

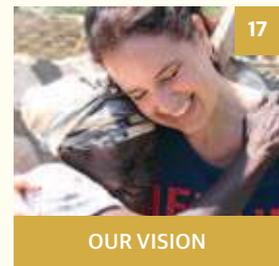




© Medair/Andrew Robinson

Medair relief workers load essential supplies onto a chartered dive boat—the quickest way to reach typhoon-affected Dulag, Philippines.

Contents



MESSAGE FROM JIM INGRAM, MEDAIR CEO

TRUST ME. THOSE TWO POWERFUL UNSPOKEN WORDS UNDERLIE ALL OF OUR RELATIONSHIPS. TRUST IS THE DELICATE THREAD THAT BINDS US TOGETHER. IT TAKES A LONG TIME TO BUILD AND EVEN LONGER TO REBUILD.

Trust is absolutely vital for Medair's work. We come to a devastated community as strangers—why should people trust us? To fulfil our mission, we must constantly build and nurture trusting relationships with the people we serve, partner agencies, staff, and those who generously support our interventions.

In the 2013 Annual Report, you will find detailed financial and statistical reports on our activities in the year. We report with numbers to maximise our efficiency, highlight our impact, and make ourselves accountable for our actions.

Yet numbers can only scratch the surface of the story. Every single person we serve has a name and a history and a sense of hope that makes them unique and precious. Every well we drill is a team effort that requires extensive planning and intensive work. Every dollar we spend comes to us because someone has trusted us to act as a steward on their behalf. None of those numbers are possible without trust.

In 2013, I met with Syrian refugees and learned that when we first came to help them, they did not trust us. Why should they? Why were we asking so many questions? What were our motives?

Over time, our staff earned their trust. We took time to build real relationships. We delivered on our promises, reflected our words in our actions, and acted with integrity. In Lebanon, you could see the impact of that trust. Refugees welcomed us warmly, they embraced us with gratitude and affection, they knew our names and we knew theirs. As Syria's crisis escalated and our emergency response grew, that trust enabled us to reach more families and also gave families confidence that they would not be forgotten.



How does an organisation maintain trusting relationships when there are hundreds of individuals representing it throughout the world?

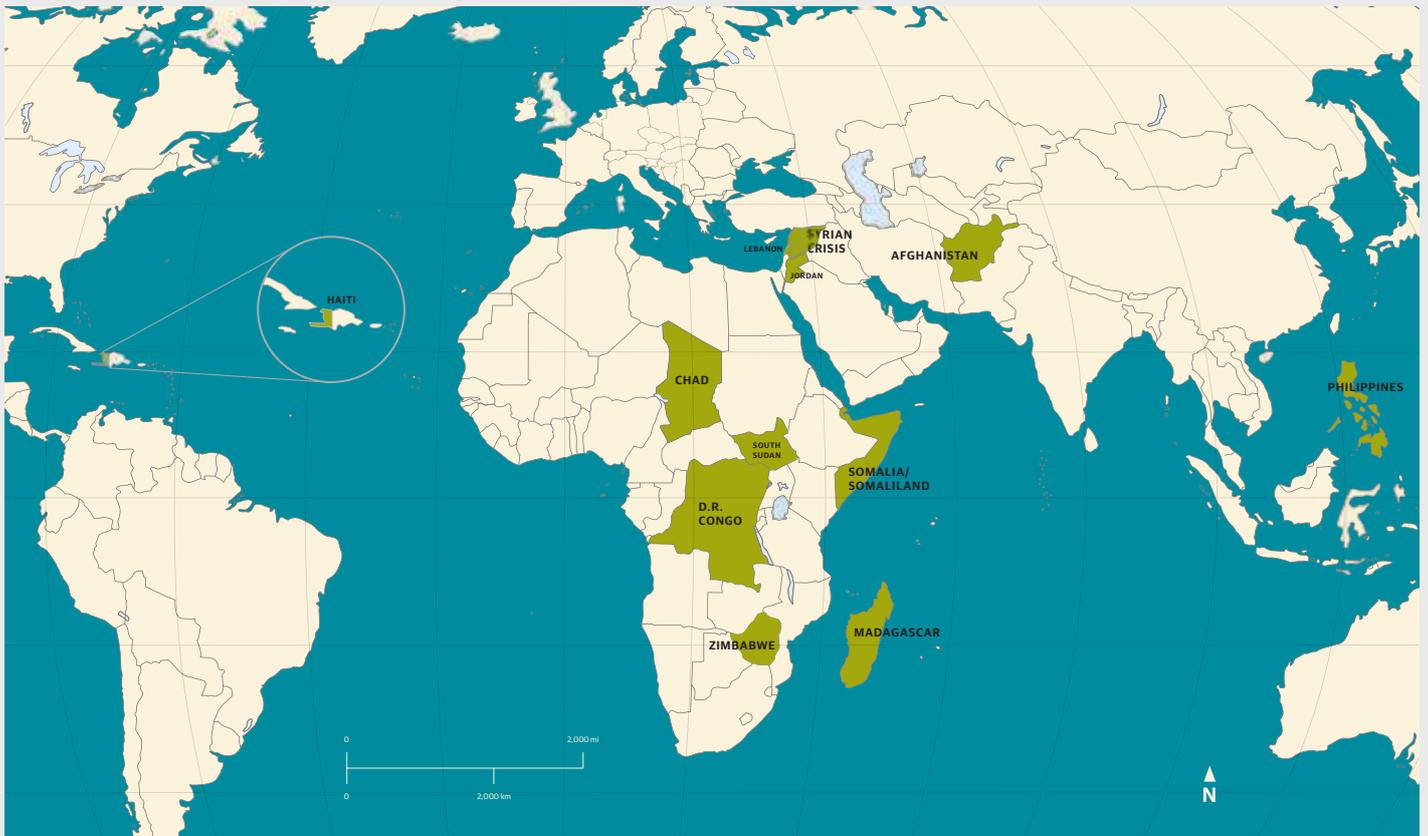
Maintaining trust requires organisational alignment around a common mission; for Medair, that alignment comes from our core values: faith, compassion, accountability, hope, dignity, and integrity. These values unite us; they are infused through every facet of our organisation. They are our identity, our inspiration, and when we reflect on our work, they are the measure of our success.

In 2013, Medair focused on collaborating with like-minded partners, relationships that required mutual trust. We worked with World Vision on a new hand-held technology that enables organisations to automate reporting. We formed a partnership with software-firm Qlik that provides us with better tools to manage our programmes. We strengthened our relationships with relief agencies through greater involvement in EU-CORD and the Integral Alliance. When Typhoon Haiyan devastated the Philippines in November, Medair was on the ground within 48 hours. The trust shown in us by both EU-CORD and Integral gave us the resources we needed to mobilise a rapid, large-scale response for families who had lost everything in the disaster.

I sincerely thank you for entrusting Medair with your confidence and financial support in 2013. This Annual Report is a vivid testament of the ways your resources brought compassionate care and high-quality life-saving aid to more than a million people in need.

Photo: Jim Ingram helps deliver aid to Syrian refugees in Lebanon.

Medair in 2013



**EMERGENCY
RELIEF AND
RECOVERY
SERVICES**

11

countries of operation

1

international headquarters
in Switzerland, 83 staff
(76 full-time equivalents)

5

affiliate offices in Europe
and North America

1,251,083

total direct beneficiaries

10

country programmes

136

internationally recruited
staff in the field

656

nationally recruited staff

31

number of countries Medair
worked in from 1988-2013

Health and Nutrition



390,196

patients treated at a Medair-supported health clinic



185,323

people vaccinated for deadly diseases



208,085

people received nutrition services



Water, Sanitation, and Hygiene



172,007

people gained improved access to safe drinking water



61,739

people have a new or improved latrine or bathing facility



208,815

people learned about life-saving hygiene practices

Shelter and Infrastructure



76,088

people received emergency or transitional shelter



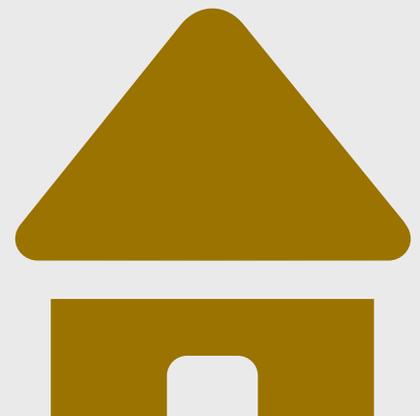
17,856

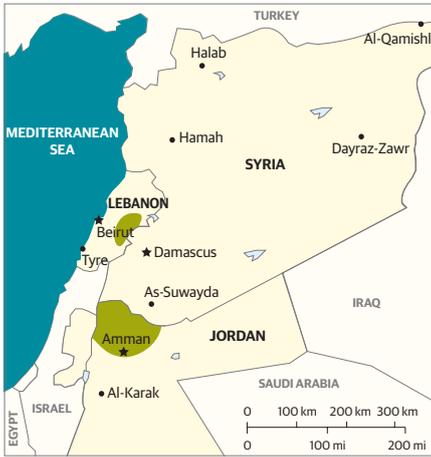
people received livelihood support through work-related projects



250,000

people gained better accessibility through repairs to roads and bridges





SYRIAN CRISIS

By the end of 2013, 2.3 million Syrians had fled from the conflict to seek safety in neighbouring countries. The UN calls it the worst humanitarian crisis in 30 years. Medair is operational in Lebanon and Jordan, providing support to Syrian refugees and vulnerable host communities.

THE KIND MOTHER

Tamasir and her family never imagined a life like this. In Syria, they had houses and jobs and fields of crops. Now they have nothing. "I loved everything about Syria," said Tamasir, mother of five. "Syria is the kind mother."

They fled to the informal settlements of Lebanon's Bekaa Valley, where more than 66,000 refugees have sought refuge in makeshift tents. Exposed to harsh winter weather, they have little to do but wait for peace and pray to survive.

"I fled with only my children and clothes," said Tamasir. "Only Medair has helped me."

In 2013, Medair provided relief to more than 87,000 Syrian refugees in Lebanon and Jordan.

As the number of refugees escalated, Medair scaled up its response. Shelter was the most life-or-death issue facing new refugees. "Our greatest need is a better shelter," said Jihad, father of seven. "It is hard to spend winter here because of the cold and the wind. We are not prepared."

Relief and Recovery Highlights

87,228 direct beneficiaries

Health and Nutrition

- 18,660 children screened for acute malnutrition; 2,332 children vaccinated
- 94 health workers trained in nutrition and health issues
- 17,343 pregnant women/caregivers received nutrition/breastfeeding promotion



Shelter and Infrastructure

- 41,113 refugees in Lebanon received shelter assistance
- 5,421 shelter kits (heavy vinyl, wooden planks, and plastic sheeting) and 625 winter shelter kits distributed (Lebanon)
- 11,340 refugees in Lebanon benefited from relief items
- 650 families received cash-for-rent in Jordan, benefiting 4,095 people
- 3,322 people in Jordan benefited from winter relief items (mattresses, blankets, heaters)
- 15 refugee settlements received improved drainage and sanitation, benefiting 5,808 people
- 38 settlements received fire safety training; 404 fire safety kits distributed, benefiting 2,828 people
- 291 informal settlements mapped and revisited monthly using GIS technology in Bekaa Valley



Funding Partners: Action contre la Faim, Swiss Solidarity, Caritas, COFRA Foundation, EC Directorate-General for Humanitarian Aid and Civil Protection, EO Metterdaad, ERIKS Development Partner, Swiss Agency for Development and Cooperation, Tearfund, United Nations High Commissioner for Refugees, United Nations Children's Fund, World Food Programme, and private donors



© Medair/Megan Praga

Syrian children spend a cold winter living in tents in Lebanon's Bekaa Valley.

In Lebanon, Medair provided 40,000 people with shelter materials to insulate their tents. Medair also gave out blankets, mattresses, hygiene and cooking kits, and money for stoves and fuel. "The help came at the perfect time," said Gihad. "It rained the day after we received the shelter kit so we were able to cover our tent and keep it dry. The blankets were also very useful because it was cold."

Refugees in the Bekaa also contended with floods and standing water that threatened their health.

"Our tents were flooded last winter," said Bushra, mother of two. "Water came into my baby's ears last winter while he was sleeping."

In 2013, Medair carried out projects in 15 informal settlements to improve drainage and sanitation with sandbags, soakways, drainage ditches, and paving stones. "Medair was so helpful in managing the water here through digging trenches," said Musar Ahleb Taleb. "The holes that Medair has dug have reduced the smell in the settlement. It has made everything cleaner."

Medair also mapped hundreds of informal settlements in the Bekaa Valley so that no refugees would be forgotten. Using Geographic Information Systems (GIS) technology, our teams recorded key data, including population size and number of tents, and uploaded them directly to a digital map to help humanitarian agencies reach them with aid. In addition, Medair assessed the flood and fire risks in the settlements, piloting flood-resistant shelter solutions and delivering fire-safety training and fire extinguishers.

In Jordan, Medair provided 650 vulnerable families with rent payments to prevent them from being turned out into the cold during the winter.

Medair also provided blankets, mattresses, and gas bottles and heaters to refugees living in tents. "The main need is rent," said Suha, 30, who lives with her mother and sisters. "I will eat onion and bread, I don't care. The main thing is to have a house."

Jordan's refugee communities faced health and nutrition problems including poor feeding practices, rising cases of acute malnutrition, low vaccination rates, and a lack of community health promotion.

In response, Medair developed malnutrition treatment guidelines for Jordan that were approved and adopted by the Ministry of Health. We trained health workers and community mobilisers on malnutrition treatment and good feeding practices. We screened more than 18,000 children for malnutrition and referred those in need to clinics. In addition, we reached people with practical information about the benefits of breastfeeding and nutrition, and we vaccinated children to protect them from outbreaks.

