.



5. CROSS-SECTIONAL THEMES

In the case of all of the above pillars, we develop projects and advocacy with a focus on:

1. MENTAL HEALTH

The homeless, people living under war and conflict, victims of natural disasters or climate change, traumatised refugees and survivors of sexual violence: many of the people we meet in our projects carry a heavy mental load. This is why each of our projects has an emphasis on providing mental healthcare. And we develop projects and advocacy with a specific focus on mental health.

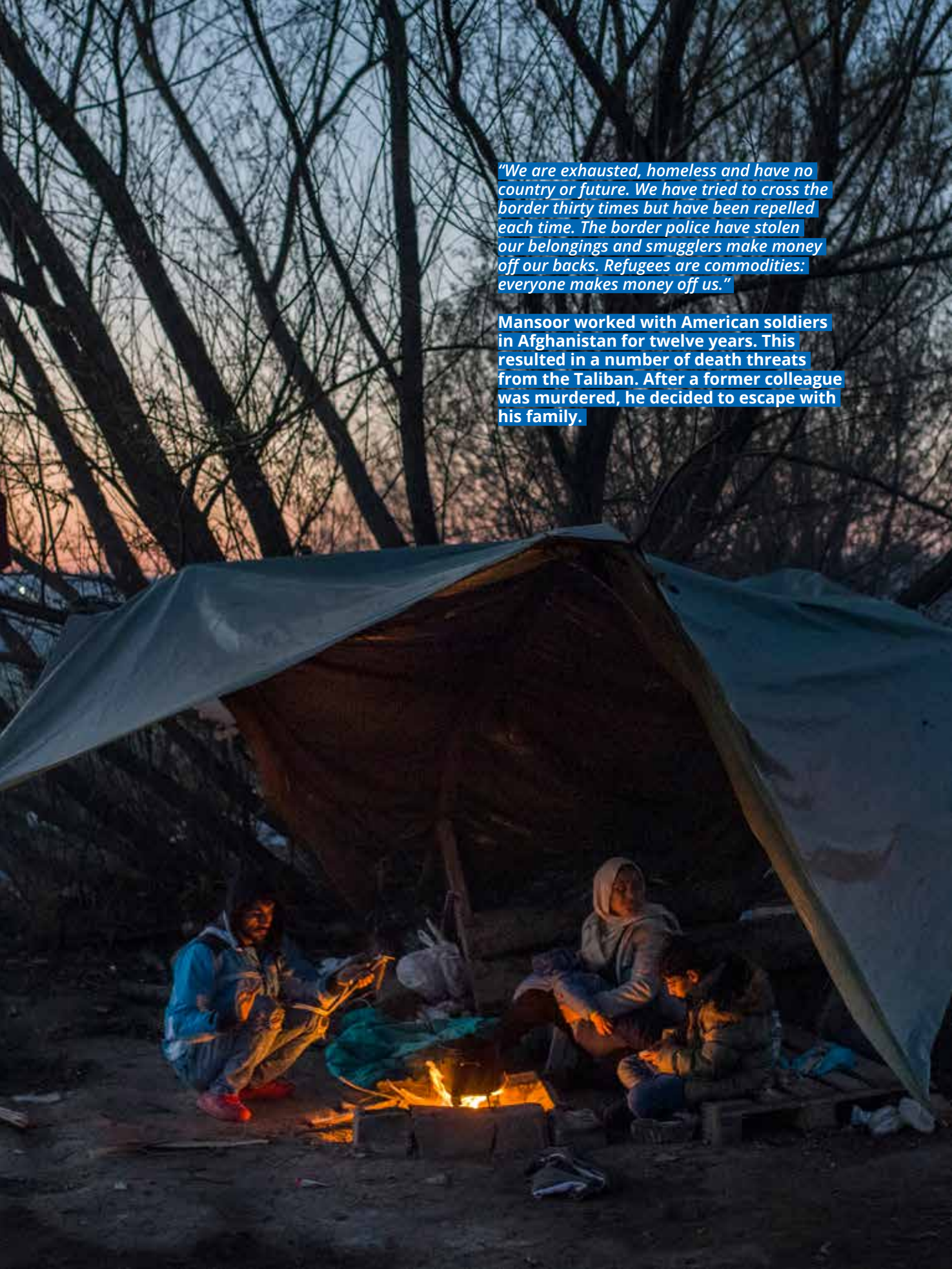
OUR INTERVENTION IN BOSNIA- HERZEGOVINA

3.620 individual consultations
1.309 psychiatric consultations

It is estimated that since 2018 around 85,000 refugees and migrants have crossed Bosnia-Herzegovina. Most of them come from Afghanistan, though some are from countries such as Pakistan, India or Bangladesh. Some are in reception centres on the Croatian border, while others are forced to survive in the wild. By the time they reach the borders of the European Union, most of them have had traumatic experiences in extreme circumstances. In search of safety and dignity they are confronted with life-threatening situations, violence and deprivation.

Doctors of the World offers intensive aid in two hotspots (Una-Sana & Sarajevo). We do this with a team of psychologists, psychotherapists, social workers and cultural mediators. We also deploy psychiatrists to provide specialist care. Not only do we provide individual psychotherapy, we also hold empowerment sessions and psychosocial group sessions, offer psychiatric care and make referrals.





"We are exhausted, homeless and have no country or future. We have tried to cross the border thirty times but have been repelled each time. The border police have stolen our belongings and smugglers make money off our backs. Refugees are commodities: everyone makes money off us."

Mansoor worked with American soldiers in Afghanistan for twelve years. This resulted in a number of death threats from the Taliban. After a former colleague was murdered, he decided to escape with his family.

2. VULNERABLE CHILDREN AND YOUNG PEOPLE

Throughout our projects, we see thousands of vulnerable children and young people every day. They range from undernourished children in

countries which are already feeling the impact of climate change to victims of sexual violence in countries in conflict and unaccompanied minors surviving on the streets of major cities (including Brussels). In these projects, we integrate a focus on children. Or we develop projects or advocacy that focuses specifically on this vulnerable group. .

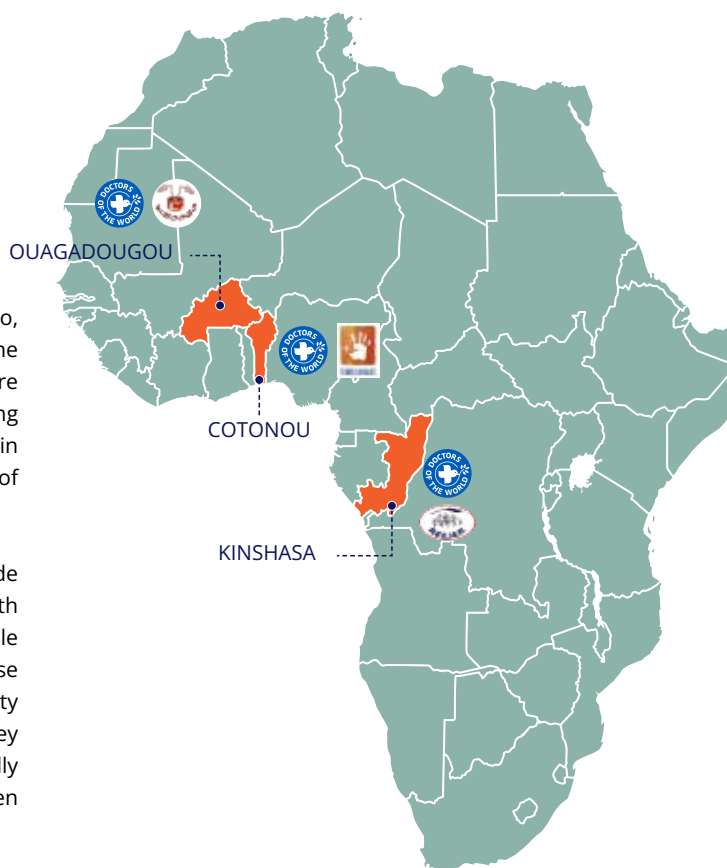


OUR PROJECTS FOR CHILDREN LIVING ON THE STREETS IN BURKINA FASO, BENIN AND CONGO.

