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Two boys play while their mothers attend a hygiene training session in Afghanistan's Central Highlands.

Contents



MESSAGE FROM JIM INGRAM, MEDAIR CEO

WHEN WE LOOK BACK ON A YEAR GONE BY, IT REMINDS US HOW QUICKLY THINGS CAN CHANGE.

When I reflect on Medair in 2014, I think of one major disaster after another. Just as families in the Philippines started rebuilding from Typhoon Haiyan, a civil war in South Sudan forced nearly two million people to flee their homes. While the Syrian refugee crisis reached unprecedented heights of need, brutal violence in northern Iraq forced hundreds of thousands to run for safe haven without even time to pack a bag. Meanwhile, in West Africa, a deadly Ebola outbreak sparked one of the worst public health emergencies of our time.

As you'll read in the 2014 Annual Report, Medair adapted to these changing global crises and responded to each of them, along with many others. We reached more than 1.5 million people in 12 countries with life-saving and life-sustaining aid, a response made possible because of our amazing teams around the world and our generous institutional funding partners and private supporters.

Such a volatile year has reinforced the need for Medair to continually change and adapt in order to be responsive to unpredictable events. Our collaborations with like-minded agencies through both Integral Alliance and EU-CORD enable us to respond more swiftly and effectively to emergencies than ever before. We are also leveraging innovative technologies such as drones and mobile data collection to advance our ability to deliver aid.

As I look to the future of the organisation, more changes are coming. The size and frequency of natural disasters are predicted to increase due to urbanisation and climate change. We will need to integrate even more disaster-risk-reduction activities into our programming, and take advantage of new technologies that make our responses more effective. We will need to find better tools to convincingly demonstrate the quality and impact of our work, and we will need to collaborate with partners while still retaining our core identity.



The speed of modern change can be dizzying, yet change is not something to be feared. In fact, change is at the core of why we do what we do. Our work saves lives, relieves suffering, and restores hope; at its best, our work changes lives for the better.

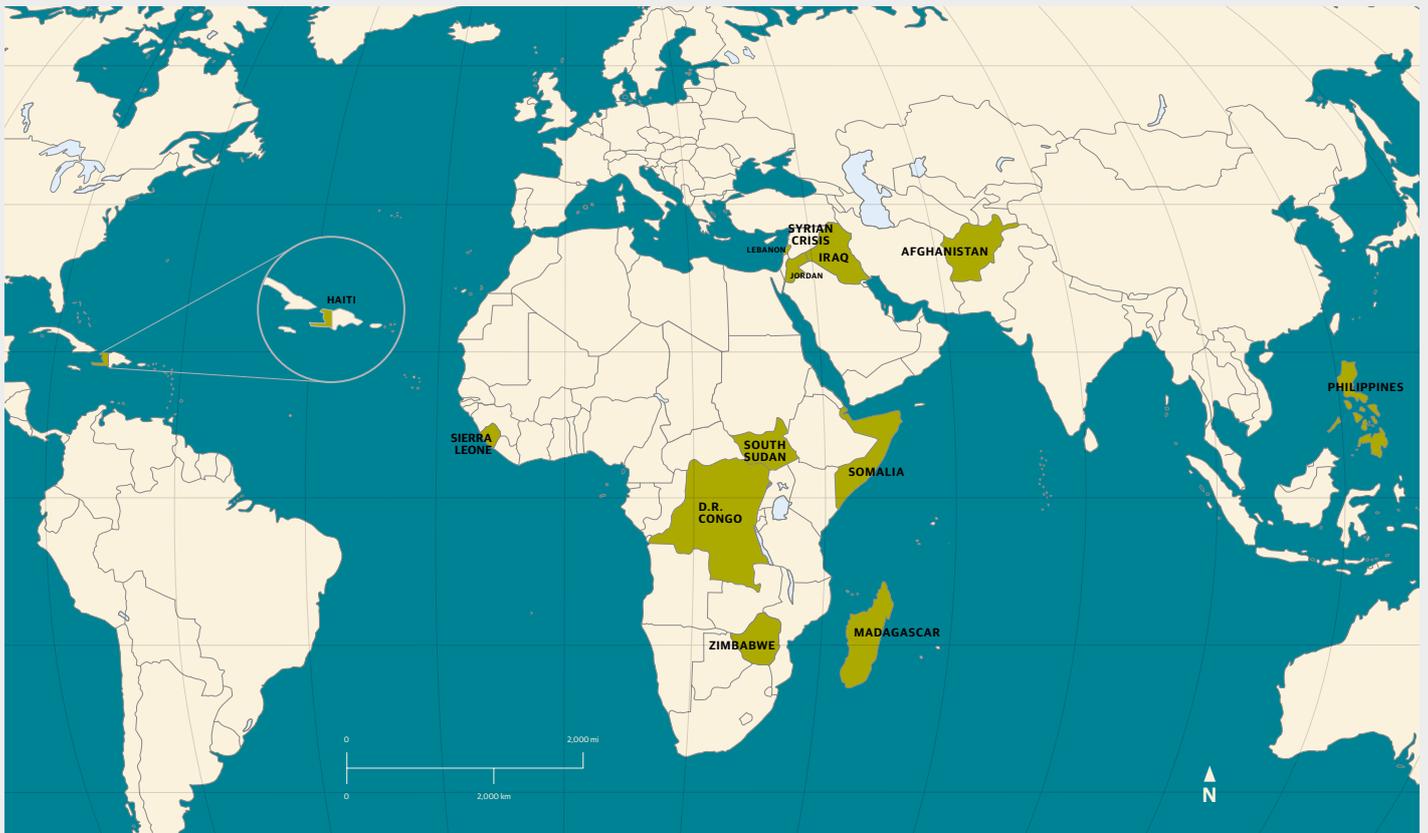
Last November, I visited Haiti and saw the life-changing impact our work has had since the earthquake of 2010. I saw first-hand the difference that thousands of disaster-resilient homes and rainwater cisterns have made in the lives of vulnerable Haitian families. Over and over again, I received tears of joy, smiles, and words of thankfulness—the sights and sounds of lives changed and hope renewed.

I wish each of you had the opportunity to see such inspiring Medair projects in action. For now, the 2014 Annual Report aims to bring you as close to our work on the ground as possible. Here you will find many stories and photos from our projects around the world. You will read detailed accounts of our activities, income and expenses, and beneficiaries served. Taken together, these pages paint a vivid portrait of the life-changing impact your support makes possible every day for the world's most vulnerable people.

A handwritten signature in blue ink that reads "Jim Ingram".

Photo: Jim and relief worker Jerome Antoine visit a Medair house and rainwater cistern in La Montagne, Haiti.

Medair in 2014



EMERGENCY RELIEF AND RECOVERY SERVICES

1,542,966
total direct beneficiaries

12

countries of operation

1

international headquarters
in Switzerland, 85 staff
(83 full-time equivalents)

5

affiliate offices in Europe
and North America

139

internationally recruited staff
in the field

805

nationally recruited staff

32

number of countries Medair worked in
from 1988-2014

Health and Nutrition



676,071

health consultations
at Medair-supported
clinics



90,418

people vaccinated
against
deadly diseases



567,576

people taught about
life-saving health and
nutrition practices



Water, Sanitation, and Hygiene



286,821

people gained
improved access to
safe drinking water



125,331

people have a new or
improved latrine or
bathing facility



296,549

people taught
about life-saving
hygiene practices

Shelter and Infrastructure



224,675

people received
shelter



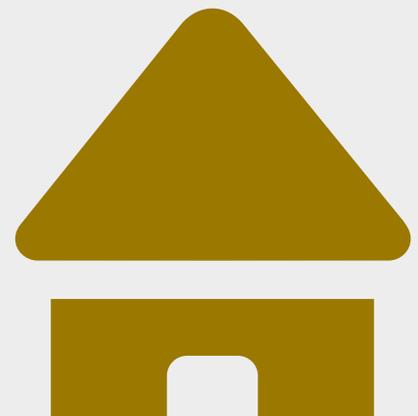
129,185

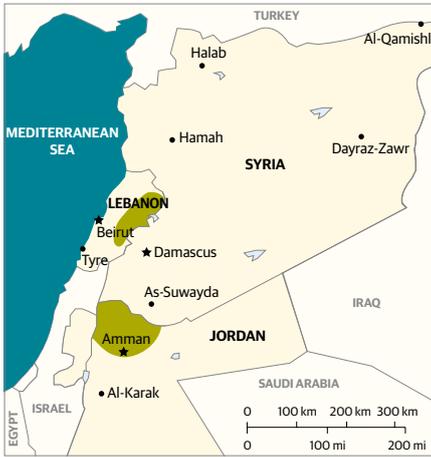
people benefited from
new infrastructure
(clinics, bridges, roads)



26,064

people received
livelihood support
through work projects





SYRIAN CRISIS

Syria endured its fourth year of violent conflict, and by the end of 2014, more than 3.7 million Syrians were living as refugees in neighbouring countries like Lebanon and Jordan. With no way to earn income, refugees need humanitarian assistance to survive.

LEBANON

Syrian refugees make up 25 percent of Lebanon's population—the most refugees per capita in the world.

Foda fled to Lebanon with her two young boys when it was no longer safe for them to stay in Syria. They made it to the Bekaa Valley, a farming area where more than 200,000 Syrians live in informal settlements. "We had nothing at all," said Foda. "Our neighbours provided us with basic items to help us survive until we got our own things. They told me about an organisation that helped Syrian refugees a lot. I soon learned this organisation is called Medair."

In 2014, Medair provided relief to more than 70,000 people in the Bekaa Valley. When newcomers like Foda arrived, we gave them shelter kits to help them set up sturdy, weather-resistant tents, along with household supplies like blankets, mattresses, food, hygiene kits, and kitchen sets. "Our settlement was so thankful and continues to mention the many kits they have received," said Foda. "With Medair, things became much easier. We are happy now, since we feel safe and have a place to sleep."

In 2014, Medair expanded its relief work in Lebanon to include the entire Bekaa Valley. We provided families with weatherproofing and sealing-off kits to improve insulation, and we made shelters more accessible for elderly and disabled people. We distributed clean water kits containing filters, storage tanks, and jerry cans for more

than 4,000 people, while also providing hygiene promotion and emergency water trucking.

Flooding and drainage problems turned informal settlements into dangerous places, especially for young children. Medair distributed emergency flooding kits to Foda and other families in urgent need. We also transformed 30 settlements into safer places, laying gravel and stones, building soakways, clearing refuse, and improving drainage. "This project is very necessary," said Zouhier, 14. "A few days ago, it rained a lot. A two-year-old child fell into the canal and almost drowned. His mother saved him at the last minute."

Fire was also a deadly risk in the crowded settlements, so Medair provided more than 9,000 people with fire-prevention training and extinguishers. "While my



Medair unloads shelter materials for Syrian refugees in Lebanon.



© Medair/Megan Praga

A Syrian child takes refuge in an apartment in Jordan paid for by Medair's cash-for-rent programme.

neighbour was preparing tea, all of a sudden her tent caught fire," said Yazi. "My son ran to get the fire extinguisher, as he was trained by Medair staff to put out the fire."

In March, Medair began providing affordable health care to vulnerable Syrians and Lebanese, working with the Ministry of Social Affairs. We rehabilitated and supported four clinics, treating more than 14,000 patients. We also screened more than 2,000 children for malnutrition, trained mothers on infant and young child feeding, and reached more than 18,000 people with community health promotion.

