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A family in Jacmel, Haiti, stands proudly on the porch of their new Medair-built house that they painted themselves.

Contents



MESSAGE FROM JIM INGRAM, MEDAIR CEO

FOR ALL SEVEN BILLION OF US ON EARTH, THERE ARE TIMES WE SUFFER. TIMES WE FEEL ENGULFED BY SORROW AND PAIN. THE GRIEF OF LOSING A LOVED ONE. THE TORMENT OF A SERIOUS ILLNESS. THE SHOCK OF A SUDDEN CHANGE THAT UPROOTS US FROM THE LIFE WE HAVE KNOWN.

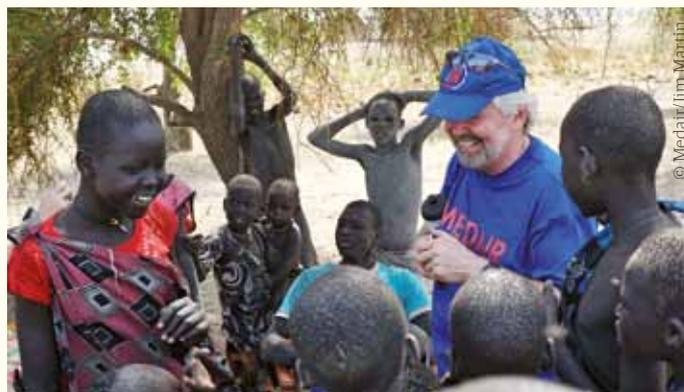
As I travel to countries in crisis with Medair, I meet many families living through pain and suffering. Most face not one but many agonies all at once, with little outside support or comfort.

Medair is committed to relieving human suffering; we believe that no one should suffer in silence without relief. That core belief drives us to the farthest corners of the earth to reach families who need our help. It motivates not only what we do—health care, nutrition, water, shelter—but also how we do it—with compassion for those who are in pain, with respect for individual dignity, with hope for a brighter future.

Yet 2012 proved to be a difficult year. In February, we closed our long-running Sudan programme, a major source of funding, and the economic crisis led to other funding reductions as well.

In May, five of our staff were abducted in Afghanistan, a terrible moment that shook all of us at Medair, yet united us to swift action. I am grateful to Medair's crisis management team and the external actors who brought a successful resolution to the crisis. Sadly, the insecurity compelled us to close our relief programme in Badakhshan province where we had worked since 2001.

With these two significant closures, 2012 became a year of transition and capacity building for Medair. With global disasters on the rise, we focused on improving our capacity to respond to emergencies. Furthermore, with the world's population increasingly moving to urban areas, we focused on expanding our



abilities to respond in complicated urban environments. With this in mind, we opened two new programmes, one in Chad and the other in urban areas of Lebanon and Jordan in response to the Syrian crisis.

Medair developed a new five-year plan based on internal and external reviews, and our leadership was strengthened with some exceptional additions to the Executive Leadership Team. Encouragingly, despite reductions to institutional funding, our private donations increased from 2011.

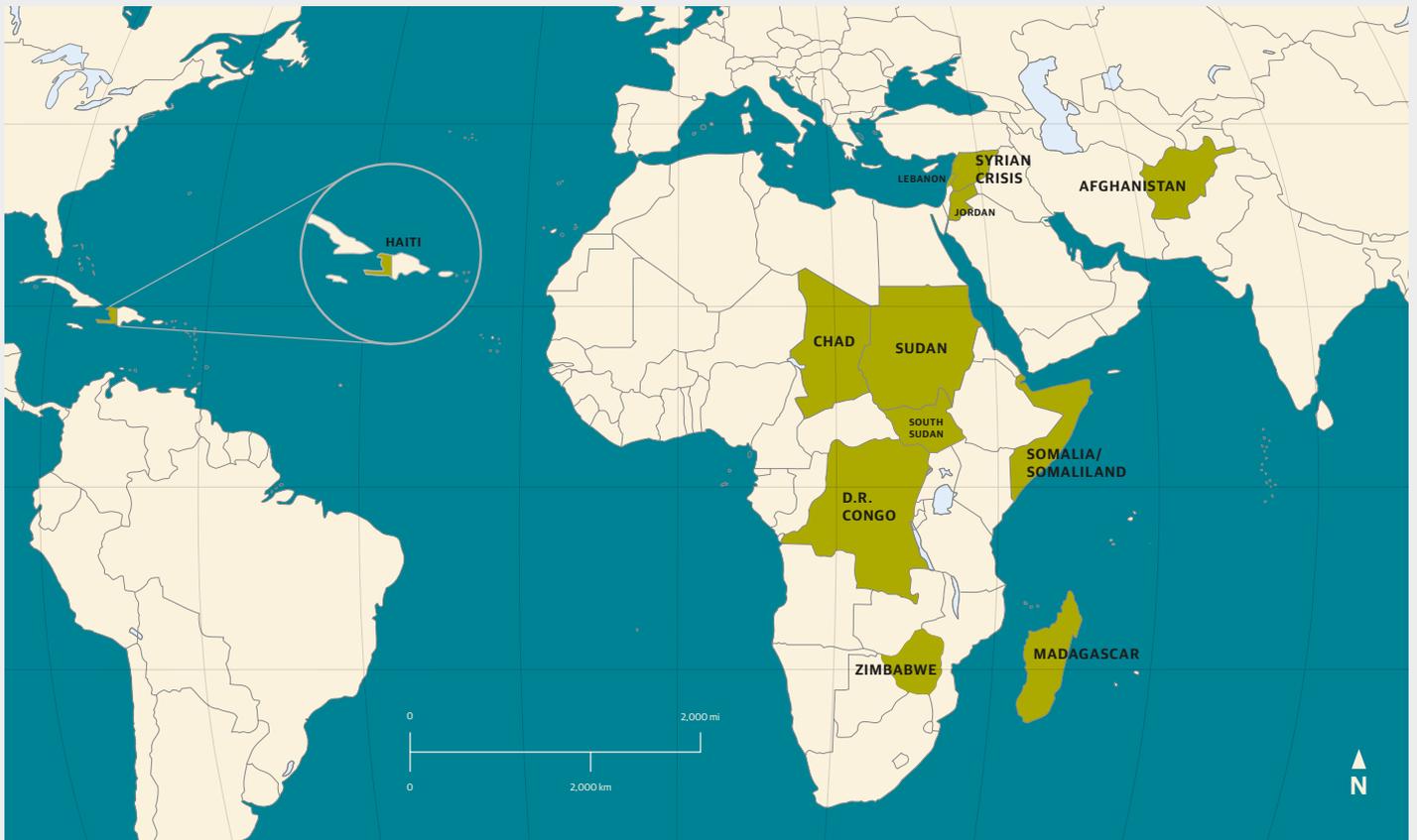
Throughout the year, the quality of our staff's work continued to impress me. Watching them work in extreme environments, I always saw the same high levels of commitment to the professional delivery of aid services and compassion for the people we serve. When you choose to stand with someone in crisis, instead of all the other places on earth you could be, you are telling them that they are not alone, they are not forgotten.

Thank you for your continued support in 2012. Your compassion is the driving force behind the work that we do. Your generosity has made a real difference to the health, dignity, and hopes of nearly a million people whose suffering has not been forgotten.

Jim Ingram, Medair CEO

Photo: CEO Jim Ingram visits with children being vaccinated during a measles outbreak in remote South Sudan.

Medair in 2012



Medair is a humanitarian organisation inspired by Christian values to relieve human suffering through a range of emergency relief and recovery services.

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p> Health and Nutrition</p> <hr/> <ul style="list-style-type: none">• 402,086 patients treated at a health clinic or mobile outreach• 92,521 people vaccinated against deadly diseases• 43,313 people received nutrition services | <p> Water, Sanitation, and Hygiene (WASH)</p> <hr/> <ul style="list-style-type: none">• 198,992 people gained improved access to safe drinking water• 90,181 people have a new or improved latrine or bathing facility• 99,297 people trained in life-saving hygiene practices |
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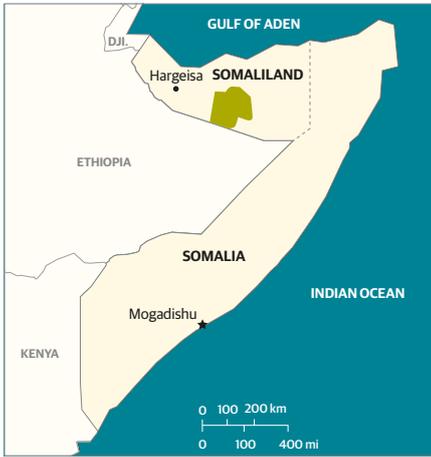
916,724

Direct Beneficiaries

 **Shelter and Infrastructure**

- **22,157** people received emergency or transitional shelter
- **5,186** people received permanent homes
- **8,358** local residents trained in construction and related skills

Medair helps people who are suffering in remote and devastated communities around the world survive crises, recover with dignity, and develop skills to build a better future.



SOMALIA/SOMALILAND

Drought conditions have begun to improve, but millions still face food shortages and malnutrition. Chronic conflict and drought have displaced families from their homes to live in camps, while Somaliland's rural communities are isolated from essential services and humanitarian aid.

SAVING LIVES IN FARAWAY PLACES

"I cannot eat sand!" said Sagal Omar, 35, in Muruqmal camp. "I was hungry every day before Medair started helping my family. We became very, very weak. Since I moved here, four of my children have died. Kaafiya was so weak, I was scared she would die too."

Somaliland's chronic drought left many people on the edge of survival. In 2012, Medair ran an integrated health, nutrition, and WASH programme that brought relief in Toghddeer, Sool, and Sanaag districts.

Medair's nutrition services helped more than 17,000 people survive the food crisis, providing therapeutic food and medical care for children under five and pregnant/lactating women.

"Thanks to Medair, I got Plumpy'nut [therapeutic food] for my daughter Kaafiya and some food for my family," said Sagal. "When Kaafiya started eating the Plumpy'nut she became fat very quickly. It has many vitamins in it and is very good for children."

Relief and Recovery Highlights

113,604 direct beneficiaries

Health and Nutrition

- 17,619 people benefited from Medair's nutrition services; 2,481 treated for acute malnutrition
- 22,824 children and pregnant women vaccinated
- 13,953 patients treated at Medair-supported health facilities
- 47,315 people learned about health and nutrition practices; 388 people received health care training



WASH (Water, Sanitation, and Hygiene)

- 7,991 people reached with emergency water supplies delivered by truck
- 47 berkads and 60 shallow wells rehabilitated; 9 school water systems constructed
- 306 household latrines, 32 school latrines, and 6 solid waste management systems constructed
- 6,000 people received WASH items including chlorine tablets, filters, soap, and buckets

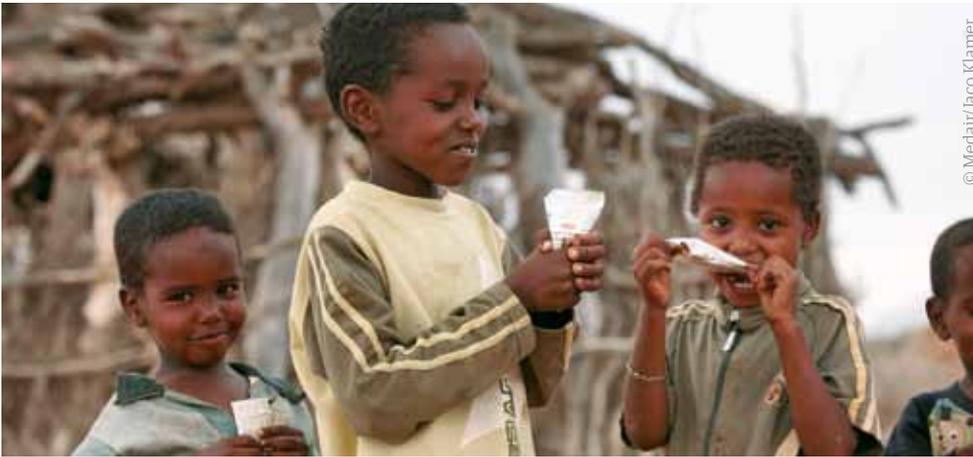


Shelter and Infrastructure

- 4,275 tarpaulin sheets distributed for shelters
- 20,190 people received emergency shelter support



Funding Partners: Swiss Solidarity, EC Directorate-General for Humanitarian Aid and Civil Protection, Woord en Daad (NL), United Nations Children's Fund, United States Agency for International Development, EO Metterdaad (NL), Red een Kind (NL), Department for International Development (UK), Swiss Agency for Development and Cooperation



Children enthusiastically eat Plumpy'Nut therapeutic food offered by Medair's nutrition programme.

Medair supported the Stabilisation Centre in Burao, where severely malnourished children with medical complications receive intensive care. “Witnessing the daily tragedy of these emaciated malnourished children is heartbreaking,” said Dr. Becky Hammond, Medair Nutrition Manager. “Yet after they receive treatment and the mothers are given education about caring for their child, the change is remarkable and a real privilege to watch.”

To prevent malnutrition and reduce the risk of disease, Medair trained community volunteers to deliver health, nutrition, and hygiene messages, reaching more than 47,000 people in 2012. “In the five years I have been a community volunteer, the number of malnourished children has decreased, especially because the women are now breastfeeding,” said Qadija Cateeye Dhible.

In 2012, Medair worked to strengthen the quality and availability of health care services. We extended support to 27 health facilities (up from 10 in 2011), working alongside the Ministry of Health to provide primary health care, medicine, and training and supervision for health professionals.

Maternal and child health care was a major priority area. We distributed clean delivery kits, encouraged antenatal and postnatal visits, and promoted the presence of skilled birth attendants at the delivery. We also vaccinated almost 23,000 people.

To secure sustainable water access, Medair rehabilitated 47 berkads (reservoirs) and 60 shallow wells and built rainwater systems at nine schools. “Last year, half our berkads were broken,” said Hirsi Farah, Chief

of War Idaad, Sool. “Not being able to store water during the drought was a really big problem for us. Now, when the rain falls, with these berkads we will be able to store enough water for the village.”

In 2012, we built 306 household latrines and 32 school latrines, and we supported communities to start building their own latrines. We also provided health and nutrition training for local staff, empowering a generation with crucial skills that will remain long after Medair has left.