In the large cities of Burkina Faso, Benin and Congo, there are tens of thousands of children living on the streets. In Ouagadougou, for example, there are an estimated 10,000 or more. Some are escaping domestic violence or extreme poverty, while in other cases climate changes and the erosion of traditional community bonds are factors.

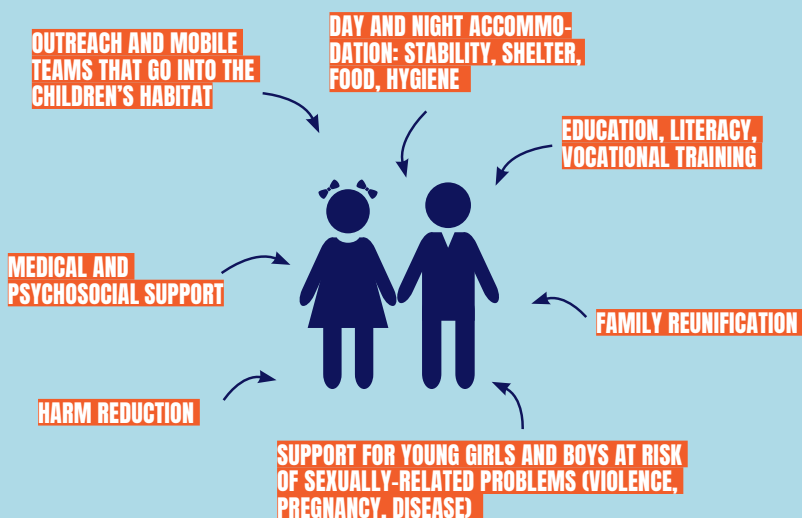
Every one of these children falls by default outside the official channels of education and youth protection. They are exposed to crime, people trafficking, violence, prostitution, HIV, drug use and a shortage of care. Girls are in the minority but are in an extremely vulnerable situation: they are stigmatised, become pregnant unintentionally and, because all they have is their bodies, are often forced into prostitution.

We make a conscious choice to work with local partners: they have a lot of expertise and together we enable a holistic approach that provides a future perspective and stability for these young people.



OUR APPROACH

Together with our local partners (Keogo, Terre Rouge, Rejeer) we invest in a holistic approach:



3. THE FIGHT AGAINST GENDER BASED VIOLENCE, GENDER INEQUALITY AND DISCRIMINATION

Whether it is a refugee who becomes a victim of rape on the migration route or people who are discriminated against because of their sexual orientation: every day we see in the field how people fall victim to Gender Based Violence, discrimination and stigmatisation. For this reason we integrate a focus on gender our projects, or set up new projects in which gender and gender-related violence play a leading role.

OUR INTERVENTION IN BUKAVU (CONGO)

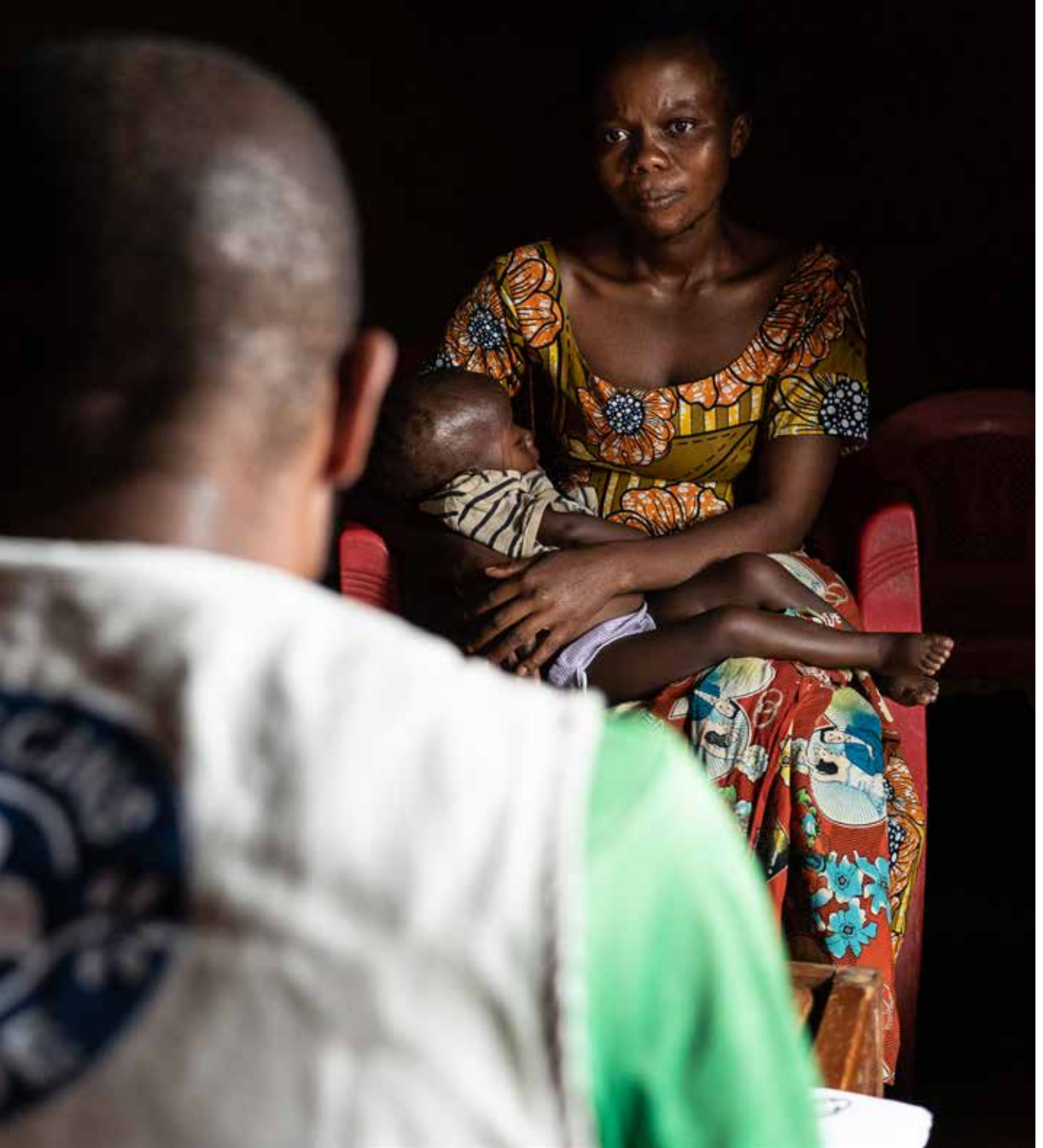
In Eastern Congo, sexual violence has been used as a weapon of war for decades. In recent years, this terror has been used more and more by regular citizens. Nobel Prize winner and gynaecologist Mukwege's now world-famous Panzi hospital in Bukavu has treated these survivors of sexual violence for many years.