In 2014, Medair was the lead agency using GIS technology to locate and map Syrian refugee settlements in Bekaa Valley. Our teams conducted regular sweeps and mapped more than 1,000 settlements in 2014.

"The GIS Mapping project has become a crucial source of information for all humanitarian agencies who are working to bring relief to Syrian refugees in Lebanon," said Reine Hanna, Medair relief worker. "It means that the children and their families who escaped out of Syria are no longer being forgotten."

JORDAN

Jordan is hosting more than 600,000 registered Syrian refugees, and officials estimate the real number to be much higher.

Majida, 12, sat in her windswept tent in the Jordanian desert near the Syrian border. "My life has changed completely," she said. "The thing I miss most is school and my friends. Since the crisis began, I have felt like there is a huge rock standing on my heart and I can barely take a breath."

In 2014, Medair reached out to people like Majida in remote border areas and provided more than 9,000 of them with better shelter materials and supplies to protect them from the elements. "Before, we slept on the mat we sit and eat on," said Majida. "Our tents are much better now. They are ready to face the wind and the rain."

Medair also provided clean water kits including filters and storage tanks for more than 4,700 people. "I am very happy with what we received," said Mohammed, 13. "Finally we are drinking clean water in beautiful cups. Medair was the only organisation who came to help us. I think a lot of the kids could have ended up in hospitals because we did not have access to good water."

Most refugees in Jordan rent poor-quality apartments due to the lack of affordable alternatives, and rent money is their greatest stated need.

JORDAN

Medair identified 100 of the most vulnerable families and paid their rent for 10 months. In February, we began providing families with unconditional monthly cash transfers, assisting more than 2,600 refugees. "A door of hope was opened when Medair knocked on our door and said, 'We are here to give your family assistance,'" said Ibrahim, father of seven. "You have preserved our dignity and given us hope through this dark tunnel."

The Syrian refugee crisis placed a heavy burden on Jordanians, as the cost of living rose sharply for everyone. In 2014, Medair provided relief to both Jordanians and Syrian refugees through a project to repair substandard housing. Nearly 300 substandard apartments were made safer places for families to live, with upgraded plumbing, electricity, insulation, privacy, and security. "I am very happy with Medair's shelter project," said Amani, a Jordanian mother of four. "We couldn't afford to fix the windows and the doors, so it was very useful."

Medair also helped more than 100 Jordanian women develop small businesses, and provided more than 850 people with free legal advice on tenancy issues. "When people see NGOs are helping the host communities, the Jordanians are more accepting and happy to have them in the community," said Majid, Noor Foundation Trainer.

In 2014, Medair supported six health clinics and provided health and nutrition services for Syrians and Jordanians. We worked in particular to improve the nutrition of vulnerable children, providing nearly 26,000 children with nutritional supplements.

"I wish that children around the world would never face a crisis like this because I do not wish for any child to live in these circumstances," said Majida. "My hopes are for all of Syria to be safe and secure like it used to be. We want to go back, rebuild it, and be reunited with our friends and family."

Relief and Recovery Highlights

202,761 direct beneficiaries
Lebanon: 72,400 | Jordan: 130,361

Health and Nutrition

- 14,243 patients treated at Medair-supported health clinics
- 104,362 people educated on infant and young child feeding; 18,824 people received health promotion
- 179,865 people screened for malnutrition
- 25,999 children under 5 received supplemental feeding; 443 malnourished patients received nutritional supplements
- 631 health staff and community workers received training



Water, Sanitation, and Hygiene (WASH)

- 8,995 people benefited from clean water kits; 4,725 people benefited from hygiene promotion, and hygiene and baby kits
- 4,900 people benefited from water trucking

Shelter and Infrastructure

- 83,313 people received shelter assistance through shelter and winter relief kits, newcomer parcels, household supplies, emergency flooding kits, and repairs to substandard apartments
- 100 households received cash for rent and 229 households received unconditional cash payments
- 1,016 informal tented settlements mapped in the Bekaa Valley
- 25,084 people benefited from site improvements; 9,450 people benefited from fire-prevention training and fire extinguishers
- 108 Jordanian businesswomen received training; 851 refugees and landlords received free legal advice regarding tenancy laws



Funding Partners: Disasters Emergency Committee (UK), EC-Directorate General for Humanitarian Aid and Civil Protection, Swiss Agency for Development and Cooperation, UN Office for the Coordination of Humanitarian Affairs, All We Can (UK), United Nations Children's Fund, Swiss Solidarity, UN High Commissioner for Refugees, ERIKS Development Partner (SE), COFRA Foundation (CH), Clemens Family Corporation (US), World Food Programme, EO Metterdaad (NL), Läkarmissionen (SE), Cornwell Mann Foundation (US), and private donors. **Gifts-in-Kind:** World Food Programme

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



SIERRA LEONE

In 2014, an unprecedented Ebola outbreak in West Africa became one of the greatest public health emergencies of our time. By the end of the year, more than 6,000 people had died.



© Medair / T. Helderman

THE GREATEST RISK IS TO DO NOTHING

Elizabeth, a nursing student, survived Ebola but lost five of her family to the disease. Her mother contracted it first, before most people knew about the outbreak. After her mother died, everyone in Elizabeth's family became sick. "Tomorrow we all go to the hospital," said her father. Later that night, he died.

In November 2014, Medair sent an emergency team to join the fight against Ebola. The risks were well-known: Seven of every 10 patients had died from the outbreak, including many front-line health workers. "The greatest risk is to do nothing," said Medair's Dr Trina Helderman. "Without humanitarian assistance, the outbreak could spread to other countries and thousands more could die."

We conducted an assessment in Sierra Leone, and within one week had united with respected local partner Lifeline Nehemiah Projects to launch a rapid Ebola response project in Kuntorloh, an Ebola hotspot east of Freetown.

"The local authorities had quarantined households with confirmed cases of Ebola to protect the public," said Trina, "but it was equally important that quarantined households not become death traps or a breeding ground for the disease."

We trained 60 health workers to support 670 quarantined people with daily visits, providing them with food supplements, safe water, infection-prevention items, and other supplies. Most crucially, the team provided psychosocial support and

education about Ebola prevention, symptoms, and treatment options.

With virtually no isolation beds available for patients in Kuntorloh, Medair started up an Ebola Treatment Centre in partnership with Lifeline Nehemiah Projects, Oxfam, and the local community. By the end of 2014, Medair had trained 92 health staff, including survivors like Elizabeth. Instead of hiding away in grief, she chose to work in the centre and save lives. "We have to stop all the people from dying like this," said Elizabeth.

Relief and Recovery Highlights

822 direct beneficiaries



Health and Nutrition

- 670 people reached with education about Ebola
- 60 health workers trained on quarantine and psychosocial support
- 92 Ebola treatment staff trained



Water, Sanitation, and Hygiene (WASH)

- 670 people in quarantine received hygiene training, buckets, and sanitising bleach



Shelter and Infrastructure

- 670 people in quarantine received daily support including food and supplies

Funding Partners: US Agency for International Development, Läkarmissionen (SE), Department for International Development (UK), and private donors

► **LEARN MORE AT MEDAIR.ORG/SIERRA-LEONE**



SOUTH SUDAN

Violence erupted in Juba in December 2013 and escalated in 2014. Close to 1.9 million people fled, and nearly four million faced critical food insecurity. The world's newest country is now rated the world's most fragile country.

CLINGING TO SIGNS OF HOPE

Before the fighting began, James was a Member of Parliament. Within days, he lost everything—his house, his cattle, and many of his family. “My heart is broken,” he said, from a crowded UN displacement camp. “I live here in this camp with only a few of my children, separated from my other beloved ones.”

When a measles outbreak struck his camp in Juba, Medair led a mass vaccination campaign to protect more than 6,000 children. “It’s so good that the

measles outbreak is being stopped from spreading further,” said James. “Medair saves lives. I’m really thankful, and I want Medair to do more.”

Medair vaccinated 21,000 people in the camps for cholera in March and April. Those vaccinations made a life-saving difference when a cholera outbreak hit just outside the camps in May. We treated 1,400 patients in the Juba Teaching Hospital, trained 40 health workers, and ran a campaign to prevent the outbreak from spreading further.

Relief and Recovery Highlights

455,155 direct beneficiaries

Health and Nutrition

- 93,121 patients treated at Medair-supported health clinics; 557 health workers trained
- 73,380 people vaccinated against diseases like measles and cholera
- 13,159 women reached with health/nutrition promotion; 451 community health promoters trained
- 43,325 children screened for acute malnutrition; 6,872 children treated
- 14,171 pregnant or nursing women screened for acute malnutrition; 3,172 treated



Water, Sanitation, and Hygiene (WASH)

- 196,251 people received improved access to safe drinking water; 112 water points rehabilitated
- 234 people trained in management of WASH infrastructure
- 93,724 people provided with access to hygienic latrine facilities: 1,504 emergency latrines, 1,155 household latrines, 70 institutional latrines, 47 bathing shelters
- 179,176 people reached with hygiene promotion messages; 446 hygiene promoters trained
- 87,599 people provided with clean water kits including such items as buckets and water purification tablets



Shelter and Infrastructure

- 5,360 people reached with emergency shelter support; 117,950 people reached with essential supplies

Funding Partners: EC Directorate-General for Humanitarian Aid and Civil Protection, UN Development Programme, US Agency for International Development, Swiss Agency for Development and Cooperation, US Department of State, EO Metterdaad (NL), Swiss Solidarity, Stichting Draagt Elkanders Lasten (NL), Common Humanitarian Fund, and private donors
Gift-in-Kind: United Nations Children’s Fund, World Food Programme, World Health Organization, International Organisation for Migration



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A Medair nutritionist provides nourishing food to Buar, a severely malnourished child in Panyijar County.

South Sudan was in a perpetual state of emergency in 2014, as Medair brought urgently needed relief to more than 450,000 vulnerable people.

Severe food scarcity pushed the country to the brink of famine. In response, Medair-supported clinics treated more than 10,000 people for acute malnutrition. Peter, a South Sudanese medic, joined Medair to help feed thousands of displaced children. “We are working night and day,” said Peter. “People are starving, and families sometimes have to choose who gets food and who doesn’t.”

Medair continued to provide health care, nutrition, and WASH services to 40,000 Sudanese refugees in Batil camp, Maban. In partnership with Solidarités, we completed an improved water network for the camp with 18.5 km of new pipeline and the capacity to pump 800,000 litres of safe water daily. When fighting broke out in August near the camp, Medair had to relocate many staff, leaving only a small team to handle critical needs until October.

Ongoing insecurity led to restricted movements, staff relocations, and logistical challenges. In February, Medair relocated from Malakal after heavy fighting. An emergency team returned two weeks later to build latrines for thousands of newly displaced people who had no access to sanitation facilities.

In April, fighting in Bentiu led thousands to seek refuge in a UN compound that swelled from 8,000 people to 22,500 overnight. Medair responded swiftly with safe drinking water and latrines for the new arrivals. “I was most impressed with Medair’s quick response

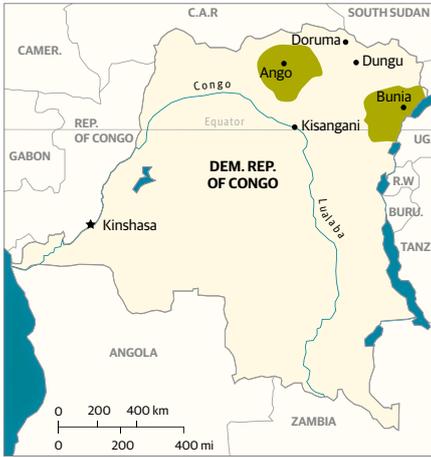
by arriving only one day after the request for help was made,” said Yuki Takemoto, UNICEF Logistics Manager. “Medair did an excellent job filling the gap by starting two water points and constructing more than 100 latrines.”