In August, Medair concluded its 12-month emergency response to isolated villages in Sool and Sanaag regions, although we stayed to provide further relief in Sool. “Our region is very large but has no roads. Thank you for all the faraway places you have reached,” said Ibrahim Jama Mohamed, Deputy Governor of Caynabo. “Nobody else would send a car 200 kilometres for one patient who would die without referral. But you, Medair, have done this. Even one single person was important for you.”

At the closing ceremony, 145 village leaders came to express their appreciation for Medair's help during the time of drought. “I want to thank Medair for the work you've done and I thank you from all the villages that came to this ceremony,” said Dr. Caray, Regional Health Officer, Sanaag. “Medair is a loyal and honest organisation, the best I have ever seen. We are not sad, because what Medair left us is great and we need to work with this now.”

► **LEARN MORE AT MEDAIR.ORG/SOMALIA**



HAITI

Haiti suffers frequent natural disasters—hurricanes, drought, floods, and outbreaks of cholera—and is still recovering from the devastating 2010 earthquake that left more than 1.5 million homeless. Disaster-resilient shelter remains a major priority, along with safe water and sanitation.

RISING FROM DISASTER

When Medair first drove the treacherous mountain roads to Côtés-de-Fer, we found remote villages that had received no outside help since the earthquake. Homes still lay in crumbled ruins. Families were living in makeshift shelters.

While in Côtés-de-Fer, we discovered that communities had limited awareness of the health risks of open defecation, despite the presence of deadly waterborne disease. We also learned that women and children gave up between two and seven hours every day to gather water for their families.

In 2012, Medair delivered projects designed to make a life-changing difference for families in Côtés-de-Fer. We supported the construction of 150 new disaster-resilient homes and repaired another 107 homes to make them more resilient to hurricanes and earthquakes.

Medair provided each house with a 5,000-litre rainwater harvesting tank and a latrine. Despite the extraordinary logistical challenges of working in such remote locations, we built 287 water tanks and 182 latrines in 2012. “Things have changed for me,” said 69-year-old beneficiary Sansélie Jacotin, beaming with joy.

Relief and Recovery Highlights

10,756 direct beneficiaries

WASH (Water, Sanitation, and Hygiene)

- 770 families in 22 localities received aquatabs for water treatment
- 287 rainwater harvesting tanks constructed
- 182 latrines constructed
- 68 Community Approaches to Total Sanitation (CATS) meetings with more than 2,396 residents resulting in 371 latrines completed
- 467 participants in WASH cash-for-work programme (52% men and 48% women)



Shelter and Infrastructure

- 3 roads repaired; 120 people received cash-for-work (Tropical Storm Isaac)
- 3 tents provided to use in treating cholera patients (Isaac)
- 4 roads repaired; 126 people received cash-for-work (Hurricane Sandy)
- 150 new homes constructed; 107 homes repaired
- 1,046 received cash-for-work for building shelters
- 258 transitional shelters transformed into permanent homes
- 800 community members trained in disaster-resilient masonry construction



Funding Partners: Swiss Solidarity, United States Agency for International Development, EO Metterdaad, Däster-Schild Foundation (CH), and private donors



“I have more water to drink, to cook with, and to wash my clothes with. I can bathe whenever I like. My misery to get water is ended.”

Medair facilitated 68 community meetings about the health risks of open defecation, designed to trigger households to build their own latrines. This approach proved remarkably motivating, with an additional 371 latrines being built in 2012.

“There are a lot of changes in the communities where Medair has intervened,” said Vagery Veuillo, a Haitian working for Medair. “The people have more water to drink and to use, which has helped change their living conditions. The building of latrines should also help to reduce the cases of cholera, diarrhoea, typhoid, and stomach ache. Great improvements will be made in the people’s health.”

Two major disasters struck the region in 2012. In October, just two months after Tropical Storm Isaac left major damage, Hurricane Sandy lashed Haiti with fierce winds and heavy rainfall that caused massive floods. Water roared down the mountainsides, eroding away roads and croplands and destroying homes.

We rapidly assessed the damage and provided emergency responses, supporting road repairs through a cash-for-work programme that allowed families to buy food and avoid taking on unsustainable debt. We also distributed three tents for treating cholera patients and gave water treatment tablets to 770 families.

Thankfully, Medair uses disaster-resilient construction methods to strengthen Haitian homes: 100 percent of

Medair’s 3,490 transitional shelters and permanent homes withstood all of the country’s recent hurricanes and storms. “I won’t be scared of any hurricanes in the future because the house is built to stand, even when there are heavy rains and strong winds like Sandy,” said beneficiary Madenièse Valentin.

In Jacmel and La Montagne, Medair provided training in sound masonry construction to 800 community members, and our construction teams transformed 258 rapidly constructed transitional shelters into safe, permanent homes. These high-quality homes are not only disaster-resilient but also culturally appropriate with customisable wall types, gallery placements, and colours.

In 2012, Medair received a very positive evaluation from independent experts hired by funding partner Swiss Solidarity to assess our work: “Medair’s shelter programme has been hugely successful at adapting their construction designs to meet the needs of the local communities,” wrote architect Béatrice Boyer, Team Leader, Groupe URD. “The Medair houses are well-built and well-appreciated by the homeowners. The houses have good structural integrity and fit well with the local environment and culture, while also allowing residents to provide their own design solutions and finishing touches. Medair has acquired an undeniable expertise in reconstruction techniques that work well in rural Haiti.”

Photos, left: Jacmel family enjoys living in a new Medair home that they helped design.
right: Sansélie Jacotin in Côtes-de-Fer has a safe water supply at her home for the first time in her life.

► **LEARN MORE AT MEDAIR.ORG/HAITI**



AFGHANISTAN

Three decades of war have taken a punishing toll on the Afghan people. While some remote regions live in relative peace, they endure frequent natural disasters, unreliable harvests, malnutrition, minimal access to health care, unsafe water, and poor sanitation.

HEALTHIER SCHOOLS, HEALTHIER HOMES

In rural Afghanistan, far too many people have no choice but to drink unsafe water, even though they know it might make them sick. "This time of year is very difficult for students," said Ajmal, a Waras District high school principal. "It is very hot so they drink more than they normally would, so many of them are sick. I have seen students vomiting or having diarrhoea while they are trying to do their exams."

Medair has worked diligently to bring about transformative change in Waras, Bamyan province. In 2008, fewer than five percent of families in remote Waras had access to a latrine, and only 15 percent had access to safe water. Children were often ill, but most families did not know how to care for them. "This is the way Afghanistan is: it is normal for children to always be sick," said Ajmal.

Relief and Recovery Highlights

31,272 direct beneficiaries

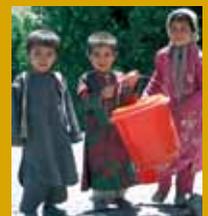
Health and Nutrition

- 3 nutrition clinics and 5 sub-centres in Badakhshan
- 529 acutely malnourished children (aged 6 to 59 months) received treatment
- 717 acutely malnourished women (pregnant or lactating) received treatment
- 9,993 beneficiaries reached with nutrition services and hygiene promotion



WASH (Water, Sanitation, and Hygiene)

- 1,848 families in 103 villages received WASH assistance
- 1,864 students in 6 schools received WASH assistance
- 92 springs protected and 24 wells constructed
- 225 community latrines and 100 bathrooms built
- 7 hand-washing stations in 6 schools



Shelter and Infrastructure

- 26 families assisted with tents and NFI kits in response to landslides
- 792 cash-for-work recipients and 32 cash recipients in food assistance project for drought-affected families
- 1,301 check dams, 269 catch dams, and 233 bunds constructed
- 6,629 metres of contour trenches and 4,212 metres of terraces dug



Funding Partners: Swiss Solidarity, Mennonite Central Committee and Canadian Foodgrains Bank, EC Directorate-General for Development and Cooperation - EuropeAid, Arcanum Foundation (CH), Gebauer Foundation (CH), Gertrude Hirzel Foundation (CH), and private donors



© Medair/Johan ten Hoeve

A Medair staff inspects the progress of a check dam being built by residents of Beshud district, Wardak province.

Since 2008, more than 40 percent of Waras' villages have received support from Medair. These communities benefit from improved access to safe water, sanitation, and hygiene education (WASH). Children are healthier, with fewer cases of malnutrition. "The majority of the patients we treat for diarrhoea and malnutrition come from communities that have not had any WASH assistance," said Dr. Abozer, Panjab hospital, Bamyan.

In 2012, Medair improved WASH access for 103 more villages and six schools. We provided 116 safe water points, 225 latrines, and 100 bathrooms, benefiting more than 10,000 people. At Ajma's school and others, we trained teachers to promote good hygiene. "I am teaching the whole school," said Salima. "My family and neighbours are making changes so we can have better hygiene. Slowly by slowly things will improve."

In 2012, Medair also ran a food-assistance project for more than 800 households in the Central Highlands, where drought had destroyed much of the harvest. We paid residents to build dams and terraces to improve agriculture and protect their communities from drought and flash floods. Families were able to buy food to survive the winter hunger gap, while at the same time protecting themselves for the future.

Medair began the year providing relief in Badakhshan province, improving WASH, treating and preventing malnutrition, and responding to natural disasters. As a member of the Emergency Response Mechanism (ERM)—a partnership with other relief NGOs—Medair took the lead on emergency response in the province.

Medair provided nutrition services at eight locations, treating more than 500 malnourished children, 700 women, and reaching almost 10,000 people with nutrition services and hygiene promotion. "In all the places we have been working, I have seen a lot of differences," said Abdul Khan at the Zeriaki nutrition clinic.

In May, Medair experienced a serious security incident when five staff were abducted while travelling to a remote nutrition clinic in Badakhshan. Thanks to the help of international security forces, and a well-rehearsed internal crisis plan, all of the staff were safely freed. "We are grateful that our staff survived their ordeal in remarkably good health," said Mark Screeton, International Director. "They continue to recover well with support from their families as well as our staff who have walked with them closely."

For more than a decade, Medair worked hard to maintain positive relations with the community, while also implementing appropriate security protocols. That such a serious incident occurred despite these precautions led us to make the difficult decision to close operations in Badakhshan. "Our work in Badakhshan saved thousands of lives," said Mark. "Our legacy is the long-term impact achieved through improved water and sanitation services, major upgrades to the provincial health care system, new schools and clinics, and greater household knowledge of hygiene, health, and nutrition."

► **LEARN MORE AT MEDAIR.ORG/AFGHANISTAN**



SOUTH SUDAN

The world's newest country faces steep challenges, with so many residents lacking access to health care, nutrition, safe water, and sanitation. Sporadic conflict within the country and at the borders destabilises some regions, while the mass influx of returnees and refugees brings new emergencies.

STANDING BY THE NEW NATION

The exiled people of South Sudan continued to return home in 2012. “There are many challenges but this is my country,” said returnee Flora Poul. “Here I can try to improve my life and realise my goals, and by doing this, I will improve my country as well.”

In May, 12,248 South Sudanese were airlifted from Khartoum to Juba, after being in Sudan since the war began more than 20 years ago. Medair and other NGOs worked tirelessly to prepare a temporary home for the returnees at a site in Juba. Medair coordinated

all of the water, sanitation, and hygiene (WASH) response, facilitating the construction of 136 latrines and 90 bathing stations. We also gave every family blankets, mosquito nets, cooking equipment, soap, jerry cans, and sleeping mats.

“I have lived in Sudan as long as I can remember,” said Beatrice. “At the moment I am glad that we have a place to stay, but what is going to happen next? It worries me. Thank you for welcoming us with these things and for remembering us.”

Relief and Recovery Highlights

205,930 direct beneficiaries

Health and Nutrition

- 51,964 people accessed health care in temporary health care units
- 19,295 people accessed 9 primary health care facilities supported by Medair
- 3,557 pregnant women received antenatal care; 1,654 safe delivery kits distributed
- 2,843 treated for acute malnutrition; 4,348 received blanket supplementary feeding
- 105 health providers trained and given monthly supervision; 160 trained in emergency interventions
- 52,052 people vaccinated; 1,062 treated for kala-azar; 5,197 mosquito nets distributed



WASH (Water, Sanitation, and Hygiene)

- 27 million litres of river water treated and made fit for drinking (Renk)
- 2 mini water yards installed; 7 rainwater harvesting systems completed
- 726 emergency latrines, 227 hand-washing stations, and 98 bathing shelters constructed
- 59 hand pumps repaired; 60 hand-pump mechanics trained; 262 hygiene promoters trained



Shelter and Infrastructure

- 49,730 people received non-food items over 15 different distributions
- 1,967 people received emergency shelter in 2 different emergency responses
- 8 primary health care units renovated



Funding Partners: EC Directorate-General for Humanitarian Aid and Civil Protection, United States Agency for International Development, South Sudan Common Humanitarian Fund, Tearfund UK, Swiss Agency for Development and Cooperation



In 2012, Medair responded to sudden and long-term emergencies across South Sudan, working in close partnership with other agencies and local government to provide health, nutrition, and WASH services, while coordinating non-food item distribution for Upper Nile State.

At the end of 2011, tribal conflict killed 1,000 people and displaced thousands more in Jonglei state. When it was secure enough, in early 2012, we travelled to the area and repaired hand pumps destroyed in the conflict, built latrines, and trained hygiene promoters. Finding many cases of acute malnutrition, we began a nutrition programme that reached more than 5,800 people.

“In 2011, there was widespread optimism for the future of this country,” said Caroline Boyd, Medair Country Director. “But 2012 brought ongoing setbacks. You could say it was the year in which reality set in after the honeymoon, revealing both massive long-term needs and successive humanitarian emergencies.”

In Renk county, Medair continued working alongside returnees in Mina, Payuer, and Abayok settlements to ensure they had safe drinking water every day, while also building latrines and promoting hygiene. We supported seven primary health care units and nutrition programmes, providing more than 37,000 patient consultations and nearly 30,000 vaccinations.

One Renk clinic was transformed from a barren facility to a thriving hub for the community.

“There is a big change here,” said Philip Piot, local health staff. “Medair brought medicines after one or two weeks, and beds, cupboards, tables, chairs, and a fridge. They have also given us training. Even new

midwives have been trained.” Medair Health Manager Katie Bragg was shocked to see the difference in the figures: “This clinic has gone from barely functioning to having at times 800 patients a month.”

Medair worked alongside hundreds of South Sudanese in 2012, training them to deliver improved essential services after we leave. Medair’s Tecla Ngairah, who ran midwife trainings, reported: “In many of the communities where our training has taken place, before we came, many mothers and babies died. But after our training sessions, the mortality numbers greatly decreased.”