Doctors of the World has been a partner of the Panzi hospital from 2015 to 2022, where we ran the Sexual Violence department. In this period, we have been able to help 10,204 women and girls in their recovery.

Rape-Free Municipalities: Prevention and fighting immunity from prosecution

From 2019 until the start of 2022 we supported the 'Rape-Free Municipalities' project. Along with a whole range of local partners, we fought for prevention and against immunity from prosecution: we encouraged official reports, worked to ensure victims were not rejected by their communities and cooperated on a policy of zero tolerance of sexual violence among local authorities. We also ensured that the victims received adequate support and were treated in specialist structures. We are now using this innovative model in other regions of the country.





INTERNATIONAL PROJECTS

LEGEND PICTOGRAMS



Primary care



Family planning



Vulnerable children



Migration



Mobile team



Malnutrition monitoring



Climate & health



Sexual and reproductive care



Violence



Vaccination



Health centre



Outreach



Minderheden



Gender based violence



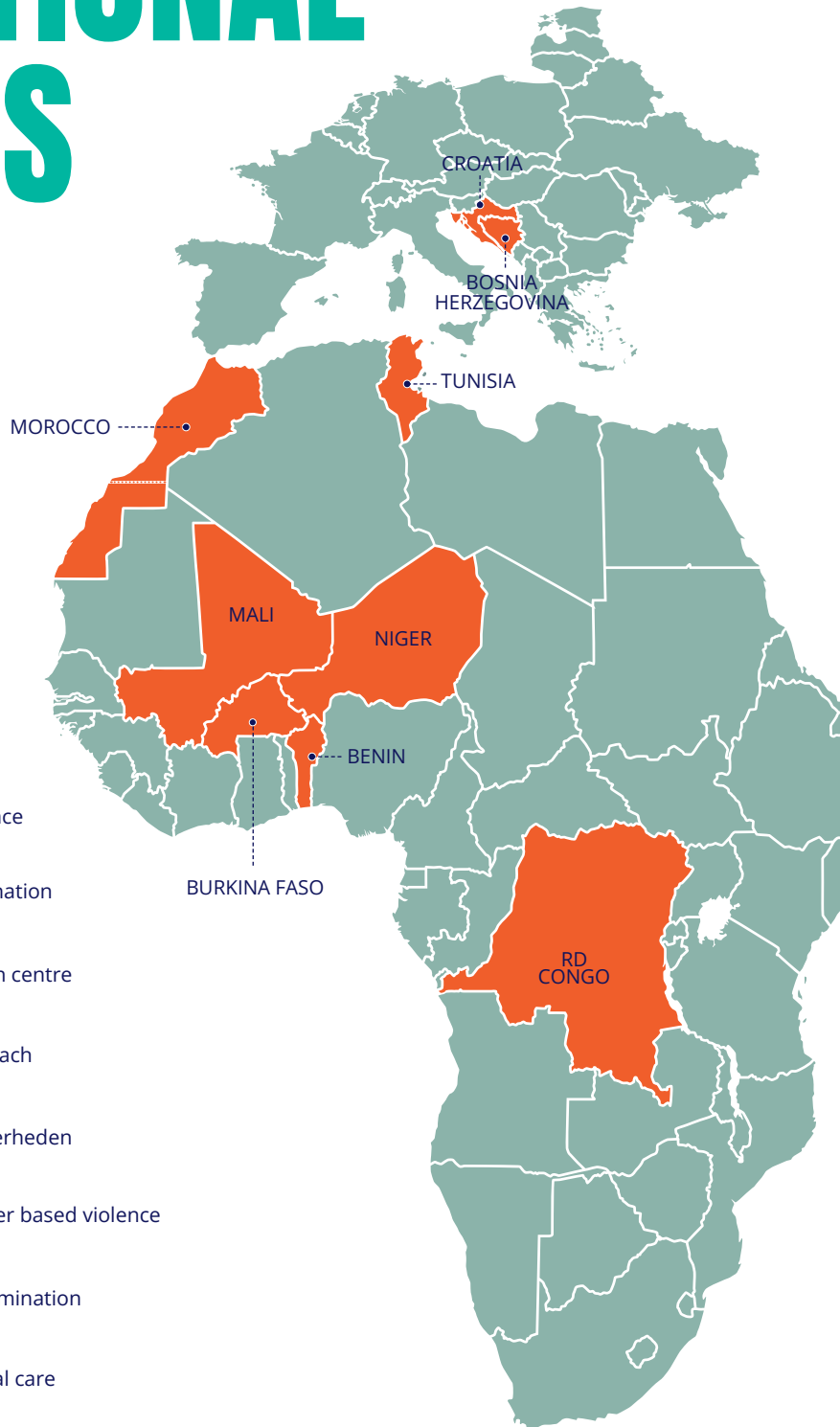
Discrimination



Mental care



Sexual violence



1. CROATIA



MEDIMURJE



ZAGREB & KUTINA



MEDICAL AND PSYCHOLOGICAL CARE FOR ALL ASYLUM SEEKERS

1.603 medical consultations
793 psychological
consultations
588 referrals to specialists

Our teams have provided healthcare to all asylum seekers in the country since 2016. We do this because their access to healthcare in Croatia is largely restricted by law. Most asylum seekers are Afghan refugees and arrive in Croatia via Bosnia-Herzegovina, often in a poor state due to the deprivation and violence they endure on the way. In 2021 we noticed a gradual increase in the number of cases of sexual violence and fatal attacks in the

countries on the migration route.

In total, we held 1603 consultations in the 2 asylum centres in the last year. Over 60% were with women and children. In 2021, Covid-19 was still prevalent and featured in our prevention activities in the two centres we work in.

On 1 December 2021, an Afghan woman drowned in the Korana river near Slunj (Croatia). The father and three children survived: "Along with my psychologist colleague, we tried to support the surviving family as well as possible. This support went beyond therapy: for example, I accompanied the family to the funeral and took them to the graveyard 30 kilometres from Zagreb a number of times."

Farsi MotW interpreter in Croatia.

OUTREACH TOWARDS THE ROMA COMMUNITY IN MEĐIMURJE

1 mobile outreach team
6 camps
954 medical and psychiatric consultations

The Roma community has always suffered from discrimination. This has a great impact on access to care, and more so for women faced with gender discrimination. Croatia has more than 30,000 members of the Roma community, a third of whom live in camps in the northern countryside, isolated from urban centres and public services.