In 2013, our Syrian crisis intervention grew from a small project to become Medair's second largest programme, strengthened by productive partnerships, solid funding support, and positive relationships with refugee communities. "Thank you for the help. Don't forget us," said Tamasir. "Syrians don't forget the people who stand next to them."

► [LEARN MORE AT MEDAIR.ORG/SYRIAN-CRISIS](http://MEDAIR.ORG/SYRIAN-CRISIS)



CHAD

Chad is one of the five most vulnerable countries in the world, yet its plight often goes unreported. Straddling Africa's drought-prone Sahel belt, Chad suffers from civil conflict, food insecurity, and flooding. In Oudaddi region, acute malnutrition rates are at emergency levels.

A YEAR OF HARD WORK AND LIVES SAVED

Acha watched her baby girl lose weight and grow weaker by the day. The cause was a mystery to her. She had already lost her first child; she could not bear to lose Zoubaïda.

In Abdi district, many people like Acha didn't know that malnutrition was an illness that could be treated and prevented, and many local health providers lacked the resources or skills to treat it. "Malnourished children are considered to be dying," said a community leader. "People are afraid to touch them."

In 2013, Medair started a Community Management of Acute Malnutrition (CMAM) programme in

Abdi to bring lasting relief to a community where far too many children were dying. We set up and provisioned nutrition clinics at 10 local health centres and started a mobile clinic to reach children in the most remote villages.

During the year, Medair screened 11,001 children for malnutrition and admitted nearly 6,000 for live-saving treatment—almost twice as many children as originally expected. "We are delighted to have saved many children in the district," said Mbang, Medair Logistics Assistant. "We can say that we have achieved positive and very satisfactory results. Many of the children were cured with the help of Medair."

Relief and Recovery Highlights

17,074 direct beneficiaries

Health and Nutrition

- 11,001 children screened and 5,924 children treated for acute malnutrition
- 2,159 children treated for co-existing illness of malnutrition; 3,384 people received mosquito nets
- 149 health providers received training on malnutrition treatment and nutrition promotion
- 5,924 people in 197 villages reached with nutrition education
- 11 health facilities (10 clinics, 1 mobile site) supported with therapeutic nutrition programme



Water, Sanitation, and Hygiene (WASH)

- 11,848 people benefited from the distribution of chlorine for water treatment
- 5,924 people reached with hygiene promotion; 44,793 bars of soap distributed to caregivers

Shelter and Infrastructure

- 12 shelters built at health facilities to protect patients and caregivers from the hot sun
- 4 storehouses built for nutrition supplies; 422 people received temporary employment to build them

Funding Partners: EC Directorate-General for Humanitarian Aid and Civil Protection and private donors



A Medair relief worker examines a malnourished eight-month-old boy in Abdi district.

When Acha heard about the success of the clinics, she brought Zoubaida for treatment. Medair found the small child listless and severely malnourished. There was real concern she would die. We began treating her right away, giving the family a week's supply of therapeutic food called "Plumpy'Nut," a course of antibiotics, and home-care instructions.

A week later, the family returned in high spirits. After months of eating very little, Zoubaida was devouring the Plumpy'Nut and showing a strong appetite again. Her road to recovery had begun.

In 2013, Medair gave thousands of children like Zoubaida therapeutic food and medicine for their illnesses. We treated water sources at health clinics and built shelters where patients could wait in the shade to be seen.

To ensure lasting change, Medair trained 149 nurses and health promoters how to assess, treat, and prevent malnutrition, and how to run a nutrition programme. We devoted great efforts to training thousands of caregivers on health, hygiene, and nutrition including handwashing, malaria prevention, and exclusive breastfeeding. "Since Medair came we understand much better what malnutrition is," said a community leader. "We see it as an illness that can be cured."

The coming of the rainy season made the work more challenging. The dry countryside turned into a muddy marshland, with flooded riverbeds (wadis) making travel nearly impossible. Rain also brought the mosquitoes as Chad saw an unprecedented

number of malaria cases in 2013. Medair responded by providing anti-malarial drugs and mosquito nets.

After a night of heavy rain, two of our staff took a detour en route to a remote clinic to check in on two malnourished children who had stopped coming for treatment. One of those children was Zoubaida.

Acha was amazed and grateful that Medair came right to her home to care for her daughter. She had wanted to bring Zoubaida to the clinic for some time but had no way to get across the flooded river. With proper care, Zoubaida went on to recover well, gaining in weight and strength over the following weeks.

Medair made a significant positive impact during its year in Chad, saving lives and strengthening local capacity to treat and prevent malnutrition in the future. As the year drew to an end, Medair made the decision to close the programme. Our team worked closely with government officials, local authorities, the humanitarian community, and beneficiaries to ensure that our departure from the region passed as smoothly as possible.

"I am very grateful for all that Medair has done," said Acha. "In the future, I will know how to recognise a malnourished child and will advise other mothers to do what I did: Take their children to a treatment centre."

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



SOUTH SUDAN

South Sudan entered 2013 struggling with the legacy of years of conflict and underdevelopment. By year's end, major new conflicts had displaced long-suffering residents and jeopardised the country's momentum.

A SAD END TO A HOPEFUL YEAR

There wasn't a moment to lose. When a measles outbreak killed 11 people in just three days, Medair's emergency response team boarded a small plane on a journey to vaccinate as many children as possible in the Sudd, one of the world's largest swamps. We travelled by motorboat, hiked, canoed, and waded through swampland for seven hours to reach the first remote village. Over the next five days, we protected 3,000 children for life against the deadly disease.

In 2013, Medair responded to multiple rapid-onset emergencies throughout South Sudan.

We responded to nine disease outbreaks including a meningitis outbreak in Malakal, where our community mobilisers motivated a huge turnout with more than 130,000 people being vaccinated. "Thank you very much for the effort Medair exerted to bring down the outbreak to zero cases," said a UNICEF representative. "The health promotion you did was key to the success of the campaign."

Relief and Recovery Highlights

329,433 direct beneficiaries



Health and Nutrition

- 500 people received capacity-building training in health or nutrition
- 11 health facilities supported, treating 98,390 patients
- 105,207 children and pregnant/lactating women vaccinated
- 44,509 screened for acute malnutrition; 4,746 treated for acute malnutrition
- 4,378 women received reproductive health support; 1,857 safe delivery kits distributed
- 104,948 benefited from health and nutrition promotion



Water, Sanitation, and Hygiene (WASH)

- 28,419 gained access to a new or rehabilitated water source; 14,524 received community-level water treatment
- 46,610 benefited from new or repaired latrines and bathing facilities
- 187 people trained in WASH-related capacity-building activities
- 38,480 benefited from hygiene promotion



Shelter and Infrastructure

- 10,761 emergency shelter kits distributed
- 4 health clinics rehabilitated
- 85,925 people received crucial non-food items; 19,085 received mosquito nets

Funding Partners: EC Directorate-General for Humanitarian Aid and Civil Protection, South Sudan Common Humanitarian Fund, US Agency for International Development, Swiss Agency for Development and Cooperation, International Organization for Migration, and private donors



A young girl in Mina returnee camp waits for the chance to resettle with her family in South Sudan.

Medair also brought relief to people displaced by fighting in Pibor county. We launched an emergency health and nutrition programme, providing primary health care, vaccinations for measles and polio, and malnutrition treatment. We also installed a temporary water treatment system for 3,800 people in Gumuruk town—all while coping with restricted movements and relocations due to insecurity.

In a remote part of Jiech, Medair continued to support a kala-azar clinic that provides life-saving care to hundreds of people afflicted with the disease. “I have hope in this place, that we will get good treatment here,” said Nyawura, mother of Gatdin. “My son was carried here. He is already improving, his fever has gone down.”

In 2013, Medair continued to play a leading role in humanitarian coordination in the country.

Medair worked to strengthen South Sudan for the future, providing hundreds of local residents with capacity-building training. We encouraged long-term change through health, nutrition, and hygiene promotion, reaching more than 100,000 people.

In Renk, Medair carried out a longer term emergency response, providing returnees and host communities with water, sanitation, and hygiene (WASH), along with health and nutrition services. In Abayok and Mina camps, Medair ran emergency health facilities that treated more than 50,000 vulnerable people and provided nutrition services to nearly 8,000 children. “Last time I brought my baby here I thought he was going to die,” said Mary, in Mina camp. “He looked like an old man, he had diarrhoea and didn’t want to eat. Now he has improved—his eyes are bright and he is eating. I’m so happy!”

Hundreds of women attended weekly education sessions in Abayok led by the dynamic midwife Mama Eliza. “Women are like a water filter,” she said. “If you want to change the community, it’s the women who will do it. I have seen a lot of change among the returnees.”

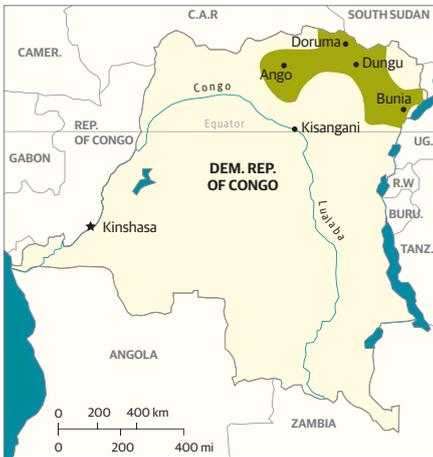
Medair also supported Sudanese refugees who fled to Maban to escape conflict. In 2013, we expanded our coverage of WASH and health and nutrition services in Batil camp, where 36,000 refugees were sheltering. Our health clinic treated 26,000 people during the year, and our WASH team helped contain a massive Hepatitis E outbreak by providing treated water, latrines, and hygiene education. “Our team showed incredible strength, flexibility, and perseverance as we worked to double our outputs in this location,” said Caroline Boyd, Medair Country Director.

On 15 December, a major outburst of fighting broke out in Juba and quickly spread to four states.

Thanks to the hard work, dedication, and bravery of our local staff who remained on-the-ground, Medair was able to respond with immediate life-saving aid.

“It was a sad end to a hopeful year,” said Anne Reitsema, Head of Country Programme. “But it was a year in which we increased our support for the people of South Sudan and responded to the huge needs of refugees, returnees, and displaced and vulnerable people. As we look ahead to an uncertain future, we remain committed to standing with the people of South Sudan and relieving the suffering of their most vulnerable.”

► **LEARN MORE AT MEDAIR.ORG/SOUTH-SUDAN**



D.R. CONGO

Violence continues to unsettle eastern D.R. Congo. Hundreds of thousands have been displaced in North and South Kivu and Orientale province. Chronic underdevelopment is manifested in the deteriorated road networks and the scarcity of quality health care, safe water, or other essential services.

WHERE THERE ARE NO ROADS

In the summer of 2013, Lagabo was a quiet hamlet of fewer than 100 people. At the end of August, violent hostilities in South Irumu forced people to flee for their lives; more than 23,000 of them ended up in Lagabo. “I have nothing, even the clothes I wear are borrowed from a friend,” said Olio Monoro. “The father of my children was killed when he went back to fetch clothes for the children.”

Dr. Olivier Ngadjole led Medair’s team on a life-saving mission into the conflict area, providing emergency medicine for eight affected clinics, free health care, and safe delivery kits to those in need.

“Had Medair not intervened, I have no doubt that there would have been a number of civilian deaths, especially young children,” said Dr. Ngadjole.

In Lagabo, we set up a temporary health clinic stocked with medicines and provided primary health care, treatment of malnutrition, family planning and care for survivors of sexual violence and for pregnant women. “Since Medair has come, people are less sick than they were before,” said displaced mother Esther Losi. “If they do fall ill, they can get the treatment they need for free. This really helps us.”

Relief and Recovery Highlights

433,895 direct beneficiaries

Health and Nutrition

- 226,717 patients treated in 67 Medair-supported health facilities
- 60,605 children screened for acute malnutrition; 130 treated
- 345 health workers received capacity-building training
- 13,419 people received reproductive health support; 8,339 received safe delivery kits
- 12,589 newborn deliveries supported
- 90,594 people received health promotion education
- 17,474 people treated for STI; 1,028 people affected by SGBV supported
- 59,576 people vaccinated



Shelter and Infrastructure

- 250,000 people benefited from improved accessibility thanks to bridge/culvert repairs
- 3,750 people received cash-for-work for the bridge/culvert project
- 40 km of roads rehabilitated and 30 bridges and culverts rehabilitated



Funding Partners: EC Directorate-General for Humanitarian Aid and Civil Protection, Swiss Agency for Development and Cooperation, United Nations Children’s Fund, Democratic Republic of Congo Pooled Fund, US Agency for International Development, and private donors



© Medair/Courtesy Brandt

Medair staff find creative ways to reach families who would otherwise be cut off from aid.

To prevent a deadly measles outbreak, Medair partnered with UNICEF and MSF-Switzerland to conduct a massive vaccination: 82,500 children were vaccinated against measles, and more than 22,000 children were vaccinated for polio. “We have not had any reported measles cases, which proves that the response was really efficient, positive, and helpful, and was done at the opportune time as well,” said Dr. Ngadjole.

In 2013, Medair operated from bases in Bunia, Ango, and Dungu, enabling us to bring emergency relief to many remote communities. We supported 67 health clinics, treating more than 225,000 people. “Medair has been a longstanding and significant partner,” said Dr. Blaise Gaya, Head Doctor of Gety Zone. “We are happy with its work that benefits a lot of the vulnerable population. Medair’s concern is to relieve their misery, and it is effective.”

Medair’s health care support meant that isolated communities affected by violence could still receive the care they needed. “Effectively, the work of Medair allows people to live in Digba,” said Nurse Chantelle in Ango. “Before Medair came, there was nothing in the village. With the help of Medair, illness and death have decreased among young children and the adults are stronger, healthier, and able to work.”