In Bunj, Maban, 110,000 refugees from Sudan arrived on foot, exhausted and traumatised.

As camps sprung up, the sleepy town of mud huts found that its population had multiplied and it had become the centre of a huge aid operation. Medair started a clinic providing free health care, vaccinations, and antenatal care, set up two cholera treatment units, and constructed 450 semi-permanent latrines.

“Medair proved once more in 2012 that despite huge logistics constraints, they were able to pull off rapid and effective responses within a range of different humanitarian situations,” said Thomas Conan, European Commission. “I’m impressed by the energy that Medair has demonstrated, and their strong commitment to the South Sudanese communities.”

Photos, left: A South Sudanese woman uses the new Maban Hospital safe water source. right: A young patient in the Mina camp nutrition programme enjoys a sachet of Plumpy’Nut therapeutic food.

► **LEARN MORE AT MEDAIR.ORG/SOUTHSUDAN**



ZIMBABWE

Lack of water threatens lives and is a factor that hinders economic well-being in Zimbabwe, especially in drought-prone regions like Matebeleland South. Zimbabweans spend valuable time gathering unsafe water from riverbeds, unprotected wells, and contaminated rainwater ponds.

HARVESTING THE RAIN

As a nurse at Madabe Clinic, Peter Burayay wanted people to feel safe to come there when they were sick. He wanted women to give birth at the clinic, knowing they were safer there than at home. But the clinic had no water, and without water, it could barely function.

“Because there is no water at the clinics, women are choosing to have their babies at home rather than going to the clinic,” said Dr. Sibanda, District Medical Officer for Mangwe.

In 2012, Medair worked to improve the water supply for clinics and schools in the rural Bulilima and Mangwe districts of drought-prone Matebeleland South. When there is rainfall in a dry region, it should be treated as a precious resource and collected and saved for use. With this in mind, Medair installed rainwater harvesting systems in 16 schools and 14 clinics. These structures are easy to maintain and will last for up to 20 years.

“I wanted to quit my job since there was no water,” said Peter. “But I changed my mind when Medair installed tanks to capture water. I thank Medair on behalf of all the staff and the community.”

When Hylton Cannon, Medair’s Zimbabwe Country Director, visited the Bango Clinic after the rainwater harvesting tanks had been installed, the clinic’s Environmental Health Technician told him: “Now that there is water at the clinics, expectant mothers are coming back to the clinics to have their babies.”

Medair also worked directly with severely drought-affected communities. We rehabilitated 10 wells to secure safe water access for 5,000 residents in Bulilima and Mangwe. “Water has always been a serious problem in Mangwe,” said Grey Ncube, Mangwe Rural District Council. “Medair has done a good thing.”

Relief and Recovery Highlights

32,141 direct beneficiaries



WASH (Water, Sanitation, and Hygiene)

- 14 clinics and 16 schools received rainwater harvesting systems
- 16 schools received health and hygiene training
- 16 health clubs established in schools
- 10 wells rehabilitated, benefiting 5,000 people



Funding Partners: United States Agency for International Development, EC Directorate-General for Humanitarian Aid and Civil Protection, Swiss Agency for Development and Cooperation, and private donors



In March, Medair concluded a year-long rural WASH project in Gokwe North that had provided 42 hand-dug wells, 25 rehabilitated wells, and rainwater harvesting systems for 14 schools. We also trained community members how to build safe hand-dug wells and then left well equipment with them so they could build future wells on their own.

Washington Ndlovu, a Medair driver, shared his first-hand impressions of the project's impact: "While working on the rainwater harvesting systems and the hand-dug wells, I met with a large number of officials: councillors, head chief-men, and village leaders. They expressed their happiness with Medair for bringing water to the schools and communities. They said that before Medair arrived, pupils would have to collect water before leaving for school, and that the water was often unsafe and open to all kinds of diseases. Since Medair's help, these diseases have been reduced drastically."



In all our projects, we promoted health and hygiene awareness to reduce the risk of water-related illness. In Bulilima and Mangwe districts, we worked with a local NGO partner, Family Impact, to deliver participatory health and hygiene education in 16 schools. In each school, a health club was established to motivate children to carry positive messages to their families.

On 7 November, we celebrated the new rainwater harvesting system at Sevaka Primary School. The health club made the day special for our staff, performing dances, dramas, and poems. It was a real celebration, with the community showing their excitement for the project after facing so many years of challenges without water at the school. At one point, some people started spontaneously dancing and singing in their local language, Ndebele, "We are so grateful! How can we thank you?"

"It was a real privilege to be part of such a joyous event and to see a community so united and supportive of the project," said Hylton. "I truly believe that Medair has made a major impact in the districts we worked in this year. There is now safe water for schools, clinics, and communities that was lacking before we started our projects."

Photos, left: Children try out the rehabilitated water pump at their school in Bambadzi.

right: All the students at Mangubo school attend a special ceremony to celebrate their new water supply.

below: Mothers of school children attend a celebration of the opening of a new school water supply in Mangubo.

► **LEARN MORE AT [MEDAIR.ORG/ZIMBABWE](https://www.medair.org/zimbabwe)**



SYRIAN CRISIS

Syria's conflict escalated in scale and intensity in 2012, forcing half a million people to flee their homes for safe refuge in neighbouring countries like Lebanon and Jordan. Many families arrived with nothing and took shelter in communities overwhelmed by the number of refugees needing support.

YOU HAVE HELPED US TO STAND AGAIN

Wessam and his young family fled from Syria in October. They crossed the Lebanese border and slept on the streets for two nights, until a kind Lebanese man offered them a half-constructed building where they could stay.

Wessam was grateful for the help, but the shell of a house was cold—bare concrete floors and holes for windows. His baby daughter Lilith slept on a mattress on the floor. Wessam's eyes, red from lack of sleep, grew

moist as he struggled for words to express his shame and sorrow at not being able to care for his wife and children with winter approaching. "I want my children to be warm, and to have enough food to eat," he said.

Stories like this are heard every day in Lebanon's Bekaa Valley, where tens of thousands of refugees live in quickly built shelters of tattered plastic and discarded signs. In Syria, they had jobs, homes, their children were in school. Now they have nothing.

Relief and Recovery Highlights

9,444 direct beneficiaries



Health and Nutrition

- 32 Jordanian health workers received nutrition training at 6 health clinics



WASH (Water, Sanitation, and Hygiene)

- 120 hygiene kits and water filters distributed, benefiting 784 people



Shelter and Infrastructure

- 7,603 people (1,262 families) benefited from shelter kits
- 951 blankets distributed
- 951 mattresses distributed
- 237 wood-burning stoves distributed



Funding Partners: Swiss Solidarity, COFRA Foundation, Caritas, Eriks Development Partner (SE), Läkarmissionen (SE), and private donors



With a flood of refugees arriving every day, Medair sent emergency response teams to Jordan and Lebanon in September to respond to the urgent unmet needs of Syrian families, specifically the most at-risk and underserved refugees whom no one else was working with.

In Jordan, Medair focused on strengthening the integration of nutrition into general health services, partnering with a local organisation to provide nutrition training in six health clinics. Jordanian health providers learned skills to assess and manage acute malnutrition in children and mothers and to provide counselling on improved nutrition practices.

In Lebanon's Bekaa Valley, the coming winter was on everyone's minds. With snow and freezing weather expected imminently, refugee families needed protection from the elements to survive the winter.

In response, Medair and a local partner began distributing essential weather-proofing materials, racing against the clock to ensure families had time to improve their shelters before winter. Thankfully, we completed our distribution of shelter kits to 1,262 families before the first snow arrived, with beneficiaries reporting that the materials had significantly improved the water-resistance and heat-retention of their shelters.

We also provided families in Bekaa Valley with blankets, mattresses, and wood-burning stoves. As we helped them, we witnessed a wonderful transformation. Having fled from a conflict zone, they had been suspicious of us at first, unsure whom they could trust. After the distribution, they welcomed us into their shelters as friends who stood up for them when they needed it most.

"I am the grandmother of everyone here," said Marella. "We are very happy. The blankets, mattresses, and the stove—it is all so good for us. Already it is much warmer. We would like to thank everyone who has helped us continue our lives. You have helped us to stand again."

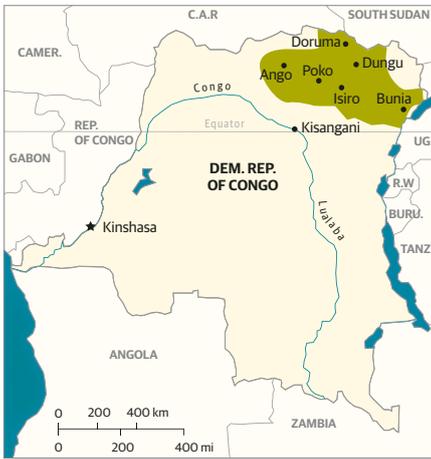
Medair sought out refugees like Wessam and his family who were staying in empty shops and shells of half-built homes. In December, we gave Wessam blankets, mattresses, and a wood-burning stove. He was delighted, hugging our team and slapping us on the back.

A week later, we visited Wessam in his much-improved home, his new stove heating up the room. He laughed and smiled as we drank tea with his wife and children. "What an incredible change from the teary-eyed man I had met in November," recalled Medair's Andrew Robinson. "It was hugely encouraging to see his transformation from hopelessness to cautious optimism for the future."

Syria's refugees face a long and difficult road ahead, but at least for this winter, more than 7,600 of them received the shelter support they needed. "After this two-day visit, I feel extremely proud to be partnering with Medair in assisting refugees from Syria," said Conny Sjöberg, with funding partner Läkarmissionen, after a visit to Bekaa Valley. "I am quite shocked to see that Medair is one of the few international agencies responding to their needs."

Photos, left: Syrian refugees in the Bekaa Valley of Lebanon receive mattresses and blankets from Medair.
right: Children play near the Medair distribution area in the Bekaa Valley, Lebanon.

► **LEARN MORE AT [MEDAIR.ORG/SYRIAN-CRISIS](https://www.medair.org/syrian-crisis)**



D.R. CONGO

In Orientale province, ongoing violence from militia groups has displaced hundred of thousands of people into makeshift camps and host communities. At the same time, chronic underdevelopment has isolated millions and left them without access to health care or safe water.

REACHING DEEPER INTO D.R. CONGO

The men came swiftly, attacking his village and murdering his wife and uncle. Justin Sangbako fled with his baby son and never returned. “With my wife gone, life could not be any harder,” said Justin.

Brutal and random attacks have displaced more than a million Congolese across the country. Under threat of violence, they have little choice but to live in camps where there are few opportunities to earn an income or receive basic amenities like health care.

For years, Medair has provided relief for D.R. Congo’s displaced people. In 2012, we expanded our support to reach more health clinics in remote locations across the northeast, particularly in Dungen, Ango, and Irumu.

We provided free access to health care and medicine for families displaced by conflict, supporting more than 175,000 patient consultations and the delivery of almost 8,000 babies.

Relief and Recovery Highlights

339,850 direct beneficiaries



Health and Nutrition

- 5 Dungen health areas received health and hygiene promotion after severe flooding
- 40,255 people reached with prevention messages during ebola outbreak
- 178,475 patient consultations in Medair-supported clinics
- 41,691 HIV consultations; 8,090 people received HIV/AIDS support; 31,606 people attended HIV sensitisation sessions
- 20,874 children vaccinated
- 7,941 baby deliveries supported
- 2,807 hygiene kits distributed



WASH (Water, Sanitation, and Hygiene)

- 10 latrines and 10 toilets built at health centres
- 4 incinerators, 5 rubbish pits, and 4 placenta pits built at health centres
- 5 drinking water points rehabilitated or built



Shelter and Infrastructure

- 37 bridges rehabilitated covering 150 km of roads
- 500,000 people became easier for humanitarian aid agencies to access

Funding Partners: Democratic Republic of Congo Pooled Fund, EC Directorate-General for Humanitarian Aid and Civil Protection, United States Agency for International Development, Office of the United Nations High Commissioner for Refugees, EO Metterdaad, Trade Aid (UK), and private donors



© Medair/Chiara Bogoni

Day labourers rehabilitate a bridge in Tapili, Haut Uélé district.

Medair’s health project had a strong life-saving component because, without treatment, the vulnerable people we served risked death from childbirth, as well as malaria and other preventable illnesses. In 2012, we offered medical and psychosocial care to survivors of sexual violence, and we particularly focused on high-risk group, including children under five, pregnant women, and new mothers. “My first contact with the clinic was during my antenatal care where I was given a safe delivery kit,” said Josephine Zezio at the Dafia clinic. “It had a mosquito net, a *pagne* (Congolese wrap), nappies, and soap. As a displaced person with nothing, this gesture meant so much to me.”

Medair’s work strengthened the national health care system, providing training and supervision for staff at health facilities. “Medair has worked beside us when we had difficulties,” said Nurse Kilibinge in Ango. “Their staff were always at hand to look for ways of solving problems.”

Our health teams also assisted with vaccination campaigns and provided support during emergencies, including a deadly outbreak of cholera in South Irumu. “If I had known what I know now about cholera, I might have been able to save my son,” said Janette Kambonesa.

In January, Medair launched an ambitious HIV project in Dungu. We provided support to more than 8,000 people and shared HIV messages with more than 30,000 people. “I can see a change in behaviour based on increased awareness,” said HIV-positive advocate Jean Claude Likoye. “I have come across many people—especially those below age 18—who are already HIV-positive. Sharing my experience gives them hope.”

Medair’s mandate to help the most vulnerable pushed us deeper into D.R. Congo to reach remote populations. Nowhere was this more evident than in our bridge-building project in isolated Ango territory, where we rehabilitated 37 bridges and culverts and opened up humanitarian access and economic opportunities for more than 500,000 residents. Medair also employed hundreds of local workers who earned an income while learning valuable construction skills.

In 2012, Medair teams also improved the water supply, sanitation facilities, hygiene awareness, and waste management for health clinics, benefiting more than 45,000 people. “There has been a decline in water-borne diseases like diarrhoea and dysentery since Medair rehabilitated the well at the clinic and constructed latrines for patients,” said Oscar Mweze, a nurse at Kiliwa clinic.

After 12 years of humanitarian service, we closed our operations in Isiro to focus on regions with greater vulnerability. During our time in Isiro, we provided health care to millions of people, delivered more than 200,000 babies, and provided hundreds of thousands with vaccinations and treatment for malaria. We also trained health professionals in almost 400 clinics and improved the quality of medical care. “Medair’s work in the area is incomparable,” said Gilbert Manekoy, with NGO VIGLOBE. “The quality of Medair’s intervention speaks for itself.”