This is where Doctors of the World started its mobile outreach project in 2019. The team includes not only standard profiles but also members of the Roma community itself. These are mostly young women who perform an important bridging role as they know the language, customs and codes. After a training they become fully-fledged employees of Doctors of the World.

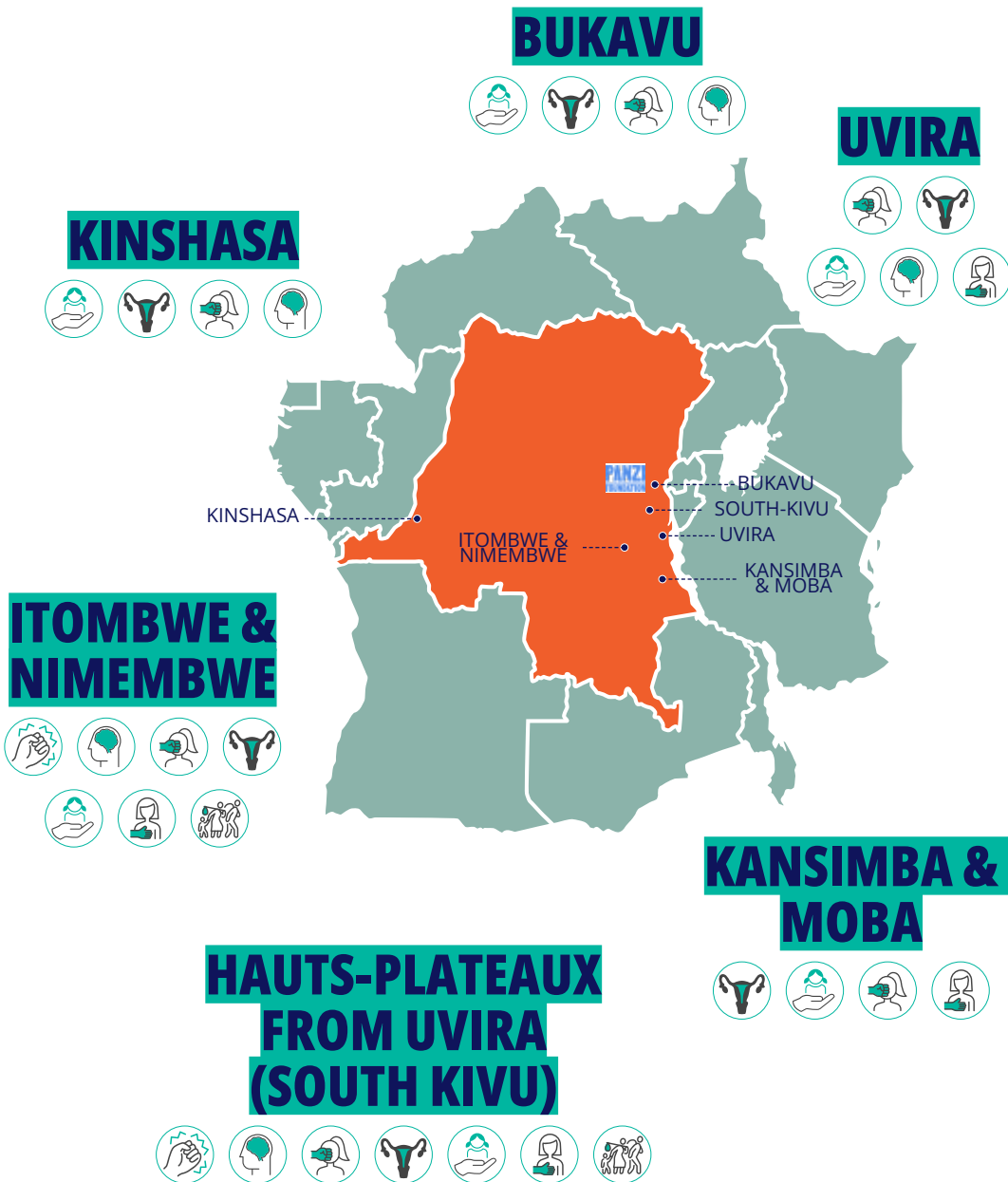
Every day, our multidisciplinary team* and our mobile clinic visit the Roma camps in the region. We offer paediatric, gynaecological, psychological and primary care. We also organise vaccination campaigns (including for Covid-19) and work on connecting to the regular healthcare system. We offer care to the whole community, with an extra focus on women, children and disabled people.

*A nurse, paediatrician and gynaecologist, social workers and psychologists.





2. DEMOCRATIC REPUBLIC OF CONGO



EMERGENCY OPERATION IN ITOMBWE AND NIMEMBWE

76.695 polyclinic consultations

5.205 prenatal consultations

3.396 postnatal consultations

with newborns

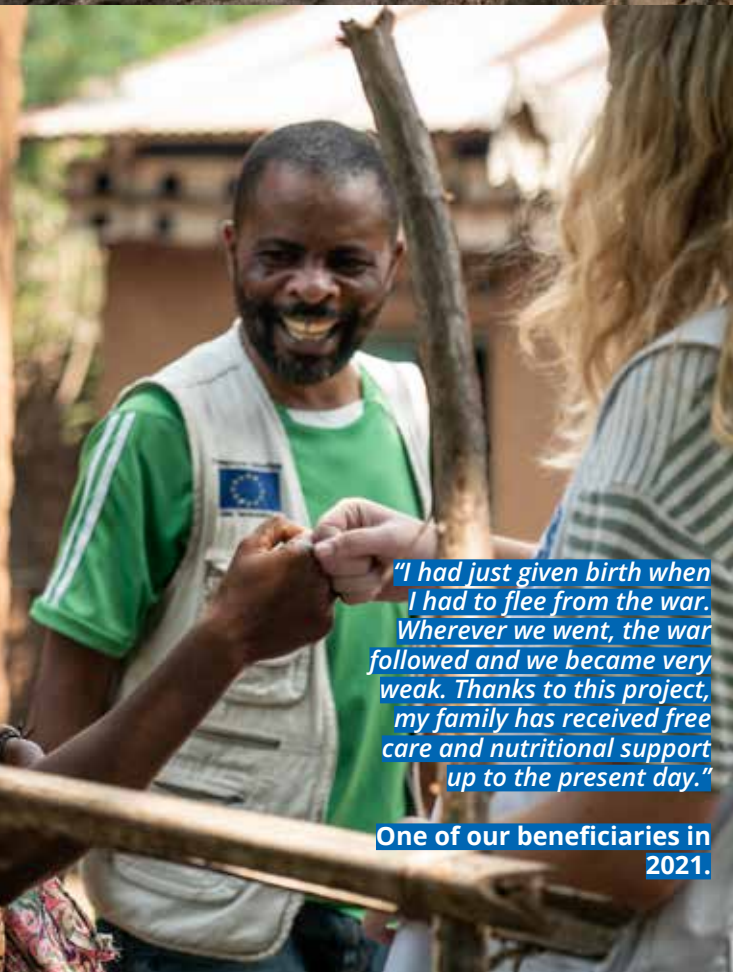
2.080 mental health consultations

Because of ongoing conflicts between armed factions, the security situation in the Itombwe and Nimembwe region has declined severely. Militias have set fire to care centres as well as villages and farms. This has made access to care, food and sanitary facilities very difficult. The conflicts and the fleeing population place the already precarious resources and care structures under great pressure.