Conflict also engulfed Renk County, an area where Medair was one of the few emergency organisations delivering health, nutrition, and WASH. As tens of thousands fled to new locations, we moved our emergency clinics to reach them, saving many lives.

The Emergency Response Team responded to multiple outbreaks, displacement events, and malnutrition crises. In August, we learned about a deadly measles outbreak and sent a team deep into an isolated region in Upper Nile State to vaccinate children and provide families with essential household items they had lost when they fled the fighting. “I’ve never been anywhere quite this remote,” said Jemma, Medair relief worker, who helped distribute relief items to more than 5,000 people.

Despite the year’s turmoil, Medair’s staff adapted to the country’s rapidly changing environment. Our team saved lives and lifted the spirits of thousands of South Sudanese clinging to signs of hope. “I would like to thank everyone who has given help,” said Peter. “It gives us hope.”

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



D.R. CONGO

One of the world's largest countries, D.R. Congo is hampered by poor roads and bridges that make large regions inaccessible and leave millions isolated. Chronic insecurity makes matters worse; 2.6 million people are displaced, more than half of whom are in Orientale and Nord Kivu provinces.

“WE ARE NOT AFRAID”

When Eka first heard that Medair wanted to build bridges to make her village of Bembe easier to reach, she didn't believe it. “We thought it was a joke!” said the mother of three. “Then we saw that you were serious and came to sign up to work.”

Her skepticism was understandable. In Orientale province, families like Eka's have been isolated for decades, as bridges and culverts have crumbled into disrepair. Their isolation has made them more vulnerable to insecurity and made it difficult for aid agencies to reach them with assistance.

In 2014, Medair continued a multi-year infrastructure project to open humanitarian access by connecting communities along major roads. We rehabilitated 22 bridges and culverts, repaired a barge, and opened up access along 119 km of roads. This project is making an enormous impact on the area, from better humanitarian access to stronger economic development. “Things have already started to change here, more bikes are coming by, and there is more movement,” said Encoté, mother of five. “People are not as afraid. The whole world is benefiting from the bridges!”

Relief and Recovery Highlights

424,373 direct beneficiaries



Health and Nutrition

- 384,511 cases treated at Medair-supported clinics
- 192,579 mothers received health promotion education
- 10,070 children vaccinated against measles; 13,520 pregnant women received mosquito nets
- 61,968 people received reproductive health support; 13,623 newborn deliveries supported at Medair clinics
- 290 health workers received capacity building training
- 13,863 cases of STIs treated; 607 survivors of SGBV received support



Water, Sanitation, and Hygiene (WASH)

- 22,724 people benefited from 8 new showers and 10 latrines constructed at health facilities
- 24 health staff trained in hygiene and solid waste management; 174 people received community-level hygiene promotion
- 5 new rubbish pits and 4 placenta pits built at health centres; 210 handwashing stations and waste baskets distributed



Shelter and Infrastructure

- 22 bridges and culverts rehabilitated, opening 119 km of roads, benefiting 43,925 people
- 1,780 people received cash and/or food for their work on the bridge project, benefiting 9,968 people



Funding Partners: US Agency for International Development, Swiss Agency for Development and Cooperation, Pooled Fund



Medair supported the Makayanga health post, providing conflict-affected women with a safe place to give birth.

Medair hired nearly 1,800 local men and women to build the bridges, which provided the labourers with new building skills in cement and steel, along with much-needed income. "I now know about cleaning gravel, how to pour cement, how to mix cement," said Eka. "For my first payment, I used it to buy beds for my family. Working with Medair will help the future of my children."

In 2014, Medair's main area of work was delivering life-saving health services to suffering families in remote or conflict-affected areas. We provided more than 380,000 health consultations at Medair-supported clinics, and worked to improve the availability of medicine and quality of care at the clinics.

Our health teams routinely travelled for days to reach the most remote clinics. We trained and supervised health workers, vaccinated more than 10,000 children for measles, and supported more than 13,000 safe deliveries. We also taught nearly 200,000 mothers about health and nutrition.

In conflict-torn Nord Kivu, Medair opened an operational base and began supporting 21 health clinics so that displaced families could access critical medical care. "We had been hiding in the bush close to our fields, but came to Makayanga health post because I needed help with the birth," said new mother Jose, 17. "The assistance of Medair gave us somewhere to go in a time of distress."

Medair provided invaluable training and supervision to health staff in Nord Kivu. "The presence of Medair has been really great for us," said Kavusa, Head Nurse.

"We've been able to treat more people and have improved our case management."

In Kamango, a hard-to-reach health zone in Nord Kivu, Medair not only supported health services but also improved waste management, sanitation, and hygiene at clinics. To prevent disease, our team promoted good hygiene and built showers, latrines, handwashing stations, and rubbish and placenta pits.

Four years after launching an ambitious health and infrastructure programme in remote Ango territory, Medair closed the Ango base and handed over the health activities to the staff we had trained and the clinics we had improved.

"We are very thankful for what Medair has done," said Martin, a nurse at Mbibili clinic. "We received medicines that we did not have before, training that we never had, and materials like beds and more."

"Prior to our intervention, mortality was very high but we saw that go down drastically," said Dona, Medair Health Supervisor in Ango. "This was an area where the people seemed to be forgotten. Medair was one of the first NGOs in the area, and it has been among the last to remain. It is truly dedicated to helping the most vulnerable in areas where others do not want to go or stay."

A woman standing outside the Mbibili clinic agreed: "We now feel that we can come and receive care and give birth safely. We are not afraid."

► **LEARN MORE AT MEDAIR.ORG/CONGO**



THE PHILIPPINES

In November 2013, Super Typhoon Haiyan (Yolanda) killed 6,000 people, damaged more than 1.1 million homes, and left more than four million people displaced. The Philippines is hit by multiple destructive storms each year, and is the third most disaster-prone country in the world.

REBUILDING HOPE

When the typhoon struck, 84-year-old Amelcar left his home to find refuge. When he returned, his heart sank. “My house had completely collapsed,” he said. “I lost a lot of things. I cried and cried. I thought at the time that it wasn’t possible to recover what I had lost.”

When a Medair team saw Amelcar for the first time, he was sitting alone in the dark under a tarpaulin that covered the ruins of his house. “Poking our heads through the dark entrance, we told him we would be back in a few months to build him a house,” said Sophie, Medair relief worker. “He immediately burst into tears and made a great effort to rise from his stool and shake our hands, saying ‘thank you’ in the local dialect.”

In communities like Dulag, Julita, and La Paz, we met many survivors like Amelcar who were living in unstable structures, in tents, or under tarps. We also met many families who were rebuilding their homes but using salvaged materials that made their homes weaker and more vulnerable than ever to typhoons.

In 2014, Medair consulted with engineers, architects, carpenters, and the local community to design a structure that resembled traditional homes but was built to maximise strength and durability. We then hired and trained 44 local carpenters to build 600 disaster-resilient homes for the most vulnerable families in Dulag, plus 148 homes in neighbouring Julita. All the homes have a strong

Relief and Recovery Highlights

56,719 direct beneficiaries



Health and Nutrition

- 30,000 people benefited from emergency health kits given to three clinics in Dulag



Shelter and Infrastructure

- 748 semi-permanent, disaster-resilient homes built, housing 3,740 people
- 3 health clinics reconstructed in Dulag, benefiting 19,860 people
- 1,112 people received disaster-risk-reduction (DRR) training through 47 training sessions
- 322 roof kits distributed, benefiting 1,610 people
- 44 carpenters hired and trained to build Medair houses



Funding Partners: Swiss Solidarity, Disasters Emergency Committee (UK), All We Can (UK), Tearfund (BE), ERIKS Development Partner (SE), EO Metterdaad (NL), Medicor Foundation (LI), Läkarmissionen (SE), Government of Liechtenstein, Transform Aid (AU), World Concern (US), Mission Aviation Fellowship (SE), Mission Alliance (NO), and private donors



© Medair/Sophie Niven

Erica (left) and her family love their new home.

wooden frame, concrete foundation, concealed hurricane straps, and other design elements that enable them to withstand winds of up to 200 km/hour.

“I feel hope because of our new home,” said Needa, who received her house in April. “We love our house. We love it because it’s our own home. We love the building materials, and we love you because you’ve given us this home.”

Medair also distributed 322 roof kits for families whose homes had a solid core structure but lacked a functional roof. “Thank you, thank you, thank you!” said Erma, a single mother. “With these new roof materials, the rain won’t get in anymore.”

In 2014, Medair reconstructed three badly damaged health clinics that serve nearly 20,000 people. “These clinics are so strong compared with the previous ones,” said Rovie-Jean, Medair relief worker. “Many people from nearby barangays can come here, and they are all so grateful.”

At the heart of Medair’s intervention was the aim to prepare people for future disasters. We provided training on disaster risk reduction (DRR) for more than 1,100 people, including carpenters and local government officials. This DRR training gave people traumatised by Haiyan a measure of confidence that they could do something to protect their families and improve the safety of their homes.

“During the training, I learned how to build a stronger house that is better prepared for typhoons,” said Mary Ann, grandmother to four young children. “I learned

how critical it is to be prepared. We need evacuation plans, to keep track of the weather, and to prepare a bag with emergency items. I didn’t know how to prepare for a typhoon before, as no one else had told us. Now I do.”

Medair’s work was put to the test in early December, when a powerful typhoon formed off the coast.

Our teams hurried to ensure that communities were as prepared as possible, repeating key DRR messages, and checking that houses and roofs were properly secured.

“Before the typhoon, I gathered supplies, and bought rope and tied my daughter’s house together and into the ground. I also hammered in extra wood as bracing to the structure,” said Mary Ann. “Her house shook, but there was no damage.”

Indeed, all of Medair’s homes withstood the typhoon without damage, a demonstration of the disaster-resilience of the structures, and the heightened level of preparedness in the community.

“I talked to families in their new typhoon-resilient homes, and what I heard was not just thankfulness, but pride and confidence in the future,” said Mark Screeton, Medair International Director. “They felt safe again, and it wasn’t hard to see why. They are literally rebuilding their lives, now knowing it starts with a firm foundation.”

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

Strength through Innovation

Thanks to innovative technologies, Medair is able to respond to crises more quickly, effectively, and accountably than ever before.

Drone Mapping

UAV (drone) technology is an effective tool for high-resolution mapping of disaster zones. Drone-generated maps precisely image the devastated area and identify those still needing help.

In 2014, Medair partnered with Switzerland's Drone Adventures to map disaster-affected areas in the Philippines. We then distributed detailed maps to communities and relief agencies. "With drone technology, Medair can make a geo-referenced map of an entire village in a few hours," said Rob Fielding, Technology Officer. "Human assessment of the same quality would take several weeks at significantly higher cost."

GIS Mapping

Maps have always been vital to understanding areas of crisis where aid is needed. Using GIS (Geographical Information Systems) enables us to add layers of relevant, geo-referenced information to maps. In 2014, Medair was the lead GIS agency in Lebanon, mapping more than 1,000 Syrian refugee settlements, and managing data collected by other partners to present one comprehensive data set to humanitarian agencies.