► **LEARN MORE AT MEDAIR.ORG/CONGO**



MADAGASCAR

Frequent cyclones and tropical storms bring high winds and flooding that leave a trail of destruction: drownings, devastated homes, ruined crops, contaminated water sources, and outbreaks of disease.

PEACE OF MIND

On 14 February 2012, Cyclone Giovanna slammed into the east coast of Madagascar as a powerful category-four storm. Giovanna devastated the region near Vatomandry, destroying homes and crops, killing livestock, and contaminating water sources. “We had just enough time to take a few belongings and seek refuge,” said 28-year-old Irene. “When the cyclone had passed, all our homes were destroyed.”

Medair’s emergency response team immediately flew to the flooded area to assess the damage and provide an urgent response.

To combat the threat of waterborne disease, we distributed 4,760 WASH kits with buckets, chlorine solution, cups, and soap. We disinfected 27 wells, built eight raised water points, and repaired a gravity system, while conducting hygiene education to keep communities safe.

Medair also undertook a new kind of intervention in Madagascar, trekking into remote villages to distribute cash to the most vulnerable residents to help them rebuild their damaged homes.

Relief and Recovery Highlights

98,434 direct beneficiaries

WASH (Water, Sanitation, and Hygiene)

- 27 wells disinfected, 8 raised water points built; 1 gravity system serving 16 water points rehabilitated
- 4,760 WASH kits distributed
- 64 hygiene promotion sessions including 9 puppet shows
- 83 wells disinfected by chlorine solution in urban Maroantsetra
- 5 elevated water points fitted with pumps installed, serving 1,405 people
- 30 water points built in Rantabe serving 4,835 people



Shelter and Infrastructure

- 1,630 people attended 24 training sessions on cyclone-resistant construction; 2,300 pamphlets distributed about the construction methods
- 20 DRR workshops held; 7 communes, 55 villages received help strengthening DRR committees
- 193 focus groups about DRR with more than 7,600 people; 62 mobile cinema shows for more than 18,000
- 80 carpenters selected from different villages and trained in improved construction techniques; 8 houses built according to DRR standards
- 4,210 households received cash for shelter grants following Cyclone Giovanna



Funding Partners: EC Directorate-General for Humanitarian Aid and Civil Protection, Swiss Agency for Development and Cooperation, and private donors



Young woman in the Sahamatevina commune signs for cash distributed by Medair to help people rebuild their houses after the devastation of Cyclone Giovanna.

We held training sessions on cyclone-resilient construction so people could “build back better.” In total, our teams handed out much-needed cash to more than 4,200 families. “We are very honoured that you have come all the way here to help us,” said the leader of Ambodivoananto. “You are the only ones who have come to us. People are very, very pleased with Medair’s support, first with the WASH kits, and now the training and the money to rebuild our homes.”

In 2012, Medair continued working to strengthen community resilience against future cyclones.

We enhanced our past disaster risk reduction (DRR) activities in seven Maroantsetra communes, strengthening the autonomy of local DRR committees and supporting greater preparedness. We conducted extensive training in dozens of villages using a variety of creative teaching methods such as mobile cinema, puppet shows, radio, focus groups, posters, and the development of a new comic and board game. We also trained 80 carpenters in improved construction techniques and built eight demonstration houses. “I can see that these craftsmen are more than motivated to learn,” said Alfred Ralaimboa, Malagasy Medair staff. “They are well aware of the need for training and the changes their actions can make to help villagers face future storms.”

Medair opened a new base in Vangaindrano, joining a major cooperative effort with other NGOs to protect two highly vulnerable regions from cyclone and flood damage. We trained two local drilling teams to build elevated, flood-resistant water points, while also conducting hygiene promotion.

Our team witnessed some amazing transformations in 2012.

Children were dying every year in Tanambao Ampagno because of diarrhoeal disease. The community was using their river as a latrine and were unaware of the dangers. After our first hygiene promotion session, four households immediately started building proper latrines. The community went on to prohibit defecation in the river and started cleaning the riverbanks and burning their waste. One of our trainers, Alberto, reported that the village went on to build more than 100 latrines and the river became cleaner. “The people of this region are truly interested and motivated to improve their quality of life, but until now they did not know the reasons for their illness, and therefore they did not know what to change,” said Medair’s Aurélie Grisel.

Perhaps no community experienced the rewards of Medair’s DRR investment as profoundly as the village of Ambodinmandrorofo. In March, Cyclone Irina struck the village, but residents had received enough early warning to prepare their homes, move their livestock, and take refuge in their new cyclone shelter.

“Previously, when a cyclone struck, it was thought right away that we would lose,” said Rafara, mother of 11. “We did not know what to do or how to prepare. But during Irina, we took refuge in the shelter house, and we were there in absolute peace and quiet. We had never felt so calm during the passage of cyclones in the past.”

► **LEARN MORE AT MEDAIR.ORG/MADAGASCAR**



Health promotion volunteers complete their training in Durti and Ardamata, Sudan in 2011.

SUDAN

After 12 years of relief work in Sudan, Medair successfully concluded an eight-month handover process and exited the country in February 2012.

Medair's work in Sudan's northern states began in 2000 in a displacement camp outside of Khartoum.

In 2001, we established a presence in West Darfur and, for more than a decade, we provided primary health care and health promotion and we improved access to water, sanitation, and hygiene (WASH). At our peak, we supported 27 primary health care facilities and served more than 330,000 people a year. At the time of our exit, Medair was the longest serving international agency present in West Darfur.

"We would like to express our thanks for your respectable organisation, for its tangible projects, sustainable activities, [and] long and excellent services in this State," wrote Ismail Adam Mohammed, Humanitarian Aid Commission, West Darfur. "Medair staff had been supportive and cooperative with us since [Medair's] establishment till its close. They are keen to Sudanese traditions and also respect work laws and regulations. They used to treat targeted people with mercy and dignity."

Relief and Recovery Highlights

75,293 beneficiaries in 2012

Health and Nutrition, July 2006 - December 2011

- 1,686,748 patient consultations in the Medair-supported clinics in West Darfur
- 24-30 clinics supported with maternal and child health services, 31,888 safe delivery packs distributed
- 87 midwives trained; 18% increase in mothers delivering with a skilled birth attendant (West Darfur)
- 25,630 mosquito nets distributed; 31% increase in children under five sleeping under a net (31% to 62%) (West Darfur)
- 1,100+ health promotion volunteers trained
- 84% of pregnant mothers had at least two antenatal care visits (West Darfur)
- 26% increase in infants exclusively breastfed until six months of age (West Darfur)

WASH (Water, Sanitation, and Hygiene), July 2006 - December 2011

- 56 boreholes and 5 jetted wells with hand pumps installed; 20 water points, 6 water systems, 1 jetted well, 26 hand-dug wells rehabilitated
- 154,000 people gained a sustained supply of safe drinking water (West Darfur)
- 14,923 latrines constructed or rehabilitated (West Darfur)
- 9 villages confirmed Open Defecation Free (ODF) (West Darfur)
- 23 community institutions received water-supply systems (South Kordofan)
- 157 pump mechanics trained
- 10 water yards rehabilitated, 1 newly installed
- 1,300 hygiene promotion volunteers trained, 33 schools targeted for hygiene promotion



Funding Partners: Since 2008, Medair's work in Sudan has been supported by Department for International Development (UK), United States Agency for International Development, Swedish International Development Cooperation, Swiss Agency for Development and Cooperation, Common Humanitarian Fund (UNDP), TEAR Fund (NZ), United Nations Children's Fund, Office of the United Nations High Commissioner for Refugees, and private donors

Medair's activities in Sudan placed a strong emphasis on capacity building through training, supervision, and local ownership so that our work would have a long-lasting impact. In 2003, Medair began providing health services and WASH in South Kordofan. By 2008-2009, we had handed over support of 20 primary health clinics to local authorities, and begun working in other communities in the region.

In 2011, conflict intensified in South Kordofan. Medair left the area unsure of when the humanitarian community would regain access. Operating constraints in West Darfur also led us to make a difficult decision. "We were unable to continue operating in West Darfur in the way that we had in the past, and therefore the decision was made to close the programme," said Anne Reitsema, Head of Country Programme - Sudan.

During the eight-month closure, Medair successfully handed over activities to line ministries, communities, and relief agencies, providing as

much support as possible. We completed the installation of a water yard in South Kordofan and left two months of supplies in the health clinics along with spare parts for the water systems in West Darfur. Throughout the transition, Medair received positive support and respect from stakeholders regarding the work's sustainable impact, the care and respect shown to the beneficiaries, and the way the exit was carried out.

"How grateful we are that you are leaving in an honourable way," said Charles Wanjue, Program Officer, USAID, speaking at the closing ceremony in Khartoum. "You did not just disappear like other people have disappeared before. You have planned for your exit, and you prepared us for this... Other NGOs should learn from this, going forward."

"The Medair values are not just words," added Don McPhee, Country Director, Plan International, Sudan. "We have seen those values reflected in their work, both professionally and personally."

CHAD

Situated in Africa's drought-prone Sahel Belt, Chad consistently ranks as one of the most vulnerable and least developed countries on earth, with a long history of civil conflict, food insecurity, and natural disasters.

In 2012, 3.6 million Chadian people (30 percent of the population) were affected by a food and nutrition crisis. At present, as many as 460,000 children under five are malnourished. The complexity of the crisis is compounded by a lack of health care, safe water, and sanitation. In 2012, Medair sent an assessment team to Chad to determine where people were facing the greatest unmet needs.

Medair identified Abdi, a remote district in the eastern region of Ouaddai, as one of most vulnerable in the



country. Isolated, underdeveloped, and sidelined from humanitarian interventions, the population of Abdi needs urgent assistance. Our immediate goal in Chad is to save and nourish young lives by strengthening the nutrition treatment system, improving infant and child feeding practices, and increasing resilience to future crises.

Photo: Medair staff talk with women about their health care needs in Bitkine department, Chad.

► **LEARN MORE AT [MEDAIR.ORG/CHAD](https://www.medair.org/chad)**

Funding Partners: Private donors

Funding Partners

Organisational donors listed
alphabetically ≥ USD15,000.

UNITED NATIONS AND INTERGOVERNMENTAL PARTNERS

Democratic Republic of Congo Pooled Fund
EC Directorate-General for Humanitarian Aid and Civil Protection
EC Directorate-General for Development and Cooperation - EuropeAid
South Sudan Common Humanitarian Fund
United Nations Children's Fund
United Nations High Commissioner for Refugees

GOVERNMENT PARTNERS

Department for International Development (UK)
Swedish International Development Cooperation Agency
Swiss Agency for Development and Cooperation
United States Agency for International Development

INSTITUTIONAL PARTNERS

EO Metterdaad (NL)
Swiss Solidarity
Tearfund (UK)

PRIVATE PARTNERS

Arcanum Foundation (CH)
Caritas
COFRA Foundation (CH)
Däster-Schild Foundation (CH)
Demaurex & Cie SA - Marchés Aligro (CH)
Gebauer Foundation (CH)
Gertrude Hirzel Foundation (CH)
La Fondation du Protestantisme (FR)
Läkarmissionen (SE)
Mennonite Central Committee, with Canadian Foodgrains Bank
Pierre Demaurex Foundation (CH)
Red een Kind (NL)
Trade Aid (UK)
Woord en Daad (NL)

GIFT-IN-KIND PARTNERS

Arnold & Porter, LLP (UK)
Google
International Organization for Migration
Mayer Brown, LLP (US)
Microsoft
United Nations Children's Fund
World Food Programme



Photo: A young mother from a nomadic tribe at a remote feeding centre in Abtouyour, Chad.

My sincere thanks to everyone who supported Medair in 2012.

Your gifts enabled us to save lives without delay in places where people were in critical need. Thanks to you, we were for example able to bring relief to thousands of Syrian refugees who had fled from conflict. We were able to help devastated families get back on their feet after massive storms hit Haiti and Madagascar. Your donations made our emergency responses possible.

With deep appreciation,

Gregory Pasche

Gregory Pasche,
Director of Communications
and Fundraising



Words from Our Partners

“ *I stayed four days with the Medair team [and] I was very happy to see the work that is being done. The selection of the beneficiaries in close contact with the local population, the orientation towards the most vulnerable people, and the technical standards applied in the reconstruction of the houses impressed me very much. I thank the Medair team for the good work they do in favour of the Haitian people.* ”

– Dieter Fahrni, international board member, Swiss Solidarity

Photo: Lorcía Jean, with two of her 10 children, shells peas in the doorstep of her new disaster-resilient home in Haiti.



© Medair/Florance Paul



© Medair/Ed Nash

“ *The people Medair is aiding in Somaliland have to trust you. They give you their most vulnerable and precious resource: their children. Parents put their trust in your hands and after a couple of weeks you bring their children back to the community and they are healthier. That process is fantastic. You are very aware that you are guests in this country and that is very important. You never tell people what they should do; your approach is always to respect people.* ”

– Gerrit Van de Haar, Red een Kind representative, The Netherlands

Photo: Gerrit Van de Haar, far right, talks with Medair staff on a visit to review Medair's work in Somaliland.

Accreditations and Affiliations



ISO 9001:2008 certification, *Worldwide*

The ISO 9001:2008 quality certification denotes that Medair consistently provides effective relief and recovery services for the well-being of its beneficiaries.



ZEWO, *Switzerland*

ZEWO certification testifies to the integrity of Medair's publications, fund appeals, and the intended and effective use of private donations. ZEWO standards call for optimal accounting and operational transparency, confirmed by continuous independent monitoring.



RfB, *The Netherlands*

The RfB certification gives donors the certainty that gifts to Medair Netherlands are used for the purpose for which they were given.



Algemeen Nut Beogende Instelling, *The Netherlands*

The Dutch government has granted the ANBI-status to Medair Netherlands.

Memberships



ASAH, *France*

ASAH is a collective of faith-based organisations dealing in international solidarity in fields such as humanitarian aid, cooperation and development, fair trade, and societal reintegration.



CONCORD

CONCORD is the European confederation for relief and development.



Coordination SUD, *France*

Coordination SUD comprises French NGOs that promote their values to private and public institutions, both in France and abroad.