In 2013, Medair found a way to reach remote villages despite poor or non-existent roads, travelling by bush plane, Land Cruiser, motorbike, bicycle, raft, or canoe. “Medair helps the vulnerable where there are no roads, even if there is no way and we have to make a way,” said Stanislas,

Medair driver. “We do this work because when people are suffering, you cannot refuse, you need to go.”

To overcome access challenges, Medair continued working to improve road infrastructure. In 2013, we opened up humanitarian access and provided new opportunities for 250,000 once-isolated residents—a massive impact. Employing a temporary workforce of 3,750 people, we built or repaired 30 bridges and culverts, and rehabilitated 40 kilometres of roads.

In 2013, security improved around Dungu and Doruma, and after four years of support, the quality of health care had also improved greatly. By year’s end, Medair had shifted focus to other areas of dire need, particularly strife-ridden North Kivu, where we made plans to significantly increase our relief efforts in response to the country’s most urgent humanitarian crises.

In Dungu’s Linakofo camp, Medair completed a new clinic to replace the small mud hut that had been serving as the health post. The new clinic is spacious, well-equipped, and hygienic for patients, and will serve families throughout the area for years to come. “We were hopeless, but now we’re not,” said Titulaire, Linakofo’s Head Nurse. “Our thanks to Medair, and to its donor, the European Union, for the love they have shown us by agreeing to construct this building. Although Medair will leave, the love that was shown here will remain; may this love be manifested elsewhere.”

► **LEARN MORE AT MEDAIR.ORG/CONGO**



THE PHILIPPINES

On 8 November 2013, one of the most powerful storms ever to hit land tore across the Philippines. With winds exceeding 300 kilometres per hour, Super Typhoon Haiyan (known locally as Yolanda) killed more than 6,000 people, damaged 1.1 million homes, and left more than four million people displaced.

DISASTER AND DETERMINATION IN THE PHILIPPINES

Early in the morning, families awoke as the wind shook their homes on Leyte Island. “We heard there was a super typhoon coming,” said Fay, in Dulag municipality. “But we always have typhoons here. Many people did not realise how bad this was going to be.”

The worst of the storm came in a furious three-hour span. “The roof flew right off my house,” said Fay. “I have experienced several typhoons but, my goodness, I have never seen anything like this. It was like life was ending.”

Tidal surges flooded the Dulag area and rivers overflowed. Fierce winds felled coconut trees and

sent iron roofs hurtling through the air. House after house collapsed or was blown to the ground. “After the storm we came outside and saw what had happened,” said Simon, 66. “So many people were crying.” The wreckage was astonishing: Four out of five homes had been damaged or destroyed.

Within 48 hours, Medair’s Emergency Response Team (ERT) was on the ground in the Philippines.

The team swiftly connected with local authorities, the UN, and relief agencies to identify severely affected communities and respond to urgent needs. While many NGOs focused on Tacloban City, Medair sought out more remote communities to the south that had not yet received help.

Relief and Recovery Highlights

24,903 direct beneficiaries

Water, Sanitation, and Hygiene (WASH)

- 4,903 WASH kits (soaps, toothpaste, towels, sanitary items, clothes, and water containers) distributed, benefiting 23,927 people
- 1 chlorine delivery sufficient to decontaminate the municipal water supply



Shelter and Infrastructure

- 1,717 emergency tarpaulins distributed, benefiting 8,379 people
- 362 tool kits distributed (shovels, saws, pliers, rope), benefiting 7,687 people
- 37 schools received extra-large tarps, benefiting 5,161 people
- 13 chainsaws distributed to clear fallen trees, benefiting 13,540 people



Funding Partners: Swiss Solidarity, EO Metterdaad, ERIKS Development Partner, Transform Aid, World Concern, Mission Aviation Fellowship, Mission Alliance, Tearfund (BE), Tearfund (UK), and private donors



© Medair/Andrew Robinson

A young child hugs her big brother amid the ruins of their village in Dulag.

The ERT found Dulag in ruins with no other agencies working there. We began working to bring shelter and essential relief items to Dulag and to nearby Tolosa and Julita. Transporting aid to the disaster zone proved challenging because airports were closed, roads were blocked, and fuel shortages and power outages were commonplace. Medair chartered a small dive boat and used it to transport urgently needed relief items to Dulag.

In the days and weeks following the disaster, Medair distributed emergency shelter materials and handed out chainsaws and other tools to help people clear debris. By the end of 2013, we had distributed more than 1,700 tarpaulins to families whose homes were damaged, and more than 14,500 people had received emergency shelter materials. “We have received rice and canned food, but the most important thing is the Medair tarpaulin,” said Rolly, father of three. “I had lost my roof and with the tarpaulin there are now no more drops of water falling on my head.”

Medair also provided almost 5,000 families with water and hygiene kits to avoid illness in the wake of the disaster. “Medair has helped me a lot, especially with hygiene kits and shelter response,” said Manuel Que, Mayor of Dulag municipality. “I know they are very busy, even working late into the night; I am very happy working with Medair.”

Despite their severe hardships, the Filipino people welcomed us warmly. They showed resilience and determination to recover from the disaster quickly.

“You see people here with happy faces,” said Ricardo Lobo, Medair Logistics Officer. “They make a point of smiling. I think this attitude will help them overcome the terrible disaster they have experienced. Their thankfulness is quite remarkable.”

“People here have quite good ways of coping,” added Guido Krauss, Medair Shelter Advisor. “I know this is not the first disaster they’ve experienced, but this is the most devastating typhoon in their history. Just seeing how everybody is trying hard to help each other is impressive.”

As 2013 drew to a close, Medair finalised plans for the next phase of recovery work. In Dulag, the 600 most vulnerable families will receive the core of a new disaster-resilient home: a strong foundation, frame, and roof for them to finish off. In the next phase, Medair plans to build or repair another 2,280 core homes. In addition, we will provide training in construction techniques to help protect homes from typhoon damage.

Medair is committed to standing with the Filipino people to help them rebuild, to assure them they are not alone, and to give them reason for hope. “If you had seen this place before, it was a quiet place, beautiful, peaceful,” said Kay. “In just a few hours it was all gone. Horrible. We have to laugh, we have to smile. We have to help each other and move on.”

Medair - A Member of Integral

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



A Medair relief worker walks hand-in-hand with Syrian children who are living as refugees in Lebanon's Bekaa Valley.

Our Vision

Medair's Annual Report affords us the opportunity to reflect on the year that has passed.

It is important to look back. The Annual Report demonstrates our accountability to stakeholders, celebrates our achievements, shines a light on the people who work with and alongside us, and helps us improve our capacity to relieve the suffering of the world's most vulnerable people.

While we learn from the past, our direction comes from looking forward, charting a clear vision, and navigating with a steady hand into the uncertain challenges of tomorrow. Trends like climate change, population growth, economic inequality, and political instability are all increasing the frequency and scale of humanitarian crises around the world. We need a clear vision of where our mandate will take us in 2014 and beyond.

The International Board of Trustees has such a vision for Medair. We plan to do more.

We plan to serve more people and make a more sustainable, life-changing impact in communities. We plan to become more flexible in response to emergencies, not just to disasters and conflicts that are high in visibility, but wherever the need is greatest.

We plan to leverage more revenue streams, as the financial crisis places an unprecedented strain on institutional funding. We plan to be more responsive to the changing needs of the people we serve, adapting our programming and expanding our expertise as demographics shift and rapid urbanisation continues. We plan to be more innovative, embracing new technologies that maximise impact. We plan to engage ever more collaboratively with partner agencies, beneficiary communities, governments, and funding partners, working together to find common solutions and bring hope and relief to those who need it most.

We look ahead with a clear vision of where we want to go, unified by a clear understanding of who we are. We seek to provide the highest quality of relief and recovery services with maximum impact and efficiency. We seek to do this with open hearts full of loving compassion for the unique and immeasurable value of every person we serve.



A handwritten signature in blue ink that reads "Christina Bregy".

**Christina Bregy,
Chair, International
Board of Trustees**



A Haitian woman proudly shows us her beautiful new home, one of Medair's "owner-driven" transformations in Jacmel and La Montagne.



MADAGASCAR

Madagascar is the fourth poorest country in the world, with 92 percent of its population living on less than 2 USD per day!¹ The country has one of the lowest rates of access to safe water in the world. Annual cyclones and floods leave the Malagasy in a frequent state of rebuilding.

READY TO FACE THE STORM

Years ago, a cyclone struck the village of Vinanimbidy and floodwaters rose as high as the rooftops. “I lost all my belongings,” said Marthe Tabavy, mother of three. “I was unprepared.”

To help flood-prone communities better withstand future storms, Medair worked with Vinanimbidy and other villages to establish Disaster Risk Management (DRM) committees. In 2013, Vinanimbidy ran a day-long cyclone simulation: “If a cyclone should strike us again, we will be ready to face it,” said Marthe. “I am sure we would lose much less than in previous cyclones because now we know how to prepare.”

In 2013, Medair concluded a DRM project that vastly improved cyclone preparation and protection in urban Maroantsetra, in six rural communes in the northeast, and in the urban commune of Vangaindrano to the south.

Medair supported 63 DRM committees at all different levels of government with training and project management.

In the south, Medair built 24 elevated water points to give more than 4,500 people access to safe drinking water and prevent contamination during floods. We worked alongside NGOs with a range of expertise to provide communities with a full DRM package.

Relief and Recovery Highlights

34,014 direct beneficiaries

Water, Sanitation, and Hygiene (WASH)

- 24 hand-drilled water points fitted with water pumps, benefiting 4,635
- 50 hand-pump technicians and 275 water-points-committee members trained
- 183 local authorities and 1,346 community members trained in WASH management
- 44 hygiene promoters trained, who reached 1,050 people



Shelter and Infrastructure

- 20 cyclone-resistant houses constructed, benefiting 100 people
- 1 community cyclone refuge constructed, benefiting 130 people
- 90 cyclone-resistant homes built by the community, thanks to Medair training
- 1,051 DRM committee members trained
- 28,189 people reached with DRR promotion (mobile cinema, puppet shows, board game, comic books)



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

¹ World Bank, “World development Indicators,” 2013



© Medair/Tom Russell

Women and children in Mahela village gather to learn about healthy hygiene practices.

“The value of Medair’s work in our village is hard to quantify in numbers but easier to describe,” said Chief Pascal, Antanimena village. “Our daily life has been made easier by the proximity of water points. Water is safe for consumption as soon as it comes out of the pump which has consequences for our health, because we have fewer cases of diarrhoea, but also for our budget, because we no longer have to boil water or treat it.”

The greatest strength of Medair’s Madagascar programme has long been its dedication to capacity building. We encourage communities to identify problems, pose solutions, and take ownership of projects to ensure their impact endures long after Medair’s role is done. In 2013, we improved capacity in Vangaindrano with training for pump mechanics, water-points committees, and hygiene promoters.

In the northeast, Medair trained local builders in cyclone-resistant construction, with 20 pilot homes built during the training and 90 more homes built as a result. “I am happy to have learned these new cyclone-resistant techniques and applied them quickly,” said Jean Noël, a builder in Ampoafana. “It is important to show to my neighbours what a cyclone-resistant house is, so they can make a decision for their family’s security.”

In one highly vulnerable village near Maroantsetra, Medair built a large cyclone refuge. “The cyclone shelter brings hope to our village because it allows us to have a safer place to stay during cyclones or floods,” said Alexandrine Be, 48.

To improve preparation for future cyclones, we held 270 small-group information sessions and used creative methods to reach more than 28,000 people, often travelling to remote villages to present mobile movie screenings and puppet shows. We distributed an interactive board game and a comic book that reached thousands of students in fun and enriching ways.

“The communities where Medair works in northeast Madagascar now have an emergency action plan which they have tested, and which will enable them to save lives and resources when disasters strike,” said Joanna Coffin, Medair Country Director.

In July, Medair began a new project that will bring safe drinking water to more than 125,000 people and latrines for at least 12,000 people in the Maroantsetra region. Medair met with more than 1,500 community members and local authorities to share survey results, listen and respond to concerns, and nurture a strong sense of community ownership for the work ahead.

“Before Medair started working here, few people were aware of the relation between diseases and hygiene,” said Ah Lone Philippe Michel, Mayor of Maroantsetra. “Water-related diseases were very common and mainly struck the children. Since Medair began installing protected water points and producing and promoting latrines, the general sanitation has clearly improved. Medair has changed the direction we were headed in Maroantsetra—thank you!”

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



HAITI

Medair intervened in southeast Haiti in response to the devastating earthquake in 2010. Disaster-resilient shelters remain a major need, particularly given the recurrence of damaging storms that hit the country. In rural areas, Haitians have limited access to safe water or sanitation.

SLEEPING SOUNDLY THROUGH THE RAIN

Arigène and Meliana could not afford to repair their damaged home. When it rained, water poured in from the roof through a worn tarp, drenching them and endangering their health. “We are in hurricane season,” said Meliana. “I put my clothes in plastic bags to keep them dry.”

In the remote mountains of Côtés-de-Fer, the vast majority of homes suffered damage from the 2010 earthquake and a battery of tropical storms. Like most residents, Arigène and Meliana are subsistence farmers with minimal income

who spend hours every day gathering water from distant streams.

In 2013, Medair built or reconstructed 133 disaster-resilient homes in Côtés-de-Fer. Families who received a sturdy home spoke of it as a life-changer. “Having a new home is the best thing that has happened to me,” said Meliana. “This house makes me feel that there is still hope even when things are not going right in my life. One night I heard the sound of the raindrops on the roof, and I loved it, I loved it. I slept soundly through the rain.”