Managing Data Sets

In 2014, Medair partnered with Qlik to develop an analytical software tool that combines programme and financial data. This is a powerful way to capture what we are doing, allowing us to see our strengths and identify gaps. The Qlik software has dramatically improved our ability to analyse data and produce quality reporting.

Mobile Data Collection

Medair is transitioning to the use of electronic devices such as tablets and smart phones to collect survey data about individual beneficiaries and their needs. "Paper-based surveys take a long time and are subject to a lot of mistakes during manual data entry," said Naomi Downs, Shelter Project Manager. "In contrast, a database enables instant analysis, so that reports can be published within days instead of months."

In 2014, Medair used a new platform called Last Mile Mobile Solutions (LMMS) that enabled mobile registration of beneficiaries, allowing teams to rapidly track individuals and distribute relief items without requiring paper sheets or hours of laborious data entry. "The system has hugely increased the efficiency and the speed at which we work," said Andrew Howe, Shelter Manager. "We can even do same-day assessment and distribution, so for emergency response it's absolutely fantastic."

A Syrian refugee poses for an identification card during Medair registration in Lebanon.





Three generations of women—grandmother Bella, daughter Ronalyn, and granddaughter Precious—wait eagerly for their new house to be built in the Philippines.

Strength through Partnership

Partnerships are crucial in today's humanitarian sector. There is little room left for lone-wolf NGOs; instead, most successful interventions are based on agencies sharing information and resources to provide effective relief for people in crisis.

Medair works in partnership with the private sector, with institutional donors, with local governments, and with UN and humanitarian agencies. In 2014, our growing partnership with Integral Alliance was particularly effective.

Integral is a global alliance of 21 Christian relief and development agencies. In 2014, Medair's partnership with Integral gave us a united front during emergencies. Several Medair country programmes received financial support from affiliated Members, while in South Sudan, Medair regularly shared information with Integral Members and kept each other updated on the security situation during this volatile year.

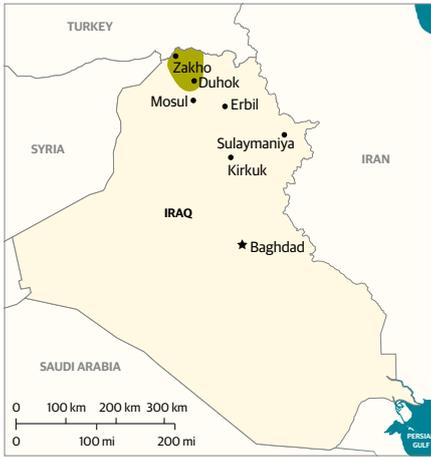
"As international aid becomes increasingly collaborative, such partnerships with like-minded agencies enable us to improve our capacity to relieve the suffering of people throughout the world," said Jim Ingram, Medair CEO.

INTEGRAL IN THE PHILIPPINES

In the aftermath of Typhoon Haiyan, Medair's partnership with the Integral Alliance made a major difference for disaster-affected families on the ground. We launched an ambitious relief and recovery programme thanks in part to generous financial support from Integral Member Agencies around the world, including Tearfund (UK), Mission Alliance (NO), Transform Aid (AU), and World Concern (US).

At the same time, Medair worked closely with operational Members on the ground, such as Tearfund (UK), World Renew (CA), and Food for the Hungry (US), sharing information and key resources. Integral set up a coordination hub in Manila, assisting Members with registration and legal support, maintaining an active presence at agency meetings, avoiding duplication of efforts, and keeping Members updated.

Thanks to this collaborative effort, Integral collectively brought relief to more than one million people, providing families with clean water, food, emergency shelter, medicines, repairs to health clinics, disaster-resilient homes, and livelihood restoration.



IRAQ

In 2014, more than two million Iraqis fled from brutal attacks. Nearly half of them sought shelter in the Kurdistan Region of Iraq (KRI), arriving with little more than the clothes on their backs.

OUR CHILDREN MAKE US ALIVE

Keser was baking bread for her children when her husband burst through the door with the news that changed their lives: “Everyone in the city is fleeing!” he said. We left right away. We didn’t bring food or water or anything. I even left the oven on.”

They raced to escape from the violence that was engulfing the region. Keser and her family fled to Mount Sinjar with thousands of Yazidis and were attacked along the way. She tells gut-wrenching stories of 12 relatives captured, children dying, hardships too horrific to recount.

After four days without food on the mountain and a terrifying journey to safety, Keser and her family made it to Zakho in the Kurdistan Region of Iraq (KRI). They took refuge with other families in a construction site, exposed to the elements, where they slept on concrete floors.

The Kurdish people opened their doors and their hearts to persecuted families, giving them food, shelter, and essential supplies. Yet with the sudden influx of hundreds of thousands of people, the need was too great to provide for all.

Relief and Recovery Highlights

17,740 direct beneficiaries

Health and Nutrition

- 7,833 people treated at Medair-supported clinic in Sharya camp
- 350 boxes of high-energy biscuits containing 8,400 rations given to 2 clinics



Water, Sanitation, and Hygiene (WASH)

- 7 buildings and 1 informal settlement gained improved access to drinking water, benefiting 2,360 people
- 54 latrines installed; 3,512 benefited from improved sanitation



Shelter and Infrastructure

- 8,682 people benefited from NFI kits containing blankets, mattresses, pillows, and soap
- 2,706 people benefited from winter vouchers to buy essential items to keep warm
- 100 tents given to local NGO working in Khanke Camp for displaced families



Funding Partners: ERIKS Development Partner (SE), Swiss Solidarity, Transform Aid International (AU), US Agency for International Development, Medicor Foundation (LI), World Health Organization, and private donors



© Medair/Stella Chetnam

Keser and her children fled to Zakho with nothing, but soon received mattresses, blankets, and other crucial supplies from Medair.

In August, Medair launched an emergency response to bring assistance to thousands of displaced people. Our team met with Keser and dozens of families to find out what they needed most. “When organisations like yours come here, I feel ashamed,” said Keser. “Before, I looked at people like those in Syria, and I felt so sad for them. But now I realise that I have become like them.”

From August to November, Medair provided critical supplies to more than 8,500 people, including mattresses, blankets, plastic sheeting, buckets, rope, and soap. Keser’s family were among the first to receive aid. “Before, we were sleeping on the ground, so these things will help us so much,” said Keser. “Yesterday we were so sad, not knowing whether someone was coming to help us or not. Today we are thankful.”

Many families lacked access to safe drinking water or latrines. In response, Medair extended water pipes from the main municipality system in Zakho and supplied seven buildings with water. We also improved water access for an informal settlement in Dayrabun, providing a total of more than 2,300 people with safe water. In addition, we provided sanitation facilities for more than 3,500 people.

Medair’s staff worked long hours to make life more bearable for thousands of traumatised survivors. Our team was strengthened by the presence of skilled personnel who had themselves fled the attacks. “From the first day I started with Medair, I realised you were here to help my people,” said Khalid, an engineer from Sinjar who escaped with his family.

“Even if I were a volunteer, I would want to support Medair so I could bring assistance to my fellow countrymen in need.”

In December, Medair opened a primary health clinic in a camp that housed 24,000 people. In the first month, three doctors saw up to 700 people per day. “I am never exhausted because I am doing the best thing I have ever done in my life,” said Jaddan, a Medair staff at the clinic.

As winter approached, families sought to keep warm, especially those living in unfinished buildings without windows or doors. “It’s very cold,” said Yadgar, father of 12 children. “Whoever has money buys clothes for their kids, and whoever doesn’t, their kids don’t get clothes.”

Medair instituted a voucher programme in partnership with local businesses that provided 450 families with the means to purchase insulation materials, thick blankets, winter clothes, and stoves.

By the end of the year, thousands of displaced families had found a measure of safety and stability, even as they wondered what the future would hold. “We see our children and wonder what will happen to them,” said Keser. “It’s impossible for us to forget what happened to us. Even if they put us in houses covered in gold, we will never forget. But we hope in our children, that they will be able to forget this situation. It is only our children who make us alive.”

► **LEARN MORE AT MEDAIR.ORG/IRAQ**



HAITI

Haitians contend with frequent natural disasters and a scarcity of economic opportunities that make it difficult for vulnerable families to improve their lives. Safe shelter and access to drinking water remain major concerns, compounded by frequent droughts and food crises.

BEAUTIFUL WITH SAFE HOUSES

On rainy nights, Edith and her children used to sleep under their kitchen table to stay dry. A hurricane had left their house badly damaged, but the family could not afford to repair it. Edith made a meagre income growing corn, beans, and sorghum, while her husband Eloge was unable to work due to a loss of sight.

“Life is so difficult,” said Edith. “I do not have enough food to feed my children. My most urgent need is for a better house. It has been an everyday struggle since Eloge became disabled. I do not know what to do, I feel hopeless.”

Edith’s story is not uncommon: There are thousands of people desperate to provide a better life for their

children in Haiti’s isolated Côtes-de-Fer region, an area prone to disasters, where families walk for hours every day just to gather water.

In 2014, Medair provided 120 vulnerable families with new, disaster-resilient homes in Côtes-de-Fer, along with more than 100 rainwater harvesting systems to dramatically improve access to water. “My life and my family’s life have improved in many ways,” said Edith, who received a new home, a rainwater system, and a latrine. “We have a safe, dry home to lie in. I now hope that it rains, because I will use that water to grow my vegetable garden. Thank you for your help, which has brought hope to my family’s future.”

Relief and Recovery Highlights

10,101 direct beneficiaries

Water, Sanitation, and Hygiene (WASH)

- 314 rainwater harvesting systems built and 99 repaired, benefiting 2,645 people
- 107 latrines constructed, 51 households received cement to construct latrines
- 1,769 people participated in 48 CATS sessions in Jacmel; 3,601 students and teachers participated in CATS sessions in Côtes-de-Fer
- 1,017 people received follow-up training related to latrines built



Shelter and Infrastructure

- 120 new houses constructed and 5 houses repaired in Côtes-de-Fer
- 12 houses constructed and 17 transitional shelters upgraded in Jacmel
- 35 roofs repaired for rainwater harvesting in Jacmel
- 148 builders trained in disaster-resilient construction methods
- 696 people received disaster-resilient construction training and community awareness sessions



Funding Partners: Swiss Solidarity, US Agency for International Development, EC Directorate-General for Humanitarian Aid and Civil Protection, Medicor Foundation (LI), UN Human Settlements Programme, and private donors



© Medair/Florence Paul

Iphenia and her children can't stop smiling about their new home.

Medair provided shelter and built or repaired more than 300 rainwater systems in the rural communities of La Montagne and Bas Cap Rouge. "I am so happy that I have no words to express my joy," said Abel, who received a new house. "I was worried about my house being damaged and not having money to repair it. Now, I have peace of mind because I have a safe, dry place to raise my children. My life has changed and I see life in a positive way."

In 2014, Medair saw a high level of commitment from rural Haitians who wanted to improve their health and living situation. More than 5,000 people participated in Medair's "CATS" sessions (Community Approaches to Total Sanitation), which encourage positive behaviour change by engaging people to reconsider their sanitation practices.

Medair also implemented awareness-raising campaigns about disaster-resilient construction. Events included "open-door days" at construction training sites, focus groups, and door-to-door sessions. We used a new approach called PASSA (Participatory Approach to Safe Shelter Awareness) that engaged more than 200 homeowners in discussions about disaster-resilient construction over eight weeks, and helped them better understand its importance for home repairs and future construction.

In 2014, Medair transitioned away from building houses for Haitians to training more homeowners and local builders on disaster-resilient construction techniques.