EU-CORD

EU-CORD is a network of relief and development organisations with the goal of serving the poor more effectively and improving the conditions of disadvantaged people in the world.

eisf



European Interagency Security Forum (EISF)

EISF is a European NGO forum concerned with the security and safety of humanitarian relief organisations.



HAP International

HAP Int's purpose is to achieve and promote the highest principles of accountability, through self-regulation by members linked by common respect for the rights and dignity of beneficiaries.



ImpACT Coalition, *UK*

The ImpACT Coalition seeks to improve accountability and transparency and increase public understanding of how charities work.



LINGOs

LINGOs is a consortium of NGOs that share resources and experiences including learning technologies and partner organisations' courses.



People in Aid

The Code of Good Practice pertains to the management and support of aid personnel in areas of health and safety, diversity, and equality.



QUAMED

QUAMED seeks to improve access to quality medicines in developing countries by setting up a network of NGOs working in the field of supplying medicines.



The CORE Group

The CORE Group fosters collaborative action and learning to improve and expand community-focused public health practices for underserved populations around the world.



The Fundraising Standards Board, *UK*

The FRSB is the independent self-regulatory body for fundraising in the U.K. Members agree to adhere to the highest standards of good fundraising practice.



The Global Health Cluster

GHC partners work to build consensus on priorities and best practices to ensure predictability, accountability, and effectiveness in international humanitarian health response.



The Global Shelter Cluster

The Inter-Agency Standing Committee's Global Shelter Cluster is the primary mechanism for coordination of humanitarian shelter assistance involving UN and NGO partners.



The Global WASH Cluster

(Water, Sanitation and Hygiene)

The GWC was established as part of the international humanitarian reform programme, and provides an open, formal platform for all emergency WASH actors to work together.



VOICE

VOICE is a network of NGOs in Europe active in humanitarian aid, including emergency relief, recovery, disaster preparedness, and conflict prevention.

Principles



Sphere

The Sphere Project, launched by humanitarian NGOs and the Red Cross and Red Crescent movement, comprises a handbook, a process of collaboration, and a commitment to quality and accountability.

International Federation of Red Cross and Red Crescent Societies

Medair is a signatory to the "Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief."

Medair
Ecublens, Switzerland

Audited Consolidated Financial Statements
2012

Medair operates with U.S. dollars as its functional currency

The following pages are presented in U.S. dollars (USD)

Performance Report

Mission

Medair is a humanitarian organisation inspired by our Christian values to relieve human suffering in some of the world's most remote and devastated places. We bring relief and recovery to people in crisis, regardless of race, creed, or nationality. We save lives in emergencies and then stay to help people recover from crisis with dignity—working side by side with communities to leave a lasting impact. We provide a range of emergency relief and recovery services: Health care and nutrition; safe water, sanitation, and hygiene; and shelter and infrastructure.

Treasurer's Report

After the very successful year of 2011, when our spending on humanitarian activities was at a record level of USD 38.6 million, 2012 was, as expected, a year of transition and capacity building. In 2012, we left Sudan, which was for years one of our biggest programmes. We started new programmes in Chad, and in Lebanon and Jordan in response to the Syrian crisis. We served vulnerable people in 11 countries compared to eight in 2011, thanks to the generous financial support of our many donors, both institutional and private. At the same time, we are enhancing our capacity to respond to new emergencies.

Starting new programmes and maintaining readiness to respond to emergencies is an investment and takes time, which is why our humanitarian spending declined to USD 34.1 million in 2012. Because there is a lag between investment spending and returns on such investments, income was down in 2012 relative to expenses, leaving Medair with an operational deficit of USD 1.8 million in 2012 compared to an operating surplus of USD 1.6 million

in 2011. There was, however, a significant positive foreign exchange impact, which reduced the overall 2012 deficit to USD 0.6 million. Our overhead costs continue to compare very favourably to others in the NGO community, with 83.5% of incoming funds being used in field programmes to serve our beneficiaries.

The year 2012 was a difficult one for most NGOs with significant reductions of funding due to the economic crisis. We are pleased that, despite the closure of our largest programme, our 2012 institutional funding remained strong at USD 28.3 million. Having more than 76 % of our funding coming from institutional donors is something we take as a sign of confidence from those donors, because of the high professional standards they apply. Our 2012 private donations slightly increased in 2012, another sign that generous individuals and companies support our work and want to be part of serving the most vulnerable.

I want to express my personal thanks and sincere appreciation to everyone in Medair and every donor who made this year possible.



Torsten de Santos
Treasurer

Photo: Two Medair cash-for-work supervisors greet each other at the start of another day rebuilding a bridge in Ango, Democratic Republic of Congo.





Leadership of Medair

The Board of Trustees is elected from the membership of the Medair Association. There must be a minimum of five Board members, who serve for three-year terms.

The Chief Executive Officer (CEO) is appointed by and responsible to the Board for the management and operation of the organisation. The Executive Leadership Team assists him in this responsibility.

Board of Trustees and Executive Leadership Team members on 31 December 2012 are presented below.

Board of Trustees

- Christina Bregy**, President and temporary Secretary, term of office: 2010 to 2013
- Chris Lukkien**, Vice President, term of office: 2010 to 2013
- Torsten de Santos**, Treasurer, term of office: 2010 to 2013
- Arno IJmker**, term of office: 2011 to 2014
- Eleanor Dougoud**, term of office: 2011 to 2014
- Klaas van Mill**, term of office: 2011 to 2014
- Nigel Harris**, term of office: 2010 to 2013
- Sunday Agang**, term of office: 2011 to 2014

Executive Leadership Team

- Jim Ingram**, Chief Executive Officer
- Gregory Pasche**, Communications & Fundraising Director
- James Jackson**, Executive Office Director
- Mark Scretion**, International Director
- Martin Baumann**, Finance Director
- Peter Holloway**, Human Resources Director

Photo: Residents gather as large canvas tarpaulins—provided by Medair to improve shelters—are prepared for distribution in Badweyn village, Sool region, Somaliland.



Financial Statistics

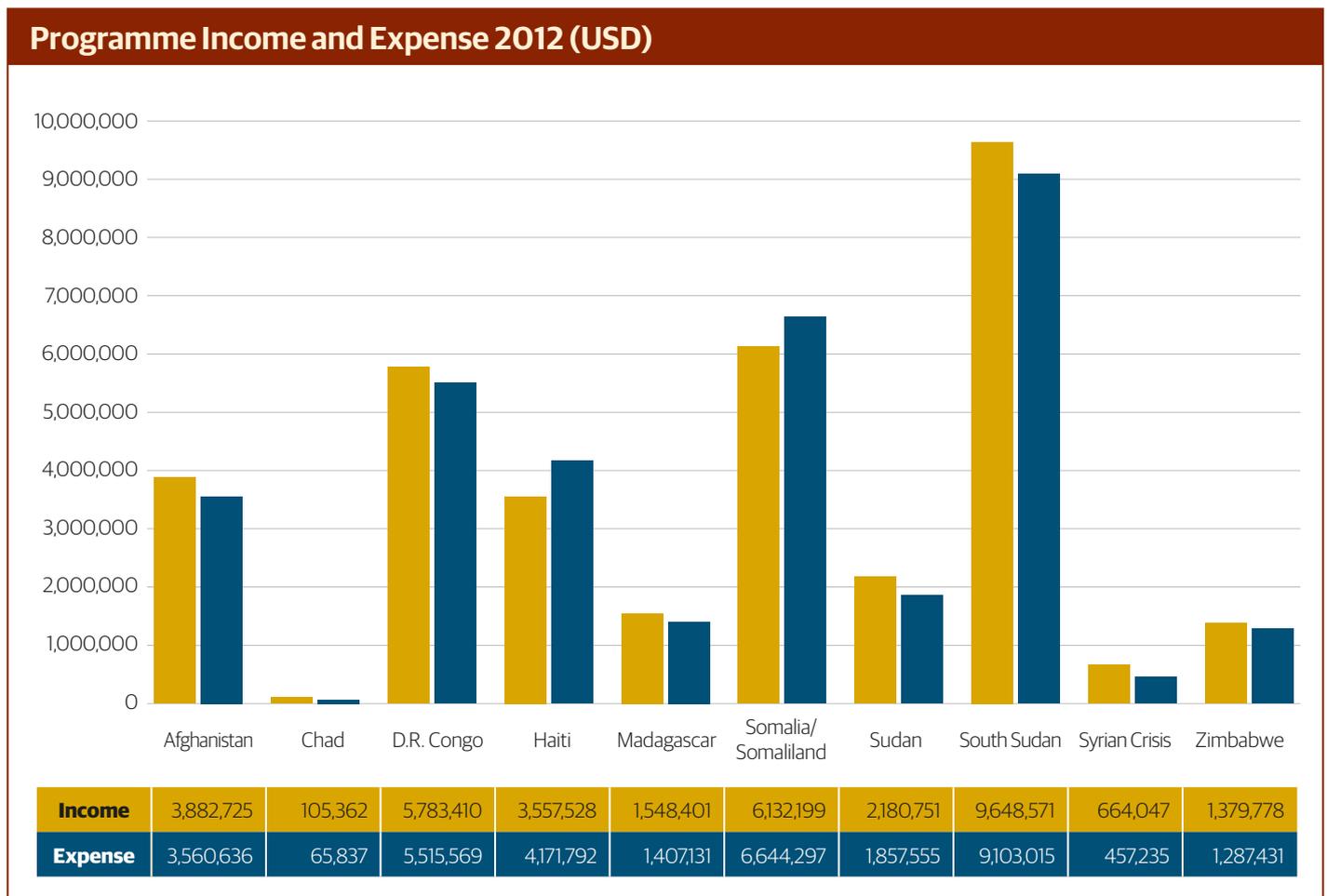
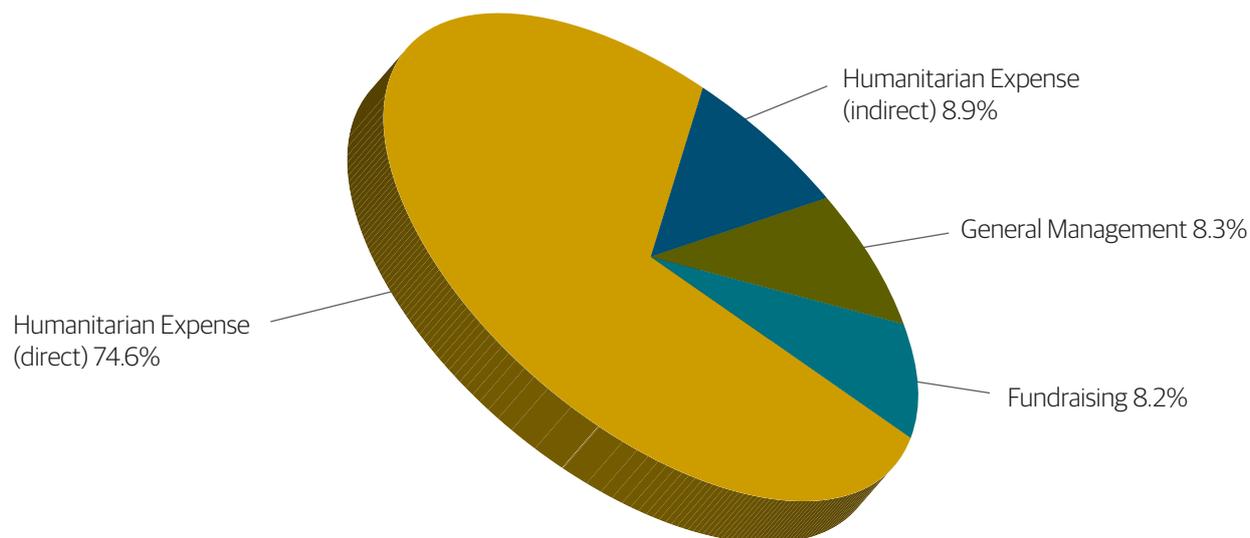
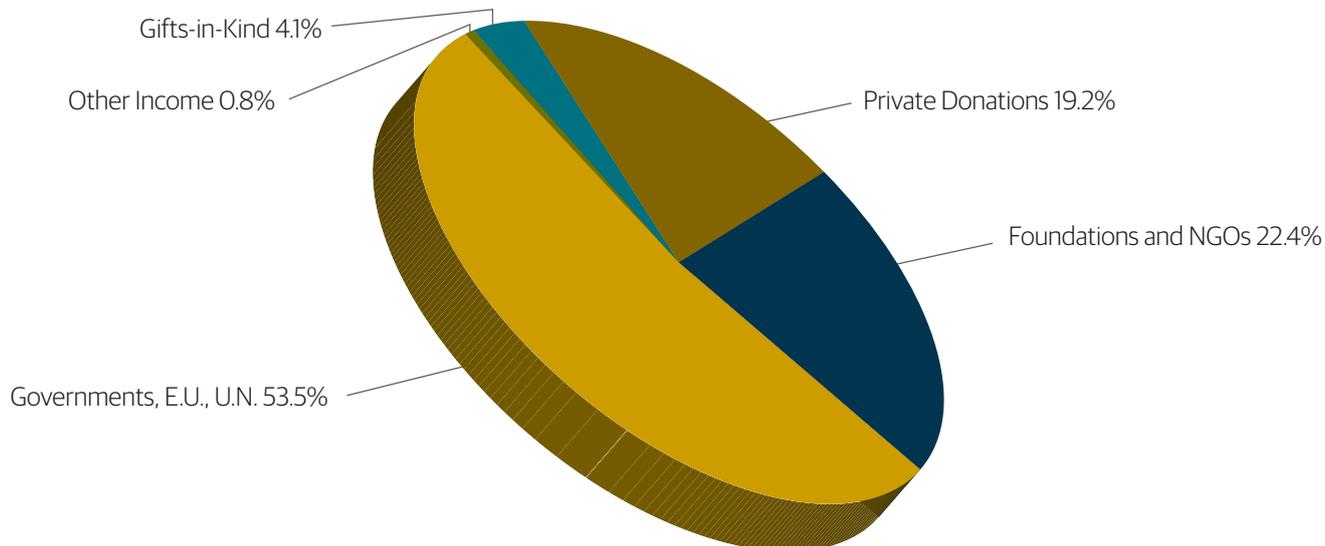


Photo: Residents of Ivato village join Medair staff in disinfecting a well after Cyclone Giovanna caused flooding in Madagascar.