Together with the local 'People in Need' NGO, we offer lifesaving help to the internally displaced, women, survivors of gender-related violence and children up to 59 months. We do this by reinforcing 10 health zones and 2 referral hospitals in the region with primary, paediatric and gynaecological care as well as mental healthcare and support for survivors of sexual violence. With our partner, we treat malnourished patients.

"I had just given birth when I had to flee from the war. Wherever we went, the war followed and we became very weak. Thanks to this project, my family has received free care and nutritional support up to the present day."

One of our beneficiaries in 2021.



OUR HOLISTIC AND LOCALLY-BASED FIGHT AGAINST SEXUAL VIOLENCE IN UVIRA

20.302 people were made aware
of gender violence and rights

1.333 mental health
consultations

490 survivors given holistic,
long-term support

240 voluntary terminations

Inspired by the 'Rape-Free Municipalities' project (p.x), we have set up a similar pilot project in 9 health zones in Uvira in the last two years. We also work very closely here with the local community in preventing, detecting, treating and legally pursuing sexual violence.

Suzanne is one of the patients that Doctors of the World supported after becoming a victim of sexual violence. Through the counsellor in the village with whom Doctors of the World works closely, she was accompanied to one of the 9 care centres that Doctors of the World supports in the Uvira region. "I was welcomed by Malaika, the psychosocial worker, received medical and psychological care and a PEP kit that ensures that you don't catch STIs."

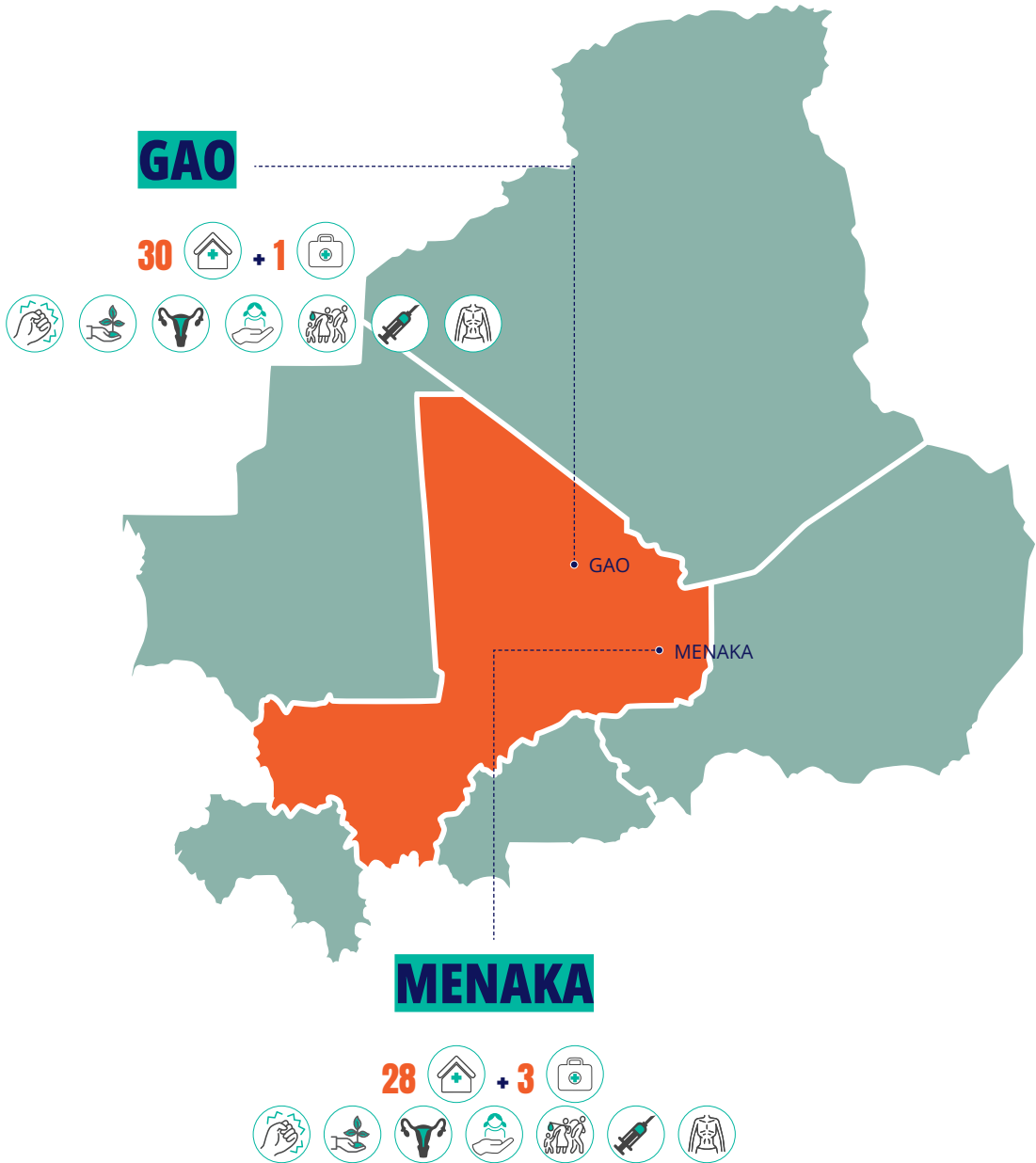
After a long period of therapy, with her husband, things are going better for Suzanne now and she has become an active member of the local movement fighting against sexual violence.

Since the start of this project in 2020, we along with our partners have helped more than a thousand survivors of sexual violence. The approach is holistic: every survivor is supported medically and psychologically, but also received legal support and help to reintegrate into the community, both socially and economically.

The 9 care centres supported by Doctors of the World are not only for survivors of sexual violence. The local population and displaced people can also come to us for primary care, pregnancy support, safe childbirth, paediatric care and family planning. As such, in the last year our 9 centres have helped 1,405 babies safely into the world, provided prenatal care to 1,735 women and assisted 425 adolescents with contraceptive methods.



3. MALI



SUPPORTING THE OVERALL HEALTHCARE SYSTEM IN NORTHERN MALI

246.723 consultations
17.361 malnourished children
treated
7.360 births successfully
supported

Northern Mali is a chronically destabilised region: for years it has suffered from political and internal conflicts between separatist and Islamist factions, among others, which has led to armed conflict, robberies, attacks and internal refugee streams. But that is not all: the land suffers from structural

food insecurity affecting an estimated 3.53 million people. In addition, the nomadic population is at increased risk from epidemics because of the low take-up of vaccines. On top of all this, the rural economy is now feeling the impact of climate change while the country also has a growing population that threatens the ecosystem.