Medair trained 148 men and women working in the construction sector over 20 days of classroom and practical sessions. "I was

pleased to participate in the training on techniques to build houses that can withstand earthquakes and hurricanes," said Gusmann Badio, a La Montagne mason. "With the good job that Medair and these engineers are doing in the area, Haiti will be beautiful with safe houses."

In September, Medair responded to Haiti's drought and worsening food security situation by launching a new project in Bainet, near Côtes-de-Fer, that aims to provide livelihood opportunities and financial assistance for people who are struggling to feed their families. We spent the final months of the year working closely with communities to identify possible livelihood activities, including small household gardens, small-scale farming, community gardens, and animal husbandry.

In November, Medair CEO Jim Ingram visited the Haiti programme and was very encouraged by what he saw. "Everywhere I visited, I experienced a joyful and thankful reception by people in communities we have served," said Jim.

"I could readily see that Medair has put in place a large number of better designed and built homes for some of the most vulnerable families across the region," he added. "Medair indeed made the right choice to respond in 2010."

► **LEARN MORE AT MEDAIR.ORG/HAITI**



AFGHANISTAN

Malnutrition accounts for nearly half of all child deaths in Afghanistan. In the Central Highlands, farmers struggle to grow crops due to degraded land, floods, and drought. In the south, food shortages have left thousands of children acutely malnourished and needing life-saving aid.

A DIET OF BREAD AND TEA

Laila and her family live in a remote village halfway up the side of a mountain. In their house is a half-empty sack of flour that won't last more than a month. That's all the food they have for winter. Laila missed weeks of school to earn that food by working with her mother in the fields. "I miss learning and playing with my friends," says Laila, age nine.

Winters in the Central Highlands last for five months or longer. Families spend the short growing season

trying to store enough food to last the winter. Yet flooding and drought have eroded the soil and damaged fields, leading to poor crops and widespread food scarcity. Today, more than half of the children in this region suffer from chronic malnutrition.

"We need food," said Gultamam, Laila's mother. "I have nothing but flour for my children and it is almost finished. My children always say, 'Why are you only giving us tea with bread?'"

Relief and Recovery Highlights

81,040 direct beneficiaries

Health and Nutrition

- 10,914 people screened for malnutrition; 1,691 treated for acute malnutrition at 8 mobile clinics
- 9,562 mothers learned about best practices for infant and young child feeding
- 22,836 people benefited from training for farmers on improving crop yields and agricultural matters
- 17,941 people benefited from kitchen-garden training for women
- 352 vulnerable people benefited from cash to help them buy food for winter



Water, Sanitation, and Hygiene (WASH)

- 6,528 people received improved access to safe drinking water; 46 spring boxes, 9 wells with hand pumps, 5 tapstands
- 149 household latrines and 16 school latrines constructed, benefiting 4,258 people
- 5,981 people received hygiene promotion messages at home or at school; 29 hygiene promoters trained



Shelter and Infrastructure

- 1,440 people participated in cash-for-work projects, benefiting 15,840 people
- 58,573 men and women participated in hazard-mapping and disaster-risk-management sessions

Funding Partners: Mennonite Central Committee with Canadian Foodgrains Bank, EC Directorate-General for International Cooperation and Development, Common Humanitarian Fund, COLIVER Foundation (CH), Karen Woo Foundation (UK), Swiss Solidarity, and private donors

Gifts-in-Kind: Doctors Without Borders, United Nations Children's Fund



© Medair/Lucy Bamforth

Laila has a meal of bread and tea beside her mother and two younger sisters.

In 2014, Medair worked in dozens of Afghan communities to make the impact of winter less severe.

We identified families in need of urgent assistance and gave them cash to cover food for the winter. "I will use the money to buy my children food, and fuel to heat this house," said Gultamam. "We would have nothing without this money."

To improve long-term food security, Medair trained more than 2,000 farmers on improving crop yields and gave them tools, fertiliser, and seeds. We also taught more than 1,600 women to grow and preserve their own vegetables to give their families more nutrient-rich diets. "This is very good for us," said Sakina, mother of three with a new kitchen garden. "Our children are not malnourished!"

In 2014, Medair trained communities to identify where they were vulnerable to natural disasters.

We paid 1,440 drought-affected farmers to build dams and trenches to reduce damage during floods and improve water infiltration into the soil.

"This money will help cover some of my losses and will help my family this winter," said Sadiqi, father of four, who dug trenches and repaired an irrigation canal. "The work will also help our community. Where other NGOs stop their work, Medair starts their work. We are poor and we are remote, but you have improved life for us in this village."

Medair also improved access to safe drinking water for more than 6,500 people.

We provided latrines for more than 4,000 people in villages and schools, and taught more than 7,000 people about

better hygiene practices. "Now we have safe water and our personal hygiene is better," said Fatima, mother of two. "Life in our village was very difficult without safe water or latrines. Now our families are healthy."

"The results from the safe water and hygiene training are good," confirmed Dr Saiafullah, a physician in the region. "Compared to last year, the number of diarrhoea cases has gone down by 80 to 90 percent. The projects that Medair has done have made our people happy!"

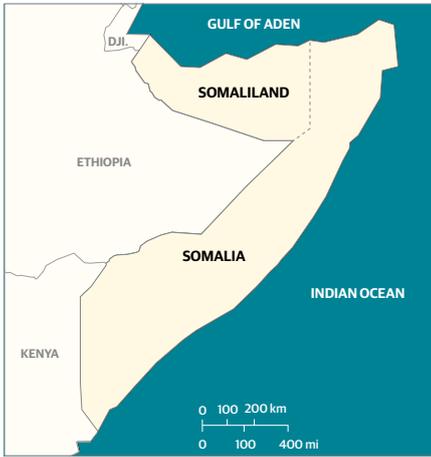
In 2014, Medair expanded into southern Afghanistan, a conflict-ridden region where few other NGOs work.

We began running eight mobile nutrition clinics in response to alarmingly high rates of acute malnutrition.

Our health teams travelled to hard-to-reach communities where people had limited access to health services. We soon found that the level of need was even greater than imagined. We screened more than 10,000 children for malnutrition, and treated nearly 1,700 children with severe acute malnutrition. "Your work is very ambitious and very impressive," said Catherine Howard, UN Office for the Coordination of Humanitarian Affairs, during a site visit.

We also taught more than 9,500 mothers about improving nutrition through better child-feeding practices. "I am happy and thankful to have Medair's clinic in my area," said a community leader. "Children are improving, gaining weight, and thriving so well."

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



SOMALIA

Somalia has one of the worst child mortality rates in the world. Internal conflicts have displaced more than one million people, while chronic drought and acute malnutrition have taken a deadly toll. Somalians desperately need better access to life-saving services.

REACHING THE HARDEST TO REACH

South-central Somalia is among the world's most challenging places for international relief workers to provide humanitarian aid. Insecurity limits access to the most vulnerable populations, while roadblocks and access constraints make it difficult to transport and deliver aid.

Yet the human needs are far too great to ignore. In 2014, the number of people in south-central Somalia facing crisis or emergency rose from 155,000 to 776,000 between May and October.

Medair is committed to finding ways to relieve the suffering of Somalian families. "We are willing to take risks while working for Medair because we are saving lives," said a Medair relief worker. "I might risk my life, but I am saving 300 lives along the way."

Since 2013, Medair has been working in close partnership with two trusted local NGOs to deliver a wide range of life-saving services in south-central Somalia. "In a country where access

Relief and Recovery Highlights

163,059 direct beneficiaries

Health and Nutrition

- 98,104 patients treated at Medair-supported health clinics
- 6,968 children immunised against measles; 400 women received mosquito nets
- 36,844 received health promotion messages at household and community level
- 1,567 children and 121 women treated for acute malnutrition; 20,379 children screened for malnutrition
- 12 health staff participated in specialised medical training workshops
- 320 community health workers trained to promote health, nutrition, and hygiene
- 5,833 women received at least two antenatal care sessions; 5,273 facility-based deliveries



Water, Sanitation, and Hygiene (WASH)

- 30,307 people, mostly women, received hygiene promotion at household and community level
- 2,500 women received soap following hygiene promotion

Shelter and Infrastructure

- 2 health facilities rehabilitated, benefiting 65,400 people



Funding Partners: EC-Directorate General for Humanitarian Aid and Civil Protection, US Agency for International Aid, TEAR (AU), Resurgens Foundation (CH), Stanley Thomas Johnson Foundation (CH), and private donors



© Medair/Kate Holt

Khadija, a midwife, holds a newborn baby at a Medair-supported clinic.

and security constraints restrict international staff from free movements, partnerships are proving to be a viable alternative to deliver care to the most vulnerable populations,” said Rhonda Eikelboom, Somalia Head of Country Programme.

In 2014, Medair’s partnership model proved to be a huge success. Together, we reached more than 160,000 people with life-saving aid, while building the capacity of local health care providers and partner agencies. We supported three health facilities and treated more than 98,000 patients. We also upgraded two clinics, better equipping them to serve patients. After rehabilitating the maternity ward at one of the clinics, the facility supervisor proudly referred to it as, “The best in the whole city, no, the best in the whole Somalia!”

Medair’s investment in local agencies and professional staff left a long-term impact in 2014. Local health care workers received regular training and hands-on supervision which helped trigger a dramatic increase in out-patient consultations—an excellent outcome for the programme. “These trainings have helped me a lot,” said Khadija, a midwife. “They have improved the quality of care that I can give to mothers and their babies.”

In March, Medair opened a 24-hour obstetric clinic to improve the quantity and quality of deliveries assisted by skilled birth attendants.

The impact was immediate: The number of deliveries at Medair-supported facilities increased from just 17 in April 2013 to an average of 500 per month from March 2014 onward!

“Pregnant women used to die due to a lack of services,” said one of Medair’s local partners. “Our health centres are now providing better services than the hospitals.”

Likewise, the number of pregnant women who attended at least two antenatal care visits rose sharply from 28 percent in 2013 to 80 percent in 2014. “Every day we see women for antenatal care and we encourage them to come to the clinic to deliver,” said Khadija. “Before, many women would deliver at home and this increased the risk for them. We are giving them and their babies a much better chance of survival.”

In mid-2014, Medair expanded its reach to include community-based health care in rural communities with limited access to health services. We trained 320 community health workers who offered basic treatment and health promotion to women and children in their households. Our door-to-door team screened children for malnutrition, treated for basic illnesses, and reached more than 30,000 people with promotional messages about health, nutrition, and hygiene.

“Thanks to the strength of our partnerships, Medair achieved significant positive outcomes for some of the most vulnerable families in south-central Somalia in 2014,” said Rhonda. “We are committed to standing with the Somali people to help relieve their suffering and assure them that they have not been forgotten.”

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



MADAGASCAR

Northeast Madagascar is dotted with communities that can only be reached on foot or by boat. Most families lack a reliable source of safe drinking water.



NO MATTER HOW REMOTE

In the isolated villages of northeast Madagascar, Medair is committed to bringing thousands of families a steady source of safe water that will enable them to live healthier lives.

In 2014, Medair teams installed 52 drilled wells with hand pumps in remote villages, providing safe water to more than 6,000 people. The impact on health was dramatic: “Since we’ve been using the pump, I have seen no cases of diarrhoea in our neighbourhood,” said Louissette, mother of three. “We used to have to send children to the health post every week!”

Medair used creative methods like puppet shows and open-air cinema to teach large crowds about the benefits of hygiene and sanitation. In addition, Medair trained 445 village volunteers about correct latrine use and good hygiene practices. These volunteers made regular door-to-door visits with members of their communities, reaching thousands of people and helping them make informed health choices. “They are benefactors to our village, just like doctors,” said one mother. “They give us tips on how to be in better health and how to have better hygiene.”