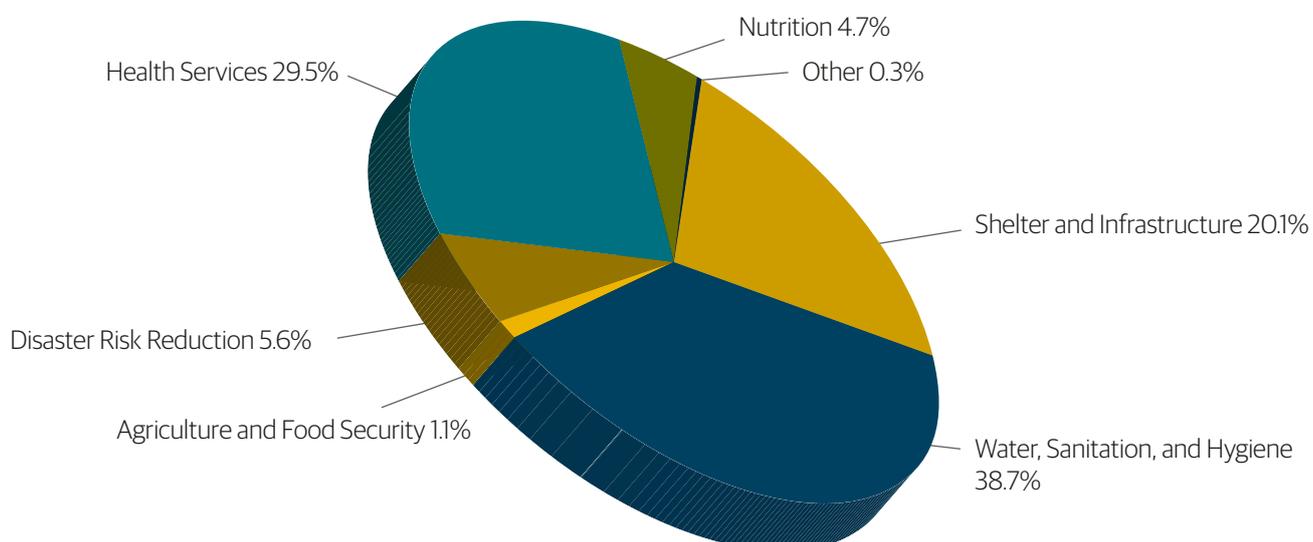
Operating Expense 2012



Operating Income 2012



Beneficiary Expense by Sector 2012



To the Board of Trustees of
Medair, Ecublens

Lausanne, 7 June 2013

Report of the independent auditor on the consolidated financial statements

As independent auditor, we have audited the accompanying consolidated financial statements of Medair, which comprise the balance sheet, income statement, cash flow statement, statement of changes in capital and funds and notes on pages 34 to 46 for the year ended 31 December 2012. According to the Swiss GAAP FER/RPC, the Performance report is not subject to the statutory audit of the financial statements.

Board of trustees' responsibility

The board of trustees are responsible for the preparation and fair presentation of the consolidated financial statements in accordance with Swiss GAAP FER/RPC. This responsibility includes designing, implementing and maintaining an internal control system relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error. The board of trustees is further responsible for selecting and applying appropriate accounting policies and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with Swiss Auditing Standards. Those standards require that we plan and perform the audit to obtain reasonable assurance whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers the internal control system relevant to the entity's preparation and fair presentation of the consolidated financial



statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control system. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements for the year ended 31 December 2012 give a true and fair view of the financial position, the results of operations and the cash flows in accordance with Swiss GAAP FER/RPC.

Ernst & Young Ltd

Mark Hawkins
Licensed audit expert
(Auditor in charge)

Thomas Madoery
Licensed audit expert

Balance Sheet as of 31 December 2012

All figures shown are in USD		2012	2011
	Note		
ASSETS			
CURRENT ASSETS			
Cash and bank accounts	5.1	6,388,499	8,394,766
Donor receivables	5.2	12,533,929	18,790,845
Other receivables	5.2	257,832	190,344
Inventory		95,724	58,816
Prepaid expense		74,351	337,897
		19,350,337	27,772,669
LONG-TERM ASSETS			
Financial assets		338,221	303,281
Fixed assets	5.3	880,964	1,187,476
		1,219,185	1,490,757
TOTAL ASSETS		20,569,521	29,263,426
LIABILITIES AND FUND BALANCES			
CURRENT LIABILITIES			
Deferred income	5.4	9,059,979	16,645,300
Accounts payable	5.5	727,286	867,770
Accrued liabilities		444,710	318,243
Provisions	5.6	-	256,938
Severance benefits	5.7	79,393	326,421
		10,311,369	18,414,672
RESTRICTED FUNDS			
Restricted income funds		777,888	663,547
Restricted programme funds		2,487,972	2,596,043
		3,265,860	3,259,590
UNRESTRICTED FUNDS			
Unrestricted capital		1,238,307	975,112
Allocated capital		5,753,985	6,614,058
		6,992,292	7,589,170
TOTAL LIABILITIES AND FUND BALANCES		20,569,521	29,263,426

Income Statement 2012

All figures shown are in USD		2012			2011
	Note	Unrestricted	Restricted	Total	Total
INCOME					
	7.1				
Public funding			28,317,762	28,317,762	34,771,548
Private funding		5,847,520	2,895,450	8,742,970	8,675,412
Gifts-in-kind	7.2	114,606	1,495,061	1,609,667	1,949,090
Other income		226,303	92,308	318,611	583,243
OPERATING INCOME		6,188,428	32,800,582	38,989,010	45,979,293
EXPENSE					
Humanitarian expense	8.1	-34,070,500		-34,070,500	-38,620,453
Administrative expense	8.2	-6,727,655		-6,727,655	-5,763,306
OPERATING EXPENSE	8.5	-40,798,155		-40,798,155	-44,383,759
RESULT FROM OPERATIONS		-34,609,727	32,800,582	-1,809,145	1,595,534
Financial income		7,090	24,381	31,471	27,943
Financial expense		-61,405	-96	-61,501	-61,000
Realised gain/(loss) on exchange	8.6	575,548		575,548	370,396
Unrealised gain/(loss) on exchange		638,512		638,512	-349,660
		1,159,745	24,286	1,184,031	-12,321
NET RESULT		-33,449,982	32,824,868	-625,114	1,583,214
FUND MOVEMENTS DURING THE YEAR					
Restricted funds income			34,980,603	34,980,603	41,820,992
Restricted funds expense		-34,984,613		-34,984,613	-40,930,515
Unrestricted funds income		7,481,220		7,481,220	6,895,374
Unrestricted funds expense		-8,102,324		-8,102,324	-6,202,637
		-35,605,716	34,980,603	-625,114	1,583,214
ALLOCATION OF NET RESULT					
Restricted funds			6,270	6,270	885,332
Unrestricted funds		-631,384		-631,384	697,882
		-631,384	6,270	-625,114	1,583,214
RESULT AFTER ALLOCATION		-34,974,332	34,974,332	0	0

Cash Flow Statement 2012

All figures shown are in USD	2012	2011
CASH FLOW FROM OPERATIONS		
Net result	-625,114	1,583,214
Net depreciation	657,384	655,269
(Increase)/decrease in donor receivables	6,256,917	1,680,903
(Increase)/decrease in other receivables	-67,488	-99,273
(Increase)/decrease in inventory	-36,908	-9,082
(Increase)/decrease in prepaid expense	263,546	-106,087
Increase/(decrease) in deferred revenue	-7,585,321	-2,800,619
Increase/(decrease) in accounts payable	-140,484	89,549
Increase/(decrease) in accrued liabilities	126,467	-37,540
Increase/(decrease) in provisions	-256,938	76,659
Increase/(decrease) in severance benefits	-247,028	163,621
Unrealised gain/(loss) on exchange	34,524	-11,106
	-1,620,444	1,185,508
CASH FLOW FROM INVESTING ACTIVITIES		
(Investments) in financial assets	-34,940	-60,067
(Investments) in fixed assets	-402,898	-613,317
Disposals in fixed assets	53,177	72,890
Unrealised gain/(loss) on exchange	-1,162	74
	-385,824	-600,421
	-2,006,267	585,093
CHANGE IN CASH BALANCES		
Opening balance	8,394,766	7,809,674
Closing balance	6,388,499	8,394,766
	-2,006,267	585,093

Statement of Changes in Capital and Funds 2012

All figures shown are in USD	2012						
	Opening balance	Unrestricted income	Restricted income	Programme expense	Financial gain/(loss)	Fund transfers	Closing balance
RESTRICTED FUNDS							
Restricted income funds							
SDC Africa fund	0		1,773,658			-1,773,658	0
Emergency response fund	490,055				3		490,058
Forgotten victims fund	905						905
Medical fund	3		101,674			-86	101,591
Oak fund	0						0
Medair Germany fund	0		97,370			-97,370	0
Procter & Gamble fund	0						0
Water fund	2,540		2,676		57	-149	5,124
Staff care & development fund	164,414				10,791	-6,342	168,863
Staff support & development fund	0				-58	58	0
Private activity fund	5,629						5,629
Cumulative currency translation							5,717
	663,547		1,975,377		10,794	-1,877,546	777,888
Restricted programme funds							
Afghanistan	118,057		2,964,108	-3,630,514	342	918,617	370,609
Angola	10,983						10,983
Chad	0		94,813	-58,795	-1,384	10,549	45,183
D.R. Congo	189,089		4,683,200	-5,677,873	-6,163	1,100,210	288,462
Haiti	1,235,829		3,374,095	-4,285,127	38	183,433	508,268
Indonesia	66,209						66,209
Iran	5,536						5,536
Iraq	379						379
Madagascar	41,918		1,130,613	-1,428,247	1,447	417,788	163,520
Pakistan	31,455						31,455
Somalia	1,028,249		6,085,494	-6,688,041	-179	46,705	472,229
Sri Lanka	66						66
Sudan	-199,306		2,121,045	-1,943,553	-37,602	59,706	290
South Sudan	41,998		8,575,207	-9,448,057	12,067	1,073,364	254,579
Syrian crisis	0		671,144	-453,070	10	-7,097	210,986
Uganda	0		-19,280			19,280	0
Zimbabwe	25,581		1,056,120	-1,351,223	518	323,658	54,655
Cumulative currency translation							4,563
	2,596,043		30,736,558	-34,964,500	-30,906	4,146,213	2,487,972
TOTAL RESTRICTED FUNDS	3,259,590		32,711,936	-34,964,500	-20,113	2,268,667	3,265,860
UNRESTRICTED FUNDS							
Unrestricted capital							
Undesignated funds	975,112	5,796,712	88,647		2,000	-5,644,801	1,217,670
Cumulative currency translation	0						20,637
Undesignated funds	975,112	5,796,712	88,647		2,000	-5,644,801	1,238,307
Allocated capital							
Administrative fund	1,332,654	335,696		-5,630,041 a)	-10,304	5,226,964	1,254,968
Capital equipment fund	1,115,000			-186,771	-2,605		925,624
Operations fund	4,080,869					-1,802,731	2,278,138
Training fund	85,535			-16,845	-170	7,924	76,443
Launch fund	0	56,022				-56,022	0
Foreign exchange fund	0				1,215,223		1,215,223
Cumulative currency translation							3,588
	6,614,058	391,718		-5,833,657	1,202,144	3,376,134	5,753,985
TOTAL UNRESTRICTED FUNDS	7,589,170	6,188,430	88,647	-5,833,657	1,204,144	-2,268,667	6,992,292
TOTAL CHANGES IN CAPITAL AND FUNDS	10,848,759	6,188,430	32,800,582	-40,798,157	1,184,031	0	10,258,152

a) This is a net number after the field contribution in support of administrative costs

Notes to consolidated financial statements for 2012

1. Presentation

Medair helps people who are suffering in remote and devastated communities around the world survive crises, recover with dignity, and develop the skills they need to build a better future.

Medair was founded in 1988 and is established as an association under article 60 et seq. of the Swiss Civil Code. Medair is independent of any political, economic, social, or religious authority. The Medair headquarters is located in Ecublens, Switzerland.

2. Significant accounting policies

2.1. Basis for preparing the consolidated financial statements

The consolidated financial statements have been prepared in accordance with the Swiss generally accepted accounting principles (Swiss GAAP RPC).

The financial statements present a true and fair view of Medair's activities and financial situation. These principles require the management to make informed judgments, best estimates, and assumptions that may affect the reported amounts of assets, liabilities, revenue, and expenses.

These financial statements have been prepared using the historical cost principles. The accrual method of accounting has been used for all grant revenue and expenses incurred in Switzerland and the affiliate offices. The cash basis of accounting is in use at field locations for all local revenue and programme expenses. All amounts are expressed in U.S. dollars (USD).

Medair uses the fund accounting method in which all revenues and expenses are assigned to a specific fund. Revenues are recorded as restricted or unrestricted, depending on donor designation. All expenses are considered unrestricted. The net result of current year activities is allocated to fund balances at the close of the fiscal year.

Revenues and expenses from the Swiss accounts, including field-office transactions, are presented in U.S. dollars. Current year revenues and expenses per fund from the affiliate offices and the foundation are converted at average annual exchange rates from local currency. The difference between a calculated fund balance (opening balance plus revenues minus expenses) and a converted fund balance at closing exchange rate is taken to the cumulative currency translation line within the appropriate fund section.

2.2. Valuation principles

Cash is stated at its nominal value and any foreign balances are converted at the year-end exchange

rates. Receivables are stated at their nominal value, less any value corrections. Fixed assets are stated at their historical cost value, less accumulated depreciation. Debts are stated at their nominal value.

2.3. Scope of the consolidated financial statements

These financial statements present the consolidated activities of Medair affiliate offices worldwide. The international headquarters of Medair is located in Ecublens, Switzerland.

Medair
Chemin du Croset 9
1024 Ecublens
Switzerland

Five affiliate offices and one Swiss foundation are consolidated into these financial statements. Each affiliate office is an independent entity with a distinct Board of Trustees, but agrees to support the work of Medair worldwide. Medair Invest-in-Aid is an independent Swiss foundation that promotes long-term financial development and endowment income for Medair.

Medair e.V. Deutschland Im Technologiepark Martin-Schmeisser-Weg 15 44227 Dortmund Germany	Medair United States Wheaton, IL 60189-4476 PO Box 4476 United States of America
--------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

Medair France 5, avenue Abel 26120 Chabeuil France	Medair United Kingdom Unit 3, Taylors Yard 67 Alderbrook Road London SW12 8AD United Kingdom
-------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

Stichting Medair Nederland Amsterdamseweg 16 3812 RS Amersfoort The Netherlands	Medair Invest-In-Aid Chemin du Croset 9 1024 Ecublens Switzerland
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In addition, these financial statements incorporate the income and expenses for all humanitarian programmes at field locations. While some of these programmes may be in countries where there is a legally registered Medair office, operational control (including the power to govern the operating and financial policies of the programmes) is maintained through the international headquarters in Switzerland.