Relief and Recovery Highlights

26,595 direct beneficiaries

Water, Sanitation, and Hygiene (WASH)

- 12,500 gained access to new or rehabilitated water sources
- 175 rainwater harvesting systems installed (143 household, 32 schools/churches)
- 221 household latrines and 12 community latrines built or rehabilitated, benefiting 2,305
- 707 people benefited from hygiene promotion activities



Shelter and Infrastructure

- 1,815 received new or rehabilitated permanent shelters
- 250 shelters transformed to permanent structures in Jacmel
- 80 permanent houses constructed and 33 rehabilitated in Côtés-de-Fer
- 1,350 cash-for-work participants repaired roads and water points, benefiting 6,750
- 200 emergency/transitional shelter materials distributed
- 2,524 people reached with awareness campaign about disaster-resistant construction
- 154 local builders received in-depth training in disaster-resistant construction; 8 demonstration buildings donated



Funding Partners: Swiss Solidarity, UN-Habitat, US Agency for International Development, and private donors



© Medair/Florance Paul

A Haitian family enjoys their new disaster-resilient home and rainwater harvesting system in Côtes-de-Fer.

Equally transformative were all the 5,000-litre rainwater tanks and latrines built. Medair installed 175 rainwater harvesting systems for homes and community buildings, and improved latrines for more than 2,300 people. “I am very happy to have safe water at home for drinking and cooking,” said Thérèse in Jamais Vu. “I am not scared to drink it, knowing I will not get sick.”

Local carpenters and masons built the homes under Medair’s technical supervision, while recipients assisted with the labour. We incorporated Haitian design preferences into the homes, including generous porches, lively paint colours, and custom layouts. “I like everything about my house, but what I like most is the porch,” said Lucie, 66. “I enjoy the shade during the daytime. I sit there to talk to my friends when they visit.”

In Jacmel and La Montagne, Medair helped families transform 90 transitional shelters into permanent, disaster-resilient homes and supported an additional 160 “owner-driven” transformations. We provided cash, materials, and steady technical supervision, while the owners took responsibility for everything else: choosing the design, hiring contractors, purchasing supplies, and overseeing construction.

Early in 2013, Medair staff attended an intensive training course on traditional building techniques coordinated by UN Habitat. Medair then gave 154 local builders in-depth training on traditional and disaster-resilient construction. “After Medair leaves Côtes-de-Fer, we will not only have strong houses but also highly

skilled builders who can build houses resistant to hurricanes and earthquakes,” said Sansélie, 69.

Medair also trained people how to maintain water sources and practice soil conservation. “Medair is hard-working, welcoming, partners with communities, and is able to evolve its approach,” said Tony Burgener, CEO of Swiss Solidarity.

In Côtes-de-Fer, Medair provided shelter to 1,000 people displaced by 2012’s tropical storms and ran cash-for-work projects that provided desperately needed income for more than 6,000 people. The workers, half of whom were women, repaired 47 kilometres of damaged roads, rehabilitated water points, and built flood-reducing structures to prevent future disasters.

“I am so happy! I am 85 years old and this is the first time in my life I have been paid for my work,” said Elimène. “This project helped me and my family especially to buy food. For people like me, it would have been hard for us to live after the hurricane if Medair had not come.”

“Everywhere we go, Haitians tell us how Medair has changed their lives and how our assistance has brought hope back to their families and communities,” said Haitian Florance Paul, a longtime Medair relief worker. “Haiti may not be yet where the world expects it to be, but change is happening, which gives me hope for the future of my nation.”

► **LEARN MORE AT MEDAIR.ORG/HAITI**



AFGHANISTAN

Medair provides relief in areas of Afghanistan where few other NGOs venture. The Central Highlands region has extreme temperature shifts and short agricultural seasons and is vulnerable to flooding and drought. Food insecurity is a growing threat, and safe water and sanitation are limited.

NEW LIFE IN REMOTE AFGHANISTAN

There's only one way to reach Legane in the remote mountains of Bamyan province. Drive carefully on steep and narrow roads and get off the roads before the snow comes.

In November, Medair responded to an urgent food crisis in Legane. We distributed emergency food to 285 vulnerable families who were relieved to receive the unexpected provisions. On our final day, a blizzard hit with force. We began a treacherous descent through

blinding snow, high winds, and slick roads. When we got back safely, the reward was clear: More than 2,000 people had received enough food to help them make it through the winter.

In 2013, Medair brought relief to some of the hardest to reach places in the Central Highlands. Families in these high elevations have endured years of poor agricultural yields due to overgrazing, deforestation, droughts, and flash floods that erode the soil.

Relief and Recovery Highlights

48,831 direct beneficiaries



Health and Nutrition

- 434 people screened for acute malnutrition and referred to health clinics as needed



Water, Sanitation, and Hygiene (WASH)

- 14,822 people gained access to a new or repaired water source
- 28 hand-dug wells constructed; 131 springs protected; 2 wells rehabilitated
- 11,004 people gained access to latrines or bathing facilities
- 58 school latrines built; 466 latrines built by community members
- 16,309 people received hygiene promotion, wash basins, plastic buckets, washing lines, toothpaste/brushes



Shelter and Infrastructure

- 5,971 people benefited from cash-for-work projects for natural resource management
- 611 check dams; 197 catch dams; 342 terraces; 8,511 contour trenches constructed
- 333 people in highly vulnerable households received cash support
- 2,166 people received emergency food supplies
- 450 women trained in vegetable gardening and given seeds, watering can, plastic sheeting
- 1,563 farmers received agricultural training and improved wheat seeds and fertiliser



Funding Partners: Swiss Solidarity, Mennonite Central Committee with Canadian Foodgrains Bank, EC Directorate-General for Development and Cooperation—EuropeAid, Emergency Response Fund—Afghanistan, UN Central Emergency Response Fund, EC Directorate-General for Humanitarian Aid and Civil Protection, and private donors



A Medair hygiene promoter teaches boys in a remote school about safe hygiene practices.

Medair ran cash-for-work projects to prevent flood damage and improve food production. We trained and paid residents to build contour trenches, check dams, catch dams, and terraces. These structures slow run-off and reduce flooding impact while improving water infiltration into the soil—leading to higher crop yield and better drought protection. “It’s clear that the training has been effective, and empowered the beneficiaries to reduce their own risk,” said Chris Ewert, Mennonite Central Committee. “I leave confident in the work you are doing.”

Labourers received payments that allowed them to buy food for their families, while highly vulnerable households who were unable to participate also received financial support. “No one has come here before and helped us,” said a village leader. “We are really glad for Medair, they have not forgotten us. Even though we are far away and poor, they help us.”

Medair worked closely with communities to improve their food security. To increase diet diversity, Medair trained 450 women in vegetable gardening, giving them seeds and tools to start kitchen gardens. We also trained more than 1,500 farmers to increase their crop yield, giving them improved seeds and fertilisers.

Thanks to the dedicated efforts of experienced staff and some key new personnel additions, we were able to extend our reach into new areas of the Central Highlands in 2013. Communities welcomed us warmly, thanks to the reputation of trust we had earned over the years.

In 2013, we concluded a two-year project with the Emergency Response Mechanism (ERM) consortium,

responding to disasters across the country. We supported emergency responses in Samangan and Balkh provinces, and we designed and tested non-tent emergency shelters.

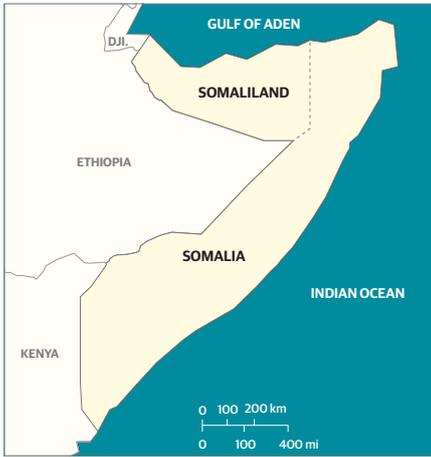
Medair teams continued to increase access to safe water, sanitation, and hygiene awareness in Bamyan’s remote villages. In 2013, Medair built, protected, or rehabilitated 161 water sources, bringing safe drinking water to 14,822 people—in many cases for the first time. “Before this, children were getting sick every day,” said a young mother. “Now, thanks to the new water source, children have far fewer health problems.”

We reached more than 16,000 people in schools and homes with hygiene promotion messages and hygiene kits. “Now I wash my hands after going to the bathroom, before sleeping, and before eating,” said a grade-four student. “Thank you for the new well at the school. The nearest water source used to be 40 minutes away.”

To ensure a lasting impact, Medair trained village water committees, pump mechanics, and water-point caretakers. We built school latrines, tap stands, and bathing facilities, and motivated hundreds of residents to build their own latrines.

In one remote village, people were walking 40 minutes to gather unsafe water. Our team worked with them to locate and protect a new spring source and install a pipeline that brought water right to the centre of the village. “The new water source has been a big encouragement,” said Medair’s Paul Hageman. “People feel they have received new life.”

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



SOMALIA/SOMALILAND

Somalia has the one of the worst child mortality rates in the world. Droughts and conflicts have taken a deadly toll and malnutrition continues to be a serious problem. Families have limited access to health care and outbreaks of disease are common.

IN GOOD HANDS

Oba was barely six months old when she fell sick.

Medair's Care Group volunteers came for a house visit, found the child severely malnourished, and told her mother to take her to a health clinic right away. Clinic staff referred her to the Burao hospital for treatment. Today Oba is fully recovered, a happy and healthy one year old. "This programme saved her life," said her mother. "Oba was very sick. The Medair volunteers came and advised me what to do."

In 2013, Medair trained more than 1,100 Care Group volunteers who reached more than 40,000 people

every week in their homes, delivering life-saving health, nutrition, and hygiene information. "This is what the Care Group is about: neighbours looking out for each other," said Fabienne Ray, Medair Health Project Manager. "It proves that saving lives starts in the community, by the community."

The Care Groups helped bring about healthy behaviour changes, including higher rates of breastfeeding and vaccination. "I didn't believe in breastfeeding," said Fahiima Ali. "I was also a strong believer that immunisation was injecting poison

Relief and Recovery Highlights

132,135 direct beneficiaries

Health and Nutrition

- 30 health facilities supported; 65,089 patients treated at supported health facilities
- 9,758 children and pregnant/lactating women treated for acute malnutrition
- 18,208 people vaccinated
- 1,323 health providers and volunteers trained; 43,780 people reached with health and nutrition education
- 22,234 women gave birth assisted by skilled birth attendants and/or received antenatal/postnatal care
- 971 referrals from 4 Medair-supported ambulances



Water, Sanitation, and Hygiene (WASH)

- 2,478 people received emergency truckloads of water
- 14 berkads, 5 shallow wells, and 3 rainwater harvesting systems built, benefiting 7,615
- 15,036 people benefited from ceramic water filters; 1,820 people benefited from a new latrine or bathing facility
- 69,293 people reached with hygiene promotion

Shelter and Infrastructure

- 6 health centres built or rehabilitated

Funding Partners: US Agency for International Development, Swiss Solidarity, EC Directorate-General for Humanitarian Aid and Civil Protection, United Nations Children's Fund, Woord en Daad, Red een Kind, EO Metterdaad, and private donors



© Medair/Fabienne Ray

In Burao region, fewer children are malnourished, freeing more of them to play and learn—like these smiling children.

to the baby. I changed my beliefs after visits by the volunteer. My last child was exclusively breastfed for six months and is fully immunised: he is much stronger, rarely gets ill, and is healthier than the rest. I wish I had learned this earlier.”

In 2013, Medair integrated nutrition programming into seven health facilities in the Burao region—a major achievement that allowed us to support nutrition services from Care Groups to primary health care to intensive hospital care. We treated nearly 10,000 children or pregnant/lactating women for acute malnutrition in 2013.

When Medair started its nutrition programme in Burao in 2008, 1 in 5 children was acutely malnourished. By 2013, those numbers had dropped to 1 in 10. “My son Abdi was one of the first to be treated years ago,” said Zeinab. “If Medair hadn’t started the programme just then, my son would be dead. Right now he’s in the field looking after the goats. You wouldn’t recognise him anymore, he’s so big!”

In 2013, Medair supported 27 health clinics in the Burao region, providing medical care to more than 50,000 patients. In February, Medair upgraded three health facilities to 24-hour access with a trained midwife on hand at all times. The 24-hour clinics sparked a dramatic increase in the number of deliveries attended by a skilled birth attendant, rising 600 percent in the year. “At these facilities, mothers also receive immunisation, nutrition support, and health education for free to ensure their newborns have the best chance of surviving,” said Medair-trained midwife Sahra.

Medair vaccinated more than 18,000 people in 2013 at health clinics and outreaches to remote communities. “In 2008, people in Burao were paranoid about vaccinations,” said Adda, Medair vaccinator. “Today, everyone is for vaccination and I believe Medair is behind that change.”

Elsewhere in Somalia, Medair supported three health clinics in areas of great need, providing 15,000 consultations, vaccinating nearly 5,000 people, and treating more than 5,000 children for acute malnutrition.

Medair also distributed ceramic water filters to treat water supplies for more than 15,000 people. In May, we trucked water to Caynabo during a severe water shortage. We built or repaired berkads, wells, and rainwater harvesting systems, improving access for 7,615 people, and we constructed latrines, benefiting 1,820 people.

Medair continued to train local health providers throughout the year. When Medair closed its projects in the Burao region at the end of 2013, we left confident that years of capacity-building activities had made a lasting impact. “Now that we are moving on, we know we are leaving the community in good hands,” said Rhonda Eikelboom, Head of Country Programme. “We have been heartened to receive so many words of gratitude and inspiration from so many people.”

“Medair has taught us how to communicate to mothers with sick children,” said Dr. Bashir Qalinli. “We will continue to work the way Medair has taught us.”

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



ZIMBABWE

In 2008-09, Zimbabwe suffered Africa's deadliest cholera outbreak in 15 years, killing more than 4,000 people and exposing the deteriorating state—and in some rural communities, the complete absence—of safe water infrastructure in the country.