Since sanitation is a serious problem in the flood-prone city of Maroantsetra, Medair commissioned the redesign of an innovative latrine with a dedicated shower area. In August, we trained four local businesses to build the popular units and sold 78 of them to families at deeply discounted rates, with plans to sell many more in 2015.

“Medair’s projects succeeded in 2014 thanks to the trust of our donors and the remarkable efforts of our staff who provided high-quality service despite working in extremely hard-to-reach areas,” said Dr David Sauter, Head of Country Programme.

“No one else is doing what Medair is doing in these areas,” added David. “Our work remains absolutely essential.”

Relief and Recovery Highlights

68,039 direct beneficiaries

Water, Sanitation, and Hygiene (WASH)

- 52 drilled wells fitted with hand pumps, providing safe drinking water to 6,194 people
- 4 local businesses trained to build EcoSan latrines
- 78 EcoSan latrines pre-sold and 59 Ecosan toilets constructed, benefiting 323 people
- 68,039 people attended hygiene promotion sessions including puppet shows and open-air cinema
- 445 village volunteers trained to provide ongoing hygiene promotion; 9,232 households received a visit
- 200 committees trained to provide local operation and maintenance of community water points

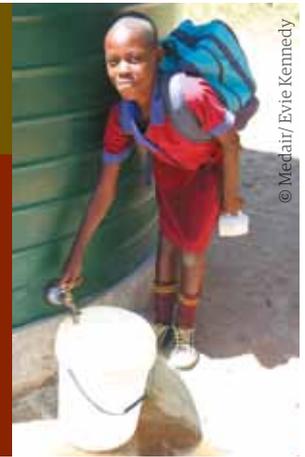
Funding Partners: EC Directorate-General for International Cooperation and Development, Swiss Solidarity, Swiss Agency for Development and Cooperation, Agence de l'eau Rhône Méditerranée Corse (FR), Zürich Zoo (CH), Leopold Bachmann Foundation (CH), Gertrude Hirzel Foundation (CH), and private donors

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



ZIMBABWE

After Zimbabwe suffered a deadly outbreak of cholera in 2008-2009, Medair worked to improve life-threatening problems with the country's water infrastructure.



LEAVING ZIMBABWE

After four-and-a-half years of delivering major water improvements to urban and rural communities, Medair concluded its humanitarian activities in Zimbabwe in May 2014.

Before closing the programme, Medair helped complete a large WASH project for schools in the city of Bulawayo, as part of a consortium of implementing partners. Medair installed 65 water storage tanks, improving access to safe water for more than 60,000 students and teachers. Our team also delivered health, hygiene, and life-skills training that reached more than 60,000 children.

"This project has had a profound effect on the lives of children and school staff," said Philip Walker, Head of Country Programme. "When there is no water available for everyday routines like washing of hands, toilet use, or drinking, and then water becomes available, people's lives are impacted very positively. On top of that, our health, hygiene, and life-skills training has the potential to have a life-long impact."

The Bulawayo project, begun in 2013 in response to a severe water shortage, made massive improvements to water and sanitation access in the city's most at-risk neighbourhoods. Medair worked with a consortium that drilled and repaired high-yield boreholes, rehabilitated the water treatment plant, installed water storage tanks, improved sanitation facilities, and provided widespread health and hygiene promotion.

"I truly believe that Medair has made a major impact in the districts where we worked," said Hylton Cannon, Country Director. "There is now safe water for schools, clinics, and communities that was lacking before we started our projects."

"Leaving Zimbabwe is never easy," said Philip. "This is the second time Medair has worked here; the country and its people truly have a hold of our hearts. Yet we leave confident that—thanks to our generous supporters and the sheer dedication and effort of our staff—we have made an immense and lasting contribution to some of the most vulnerable people of Zimbabwe."

Relief and Recovery Highlights

63,157 direct beneficiaries

Water, Sanitation, and Hygiene (WASH)

- 65 water storage tanks installed at schools; 45 new installations and 20 installations at schools needing extra capacity
- 63,157 people benefited from the improved access to clean water
- 62,941 children benefited from participatory health, hygiene, and life-skills training
- 144 health teachers and 72 headmasters received training in health and hygiene education; some received technical training in storage-tank operation and maintenance

Funding Partners: Department for International Development (UK) and private donors

Funding Partners

Organisational supporters listed alphabetically ≥ USD 15,000.

UNITED NATIONS, INTERGOVERNMENTAL, AND GOVERNMENTAL PARTNERS

Common Humanitarian Fund
Department for International Development (UK)
EC-Directorate General for Humanitarian Aid and Civil Protection
EC-Directorate General for International Cooperation and Development
Pooled Fund (CD)
Swiss Agency for Development and Cooperation
UN Children's Fund

UN Development Programme
UN Office for the Coordination of Humanitarian Affairs
UN High Commissioner for Refugees
UN Human Settlements Programme
US Agency for International Development
US Department of State
World Food Programme

INSTITUTIONAL AND NON-GOVERNMENTAL ORGANISATIONAL PARTNERS

Disasters Emergency Committee (UK)
EO Metterdaad (NL)
ERIKS Development Partner (SE)
Läkarmissionen (SE)
Mennonite Central Committee with Canadian Foodgrains Bank (CA)
Mission Aviation Fellowship (SE)

Mission Alliance (NO)
Swiss Solidarity
TEAR (AU)
Tearfund (BE)
Transform Aid (AU)
World Concern (US)

OTHER CORPORATE, PUBLIC, AND PRIVATE ORGANISATIONAL PARTNERS

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UN High Commissioner for Refugees
World Food Programme
World Health Organization

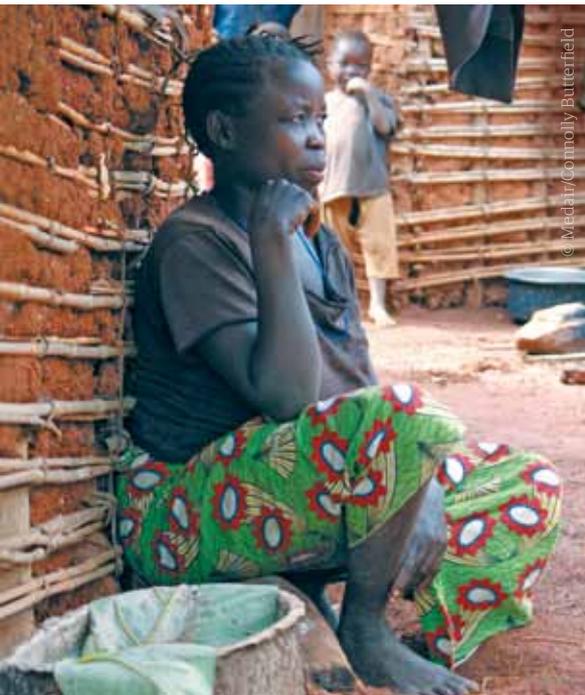
Thank you to all of our supporters

In a year beset by global crises, your gifts made it possible to bring life-saving aid to more than 1.5 million people affected by disasters, conflicts, and outbreaks of disease. Your confidence in Medair enabled a rapid response in Iraq when hundreds of thousands fled for their lives. You supported us as we joined the fight against Ebola in Sierra Leone, while your ongoing support relieved the suffering of nearly half-a-million people in war-torn South Sudan. Thank you for trusting Medair, and for generously supporting the world's most vulnerable.



Gregory Pasche,
Director of Marketing and
Relationships

Words from Our Partners



“ *The beneficiary population is very happy with Medair’s assistance. It has reduced the risk for mothers, and the risk from malaria. All of this is possible with Medair’s support to the clinics through medicine and free treatment—which includes assistance for transfers to health centres and hospitals.*

Your work has diminished the burden on the health zone. The government, too, is satisfied with the support...It is very encouraging, very positive. ”

– Dieu Donné Chombe, Health Zone Office Supervisor, D.R. Congo
(Photo: Medair beneficiary in Irumu territory, D.R. Congo)



“ *The European Commission is very proud of the work that Medair is doing in South Sudan. We appreciate the commitment, capacity to work in tough conditions, the motivation of the teams, and the quality of the work.*

The motivation of both the international as well as the national staff is excellent – that really makes a difference. The staff are very well trained and know what they are doing. ”

– Inma Vazquez, European Commission, South Sudan (centre of photo)

Accreditations and Affiliations



ISO 9001:2008 certification, Worldwide

This quality certification denotes that Medair provides effective relief and recovery services for the well-being of its beneficiaries.



ZEWO, CH

Certification testifies to the integrity of Medair's communications and fundraising, and requires optimal accounting and operational transparency.



RfB, NL

Certifies that gifts to Medair NL are used for the purpose they were given.



Algemeen Nut Beogende Instelling, NL

Status granted by the Dutch government.

Memberships



ASA.H, FR

Faith-based organisations in humanitarian aid, cooperation and development, fair trade, and societal reintegration.



Bond, UK

A network of UK development organisations united to eradicate global poverty.



CONCORD

A European confederation for relief and development.



Coordination SUD, FR

Supports NGO professionalism; defends NGO interests in France and Europe.



EU-CORD

A network of Christian relief and development organisations with the goal of improving the conditions of disadvantaged people in the world.

eisf



European Interagency Security Forum

A European NGO forum concerned with the security and safety of humanitarian relief organisations.



HAP International

Promotes the highest principles of accountability by a common respect for the rights and dignity of beneficiaries.



ImpACT Coalition, UK

Seeks to improve accountability and transparency and increase understanding of how charities work.



Integral

A global alliance of Christian relief and development agencies.



Interaction, CH

Association of Christian organisations working in humanitarian aid and development.



LINGOs

A consortium of NGOs sharing resources and experiences.



NGO DRR Platform, CH

Coordinates to increase effectiveness and quality of Swiss NGO work in DRR and ACC.



People in Aid

Supports organisational effectiveness and good practice in people management in the humanitarian and development sector.



QUAMED

A network of NGOs working to improve access to quality medicines in developing countries.



The CORE Group

Fosters collaborative action to improve community-focused public health practices for underserved populations around the world.



The Fundraising Standards Board, UK

An independent self-regulatory body for fundraising. Members adhere to highest standards of fundraising practice.



The Global Health Cluster

Develops best practices to ensure accountability and effectiveness in humanitarian health response.



The Global Logistics Cluster

Works to ensure that humanitarians can save lives through timely and reliable logistical support and information.



The Global Shelter Cluster

A primary mechanism for UN and NGO coordination of humanitarian shelter assistance.



The Global WASH Cluster

Coordinates water, sanitation, and hygiene promotion to affected populations in emergencies.



VOICE

A network of European NGOs active in humanitarian aid.

Principles and Standards



The Sphere Project

A handbook and collaboration among NGOs and the The International Red Cross and Red Crescent Movement to promote quality and accountability.

International Red Cross and Red Crescent Movement

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
2014

Medair operates with US dollars as its functional currency

The following pages are presented in US dollars (USD)

Report on Financial Performance

Mission

As an emergency relief organisation, our core purpose is to relieve suffering, focusing on those people with the greatest needs on earth. That is why our work takes us to some of the poorest, most dangerous, remote, and difficult-to-access places. Naturally a large majority of the vulnerable people we serve are women and children.

We truly believe that we can only be effective if we work hand in hand with the people and communities we are serving.

We are motivated by our Christian faith. We believe that every single life on this planet counts, regardless of race, religion, gender, or nationality.