2.4. Treatment of inter-company transactions

All inter-company transactions have been eliminated from these financial statements. Inter-company transactions consist of donor grants, restricted and unrestricted donations, accounts receivable

and accounts payable. Humanitarian grants from governmental donors have been signed by Medair U.K. and then transferred to Medair (Switzerland) for implementation. These grants have been removed from the revenue and accounts payable figures of Medair U.K.

2.5. Foreign currency and foreign currency translation

Medair (Switzerland) maintains its accounts in U.S. dollars. European affiliate offices record their accounts in local currency. In addition, Medair U.K. maintains a financial ledger in euro to account for donor grant activity from the European Commission. All affiliate office accounts have been converted into U.S. dollars at the average annual rates for the income statement and at the closing rates for the presentation of the balance sheet.

		2012	2011
Closing exchange rate	CHF/USD	1,09493	1,06428
Average exchange rate	CHF/USD	1,06670	1,12790
Closing exchange rate	EUR/USD	1,32188	1,29500
Average exchange rate	EUR/USD	1,28580	1,39121
Closing exchange rate	GBP/USD	1,61681	1,54560
Average exchange rate	GBP/USD	1,58470	1,60385

Transactions that occur in local currencies on the field are converted into our base currency using the temporal method, as if they had occurred in U.S. dollars.

2.6. Treatment of exchange gains and losses

Medair uses the current rate method of reporting currency translations. Currency translations that arise from bringing affiliate office or the foundation accounts in local currency into U.S. dollar base currency are taken to the balance sheet as either restricted or unrestricted capital. This fund is the cumulative currency translation adjustment.

Unrealised gains and losses, including the revaluation of balance sheet items, are reported on the income statement in accordance with RPC 2.

All realised exchange gains and losses from operating activities are reported on the income statement. Exchange differences on inter-company transactions have been recorded to the income statement as realised gains and losses to either restricted or unrestricted income, depending on the source at the affiliate office.

2.7. Fixed assets

Fixed assets are Medair capital assets in use at the international headquarters in Switzerland or in the performance of its humanitarian activities. All capital assets at field locations are considered restricted.

These assets are included in the balance sheet and recorded at cost of acquisition.

2.8. Depreciation

Depreciation is calculated on a straight-line basis over the expected useful lives of the capital asset category. Depreciation charges begin in the month after purchase.

Office equipment	3 years
Computer equipment	3 years
Software	3 years
Communication equipment	3 years
Energy equipment	3 years
Vehicles	3 years
Leasehold improvements (HQ)	5 years
Furniture & fixtures (HQ)	5 years
ERP system	7 years

The value of capital assets is assessed at closing. If there is an indication of impairment where the remaining value of the capital asset is less than its stated book value, an impairment loss is recognised immediately in the income statement.

2.9. Other current assets

Inventory consists of materials and supplies located in Switzerland and used in field programmes. Stock is recorded to inventory when purchased and is valued at purchase cost. The FIFO method is applied to expended items. Inventory items are used exclusively for field programmes and are not for commercial resale.

Prepaid expenses consist of rent payments in advance on the field, flight payments in advance on the field, and cash advances to our Internationally Recruited Staff.

2.10. Financial assets

These assets consist of blocked deposit accounts and capital deposits in the Medair Staff Assistance Foundation (MSAF). There is no reported revenue from this foundation.

2.11. Short-term debt

Short-term debt is the amount of borrowed cash from the cash flow loan facility not repaid to the lender. As of year end, the amount was fully paid off.

2.12. Accrued liabilities

This item consists of obligations for statutory, consolidated, and donor audits, as well as vacation accruals.

2.13. Pension plan obligations

Medair's employees in Switzerland are insured against the economic consequences of old age, invalidity, and death, according to the provision of the Federal Law on Occupational Benefit Plans concerning Old-age, Survivors and Invalidity (LPP), by AXA Winterthur

– Columna Fondation LPP. According to the defined contribution plan covered by the collective foundation, the employees and the employer pay determined contributions. With this plan, net returns on plan assets do not influence contributions and the final provision is not guaranteed. Risks are supported by the collective foundation.

2.14. Revenue recognition

Contract revenue is presented as constructively earned according to the percent of completion method (POCM). The portion of a contract constructively earned is determined by calculating actual contract expense to the total contract budget for each donor contract. It is recognised as revenue in respect of the year when the financial expenses are incurred, in order to comply with the principle of correspondence between expenditure and income. Unearned contract revenue or deferred contract revenue is presented on the balance sheet as a payable to the donor on the closing date of the financial statements, inasmuch as there are contractual provisions that specify the possibility of returning this asset to the donor. There are no material cost overruns on contract budgets at year end.

Income is accrued in the currency in which it is contracted and converted to U.S. dollars at exchange rates prevailing at dates of transaction. Any subsequent realised foreign exchange gain or loss that arises when the income is received, due to movements in exchange rates between the time the income is accrued and the time that it is received, is allocated to the income statement.

Private donations are recorded as revenue when received and split into restricted or unrestricted funds according to donor designations. Pledges are not treated as revenue.

2.15. Gifts-in-kind

Gifts-in-kind (GIK) are an integral part of Medair's humanitarian programme. No distinction is made between GIK that are provided through donor contracts or non-contractual donations for distribution to beneficiaries of our projects. Medair is fully responsible for the receipt, storage, transportation, accounting, and distribution of these materials. GIK received are recorded as income and expense in our accounts. The contributions are valued on the basis of the donation certificate or the contract with the donor.

2.16. Programme expenditures

Expenditures on goods and materials related to programmes are recorded when the costs are incurred. As a result, the inventories stated on the balance sheet do not include goods and materials acquired for the projects but still not used at year end.

2.17. Restricted funds

Restricted funds consist of restricted income funds and restricted programme funds. They are used according to the designation of the donor. In the unlikely event that the Board of Trustees needs to redirect the funds or change the purpose of a restricted fund, the prior approval of affected donors will be sought.

Restricted income funds

Restricted income funds are solicited from private donors for a specific cause. They are used to augment programme funds in certain humanitarian operations. They may also be used for organisational capacity building, such as training courses, relevant materials, staff workshops, etc. Allocation of these funds to specific programmes is at the discretion of the Executive Leadership Team.

SDC Africa fund	Restricted to programme activity in Africa. This fund receives an annual block grant from the Swiss government, which is reallocated to country restricted programme funds.
Emergency response	This fund facilitates immediate intervention in the event of a new or developing humanitarian emergency.
Forgotten victims	Restricted to programmes that work with vulnerable or displaced persons.
Medical fund	Restricted to programmes with medical or health promotion activities.
Oak fund	Restricted to capacity improvements at the headquarters.
Medair Germany fund	Restricted to field programmes.
Procter & Gamble fund	Restricted for the purchase of specific water-purification sachets.
Water fund	Restricted to programmes related directly to water and sanitation activities.
Staff care capital fund	The interest earned from this fund will be allocated to the staff care and development fund. This is a Medair Invest-In-Aid fund.
Staff care development fund	This fund facilitates individual Medair staff care for special needs and training. This is a Medair Invest-In-Aid fund.
Capacity management fund	This fund facilitates the running of the Medair Invest-In-Aid foundation.
Private activity	Funds raised by expatriate staff members for special projects.

Restricted programme funds

Programme funds are the current liabilities for unfinished humanitarian programmes at year end. They consist of unspent local grants and private donations given in support of a specific humanitarian operation. A restricted programme fund is maintained for each country in which Medair operates.

2.18. Unrestricted funds

These funds are the general reserves of Medair. They consist of unrestricted capital and allocated funds that facilitate operational management. Use of these funds is at the discretion of the Executive Leadership Team.

Unrestricted capital	
Undesignated funds	Private donations that are not designated to a specific programme or cause by the donor.
Cumulative currency	The accumulated effect of unrealised currency translations.
Allocated capital	
Administrative fund	Used for the general administrative costs of the organisation.
Capital equipment fund	Used for the purchase of Medair-owned assets.
Operations fund	Used to support the cash flow requirements of field programmes.
Training fund	Used for the professional development of Medair personnel.

2.19. Related parties

Medair Staff Assistance Foundation (MSAF) is an independent Swiss foundation that assists expatriate staff with medical expenses, health insurance, and repatriation on behalf of Medair. The financial accounts of this foundation are not included in these consolidated accounts, as the net impact on the financial statements is immaterial.

Copies of the 2012 Swiss statutory annual report and the 2012 consolidated annual report are available upon written request to the Medair offices at Chemin du Croset 9, 1024 Ecublens, Switzerland.

3. Tax exemption

Medair is exempt from Swiss income tax and capital tax according to a decision from the Department of Finance, Canton of Vaud, dated 19 March 1992.

4. Management of financial risks

Risks are periodically analysed on an organisation-wide basis by the Executive Leadership Team, which gives rise to a report that is submitted to the Board of Trustees' audit and compliance committee. In terms of financial risks, we draw your attention to the following items:

4.1. Foreign exchange risk

Medair is exposed to exchange rate fluctuations, insofar as a significant portion of its income and expenses are in foreign currency or non-U.S. dollars. Medair has no active foreign exchange risk hedging policy and tends to convert currencies as and when they are required. The reserves are kept mainly in U.S. dollars, euros, and Swiss francs.

4.2. Banking risk

Medair tends to avoid concentrating this risk by working in Switzerland with both Post Finance and another bank. In the field, Medair works with some 25 international and local banks; the policy on the field is to limit the volume of bank deposits to the level strictly required for immediate operational needs.

4.3. Counterparty risk

The counterparty risk is limited, insofar as governments or governmental agencies issue most of the receivables for amounts owed by third parties. Other asset positions concern the related parties of the Medair group of organisations and are not significant.

4.4. Liquidity risk

Medair's policy is to ensure a sufficient level of liquidity for its operations at all times; consequently funds are kept in liquid form. In order to further mitigate this risk in the short term, Medair contracted a cash flow loan facility in 2008. The available loan facility is currently CHF 3,000,000. The interest rate on this loan is 3% per annum. There is no maturity date on the loan. Medair also has a second cash flow loan facility with a second creditor. The amount available on this second facility is CHF 1,000,000. The interest rate is 4.5%.

5. Detail on balance sheet accounts

5.1. Cash and cash equivalents

Cash accounts consist primarily of currency accounts in field locations. Bank accounts include accounts at field locations, headquarters, and the affiliate offices.

USD	2012	2011
Field	1,668,122	3,105,494
HQ	3,720,644	4,508,227
Affiliates	999,732	781,045
Total	6,388,499	8,394,766

5.2. Receivables

Receivables consist of donor grants, general receivables, and Medair debtors. Donor receivables are recorded when grant contracts are signed. It is reasonable to expect that Medair will conform to the stipulations of the grant contracts, after which collection is reasonably assured. Medair debtors consist of staff receivables and the Medair Staff Assistance Foundation (MSAF).

Receivables (USD)	2012	2011
Governmental donors	6,378,611	12,687,426
NGO & institutional donors	4,174,901	4,985,014
United Nations organisations	1,980,416	1,118,405
Donor receivables	12,533,929	18,790,845
General debtors	250,045	185,931
Medair debtors	7,787	4,414
General receivables	257,832	190,344
Total	12,791,761	18,981,189

5.3. Fixed assets

2012											
USD	Asset Group	Office	IT	Comms	Power	Other	Pumps	Facility	Vehicles	Total	
Total	Opening book value	5,234	398,197	49,104	13,949	11,474	2,695	124,492	621,042	1,226,186	
Assets	Closing balance 31.12.11	42,106	1,352,541	192,477	101,429	35,533	25,866	267,918	1,922,202	3,940,072	
	Currency translation	39	-944			-5				-910	
	Opening balance 1.1.12	42,145	1,351,598	192,477	101,429	35,528	25,866	267,918	1,922,202	3,939,162	
	Reclass	-1,750			1,750						
	2012 Additions	1,524	122,525	11,832	25,786				241,229	402,895	
	2012 Disposals	-16,790	-257,346	-40,183	-10,810				-33,367	-257,539	-616,034
	Closing balance 31.12.12	25,130	1,216,776	164,125	118,155	35,528	25,866	234,551	1,905,892	3,726,023	
Acc Depreciation	Closing balance 31.12.11	-36,872	-954,333	-139,265	-65,474	-24,059	-24,548	-192,058	-1,315,974	-2,752,583	
	Currency translation	-39	929			6				897	
	Opening balance 1.1.12	-36,911	-953,403	-139,265	-65,474	-24,053	-24,548	-192,058	-1,315,974	-2,751,686	
	Reclass		97		-97						
	2012 Disposals	16,790	241,251	39,756	10,810			33,031	221,219	562,858	
	2012 Depreciation	-2,412	-205,299	-29,562	-18,692	-9,393	-719	-46,710	-344,596	-657,383	
	Closing balance 31.12.12	-22,534	-917,355	-129,071	-73,452	-33,445	-25,267	-205,737	-1,439,350	-2,846,212	
	Currency translation		1,153							1,153	
Total	Closing book value	2,596	300,575	35,054	44,703	2,082	599	28,814	466,542	880,963	

2011										
USD	Asset Group	Office	IT	Comms	Power	Other	Pumps	Facility	Vehicles	Total
Total	Opening book value	8,874	459,722	49,104	13,949	22,496	2,695	124,492	621,042	1,302,374
Assets	Closing balance 31.12.10	44,333	1,227,120	243,113	63,103	35,580	25,866	267,918	1,767,573	3,674,606
	Currency translation	-374	-1,413			-48				-1,836
	Opening balance 1.1.11	43,959	1,225,707	243,113	63,103	35,532	25,866	267,918	1,767,573	3,672,771
	Reclass									
	2011 Additions	1,750	150,677	42,543	38,327				380,019	613,317
	2011 Disposals	-3,603	-23,841	-93,180					-225,390	-346,013
	Closing balance 31.12.11	42,106	1,352,541	192,477	101,429	35,533	25,866	267,918	1,922,202	3,940,072
Acc Depreciation	Closing balance 31.12.10	-35,434	-767,148	-194,009	-49,154	-13,073	-23,170	-143,426	-1,146,531	-2,371,946
	Currency translation	350	1,163			37				1,550
	Opening balance 1.1.11	-35,085	-765,985	-194,009	-49,154	-13,036	-23,170	-143,426	-1,146,531	-2,370,397
	Reclass									
	2011 Disposals	3,603	19,386	90,202					159,932	273,123
	2011 Depreciation	-5,390	-207,735	-35,459	-16,320	-11,023	-1,377	-48,632	-329,374	-655,310
	Closing balance 31.12.11	-36,872	-954,333	-139,265	-65,474	-24,059	-24,548	-192,058	-1,315,974	-2,752,583
	Currency translation		-14			1				-13
Total	Closing book value	5,234	398,195	53,211	35,956	11,475	1,318	75,860	606,228	1,187,476

Photo: Two boys, Jellani (left) and Omar, hold their little sisters who are being treated by Medair's nutrition programme in Badakhshan, Afghanistan.