PREVENTING OUTBREAKS BEFORE THEY START

In 2012, Zimbabwe's second largest city, Bulawayo, experienced its worst water shortage in years, heightening the risk of another cholera outbreak. Bulawayo is the business capital of the country and home to more than 650,000 people. An urgent response was needed.

Bulawayo's crowded schools were going without water for as long as 72 hours at a time. Without water for handwashing or toilet cleaning, schoolchildren faced the risk of contracting diarrhoeal disease that could spread quickly in an urban environment.

In 2013, Medair formed a consortium with World Vision Zimbabwe and the Dabane Trust to respond to this dangerous threat. Throughout the year, the newly formed Bulawayo Emergency Water Augmentation Project succeeded in improving water and sanitation access for Bulawayo's most at-risk neighbourhoods.

Medair's role was to boost emergency water supplies by increasing reserve water storage at 81 schools and institutions in Bulawayo. We installed 10,000-litre tanks that could be filled when water was available so that schools and institutions could use the stored water when needed. "The coming of the tank was so great for us," said Mr. R. Ndlovu, Caretaker at Thembiso Primary School. "We used to have a difficult time keeping the toilets clean as we'd have to fetch water from nearby boreholes using wheelbarrows, bins, and buckets."

To ensure a lasting impact, Medair trained the school's caretakers in water management and storage tank maintenance. Medair teams ran a public health and hygiene education (PHHE) campaign that reached more than 77,000 students. During week-long sessions, health and hygiene promoters encouraged students to adopt the healthy hygiene practices that prevent the spread of diarrhoeal disease.

Relief and Recovery Highlights

116,975 direct beneficiaries



Water, Sanitation, and Hygiene (WASH)

- 84,747 people benefited from new or rehabilitated water sources
- 77,052 people received hygiene promotion
- 408 people trained in water management and storage tank operations and maintenance
- 2,995 bottles of water treatment solution distributed, benefiting 39,701 people
- 81 water storage tanks built
- 200 rainwater harvesting tanks completed at 16 schools and 14 clinics



Funding Partners: US Agency for International Development, Department for International Development, and private donors



© Medair/Avril Cammish

Children gather for a group photo at one of the 81 schools where Medair improved water access and taught students about healthy hygiene habits.

“I now bathe and brush my teeth every day and I’ve also taught my family that we need to always boil our water before we drink it,” said nine-year-old Ryan Tshabangu at Helemu school.

At Njube High School, 15-year-old Ruvarashe Chinosengwa admits his behaviour has changed: “I now wash my hands after using the toilet, which sometimes I did not do. I did not realise that by not washing my hands I was vulnerable to contracting cholera.”

Medair established 78 PHHE clubs to continue this crucial education after our trainers left. These clubs became very active in their communities, conducting clean-up campaigns, door-to-door visits, inter-school quizzes, and creating posters that promoted good health and hygiene practices.

“PHHE had a huge impact on our school,” said Mr. B. Nook, Health Club Patron of Mpopoma High School. “Students now demand soap and toilet paper in the sanitary facilities because they have been taught that they need to wash their hands after using the toilet and before handling food.”

In rural Zimbabwe, Medair completed a project in drought-prone Bulilima and Mangwe districts.

Sixteen schools and 14 health clinics received new sources of water through sustainable rainwater harvesting systems along with health and hygiene training and PHHE clubs.

Heavy rains and poor gravel roads hindered access to some areas during the rainy season, but by May

2013, Medair has installed a total of 200 rainwater storage tanks at 30 rural locations. All of the schools and clinics had their rainwater harvesting systems installed and ready to go—including guttering, large storage tanks, trained caretakers, and water treatment supplies.

“The assistance from Medair came at a time of severe water shortages and it was of great relief to the school kids,” said Headmaster P. Mpofu at Sangulube Primary. “It has greatly improved the children’s health especially because we can now use clean rainwater from the tanks. The health and hygiene lessons taught to the kids were easy to implement.”

The impact of these new systems was felt most profoundly during the long dry season, when water is always scarce. “Medair really came to our rescue!” said Headmaster S. Nxumalo at Ntenjane school. “Their rainwater harvesting tanks were a great relief to our school, because we had water right through the dry season.”

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

Funding Partners

Organisational donors listed alphabetically ≥ USD 15,000.

UNITED NATIONS AND INTERGOVERNMENTAL PARTNERS

Democratic Republic of Congo Pooled Fund
EC Directorate-General for Development and Cooperation–EuropeAid
EC Directorate-General for Humanitarian Aid and Civil Protection
Emergency Response Fund–Afghanistan
International Organization for Migration
South Sudan Common Humanitarian Fund
United Nations Central Emergency Response Fund
United Nations Children's Fund
United Nations High Commissioner for Refugees
United Nations Human Settlements Programme

GOVERNMENT PARTNERS

Department for International Development (UK)
Isle of Man Government (UK)
Principality of Liechtenstein
Région Rhône-Alpes (FR)
Swiss Agency for Development and Cooperation
United States Agency for International Development

FOUNDATIONS AND ORGANISATIONS

Action contre la Faim (LB)
Aligro, Demaurex & Cie SA (CH)
Arcanum Foundation (CH)
Capital Group in Geneva (US-CH)
Caritas Lebanon Migrant Centre
Caritas (LU)
COFRA Foundation (CH)
Coliver Foundation (CH)
Däster-Schild Foundation (CH)
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Gertrude Hirzel Foundation (CH)
GEWA Stiftung für berufliche Integration (CH)
ICF Mittelland/Lovewins (CH)
Läkarmissionen (SE)
Louis Reyners BV (NL)
Medicor Foundation (LI)
Mennonite Central Committee, with Canadian Foodgrains Bank
Mission Alliance (NO)
Mission Aviation Fellowship (SE)
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Red een Kind (NL)
Resurgens Foundation (CH)
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Swiss Solidarity
Tearfund (BE)
Tearfund (UK)
Transform Aid (AU)
Woord en Daad (NL)
World Concern (US)

GIFTS-IN-KIND

International Organization for Migration
Mayer Brown (US)
United Nations Children's Fund
World Food Programme
World Health Organization

Thank you to our organisational and private donors

In 2013, your gifts made it possible for more than one million people to receive crucial support at the moment they needed it most. Thanks to you, we had a team in the Philippines within 48 hours of Typhoon Haiyan, the largest storm ever to hit land, and we brought shelter to more than 14,000 survivors. You gave warmth to Syria in record numbers in 2013, sheltering thousands of refugee children from the cold. Your compassion is felt in profound ways by so many who might otherwise be forgotten.

From the bottom of our hearts, thank you.

Gregory Pasche

Gregory Pasche,
Director of Communications
and Fundraising



Words from Our Partners

“ *Medair is active in the field, and we think that the collaboration is good. Medair does good work; we've already seen it in their support of various health zones in the area. Medair is much more active than other actors, with a lot better technical capacity of support than other partners. In the future, we hope to continue this collaboration for future projects.* ”

– Dr. Gabriel Mutangilwa, UNICEF in Bunia, D.R. Congo

Photo: Children fled from the fighting to the safety of Lagabo camp, D.R. Congo.



© Medair/Christy Benkheiser



© Medair/Murugi Murekio

“ *Our five-year partnership with Medair is really unforgettable. Frankly speaking, the people of the three regions and local partner NGOs will remember Medair for its huge support in the three most important sectors of human life—health, nutrition, and WASH. It is also worth mentioning the braveness, pride, commitment, and application of humanitarian values shown by Medair staff, which needs to be imitated.* ”

– Abdikarim Sh. Hussein, Executive Director of Islamic Relief, Somalia/Somaliland

Photo: Two-month-old Bidwa Abdi Adulahi is vaccinated at a Medair mobile immunisation site 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 supports NGO professionalism, defends NGO interests in France and Europe, and plays a strong advocacy role.



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.



Integral

Integral, an alliance of 19 Christian relief/development NGOs, coordinates effective responses to disaster relief and poverty worldwide.



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 UK. Members agree to adhere to the highest standards of good fundraising practice.



The Global Health Cluster

The GHC develops best practices to ensure predictability, accountability, and effectiveness in global humanitarian health response.



The Global Logistics cluster

The GLC works to ensure the humanitarian community has the ability to save lives through timely and reliable logistical service support and information.



The Global Shelter Cluster

The GSC is the primary mechanism for coordination of humanitarian shelter assistance involving UN and NGO partners.



The Global WASH Cluster

The GWC 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
2013

Medair operates with US dollars as its functional currency

The following pages are presented in US dollars (USD)

Performance Report

Mission

Medair's mission is to relieve the suffering of the world's most vulnerable people who are often in the most difficult-to-reach places. Our focus is on helping those who would otherwise receive no help at all—the mothers in drought-burdened Somaliland who don't know the benefits of breastfeeding, resulting in higher child-mortality rates; families who fled Syria with nothing who would otherwise have no rain- or snow-proof shelter over their heads; families in South Sudan forced to flee from conflict, with no shelter or food, and very susceptible to diseases such as cholera.

In 2013, Medair cared for all of these people (and many more), based solely on the extent of their need and out of our belief that each human being is valuable and to be treated with compassion that honours their dignity.

Treasurer's Report

Following a year of transition in 2012, Medair's expenditure for humanitarian activities rose to a record level of USD 39.8 million in 2013. Accordingly, we were able to deliver more help to suffering people than ever before and in 11 different countries. In particular, continued escalation of the Syrian crisis, a super typhoon in the Philippines, and conflict in South Sudan put millions of people in desperate need. Thankfully, many shared our conviction that these people must be helped urgently. As a result, USD 9.8 million was raised in private donations (including gifts from individuals, foundations, and companies), which we take as a sign of trust. Individuals and organisations in Switzerland made the largest contributions, with the UK, France, and the Netherlands following. Furthermore, our work was enabled by more than USD 34.5 million in institutional

funding, with the European Union, Swiss Solidarity, and the United States as Medair's primary partners.

The nature of today's modern world of communications means that Medair can relatively easily raise relief funds for large-scale disasters receiving intense media attention. Our challenge is to raise support for under-reported crises in remote and vulnerable countries such as D.R. Congo, Chad, and Madagascar where we also want to be present. That is why Medair concluded the year with a negative operating result of USD 146,000. Because of a positive foreign-exchange effect, we ended the year almost positive, with a net result of minus USD 4,600. This means that the reserves stayed practically the same, while the unrestricted reserves, which give us the flexibility to respond to new emergencies, grew by 8 %. The cost for the management of the organisation amounted to 12.5 % of our expenditures, which compares very favourably with other organisations in the sector.

Once more, we are grateful for and honoured by the trust confided by our institutional, organisational, and individual supporters, and we thank our self-sacrificing staff and partners all over the world for bringing relief to the world's most vulnerable people.

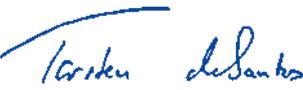

Torsten de Santos
Treasurer

Photo: Medair brings relief to some of the most remote and isolated communities in Afghanistan.





Leadership of Medair

The International 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.

International Board of Trustees and Executive Leadership Team members on 31 December 2013 are presented below.

International Board of Trustees

Christina Bregy	President. Member since 2009, appointed as President in 2011 for three years (2011-2014).
Chris Lukkien	Vice President. Member since 2010, re-appointed in 2013 for three years (2013-2016).
Torsten de Santos	Treasurer. Member since 2010, re-appointed in 2013 for three years (2013-2016).
Arno IJmker	Secretary. Member since 2011 (2011-2014).
Eleanor Dougoud	Member since 2011 (2011-2014).
Klaas van Mill	Member since 2011 (2011-2014).
Nigel Harris	Member since 2010, re-appointed in 2013 for three years (2013-2016).
Jacques Demaurex	Member since 2013 (2013-2016).

Executive Leadership Team

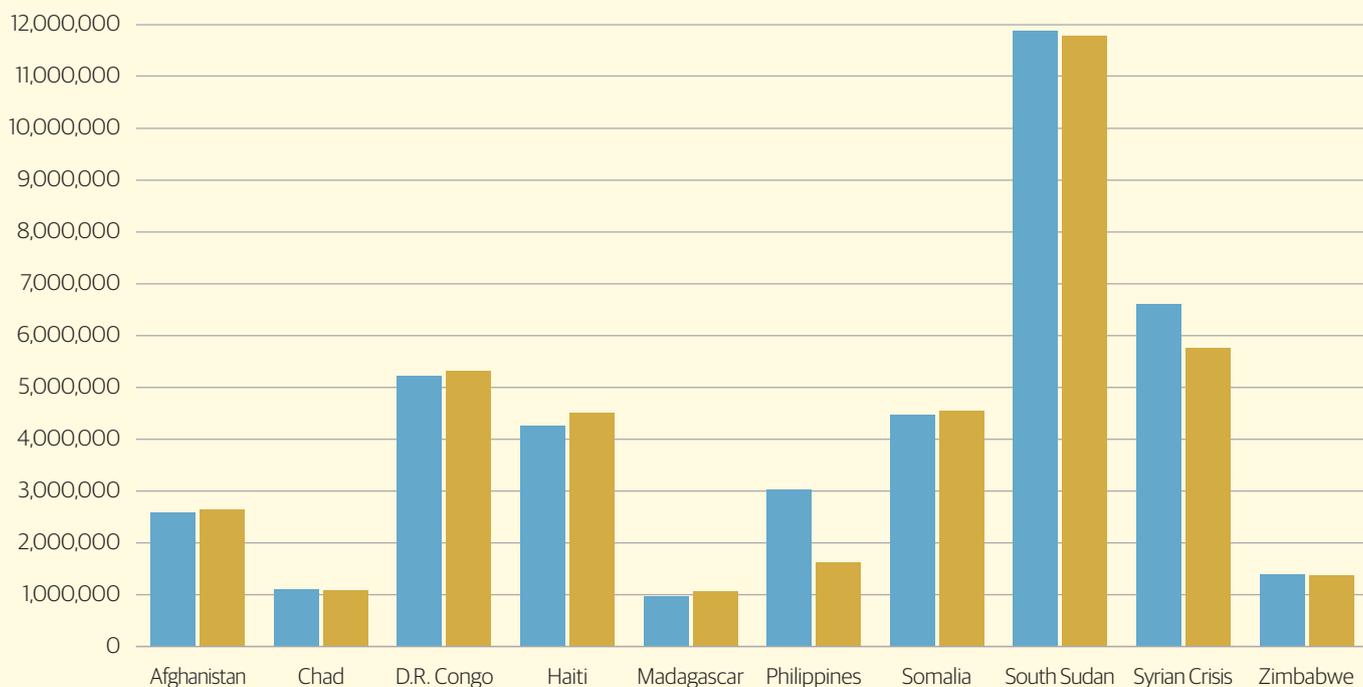
Jim Ingram	Chief Executive Officer
Gregory Pasche	Communications & Fundraising Director
James Jackson	Executive Office Director
Mark Screeton	International Director
Martin Baumann	Finance Director
Peter Holloway	Human Resources Director

Photo: A Care Group shows some of the teaching aids that have proven successful in Burao, Somaliland.