“Doctors of the World has been working in Menaka and Gao since 2012, where we are the main provider of care by default. Our basic provision is in support of 58 healthcare centres with staff, financial support, medication and medical equipment. The centres are also aided by 4 mobile medical teams. They reach the people who live more than 15 km from a healthcare centre. The population can count on us for a wide range of care: we offer primary, sexual and reproductive care, hold vaccination campaigns, work on epidemic control and treat malnourished children.”



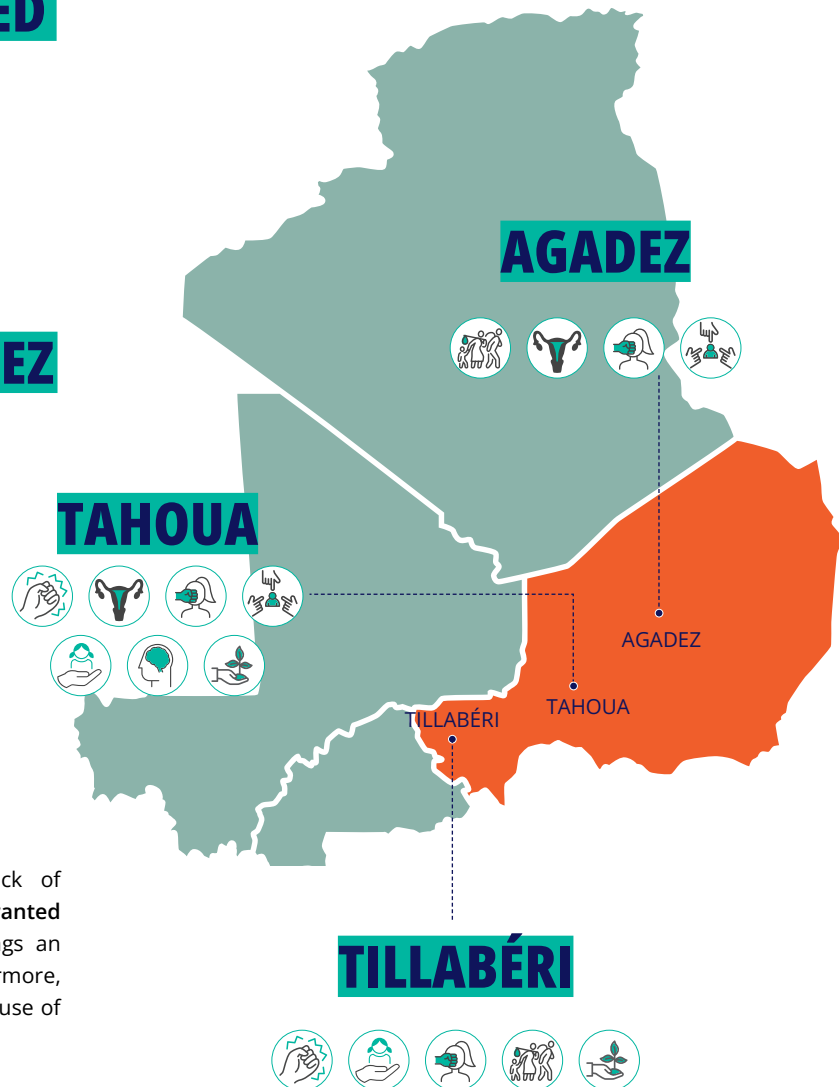
4. NIGER

OUR FIGHT AGAINST DISEASE, UNWANTED PREGNANCY, MATERNAL MORTALITY AND MORTALITY IN WOMEN AND CHILDREN IN AGADEZ

6 care centres
142.874 people helped
86.993 women and girls helped with contraceptive methods
10.580 women supported through pregnancy

Because of cultural traditions and a lack of contraception, there is a high rate of **unwanted pregnancy** in Niger and each woman brings an average **7 children into the world**. Furthermore, the maternal mortality rate is very high because of poor access to and quality of care.

Doctors of the World deploys staff, equipment and financial resources in order to increase the quality of care. We also **raise awareness in the local population of the importance of professional childbirth supervision**.





AGADEZ: MEDICAL AND PSYCHIATRIC SUPPORT FOR MIGRANT CONVOYS FROM ALGERIA

19 migrant convoys from Algeria
14.988 migrants arrived involuntarily in Agadez
3.122 migrants helped with medical aid on arrival

Algeria routinely deports migrants. They are often forced into lorries against their will and dumped in Agadez, disoriented, dehydrated and disillusioned. In 2021, Doctors of the World was present at the arrival of 19 'migrant convoys' from Algeria to Agadez. Doctors of the World met the migrants on arrival with medical, psychological and sanitary aid.





OUR EMERGENCY INTERVENTIONS IN TAHOUA EN TILLABÉRIE


1 in 3 girls in Niger are married before the age of 15
Target group (2021-2023) :
133.957 women (teenage girls, victims of sexual violence, women of fertile age)

Since 2012, Niger has been the scene of various jihadist attacks. As a result, the number of people in the country requiring protection is estimated at 3.8 million.

The growing recruitment of young people for jihadist factions is causing rising tensions, violence and the further erosion of the position of women, in a country where 50% of women do not give birth in healthcare centres and 1 in 3 girls marries before the age of 15.

There is therefore an urgent need for a boost in terms of care and gender rights. That is why we operate in Tahoua en Tillabéri, both hit hard by the conflicts. Together with a number of international and local organisations, we have initiated a project that strengthens the resilience, health and social cohesion of this vulnerable part of the population.





Our aim: to enable in the years ahead a decline in gender-related violence, maternal mortality, teenage marriage and the high rate of (unwanted) pregnancy. We can achieve this through a range of holistic and broad action: health and hygiene educational courses, schools for (future) male spouses, rehabilitation of water points, providing agricultural kits, spaces for dialogue and rehabilitated care structures.

FIGHTING GENDER-RELATED VIOLENCE

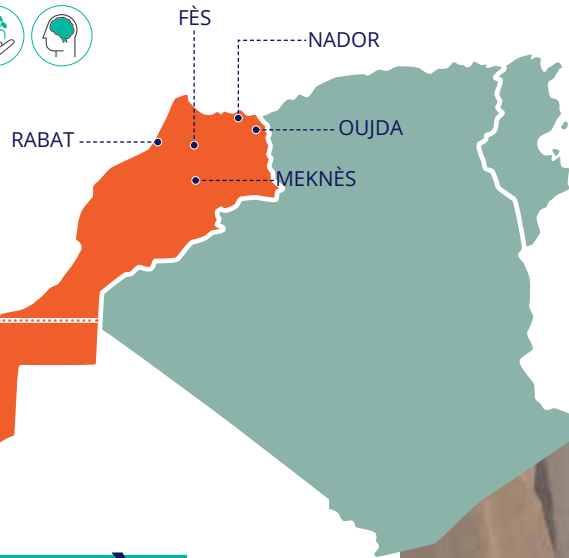
The conflicts in the Tillabéri border region have increased gender-related violence, also towards children. Because of a cultural taboo, this violence is too often kept 'in-house'. This is why we have joined the fight against this violence with Plan International. We do so through:

- Better detection and support in the case of (sexual) violence, in cooperation with local communities
- Improving care facilities so that victims of gender-related violence can be treated holistically (medically, psychologically, socioeconomically and legally)
- Providing holistic care for survivors of sexual violence and care for adequate protection in a safe setting.