Treasurer's Report

In view of this mission, I am very pleased to report that 2014 was an extraordinary year. Medair provided humanitarian aid to more than 1.5 million beneficiaries.

The year ended with a consolidated profit of USD 1.1 million.

We spent almost USD 48 million on humanitarian expenses, which is an increase of close to 20 % compared to 2013 and 40 % in 2012. During the last year, the administrative expenses actually decreased by 3 %.

A significant proportion of this amount was to help the many people affected by the civil war in South Sudan, currently considered the world's most fragile country.

Photo: Medair operates a busy health clinic for displaced families in Sharya Camp, Iraq.



Some 1.9 million people had to flee and nearly four million people faced the risk of malnourishment. Therefore we invested more than USD 15.8 million to help nearly half a million people with shelter, household items, safe drinking water, nutrition, and medical treatment, including vaccinations to protect against deadly measles and cholera outbreaks.

Another main focus was the Syrian crisis, with its more than 3.7 million refugees. This put a lot of tension on the neighbouring countries such as Jordan and especially Lebanon, where the Syrian refugees make up 25 % of its population, the most refugees per capita in the world. We invested more than USD 12 million to help with housing and nutrition among other aid for more than 200,000 refugees who have no way of earning an income.

During 2014, we continued to respond in the Philippines to the crisis after the typhoon, but we also responded to new emergencies such as Iraq, where people had to flee from the terror of IS, and Sierra Leone, where we remain present to help eliminate the deadly outbreak of Ebola.

Helping so many people was only possible because our donors, institutional as well as private, had faith in Medair and wanted to partner with us to bring hope into hopeless situations. Institutional donors gave more than USD 41.8 million, which is 21 % more than in 2013. Similarly, private donations grew by 15 % to USD 11.3 million. We are very grateful for the trust our donors show us.

Most of these grants and donations were restricted to specific emergencies, so we were not able to increase our reserves to a level which would be appropriate to the size of our programmes, the contexts we work in, the rapidity with which we need to dispense money in order to help, the volatility of the foreign exchange markets, and also the time needed to be reimbursed by our institutional donors.

I would like to close by giving thanks to our institutional, organisational, and individual supporters, as well as to our self-sacrificing staff and partners, without whom it would be impossible to bring relief to the world's most vulnerable people.

Torsten de Santos
Treasurer



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 2014 are presented below.

International Board of Trustees

Christina Bregy	President. Member since 2009, President since 2011, reappointed as President in 2014 for three years (2015-2017).
Chris Lukkien	Vice President. Member since 2010, reappointed in 2013 for three years (2014-2016).
Torsten de Santos	Treasurer. Member since 2010, reappointed in 2013 for three years (2014-2016).
Arno IJmker	Secretary. Member since 2011, reappointed as Secretary in 2014 for three years (2015-2017).
Eleanor Dougoud	Member since 2011, reappointed in 2014 for three years (2015-2017).
Klaas van Mill	Member since 2011, Reappointed in 2014 for three years (2015-2017).
Nigel Harris	Member since 2010, reappointed in 2013 for three years (2014-2016).
Jacques Demaurex	Member since 2013 (2013-2016).

Executive Leadership Team

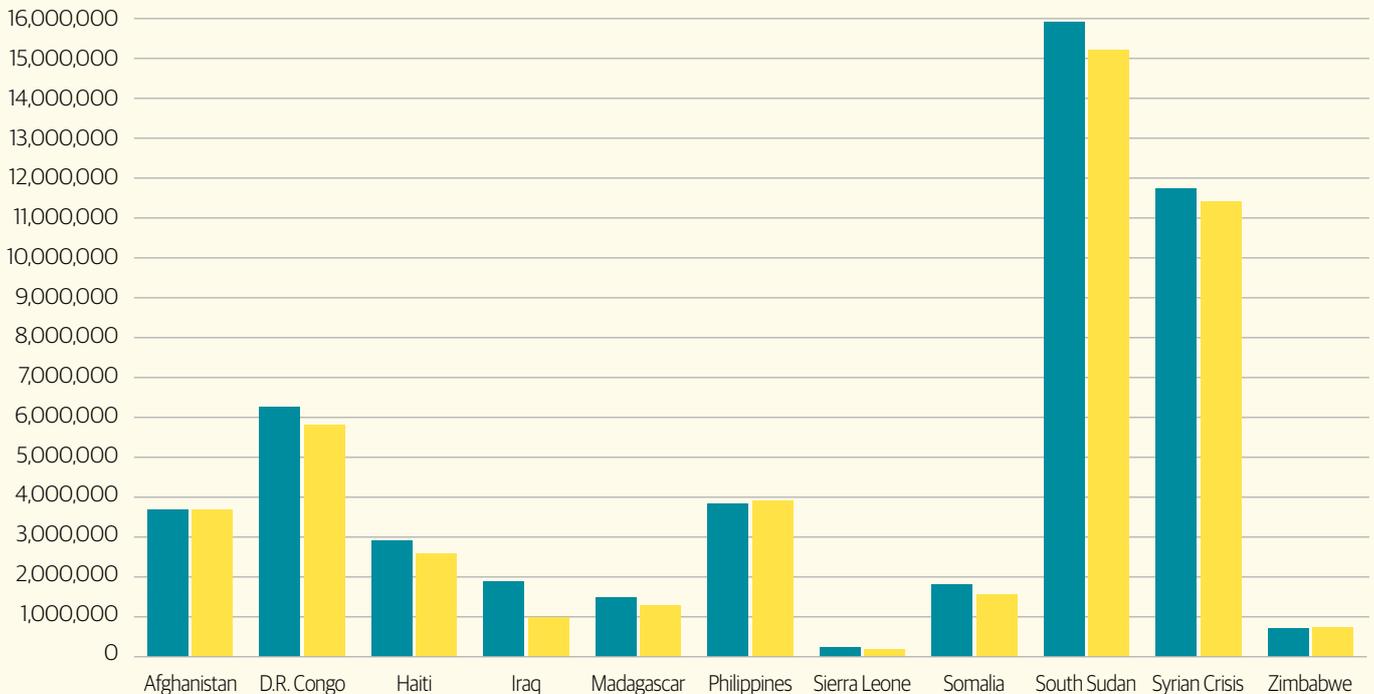
Jim Ingram	Chief Executive Officer
Gregory Pasche	Marketing & Relationships Director
James Jackson	Executive Office Director
Mark Screeton	International Director
Martin Baumann	Finance Director
Peter Holloway	Human Resources Director

Photo © Medair/Janneke de Kruijf
 From left, back row: Chris Lukkien, Klaas van Mill, Nigel Harris, Arno IJmker
 Front row: Christina Bregy and Eleanor Dougoud
 Not in photo: Jacques Demaurex and Torsten de Santos



Financial Statistics

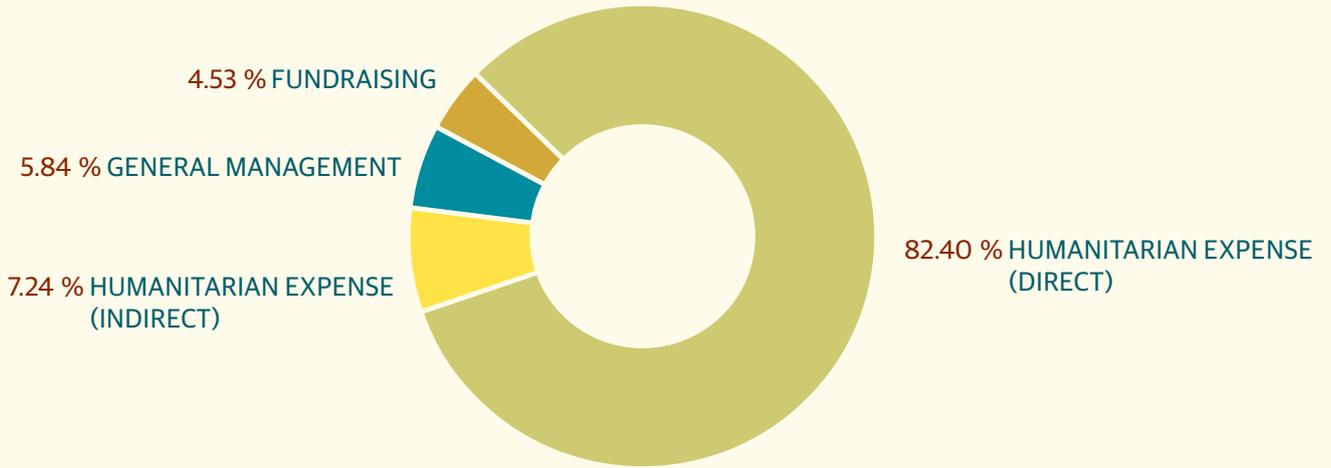
PROGRAMME INCOME AND EXPENSE 2014 (USD)



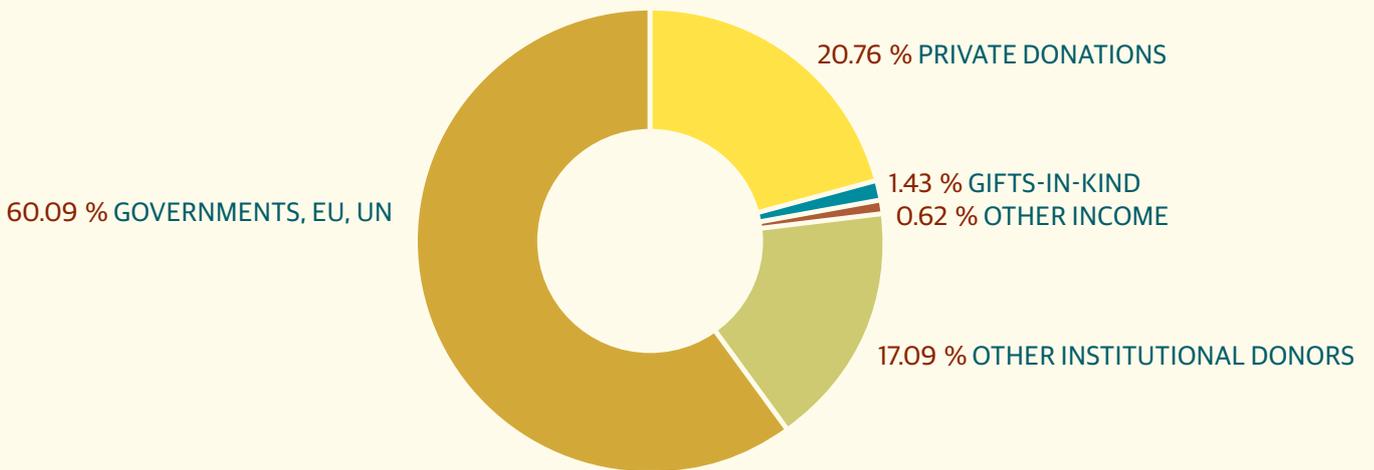
INCOME	3,689,290	6,260,911	2,917,856	1,896,915	1,487,401	3,826,103	232,739	1,807,650	15,916,690	11,736,190	705,694
EXPENSE	3,698,696	5,816,717	2,587,430	976,045	1,288,900	3,917,871	175,354	1,553,734	15,215,178	11,410,904	729,185

Photo: Edith, 50, enjoys the shady front porch of her new disaster-resilient home in Haiti.