Financial Statistics

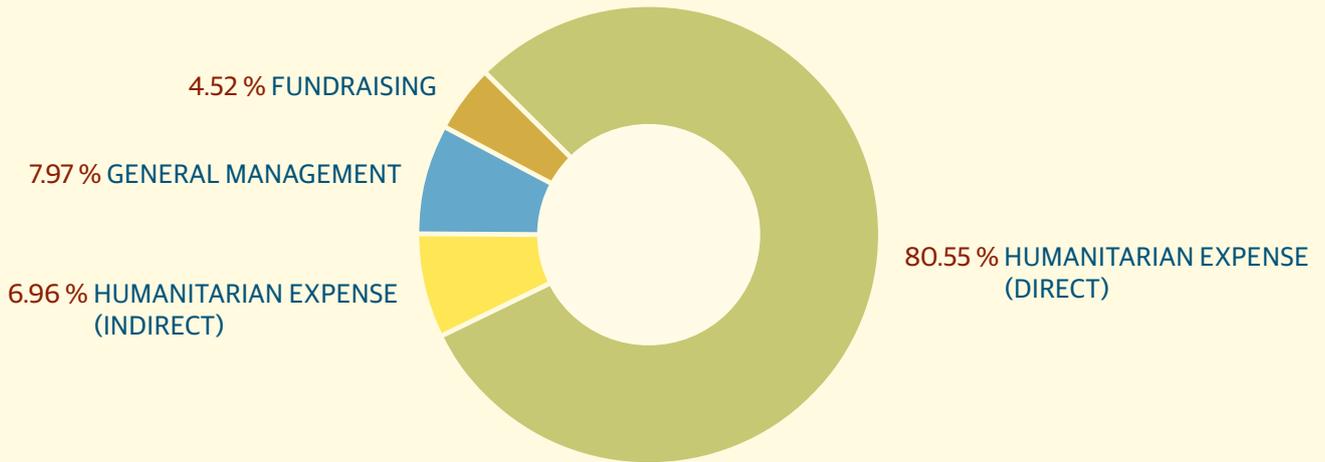
PROGRAMME INCOME AND EXPENSE 2013 (USD)



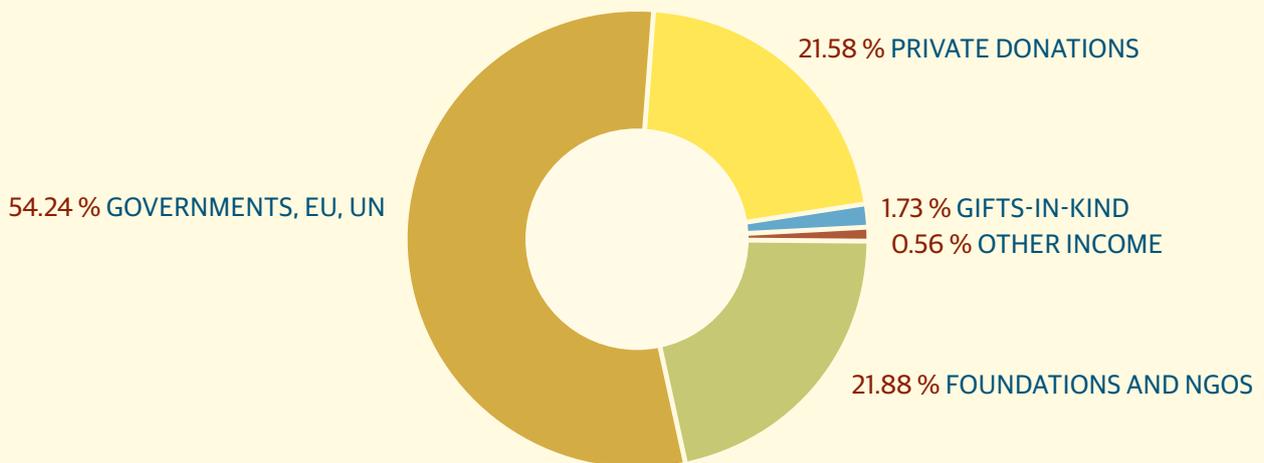
INCOME	2,593,206	1,097,895	5,225,798	4,254,248	976,646	3,024,156	4,483,334	11,890,693	6,611,796	1,397,446
EXPENSE	2,648,627	1,086,923	5,326,180	4,513,215	1,075,294	1,620,849	4,549,344	11,797,666	5,758,502	1,385,779

Photo: A Medair relief worker on a motorbike crosses a flooded area by boat to reach remote nutrition clinics during Chad's rainy season.

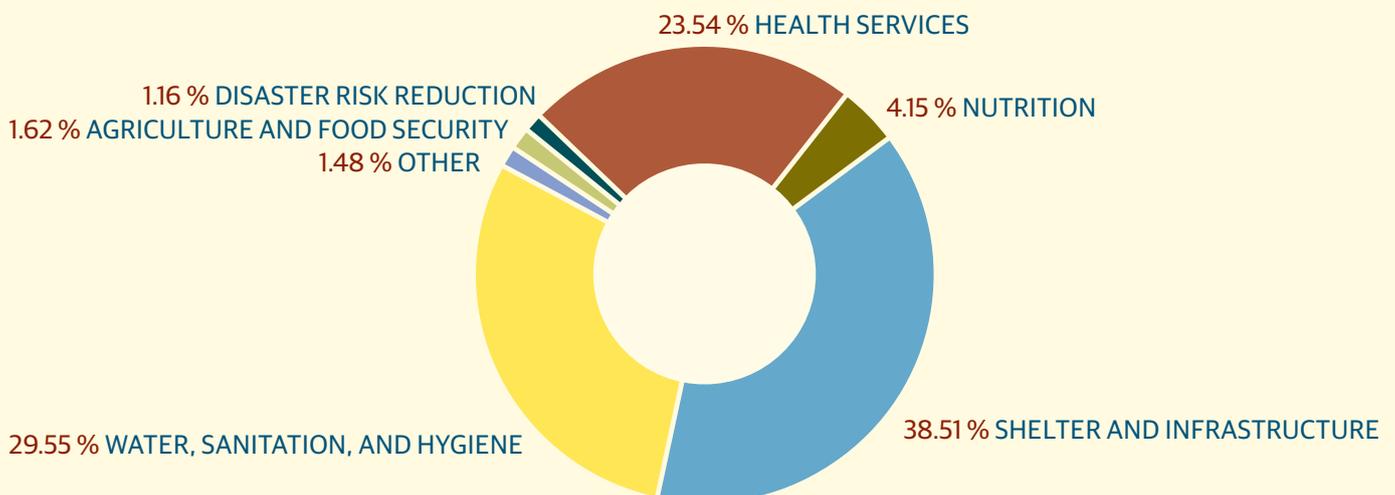
OPERATING EXPENSE 2013



OPERATING INCOME 2013



BENEFICIARY EXPENSE BY SECTOR 2013



To the Board of Trustees of

Medair, Ecublens

Lausanne, 20 June 2014

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 37 to 50 for the year ended 31 December 2013. According to the Swiss GAAP FER/RPC 21, 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 21. 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 2013 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 21.

Ernst & Young Ltd



Mark Hawkins
Licensed audit expert
(Auditor in charge)



Thomas Madoery
Licensed audit expert

Consolidated Balance Sheet as of 31 December 2013

All figures shown are in USD		31.12.2013	31.12.2012
	Note		
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	8,855,891	6,783,811
Donor receivables	6 & 2.20	7,136,233	4,786,131
Other receivables		193,883	251,818
Inventory		91,560	95,724
Prepaid expense		116,311	85,777
		16,393,879	12,003,263
NON-CURRENT ASSETS			
Financial assets		259,196	256,066
Fixed assets	8	854,308	880,964
		1,113,504	1,137,030
TOTAL ASSETS		17,507,382	13,140,292
LIABILITIES, FUND and CAPITAL			
CURRENT LIABILITIES			
Deferred income	9 & 2.20	5,119,724	1,312,181
Accounts payable		931,361	680,738
Accrued liabilities		489,963	447,447
Provisions	10	206,526	
Severance benefits	11	87,690	79,393
		6,835,264	2,519,759
NON-CURRENT LIABILITIES			
Long-term debt	12	56,150	
		56,150	
RESTRICTED FUNDS			
Restricted income funds		421,084	777,888
Restricted programme funds		2,240,468	2,487,972
		2,661,552	3,265,860
CAPITAL / UNRESTRICTED FUNDS			
Unrestricted capital		1,803,707	1,238,307
Allocated capital		6,150,709	6,116,366
		7,954,416	7,354,673
TOTAL LIABILITIES, FUND and CAPITAL		17,507,382	13,140,292

Consolidated Income Statement 2013

All figures shown are in USD		2013			2012
	Note	Unrestricted	Restricted	Total	Total
INCOME					
Grants			34,467,979	34,467,979	29,558,747
Donations		5,586,251	4,186,571	9,772,822	7,501,985
Gifts-in-kind	15	135,082	647,652	782,734	1,609,667
Other income	16	301,140	-46,553	254,587	319,665
OPERATING INCOME	14	6,022,473	39,255,650	45,278,123	38,990,064
EXPENSE					
Humanitarian expense	17	-39,752,716		-39,752,716	-33,985,756
Administrative expense	18 & 19	-5,671,856		-5,671,856	-6,727,655
OPERATING EXPENSE	19	-45,424,572		-45,424,572	-40,713,411
Operating surplus (deficit)		-39,402,099	39,255,650	-146,449	-1,723,347
Financial income		3,347	9,151	12,498	31,471
Financial expense		-61,927	-4,556	-66,483	-62,057
Realised gain/(loss) on exchange		168,151	5,309	173,460	575,548
Unrealised gain/(loss) on exchange		1,343	21,066	22,409	673,018
		110,914	30,970	141,884	1,217,981
Net surplus (deficit) before changes in funds		-39,291,185	39,286,620	-4,565	-505,366
Release of restriction		39,890,927	-39,890,927		
Use / (allocation) in restricted funds			604,308	604,308	-6,270
Net surplus /deficit for the year prior to allocations		599,743		- 599,743	-511,636
(Allocation to) / withdrawal from unrestricted funds		-599,743		- 599,743	511,636
RESULT AFTER ALLOCATION		0	0	0	0

Consolidated Cash Flow Statement 2013

All figures shown are in USD	2013	2012
CASH FLOW FROM OPERATIONS		
Operating surplus (deficit) before changes in funds	-4,565	-505,366
Depreciation of fixed assets	660,495	657,384
Increase/(decrease) in provisions	206,526	-256,938
(Increase)/decrease in donor receivables	-2,350,102	1,262,290
(Increase)/decrease in other receivables	57,935	-57,937
(Increase)/decrease in inventory	4,164	-36,908
(Increase)/decrease in prepaid expenses	-30,534	252,120
Increase/(decrease) in deferred income	3,807,543	-2,590,695
Increase/(decrease) in accounts payable	250,623	-143,637
Increase/(decrease) in accrued liabilities	42,516	125,704
Increase/(decrease) in severance benefits	8,297	-247,028
Cash flow from operations	2,652,897	-1,541,011
CASH FLOW FROM INVESTING ACTIVITIES		
(Investments) in financial assets	-3,130	-34,940
(Investments) in fixed assets	-642,675	-402,898
Disposals in fixed assets	8,837	52,032
Cash flow from investing activities	-636,967	-385,806
CASH FLOW FROM FINANCING ACTIVITIES		
Increase/(decrease) in long-term loan	56,150	
Cash flow from financing activities	56,150	
Changes in cash	2,072,080	-1,926,817
CHANGE IN CASH BALANCES		
Opening balance	6,783,811	8,710,628
Closing balance	8,855,891	6,783,811
Changes in cash	2,072,080	-1,926,817