This project started in May 2021 and aims to help 30,000 people in two years.

5. MOROCCO

RABAT



OUJDA



FÈS, MEKNÈS, OUJDA & NADOR



SUPPORT FOR MIGRANTS IN RABAT & OUJDA

6.000 vulnerable migrants in
Oujda en Rabat

1.156 migrants helped

256 migrants helped with
hygiene and household kits

7 mobile emergency kits

As migration via Algeria and Libya has become increasingly hazardous, more and more migrants

have been arriving in Morocco in recent years. At present, around 6,000 migrants are estimated to live in great socioeconomic uncertainty in Oujda and Rabat. Combined with the hard migration journey they have made, we see a gradual worsening of their physical and mental condition. Although migrants in Morocco are legally entitled to primary healthcare, supplementary care (such as medicine, biological analyses, radiological tests and hospital admissions) are the responsibility of international and national humanitarian organisations and the migrants themselves.

This is where Doctors of the World intervenes in partnership with local partners. We ensure that access to care and the capacity of public services is improved and continually advocate that policymakers respect the rights of migrants. As the number of female and younger migrants is increasing, we emphasise the access to care for women, children and unaccompanied minors.



A young woman in Rabat receives Doctors of the World at her home.

THE PREVENTION AND PROTECTION OF CHILDREN FALLING VICTIM TO (SEXUAL) VIOLENCE

4 cities: Fès, Meknès, Oujda and Nador
37 workshops and prevention sessions

In 2015, Morocco implemented a new national policy regarding child protection. In order to promote this policy, Doctors of the World has initiated a policy that supports the implementation of this policy. We do so with our local partner AMANE, which has years of expertise regarding child protection.

Our project supplements the public and non-profit sectors rather than replaces it: we do so by involving volunteer organisations, associations and public structures: for example, the hospitals, court of first instance and appeal, the child protection service, youth and sport and the care sector. We are increasing capacity for childcare and protection, and we organise awareness-raising activities and train staff in preventing, detecting and treating child abuse. In the long term, we wish to contribute towards access to care and the protection of children who are victims of violence. We also include in this unaccompanied foreign minors who are especially vulnerable to sexual violence and exploitation.





6. TUNESIA

DOCTORS OF THE WORLD AS THE BRIDGE BETWEEN CIVIL SOCIETY AND GOVERNMENT

Since 2011, Tunisia has undergone a political and institutional transition that has hindered access to healthcare for the most vulnerable. On the other hand, the political transition has been accompanied by the revitalisation of civil society. Since 2015, Doctors of the World has helped develop the democratisation of and participative approach to care, creating a bridge between government and civil society with the aim of sustainable change.





SOME EXAMPLES FROM 2021:

- We financed more than 40 projects through 'cascade' subsidies
- 46 social organisations took part in workshops to improve their advocacy skills.
- Working with civil society groups and Public Health, we worked on policy reports on access to care for disabled people and challenges relating to the treatment of gender-based violence.
- Working with 6 governesses, we carried out a study into the social and care barriers for rural women
- We contributed towards the creation of a collective of 13 associations supporting female survivors of violence in Sidi Bouzid.
- We published a study of gender and psychosocial problems with the re-integration of returning Tunisian migrants.
- We gave training to 170 organisations and officials on management and training in administrations, human rights and gender, advocacy, communication and medical waste management.

COVID-19 RESPONSE IN PARTNERSHIP WITH THE MINISTRY OF PUBLIC HEALTH

In 2021, as a partner of the Tunisian Ministry of Public Health, we reinforced the COVID-19 response and vaccination strategy. We did so by processing vaccination data, deploying a team of doctors and nurses, helping with complaint management on the national vaccination platform, helping sequence variants and increasing capacity and implementing a COVID policy in 200 primary schools and 23 associations.





ECINS
MONDE

DOK
VAN DE WERELD

ROLSER

FINANCES

Doctors of the World is a politically independent organisation thanks to the diversification of our public funds and the support of private donors. This enables us to finance our projects and coordination costs directly and guarantee the quality and effectiveness of our projects. **On order to uphold this trust, we have integrated internal and external control mechanisms.**

- In 2000, Doctors of the World was recognised as a non-governmental organisation (NGO) for development cooperation by the Ministry for Development Cooperation (the DGD). **They carry out an intensive audit and inspection every three years.**
- Doctors of the World is a member of the Association for Ethics in Fundraising. This means that we **uphold the ethics surrounding fundraising and guarantee that our accounts are transparent.**
- Expenditure on our projects is **systematically monitored by the subsidising bodies.** These include Belgian bodies (DGD Development Cooperation), European bodies (ECHO, DEVKO), governmental agencies (AFD France, GIZ Germany, BHA, USA, etc.) and international agencies (United Nations, etc.)
- Internally, we follow strict procedures regarding our expenditure. **An internal auditor monitors the budget and expenditure on a daily basis.**

The balance sheet provides an overview of the organisation's assets and liabilities as of 31 December 2021. The total (37.8 million euros) increased by 13.8 million euros between 2020 and 2021 as a result of operational growth in Congo, Mali and Tunisia and the impact of Covid-19 on our activities in Belgium.

The equity is increased by the amount of the surplus entered over the course of the year. On 31/12/2021 this was 3.31 million euros. The equity (the association's reserves) enables us to finance fixed assets, safeguards our operation in the case of difficulties and ensures our autonomy.

BUDGET

EXPENSES	2021	2020
SOCIAL MISSION	29.934.639 €	25.040.307 €
International	16.398.938 €	13.276.645 €
Mali	3.763.730 €	4.500.010 €
DR Congo	6.365.675 €	5.007.097 €
Niger	1.996.684 €	1.231.453 €
Tunesia	2.711.695 €	1.114.909 €
Marocco	89.843 €	5.880 €
Greece	410.487 €	0 €
Croatia	962.220 €	401.628 €
Bosnia-Herzegovina	960.645 €	960.645 €
Europe & 'Volet Nord'	98.604 €	55.023 €
Belgium	4.684.887 €	3.332.763 €
Partner support	6.991.153 €	6.882.720 €
International network	1.731.287 €	2.493.563 €
Local partners	5.259.866 €	4.389.157 €
Project Support	1.277.963 €	1.180.689 €
Communication & Advocacy	581.698 €	367.490 €
MARKETING	1.175.055 €	1.645.486 €
GENERAL ADMINISTRATION	1.587.598 €	1.546.022 €
OTHER EXPENSES	491.707 €	689.788 €
TOTAL	33.188.999 €	28.921.603 €
REVENUES	2021	2020
PRIVATE DONATIONS	6.289.963 €	5.922.835 €
Inheritances	874.968 €	0 €
Donations through fundraising	5.228.805 €	5.813.670 €
Other	186.190 €	109.165 €
PUBLIC FINANCES	27.661.092 €	22.954.249 €
Multilateral Institutions (DG Echo, EU, Unicef, MERF..)	8.626.368 €	6.670.430 €
National governments within the EU (DG Lux, AFD, DFID)	2.075.830 €	2.949.935 €
National governments outside the EU (MAECD, DDC, OFDA)	5.557.937 €	4.476.841 €
Institutions on regional en community level (WBI, COCOF, COCOM)	2.702.439 €	2.060.478 €
Provincial an communal institions	314.347 €	217.000 €
Ministry of foreign affairs	4.725.822 €	4.086.801 €
Other institutions (RIZIV, OCMW's, Fedasil, Nationale Loterij, Fonds 4S...)	3.658.349 €	2.492.764 €
OTHER REVENUES	421.069 €	279.672 €
TOTAL	34.372.124 €	29.156.756 €

HUMAN RESOURCES AND DIVERSITY POLICY

BELGIAN EMPLOYEES

In 2021, 112 **people** were employed by Doctors of the World in Belgium. **51 of them worked at head office** and **61 worked for our Belgian projects** aimed at providing care for people on the fringes of society.