5.4. Deferred income on donor contracts

The following table presents the deferral amount for each country programme. At year end 2012, total donor receivables were USD 11,904,816 with a deferred revenue amount of USD 9,059,979. Deferred revenue is presented on the balance sheet as a payable to the donor.

USD	2012	2011
Afghanistan	-2,505,622	-1,651,390
Africa		-1,773,658
Angola		-144,059
D.R. Congo	-1,212,934	-725,116
Haiti		-2,131,705
Madagascar	-82,931	
Somalia	-2,686,380	-3,964,873
Sudan		-3,419,686
South Sudan	-2,045,665	-2,627,019
Syrian crisis	-326,016	
Zimbabwe	-185,841	-207,793
HQ	-14,590	
Total	-9,059,979	-16,645,300

5.5. Accounts payable

Accounts payable consist of vendor payables, statutory payables, and Medair staff payables. Payables of USD 51,649 to the Medair Staff Assistance Foundation (MSAF) and USD 25,001 to Medair staff are included in the total.

5.6. Provisions

In 2009, Medair booked a provisional expense of EUR 135,120 for the audit of our field programmes

related to the years 2006, 2007, and 2008. Early 2012, Medair received the final recovery letter from the donor claiming the total amount of EUR 198,408. The provision was raised at the end of 2011 to match the final risk. The audit reclaim was reimbursed to the donors in October 2012 and the provision was dissolved.

USD	2012	2011
Opening Balance	256,938	180,279
Additions		76,659
Utilisations		
Disolutions	256,938	
Closing Balance		256,938

5.7. Severance benefits

These liabilities consist of end-of-contract benefits for Nationally Recruited Staff in our field programmes.

5.8. Pension plan obligations

The annual contributions to the pension plan are recorded to the income statement during the period to which they relate. Internationally Recruited Staff do not benefit from the pension plan, excepted Swiss expatriates. The latter are insured by AXA Winterthur - Columna Foundation LPP, as are HQ staff. In 2012, 12 Swiss Internationally Recruited Staff were covered by the plan, whereas 13 were concerned in 2011.

The employees of each European affiliate office benefit from the pension plan related to a state insurance company. Medair does not maintain an independent pension plan for the affiliate offices.

Economic benefit / economic obligation, and pension benefit expenses in CHF	Surplus / deficit		Economic part of the organisation		Change to prior year period or recognised in the current result of the period respectively	Contributions concerning the business period	Pension benefit expenses within personal expenses	
	31.12.12	31.12.11	31.12.12	31.12.11			2012	2011
Pension institutions without surplus/deficit	0	0	0	0	0	498,644	498,644	450,197

6. Detail of funds

6.1. Movement between funds

2012 USD	SOURCE FUND																
	Receiving fund	Undesignated funds	Operations fund	SDC Africa fund	MDE fund	Launch fund	Staff Sup & Dev fund	Staff Care Capital fund	Water fund	Medical fund	Afghanistan	D.R. Congo	Haiti	Somalia	South Sudan	Syrian crisis	TOTAL
Afghanistan	908,792				9,959												918,751
Chad	10,549																10,549
D.R. Congo	400,000			700,000	322												1,100,322
Haiti	200,000																200,000
Madagascar	233,407			150,000	34,381												417,788
Sudan	58,650				1,056												59,706
South Sudan	370,000			700,000	4,467												1,074,467
Somalia					46,741												46,741
Syrian crisis					444												444
Uganda	19,280																19,280
Zimbabwe	100,000			223,658													323,658
Administrative fund	3,315,873	1,802,731				56,022	26,610		149	86	134	113	16,567	36	1,102	7,542	5,226,964
Staff Sup & Dev Fund	20,325						6,342										26,667
Training fund	7,924																7,924
TOTAL	5,644,801	1,802,731	1,773,658	97,370	56,022	26,610	6,342	149	86	134	113	16,567	36	1,102	7,542	0	

2011 USD	SOURCE FUND															
	Receiving fund	Admin. fund	MDE fund	Oak fund	Operations fund	SDC Africa fund	Afghanistan	Haiti	Somalia	South Sudan	Sudan	Staff Sup & Dev fund	Undesignated funds	Water fund	Launch fund	TOTAL
Afghanistan			5,137										634,333			639,471
D.R. Congo						800,000							479,543			1,279,543
Haiti			11,831													11,831
Madagascar						150,000							472,246	151		622,396
Sudan			173													173
South Sudan			20,376			500,000							544,781			1,065,157
Somalia			144													144
Uganda													147,003			147,003
Zimbabwe						75,618							56,811			132,429
Admin. fund				204,730			225	31,757	23,612	5,246		26,488	3,067,245		49,516	3,408,820
Capital equipment fund	343,382															343,382
MDE fund					6,472											6,472
Medical fund													381			381
Operations fund										302,852						302,852
TOTAL	343,382	37,660	204,730	6,472	1,525,618	225	31,757	23,612	5,246	302,852	26,488	5,402,342	151	49,516	0	

7. Detail of income

7.1. Income

Medair segments its operations geographically, by country. The following table presents comparative revenue figures by country.

USD	Total Revenue	
	2012	2011
Afghanistan	3,882,725	3,629,089
Angola		370
Chad	105,362	
D.R. Congo	5,783,410	6,533,426
Haiti	3,557,528	5,731,629
Madagascar	1,548,401	1,516,304
Somalia	6,132,199	4,606,274
Sudan	2,180,751	8,745,886
South Sudan	9,648,571	8,693,100
Syrian crisis	664,047	
Uganda		71,511
Zimbabwe	1,379,778	1,985,394
Switzerland/Affiliates	4,106,238	4,466,311
Total	38,989,010	45,979,293

7.2. Gifts-in-kind

Gifts-in-kind are an integral part of Medair's humanitarian programme. The total breakdown of gifts-in-kind activity is presented below.

USD	2012	2011
Afghanistan		101,570
D.R. Congo		21,097
HQ	114,606	12,926
Haiti		11,261
Madagascar		31,366
Somalia	1,065,569	903,958
Sudan		244,397
South Sudan	340,845	615,478
Medair UK	88,647	7,038
Total	1,609,667	1,949,090

7.3. Other income

Other income consists of sales income, training fees for our Relief and Recovery Orientation Course, beneficiary participation in field programmes, and miscellaneous income.

8. Detail of expenditures

8.1. Humanitarian expense

Humanitarian expense is the total cost of providing goods and services to Medair's beneficiaries. It includes the costs of implementing these humanitarian programmes, such as project staff, food and living costs, communication and energy equipment, vehicles, transportation and storage of materials, and logistical and financial expenses. It also includes the research, preparation, planning, selection, follow-up, and control of these humanitarian programmes provided by the headquarters in Ecublens, Switzerland.

Programme expense is the total humanitarian cost plus a contribution toward indirect cost. The budget of each humanitarian programme includes a 15% contribution to support the administrative costs of Medair. This cost is not reported with humanitarian expense, but is included in the term programme expense in the Statement of Changes in Capital.

The following table presents only the humanitarian expenses by country.

2011 USD	Sectors	Personnel	Travel	Admin	Maintenance	Depreciation	Other expense	Total	Support expenses	Total
Afghanistan	847,450	1,555,494	194,274	305,851	49,683	59,000	168,026	3,179,778	380,858	3,560,636
Chad	1,532	5,431	22,859	2,284	423	0	26,266	58,795	7,042	65,837
D.R. Congo	1,874,795	1,733,366	283,380	374,822	149,381	160,834	349,027	4,925,604	589,965	5,515,569
Haiti	1,642,620	1,452,942	228,670	157,720	41,033	5,674	196,903	3,725,562	446,230	4,171,792
Madagascar	467,221	505,413	65,045	102,301	31,369	3,641	81,629	1,256,619	150,512	1,407,131
Somalia	2,864,881	1,703,141	196,750	324,411	10,869	13,124	820,423	5,933,600	710,698	6,644,297
Sudan	301,700	893,886	121,930	187,847	16,527	18,694	118,280	1,658,864	198,691	1,857,555
South Sudan	3,086,222	2,392,436	710,030	1,021,199	189,863	139,711	589,864	8,129,325	973,691	9,103,015
Syrian crisis	91,530	171,186	72,903	34,487	5,393	0	32,829	408,328	48,908	457,235
Zimbabwe	601,171	296,337	58,999	71,266	17,464	58,865	45,621	1,149,723	137,708	1,287,431
Total	11,779,121	10,709,632	1,954,839	2,582,190	512,004	459,544	2,428,870	30,426,198	3,644,301	34,070,500

2011 USD	Sectors	Personnel	Travel	Admin	Maintenance	Depreciation	Other expense	Total	Support expenses	Total
Afghanistan	811,243	1,368,109	211,198	265,247	72,327	70,285	170,639	2,969,048	314,845	3,283,893
D.R. Congo	2,364,980	1,526,447	242,800	395,415	225,726	90,447	471,423	5,317,238	563,853	5,881,091
Haiti	2,150,155	1,849,871	327,922	281,009	40,646	7,660	240,529	4,897,791	519,373	5,417,165
Madagascar	610,152	455,201	52,868	92,611	26,584	3,205	63,024	1,303,646	138,242	1,441,888
Somalia	1,634,617	817,354	154,776	179,237	7,796	6,102	401,594	3,201,476	339,492	3,540,968
Sudan	3,060,381	3,188,568	553,860	561,175	143,048	69,774	447,198	8,024,004	850,885	8,874,888
South Sudan	2,832,652	2,692,526	635,513	613,165	154,337	153,470	454,570	7,536,233	799,160	8,335,393
Uganda	0	0	0	924	0	0	0	924	98	1,022
Zimbabwe	1,036,756	318,116	71,515	83,882	19,933	59,260	77,876	1,667,337	176,808	1,844,146
Total	14,500,936	12,216,192	2,250,452	2,472,666	690,396	460,203	2,326,852	34,917,698	3,702,756	38,620,453

8.2. Administrative expense

Administrative expense includes the cost of the Medair office in Switzerland, the administrative costs of each of the affiliate offices, and the Invest-in-Aid foundation. These costs consist of general management costs including HR, operations and logistics, finance, as well as communications and fundraising costs.

8.3. Cost of fund appeals

Medair ran 17 fundraising campaigns in Switzerland during 2012, the results of which are presented below.

USD	2012	2011
Number of campaigns	17	15
Total cost	560,953	806,890
Total revenue	1,107,230	1,882,157

8.4. Insurance

Medair maintains fire insurance on furniture and equipment in the amount of CHF 1,180,789.

8.5. Operating expenses

These expense categories are presented for information only. They present a functional breakdown of operating expenses rather than the activity-based presentation of the financial accounts.

Operating expenses 2012 USD	Humanitarian		Administration		Total operating expense
	Direct	Support	General management	Fundraising	
Sectors	11,779,121				11,779,121
Personnel	10,709,632	3,199,830	2,105,296	949,419	16,964,177
Travel & representation	1,954,839	229,806	133,040	65,796	2,383,480
Admin	2,582,190	190,966	701,036	71,042	3,545,234
Maintenance	512,004		22,176		534,180
Depreciation	459,544		197,841		657,384
Other	2,428,870	23,700	238,337	24,304	2,715,211
Fundraising direct				2,219,370	2,219,370
Total	30,426,199	3,644,301	3,397,725	3,329,930	40,798,155

Operating expenses 2011 USD	Humanitarian		Administration		Total operating expense
	Direct	Support	General management	Fundraising	
Sectors	14,500,936				14,500,936
Personnel	12,216,192	3,282,372	1,996,933	854,023	18,349,520
Travel & representation	2,250,452	222,983	120,453	54,705	2,648,593
Admin	2,472,666	192,264	764,487	61,632	3,491,048
Maintenance	690,396		21,768		712,165
Depreciation	460,203		195,107		655,310
Other	2,326,852	5,136	132,110	10,524	2,474,623
Fundraising direct				1,551,566	1,551,566
Total	34,917,698	3,702,756	3,230,858	2,532,449	44,383,759

8.6. Realised gain or loss on exchange

This is the net result of realised gains and losses, which is recorded to the income statement.

9. Volunteer network

Medair is assisted in its administrative activities in Switzerland by a network of volunteers. These people help with administrative tasks in the office, at promotional events, and in the conduct of ROC training courses. In 2012, our volunteers contributed 4,689 hours or approximately 586 days' worth of time to Medair.

10. Remuneration of the Boards of Trustees

Members of the International Board of Trustees of Medair (Switzerland) and the respective boards of each European affiliate office volunteered their time in 2012, receiving neither salary nor reimbursement. Board members are allowed to submit travel expenses for reimbursement.



Photos, above: Two boys come to be vaccinated by Medair staff during a measles outbreak in Awerial, Lakes state, South Sudan.
 below: Parents bring their children to be vaccinated against measles during Medair's response to the Awerial measles outbreak.



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Names of people and places in articles were sometimes changed when deemed appropriate to protect the identity of beneficiaries or staff. Medair institutional donors ≥ USD 15,000 listed only, due to space constraints.

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Somaliland declared itself independent from Somalia in 1991. Its independence has not been recognised by the international community.

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MEDAIR

EMERGENCY RELIEF AND RECOVERY

Medair helps people who are suffering in remote and devastated communities around the world survive crises, recover with dignity, and develop the skills they need to build a better future.

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Photos, front cover: A child is vaccinated against polio in Yusuf Batil refugee camp in Maban, South Sudan. © Medair/Stella Chetham
back cover: Newly arrived as refugees in Lebanon's Bekaa Valley, these Syrian children play while their parents and older siblings build a shelter that will become their new home.