Consolidated Statement of Changes in Capital and Funds 2013

All figures shown are in USD	2013						
	Opening balance	Unrestricted income	Restricted income	Programme expense	Financial gain/(loss)	Fund transfers	Closing balance
RESTRICTED FUNDS							
Restricted income funds							
Disaster risk management fund	0		1,173		34	-1,207	0
Emergency response fund	490,058					-245,292	244,767
Forgotten victims fund	924				39		963
Medical fund	102,436		37,234		-539	-138,199	932
Private activity fund	5,629					-5,629	0
Staff care capital fund	173,716				2,627	-3,021	173,321
Staff support & development fund	0				419	-419	0
Water fund	5,127		6,748			-10,773	1,102
	777,888		45,155		2,579	-404,539	421,084
Restricted programme funds							
Afghanistan	370,717		2,593,230	-2,799,958	493	-24	164,458
Angola	10,983					-10,983	0
Chad	45,849		812,329	-1,122,386	767	285,566	22,125
D.R. Congo	290,749		4,437,612	-5,620,719	-1,505	788,186	-105,678
Haiti	508,267		3,386,132	-4,716,519	1,696	868,116	47,691
Indonesia	66,209					-66,210	-2
Iran	5,536					-5,536	0
Iraq	379					-379	0
Madagascar	163,407		525,000	-1,178,057	299	451,646	-37,705
Myanmar	0			-617		617	0
Pakistan	31,455					-31,455	0
Philippines	0		3,026,402	-1,709,567	11,138	-2,247	1,325,727
Somalia	472,772		4,483,375	-4,801,557	-421	-41	154,128
South Sudan	254,978		11,845,662	-12,185,029	6,365	45,031	-32,993
Sri Lanka	67				3		70
Sudan	333		1,138	9,505	-13	-10,863	99
Syrian crisis	211,626		6,614,171	-6,118,605	9,139	-2,374	713,955
Zimbabwe	54,646		1,381,506	-1,463,930	430	15,940	-11,407
	2,487,972		39,106,558	-41,707,441	28,391	2,324,989	2,240,468
TOTAL RESTRICTED FUNDS	3,265,859		39,151,713	-41,707,441	30,970	1,920,450	2,661,552
CAPITAL / UNRESTRICTED FUNDS							
Unrestricted capital							
Undesignated funds	1,238,307	5,584,772	103,938		25,622	-5,148,932	1,803,707
Allocated capital							
Administrative fund	1,258,556	400,189		-3,627,966 a)	-40,518	3,069,490	1,059,752
Capital equipment fund	925,624			-166,334	-6,523	177,066	929,834
Foreign exchange fund	1,215,223				133,516		1,348,739
Launch fund	0	18,073				-18,073	0
MSAF fund	362,381	19,445		89,531	-1,185		470,172
Operations fund	2,278,138						2,278,138
Training fund	76,443			-12,369			64,074
	6,116,366	437,707		-3,717,137	85,290	3,228,483	6,150,709
TOTAL CAPITAL / UNRESTRICTED FUNDS	7,354,673	6,022,479	103,938	-3,717,137	110,913	-1,920,450	7,954,416
TOTAL CHANGES IN CAPITAL AND FUNDS	10,620,532	6,022,479	39,255,651	-45,424,578	141,883	0	10,615,968

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

Consolidated Statement of Changes in Capital and Funds 2012

	2012						
	Opening balance	Unrestricted income	Restricted income	Programme expense	Financial gain/(loss)	Fund transfers	Closing balance
All figures shown are in USD							
RESTRICTED FUNDS							
Restricted income funds							
Emergency response fund	490,055				3		490,058
Forgotten victims fund	905				19		924
Medair Germany fund	0		97,370			-97,370	0
Medical fund	3		101,674		844	-86	102,436
Private activity fund	5,629						5,629
SDC Africa fund	0		1,773,658			-1,773,658	0
Staff care capital fund	164,414				15,643	-6,342	173,716
Staff support & development fund	0				-58	58	0
Water fund	2,540		2,676		59	-149	5,127
	663,547		1,975,377		16,511	-1,877,546	777,888
Restricted programme funds							
Afghanistan	118,057		2,964,108	-3,630,514	450	918,617	370,717
Angola	10,983						10,983
Chad	0		94,813	-58,795	-718	10,549	45,849
D.R. Congo	189,089		4,683,200	-5,677,873	-3,877	1,100,210	290,749
Haiti	1,235,829		3,374,095	-4,285,127	37	183,433	508,267
Indonesia	66,209						66,209
Iran	5,536						5,536
Iraq	379						379
Madagascar	41,918		1,130,613	-1,428,247	1,334	417,788	163,407
Pakistan	31,455						31,455
Somalia	1,028,249		6,085,494	-6,688,041	365	46,705	472,772
South Sudan	41,998		8,575,207	-9,448,057	12,465	1,073,364	254,978
Sri Lanka	66				1		67
Sudan	-199,306		2,121,045	-1,943,553	-37,560	59,706	333
Syrian crisis	0		671,144	-453,070	649	-7,097	211,626
Uganda	0		-19,280			19,280	0
Zimbabwe	25,581		1,056,120	-1,351,223	510	323,658	54,646
	2,596,043		30,736,558	-34,964,500	-26,343	4,146,213	2,487,972
TOTAL RESTRICTED FUNDS	3,259,590		32,711,936	-34,964,500	-9,832	2,268,667	3,265,860
UNRESTRICTED FUNDS							
Unrestricted capital							
Undesignated funds	975,112	5,796,712	88,647		22,637	-5,644,801	1,238,307
Allocated capital							
Administrative fund	1,332,654	335,696		-5,630,041 a)	-6,716	5,226,964	1,258,556
Capital equipment fund	1,115,000			-186,771	-2,605		925,624
Foreign exchange fund	0				1,215,223		1,215,223
Launch fund	0	56,022				-56,022	0
MSAF fund	277,139	1,054		84,744	-556		362,381
Operations fund	4,080,869					-1,802,731	2,278,138
Training fund	85,535			-16,845	-170	7,924	76,443
	6,891,197	392,772		-5,748,913	1,205,176	3,376,134	6,116,366
TOTAL CAPITAL / UNRESTRICTED FUNDS	7,866,309	6,189,484	88,647	-5,748,913	1,227,813	-2,268,667	7,354,673
TOTAL CHANGES IN CAPITAL AND FUNDS	11,125,898	6,189,484	32,800,582	-40,713,413	1,217,981	0	10,620,533

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

Notes to Consolidated Financial Statements for 2013

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 international headquarters of Medair 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/ FER). These financial statements present a true and fair view of Medair's assets, financial situation, and the results of operations.

The preparation of the consolidated financial statements require management to make judgments, best estimates, and assumptions that may affect the reported amounts of assets, liabilities, revenue, expenses, and disclosures at the reporting date. However, uncertainty about these assumptions and estimates can result in outcomes that could require a material adjustment to the carrying amount of the asset or liability affected in the future.

These financial statements have been prepared using the historical cost convention. The accrual method of accounting has been used for all 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.

The reporting currency is the 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.

These consolidated financial statements for the year ended 31 December 2013 were authorised for issuance in accordance with a resolution of the International Board of Trustees on 20 June 2014.

2.2. Consolidation principles

The Medair affiliate offices worldwide and foundations listed below are controlled by Medair and their

financial statements are fully consolidated in the consolidated financial statements.

Control exists when Medair has the power, directly or indirectly, to govern the financial and operating policies of an entity.

The international headquarters of Medair is located in Ecublens, Switzerland.

Medair
Chemin du Croset 9
1024 Ecublens
Switzerland

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.

Each affiliate office is an independent entity with a distinct Board of Trustees, but agrees to support the work of Medair worldwide.

Medair e.V. Deutschland Dortmund Germany	Medair United States Wheaton, Illinois United States of America
Medair France Chabeuil France	Medair United Kingdom London United Kingdom
Stichting Medair Nederland Amersfoort The Netherlands	

Medair Invest-in-Aid is an independent Swiss foundation that promotes long-term financial development and endowment income for Medair. 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.

Medair Staff Assistance Foundation Ecublens Switzerland	Medair Invest-in-Aid Ecublens Switzerland
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The financial statements of these entities are prepared for the same reporting period as Medair, using consistent accounting policies.

2.3. Treatment of inter-company transactions

All inter-company balances and transactions have been eliminated from these financial statements. Inter-company balances and transactions consist mainly of donor grants, restricted and unrestricted donations, accounts receivable, and accounts payable. Humanitarian grants from governmental donors have been signed by Medair UK and then transferred to Medair (Switzerland) for implementation.

2.4. Foreign currency conversion

Medair (Switzerland) maintains its accounts in USD. European affiliate offices record their accounts in local currency. In addition, Medair UK maintains a financial ledger in EUR to account for donor grant activity from the European Commission.

Foreign currency transactions are recorded in the reporting currency of each entity by applying to the foreign currency amount the exchange rate at the date of the transaction. Exchange rate differences arising on the settlement of items held in foreign currencies, at rates different from those at which they were initially recorded, are recognised in the income statement in the period in which they arise. Balance sheet items held in foreign currency are revalued at year's end using the closing foreign currency rate. Exchange rate differences arising from this revaluation are recognised in the income statement in the period in which they arise.

The financial statements of the entities are converted into USD as follows:

- Assets, liabilities, and fund balances in foreign currencies are converted into USD at year-end exchange rates.
- Income statement activities in foreign currencies are converted at the average exchange rates of the year.
- The conversion of restricted and unrestricted funds / capital is carried out at historic rates.

Foreign currency translation gains or losses due to the conversion of financial statements and fund balances are recorded to the appropriate restricted or unrestricted funds.

The following exchange rates against the US dollar (USD) have been used:

		2013	2012
Closing exchange rate	CHF/USD	1,12300	1,09493
Average exchange rate	CHF/USD	1,07900	1,06670
Closing exchange rate	EUR/USD	1,37660	1,32188
Average exchange rate	EUR/USD	1,32800	1,28580
Closing exchange rate	GBP/USD	1,64880	1,61681
Average exchange rate	GBP/USD	1,56430	1,58470

2.5. Cash and cash equivalents

Cash and cash equivalents include the balances of all accounts held for the headquarters, affiliate offices, and field locations, both in Switzerland and abroad. Cash and bank balances denominated in foreign currencies are valued at the exchange rates prevailing at year's end.

2.6. Account receivables

Donor receivables and other receivables are reported at their costs net of value adjustments to cover the collection risk.

2.7. Inventory

Inventory consists of materials and supplies located in Switzerland and used in field programmes. Stock is recorded to inventory when purchased and items are expensed to the projects at the time they are shipped to the project countries. The cost price of the stocks is calculated based on costs while physical stock is moved according to the first-in-first-out principle. Inventory items are used exclusively for field programmes and are not for commercial resale. Inventory held in the field are, for operational reasons, directly expensed/charged to the projects.

2.8. Prepaid expenses

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

2.9. Financial assets

Financial assets comprise blocked bank deposit accounts and long-term financial investments. They are stated at cost less any provisions for permanent impairment, if necessary.

2.10. Fixed assets

Fixed assets are Medair capital assets in use at the headquarters in Switzerland or in the performance of its humanitarian activities. All capital assets at field locations are considered restricted. These assets are carried at cost less accumulated depreciation and any impairment losses. Depreciation is calculated on a straight-line basis over the expected useful lives of the related assets using the following periods:

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

2.11. Accounts payable

Accounts payable consist of vendor payables, staff payables, social insurance expenses, and other payables. Accounts payable are recognised and carried at the original invoiced amount.

2.12. Accrued liabilities

This item consists of liabilities that are due but not yet billed at the balance sheet date and that arise due to goods and services already received; it includes vacation accruals as well. Accrued liabilities are recognised and carried at the anticipated amount to be invoiced.

2.13. Provisions (short-term)

A provision is recognised when Medair has a present obligation as a result of a past event in which an unfavourable outcome is probable and the amount of loss can be reasonably estimated.

2.14. 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 defined contributions. With this plan, while contributions are defined, final distributions or net returns are not defined and are not guaranteed. Risks are supported by the collective foundation.

2.15. 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 International 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 augment programme funds in certain humanitarian operations. They may also be used for organisational capacity building, such as training courses and materials, staff workshops, etc. Allocation of these funds to specific programmes is at the discretion of the Executive Leadership Team.

Disaster risk management fund	Restricted to programmes with disaster risk management activities.
Emergency response	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.
Medair Germany fund	Restricted to field programmes.
Medical fund	Restricted to programmes with medical or health promotion activities.
Private activity	Funds raised by expatriate staff members for special projects.
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.
Staff care capital fund	The interest earned from this fund is allocated to the staff support and development fund. This is a Medair Invest-In-Aid fund.
Staff support and development fund	This fund facilitates individual Medair staff care for special needs and training. This is a Medair Invest-In-Aid fund.
Water fund	Restricted to programmes related directly to water and sanitation activities.

Restricted programme funds

Programme funds are the current liabilities for unfinished humanitarian programmes at year's 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.

2.16. Capital/Unrestricted funds

These funds are the general reserves of Medair. They consist of unrestricted capital and allocated capital 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.
Allocated capital	
Administrative fund	Used for the general administrative costs of the organisation.
Capital equipment fund	Used for the purchase of Medair-owned assets.
Foreign exchange fund	Used to support the foreign exchange risk of the organisation.
Launch fund	Facilitates the running of the Medair Invest-In-Aid foundation.
MSAF fund	Assists expatriate staff with medical expenses, health insurance, and repatriation.
Operations fund	Used to support the cash-flow requirements of field programmes.
Training fund	Used for the professional development of Medair personnel.

2.17. Revenue recognition and financing contracts

Revenue is recognised when it is probable that the economic benefits associated with the transaction will inure to Medair and can be reliably estimated.

Grants: 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.

Donor receivables: Project grants awarded to Medair are shown on the balance sheet in the same year as the related project costs can be declared to the donor.

Contingent assets/Donor receivables: Financing contracts between donors and Medair are disclosed in the notes under contingent assets/donor receivables at the moment of a written confirmation. Financing contracts are considered as contingent assets owing to uncertainties associated with their receipts. These uncertainties can be justified to the stipulations mentioned in the contracts, as well as due to the instability of the contexts in which Medair operates, and the asset may be returned to the donors.

The related budgetary obligations are considered as contingent engagements.

Deferred income: Revenue relating to future years is recorded on the statement of financial position as deferred income. Deferred income is calculated for each individual grant. It consists mainly of the excess of cash receipts compared to expenses incurred.

Private donations are recorded as revenue when received and designated to restricted or unrestricted funds, according to donor preference. When the donor wishes to see a donation allocated to a specific cause, the donation is considered to be an allocated fund. Allocated funds that have not been used at the end of the year are presented in a separate section of the balance sheet as "Restricted programme funds."