Doctors of the World is a female organisation: **75 of the 112 employees are women.**

In 2021, we took on **79 new people** and **63 people** left the organisation, including 35 people on temporary contracts.

In 2021, we dealt with six warnings regarding breaches of the ethical charter of conduct.

In 2021, Doctors of the World was awarded the Diversity label by ACTIRIS.

INTERNATIONAL EMPLOYEES

In 2021, our international team consisted of 36 expats and 469 local employees. We deliberately work with only a few expats: Doctors of the World prefers to invest in the potential and collective intelligence of **local employees and partner organisations.**

VOLUNTEERS

Doctors of the World was able to rely on **500 volunteers** every day in 2021. These volunteers have highly diverse profiles, including doctor, nurse, driver, reception worker, translator and specialist. They are all over the country: the Medibus in Brussels or Charleroi, the homeless centres, or healthcare centres in Antwerp and Brussels and our coastal care outposts.

The volunteers are the engine and the heart of our projects in Belgium: **without them, Doctors of the World would not exist.**

UNION REPRESENTATION

In 2021, CPBW met monthly. The employee and employer delegation discussed a range of dossiers during these meetings, including: the formalisation and implementation of a policy concerning remote working, a prevention plan for psychosocial risks, putting into operation a seniority policy, feedback and anonymised analysis of confidential advisors, etc.

COORDINATION

Emmy Deschuttere
Noéline Preudhomme
Pilar Martinez
Emilie Van Limbergen
Daisy Fargier
Alexandre Seron
Myriam Cherroud
Muriel Gonçalves

TRANSLATION

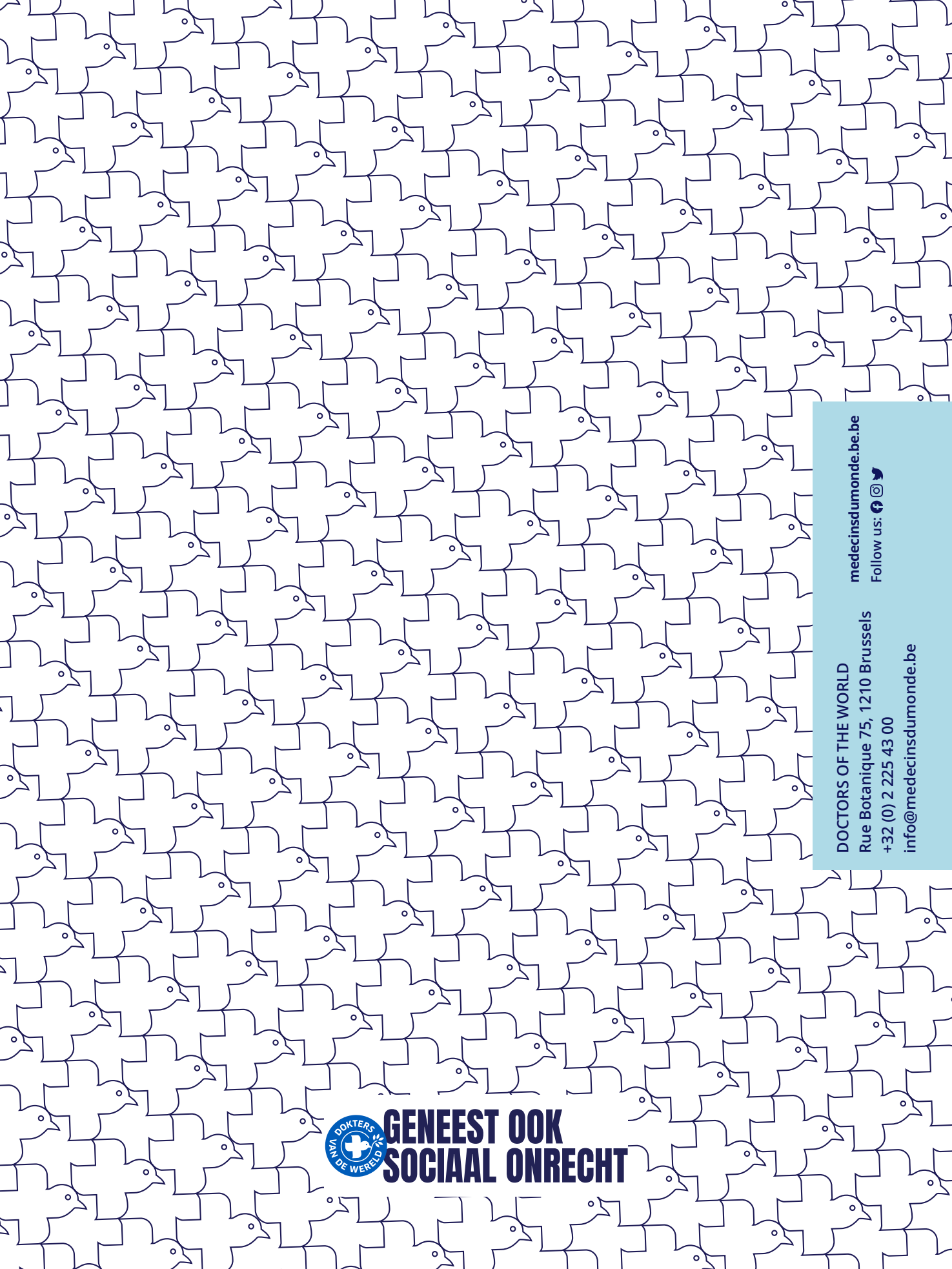
Iso Translation

GRAPHIC DESIGN

Françoise Albertyn

PHOTOGRAPHY

© **Olivier Papegnies**
© **Marie Monsieur**
© **Caroline Thirion**
© **Kristof Vadino**
© **Valerio Muscella**
© **Michele Lapini**
© **Geoffrey Ingenbleek**
© **Renato Pejkovik**
© **Olivier Van eyl**
© **MdM Tunesië**



**GENEEST OOK
SOCIAAL ONRECHT**

medecinsdumonde.be

Follow us:   

DOCTORS OF THE WORLD

Rue Botanique 75, 1210 Brussels

+32 (0) 2 225 43 00

info@medecinsdumonde.be