2.18. Gifts-in-kind

Gifts-in-kind are an integral part of Medair's humanitarian programme. No distinction is made between Gifts-in-kind 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. Gifts-in-kind received are recorded as income and expense in Medair accounts.

The contributions are valued on the basis of the donation certificate or the contract with the donor.

2.19. Programme expenditures

Expenditures on goods, materials, and services 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 but still not used for projects by year's end.

2.20. Change in accounting policy and scope with prospective application

Project grants awarded to Medair and the related budget obligations have been previously reported in the balance sheet from the contract date.

Previously these grant contracts were considered by management as virtually certain. However the expected cash flow of financing contracts is based on judgments and estimations related to uncertainties associated with their receipt. These uncertainties are based on stipulations mentioned in the contracts, the instability of the context in which Medair operates, and the fact that assets may be returned to the donors. Changes in these assumptions can significantly affect estimates.

Following the assessment of this accounting policy, management decided to disclose these project grants and the related budget position in the notes as contingent assets and contingent liabilities. The comparative figures have been restated accordingly and the notes have been updated.

The following table shows the effect of this new accounting policy (note 2.17).

USD	31.12.2012	Reclassification	31.12.2012
Donor receivables (note 6)	12,533,929	-7,747,798	4,786,131
Deferred income (note 9)	-9,059,979	7,747,798	-1,312,181

In addition, through review of the definitions of funds and income sources, Medair decided to reclassify USD 1,240,985 from public funding to grants for the comparative figures.

Changes in scope of consolidation: In 2013, management decided to consolidate Medair Staff Assistance Foundation (MSAF), as Medair controls this entity. In order to facilitate the comprehension of the financial statements, the comparative figures have been restated accordingly and the notes have been updated as follows:

Cash and cash equivalents: USD 395,312; Other receivables: USD 6,014; Pre-paid expenses: USD 11,426; Financial assets: USD 82,155; Accounts payable: USD 46,548; Accrued liabilities: USD 2,737; Allocated Capital: USD 362,381; Other income USD 1,054, Humanitarian expense USD 84,744 and operating deficit: USD 85,798.

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 International 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-US 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 US dollars, euros, and Swiss francs.

4.2. Banking risk

Medair tends to avoid concentrating this risk by working in Switzerland with both PostFinance 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 %.

Detail on balance sheet accounts

The following sections provide a breakdown of the main items on the balance sheet, the income statement of comprehensive income, the statement of cash flows, and the statement of changes in capital and funds.

5. Cash and bank accounts

USD	31.12.2013	31.12.2012
Field	2,727,964	1,668,122
HQ	4,157,403	3,665,900
Affiliates	1,970,525	1,449,789
Total	8,855,891	6,783,811

6. Donor receivables

Donor receivables	31.12.2013	31.12.2012
Government Partners	1,048,122	768,775
Institutional Partners	1,871,409	1,881,218
Private Partners	29,051	165,117
United Nations and Intergovernmental Partners	4,187,651	1,971,021
Total	7,136,233	4,786,131

7. Contingent asset/donor receivables

Financing contracts are considered as contingent assets owing to uncertainties associated with their receipt. These uncertainties are based on stipulations mentioned in the contracts, the instability of the context in which Medair operates, and the fact that assets can be returned to donors.

The related budgetary obligations are considered as contingent engagements.

The expected cash receipt is as follow:

CHF	31.12.2013	31.12.2012
2013		6,001,508
2014	13,099,023	1,281,655
2015	2,521,053	322,340
2016	1,106,666	
Total	16,726,742	7,605,504

At the end of 2013 this represents:		At the end of 2012 this represents:	
CHF	1,471,716	CHF	1,212,547
EUR	4,435,975	EUR	1,928,330
GBP	333,135		-

8. Fixed assets

2013												
USD	Asset Group	Office	IT	Comms	Power	Other	Pumps	Facility 1	Facility 2	Vehicles	Total	
Total	Opening book value	2,596	300,575	35,054	44,703	2,082	599	0	28,814	466,542	880,963	
Assets	Closing balance 31.12.12	25,130	1,216,776	164,125	118,155	35,528	25,866	0	234,551	1,905,892	3,726,023	
	Currency translation	251	2,478			79					2,808	
	Opening balance 1.1.13	25,381	1,219,255	164,125	118,155	35,606	25,866	0	234,551	1,905,892	3,728,831	
	Reclass	-16,248	4,075						12,173			
	2013 Additions		49,797	34,286	3,210				1,323		554,058	642,675
	2013 Disposals	-9,134	-109,070	-76,902	-36,553			-25,866			-709,530	-967,054
	Closing balance 31.12.13	0	1,164,057	121,510	84,812	35,606	0	13,496	234,551	1,750,421	3,404,452	
Acc Depreciation	Closing balance 31.12.12	-22,534	-917,355	-129,071	-73,452	-33,445	-25,267	0	-205,737	-1,439,350	-2,846,212	
	Currency translation	-251	-1,328			-79					-1,658	
	Opening balance 1.1.13	-22,785	-918,683	-129,071	-73,452	-33,524	-25,267	0	-205,737	-1,439,350	-2,847,871	
	Reclass	13,652	-2,925						-10,727			
	2013 Disposals	9,134	104,652	76,902	33,859			25,866			707,706	958,118
	2013 Depreciation		-197,692	-28,503	-22,595	-2,083	-599	-867	-28,814	-379,342	-660,495	
	Closing balance 31.12.13	0	-1,014,647	-80,673	-62,189	-35,607	0	-11,594	-234,551	-1,110,987	-2,550,248	
	Currency translation		41					62			103	
Total	Closing book value	0	149,451	40,837	22,622	0	0	1,963	0	639,434	854,308	

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	880,964	

9. Deferred income

USD	31.12.2013	31.12.2012
Afghanistan	-120,352	-386,155
D.R. Congo	-38,142	-126,990
Madagascar	-760,391	
Philippines	-754,196	
Somalia	-15,554	-454,450
South Sudan	-930,371	-344,586
Syrian crisis	-2,498,113	
Zimbabwe	-2,606	
Total	-5,119,724	-1,312,181

10. Provisions

USD	2013	2012
Opening Balance	0	256,938
Additions	206,526	
Utilisations/Dissolutions		256,938
Closing Balance	206,526	0

These provisions relate to grant audits. They cover several years of field programme activities in several countries. The amounts represent the best estimates of the risk at the end of each year.

11. Severance benefits

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

12. Long-term debt

This is an interest-free debt contracted by Medair Invest-in-Aid in order to increase their financing capacities.

13. Pension plan obligations

The annual contributions to the pension plan are recorded to the income statement during the period to which they relate.

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	
	31.12.13	31.12.13	31.12.12				2013	2012
Pension institutions without surplus/deficit	0	0	0	0	0	541,157	541,157	498,644

Internationally Recruited Staff do not benefit from the pension plan, except for Swiss expatriates. The latter are insured by AXA Winterthur – Columna Foundation LPP, as are HQ staffs. In 2013, 13 Swiss Internationally Recruited Staff were covered by the plan, whereas 12 were concerned in 2012.

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.

14. Income

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

USD	Total Revenue	
	2013	2012
Afghanistan	2,593,206	3,882,725
Chad	1,097,895	105,362
D.R. Congo	5,225,798	5,783,410
Haiti	4,254,248	3,557,528
Madagascar	976,646	1,548,401
Myanmar	617	
Philippines	3,024,156	
Somalia	4,483,334	6,132,199
South Sudan	11,890,693	9,648,571
Sudan	-9,725	2,180,751
Syrian crisis	6,611,796	664,047
Zimbabwe	1,397,446	1,379,778
Switzerland/Affiliates	3,732,013	4,107,292
Total	45,278,123	38,990,064



Photo: Five-year-old Dondenaelle, seen inside her family's new home in Jamais Vu, Haiti.

15. Gifts-in-kind

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

USD	2013	2012
HQ	135,082	114,606
Medair UK	103,938	88,647
Somalia	95,262	1,065,569
South Sudan	440,587	340,845
Syrian crisis	7,866	
Total	782,734	1,609,667

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 Relief and Recovery Orientation Course (ROC). In 2013, our volunteers contributed more than 7,600 hours (2012: 4,689 hours) or approximately 950 days' (2012: 586 days) worth of time to Medair.

16. Other income

Other income consists of sales income, training

fees for our ROC, beneficiary participation in field programmes, and miscellaneous income.

17. 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.

2013	Humanitarian - Expenses									
USD	Sectors	Personnel	Travel	Admin	Maintenance	Depreciation	Other expense	Total	Support expenses	Total
Afghanistan	646,919	1,025,341	126,819	227,532	49,855	49,883	311,599	2,437,946	210,681	2,648,627
Chad	159,727	496,674	65,541	78,314	10,997		189,212	1,000,465	86,458	1,086,923
D.R. Congo	2,120,289	1,665,438	209,489	380,106	131,949	137,939	257,307	4,902,517	423,663	5,326,180
Haiti	1,953,639	1,521,593	165,578	201,528	77,114	1,833	232,934	4,154,219	358,997	4,513,215
Madagascar	92,862	618,561	74,705	79,826	25,812	2,613	95,383	989,762	85,533	1,075,294
Myanmar			617					617	53	670
Philippines	1,129,228	118,699	110,053	111,406	3,297		19,238	1,491,921	128,928	1,620,849
Somalia	1,574,656	1,430,735	181,304	330,620	8,616	11,861	649,682	4,187,474	361,870	4,549,344
Sudan		-487		-9,018				-9,505	-821	-10,326
South Sudan	4,153,217	3,353,022	1,042,438	1,138,262	244,489	220,619	707,191	10,859,239	938,427	11,797,666
Syrian crisis	3,337,787	1,062,020	184,849	421,037	12,768	1,443	280,547	5,300,451	458,051	5,758,502
Zimbabwe	821,806	314,332	23,068	31,779	9,757	46,679	28,128	1,275,549	110,230	1,385,779
Total	15,990,130	11,605,927	2,184,461	2,991,391	574,656	472,870	2,771,219	36,590,649	3,162,067	39,752,716

2012	Humanitarian - Expenses									
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	372,002	3,551,780
Chad	1,532	5,431	22,859	2,284	423		26,266	58,795	6,878	65,674
D.R. Congo	1,874,795	1,733,366	283,380	374,822	149,381	160,834	349,027	4,925,604	576,246	5,501,850
Haiti	1,642,620	1,452,942	228,670	157,720	41,033	5,674	196,903	3,725,562	435,853	4,161,415
Madagascar	467,221	505,413	65,045	102,301	31,369	3,641	81,629	1,256,619	147,012	1,403,631
Somalia	2,864,881	1,703,141	196,750	324,411	10,869	13,124	820,423	5,933,600	694,171	6,627,771
Sudan	301,700	893,886	121,930	187,847	16,527	18,694	118,280	1,658,864	194,070	1,852,935
South Sudan	3,086,222	2,392,436	710,030	1,021,199	189,863	139,711	589,864	8,129,325	951,048	9,080,373
Syrian crisis	91,530	171,186	72,903	34,487	5,393		32,829	408,328	47,770	456,098
Zimbabwe	601,171	296,337	58,999	71,266	17,464	58,865	45,621	1,149,723	134,506	1,284,229
Total	11,779,121	10,709,632	1,954,839	2,582,190	512,004	459,544	2,428,870	30,426,198	3,559,556	33,985,756

18. Administrative expenses

Administrative expenses include 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 human resources, operations and logistics, finance, as well as communications and fundraising costs.

2013	Humanitarian		Administration		Total operating expense
USD	Direct	Support	General management	Fundraising	
Sectors	15,990,130				15,990,130
Personnel	11,605,927	2,831,927	2,204,871	899,401	17,542,126
Travel & representation	2,184,461	141,748	99,991	24,597	2,450,798
Admin	2,991,391	184,123	884,284	56,971	4,116,768
Maintenance	574,656		783		575,438
Depreciation	472,870		187,624		660,495
Other	2,771,219	4,270	240,579	8,759	3,024,828
Fundraising direct				1,063,996	1,063,996
Total	36,590,649	3,162,067	3,618,131	2,053,725	
Grand Total	39,752,716		5,671,856		45,424,572

2012	Humanitarian		Administration		Total operating expense
USD	Direct	Support	General management	Fundraising	
Sectors	11,779,121				11,779,121
Personnel	10,709,632	3,106,612	2,105,296	949,419	16,870,959
Travel & representation	1,954,839	229,806	133,040	65,796	2,383,480
Admin	2,582,190	199,439	701,036	71,042	3,553,707
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	3,559,556	3,397,725	3,329,930	
Grand Total	33,985,756		6,727,655		40,713,411

20. Remuneration of the Boards of Trustees and the Executive Leadership Team

Members of the International Board of Trustees of Medair (Switzerland) and the respective boards of each European affiliate office volunteered their time in 2013, receiving no salary. Board members are allowed to submit effective out-of-pocket expenses for reimbursement.

In 2013, Medair had six members of the management (as in 2012). The total gross salary amounts to USD 703,745 (2012: USD 575,363)

Photo: A Syrian boy carries shelter materials to his family's tent in Lebanon's Bekaa Valley.





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Photos, above: These women in remote Afghanistan no longer have to walk long distances for safe drinking water (pp.22-23).
below: A mother feeds Plumpy'Nut to her malnourished child in Chad (pp.8-9).



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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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Detailed and up-to-date information on Medair's programmes can be found at medair.org. Information can also be requested in writing to the Ecublens headquarters. Please contact Medair using the contact information on the back cover of this report.



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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 young refugee from Syria holds tightly to her baby sister on a cold winter day. ©Tearfund, Eleanor Bentall
back cover: Children sit in the classroom of a school in remote Afghanistan where Medair provided safe water access, latrines, and hygiene promotion.