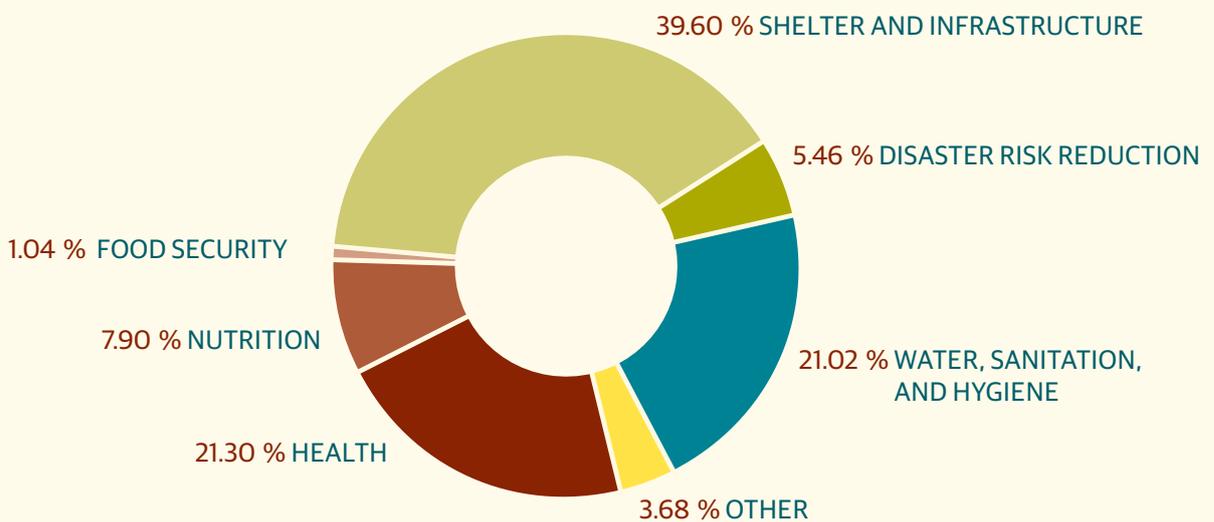
OPERATING EXPENSE 2014



OPERATING INCOME 2014



BENEFICIARY EXPENSE BY SECTOR 2014



To the Board of Trustees of

Medair, Ecublens

Lausanne, 19 June 2015

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 consolidated balance sheet, consolidated income statement, consolidated cash flow statement, consolidated statement of changes in capital and funds and notes on pages 37 to 50 for the year ended 31 December 2014. According to the Swiss GAAP FER 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 21. This responsibility includes designing, implementing and maintaining an internal control system relevant to the preparation 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

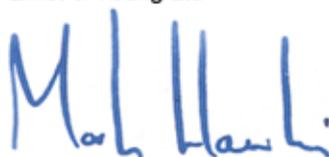
Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with Swiss Auditing Standards. Those standards require that we plan and perform the audit to obtain reasonable assurance whether the consolidated financial statements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

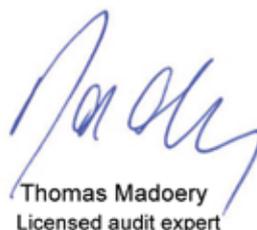
Opinion

In our opinion, the consolidated financial statements for the year ended 31 December 2014 give a true and fair view of the financial position, the results of operations and the cash flows in accordance with Swiss GAAP FER 21.

Ernst & Young Ltd



Mark Hawkins
Licensed audit expert
(Auditor in charge)



Thomas Madoery
Licensed audit expert

Consolidated Balance Sheet as of 31 December 2014

All figures shown are in USD		2014	2013
	Note		
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	6	9,510,499	8,855,891
Donor receivables	7	7,684,517	7,136,233
Other receivables		220,183	193,883
Inventory		103,678	91,560
Prepayments		416,448	116,311
		17,935,325	16,393,879
LONG-TERM ASSETS			
Financial assets		368,909	259,196
Capital assets	9	840,147	854,308
		1,209,056	1,113,504
TOTAL ASSETS		19,144,381	17,507,382
LIABILITIES, FUNDS AND CAPITAL			
CURRENT LIABILITIES			
Deferred income	10	5,260,801	5,119,724
Donor payables		38,753	-
Accounts payable		839,108	931,361
End-of-contract benefits	13	191,200	-
Accrued liabilities		474,648	489,963
Provisions	11	266,022	206,526
		7,070,532	6,747,574
LONG-TERM LIABILITIES			
Long-term debt	12	50,536	56,150
End-of-contract benefits	13	410,765	87,690
		461,300	143,840
RESTRICTED FUNDS			
Restricted income funds	2, 15	567,614	421,084
Restricted programme funds		2,663,329	2,240,468
		3,230,943	2,661,552
CAPITAL / UNRESTRICTED FUNDS			
Unrestricted capital	2, 16	1,928,245	1,803,707
Allocated capital		6,453,361	6,150,709
		8,381,607	7,954,416
TOTAL LIABILITIES, FUNDS AND CAPITAL		19,144,381	17,507,382

Consolidated Income Statement 2014

All figures shown are in USD

		2014			2013
	Note	Unrestricted	Restricted	Total	Total
OPERATING INCOME					
Grants		-	41,842,934	41,842,934	34,467,979
Donations		6,487,827	4,768,677	11,256,505	9,772,822
Gifts-in-kind	16	61,799	715,805	777,604	782,734
Other income	17	85,964	251,184	337,148	254,587
	15	6,635,591	47,578,600	54,214,191	45,278,123
OPERATING EXPENSE					
Humanitarian expense	18	-47,611,640	-	-47,611,640	-39,752,716
Administrative expense	19	-5,504,091	-	-5,504,091	-5,671,856
	20	-53,115,731	-	-53,115,731	-45,424,572
OPERATING RESULT		-46,480,141	47,578,600	1,098,460	-146,449
FINANCIAL RESULT					
Financial income		66,349	12,117	78,466	12,498
Financial expense		-9,133	-131	-9,264	-66,483
Realised gain/(loss) on exchange		262,909	2,926	265,835	173,460
Unrealised gain/(loss) on exchange		-328,864	11,869	-316,995	22,409
		-8,739	26,781	18,042	141,884
RESULT BEFORE CHANGE IN FUNDS		-46,488,879	47,605,381	1,116,502	-4,565
CHANGE IN FUNDS					
Release of restriction		46,880,993	-46,880,993	-	-
(Allocation to)/Withdrawal from restricted funds		-	-724,388	-724,388	604,308
ANNUAL RESULT BEFORE ALLOCATION TO CAPITAL		392,114	-	392,114	599,743
(Allocation to) Capital / unrestricted funds		-392,114	-	-392,114	-599,743
ANNUAL RESULT		-	-	-	-

Consolidated Cash Flow Statement 2014

All figures shown are in USD

	2014	2013
CASH FLOW FROM OPERATIONS		
Result before change in funds	1,116,502	-4,565
Depreciation	512,330	660,495
Increase/(decrease) in provisions	59,496	206,526
Increase/(decrease) in end-of-contract benefits	514,275	8,297
Currency translations	-122,944	-
(Increase)/decrease in donor receivables	-548,284	-2,350,102
(Increase)/decrease in other receivables	-26,300	57,935
(Increase)/decrease in inventory	-12,118	4,164
(Increase)/decrease in prepaid expense	-300,137	-30,534
Increase/(decrease) in deferred revenue	141,077	3,807,543
Increase/(decrease) in donor payables	38,753	-
Increase/(decrease) in accounts payable	-92,253	250,623
Increase/(decrease) in accrued liabilities	-15,315	42,516
	1,265,080	2,652,897
CASH FLOW FROM INVESTING ACTIVITIES		
(Investments) in financial assets	-109,713	-3,130
(Investments) in fixed assets	-495,146	-642,675
Disposals in fixed assets	-	8,837
	-604,859	-636,967
CASH FLOW FROM FINANCING ACTIVITIES		
Increase/(decrease) in long-term debt	-5,615	56,150
	-5,615	56,150
	CHANGES IN CASH	2,072,080
CHANGE IN CASH BALANCES		
Opening balance	8,855,891	6,783,811
Closing balance	9,510,499	8,855,891
	CHANGES IN CASH	2,072,080

Consolidated Statement of Changes in Capital and Funds 2014

All figures shown are in USD	2014							
	Opening balance	Unrestricted income	Restricted income	Programme expense	Financial gain/(loss)	Fund transfers	Currency translations	Closing balance
RESTRICTED FUNDS								
Restricted income funds								
Disaster risk management fund	-	-	-	-	-	-	-	-
Emergency response fund	244,767	-	9	-5,751	-	160,000	-	399,025
Forgotten victims fund	963	-	-	-	-	-	-	963
Health & nutrition fund	931	-	1,514	-	-	-2,047	-	398
Shelter & infrastructure fund	-	-	9,931	-	-	-8,916	-	1,015
MIAF staff care capital fund	173,321	-	-	-	14,663	-	-	187,984
Staff support & development fund	-	-	-	-	-	-	-	-
WASH fund	1,102	-	53,628	-	-	-46,979	-	7,751
Cumulative currency translation	-	-	-	-	-	-	-29,522	-29,522
	421,084	-	65,082	-5,751	14,663	102,058	-29,522	567,614
Restricted programme funds								
Afghanistan	164,458	-	3,089,290	-3,915,807	-	600,000	-	-62,059
Chad	22,125	-	17,537	-142,246	-	100,000	-	-2,584
D.R. Congo	-105,676	-	5,100,911	-6,159,585	2,880	1,160,000	-	-1,470
Haiti	47,691	-	2,678,940	-2,932,790	-	238,916	-	32,757
Iraq	-	-	1,896,915	-1,031,375	-	-	-	865,540
Madagascar	-37,708	-	1,320,422	-1,392,962	495	166,979	-	57,226
Middle East region	-	-	16,025	-	-	-	-	16,025
Myanmar	-	-	-	-26,498	-	30,000	-	3,502
Philippines	1,325,727	-	3,826,103	-4,233,601	53	-	-	918,282
Sierra Leone	-	-	110,692	-185,248	-	122,047	-	47,491
Somalia	154,127	-	1,807,650	-1,575,980	3,807	-	-	389,604
South Sudan	-32,993	-	15,241,690	-15,862,099	11,885	675,000	-	33,483
Sri Lanka	70	-	-	-	-	-	-	70
Sudan	99	-	13,060	-	-	-	-	13,159
Syrian crisis	713,955	-	11,736,190	-11,967,694	-	-	-	482,451
Zimbabwe	-11,407	-	645,694	-753,206	54,246	60,000	-	-4,673
Cumulative currency translation	-	-	-	-	-	-	-125,475	-125,475
	2,240,468	-	47,501,119	-50,179,091	73,366	3,152,942	-125,475	2,663,329
TOTAL RESTRICTED FUNDS	2,661,552	-	47,566,201	-50,184,842	88,029	3,255,000	-154,997	3,230,943
CAPITAL / UNRESTRICTED FUNDS								
Unrestricted capital								
Undesignated funds	1,803,707	6,395,307	-	-	-122,774	-6,054,723	-	2,021,516
Cumulative currency translation	-	-	-	-	-	-	-93,272	-93,272
	1,803,707	6,395,307	-	-	-122,774	-6,054,723	-93,272	1,928,244
Allocated capital								
Administrative fund	1,059,752	201,991	75,377	-3,008,760 a)	3,705	2,742,372	-	1,074,437
Affiliate reserve funds	-	-	-	-30,031	-	56,842	-	26,811
Capital equipment fund	929,834	-	-	-23,632	-	-81,646	-	824,556
Foreign exchange fund	1,348,739	-	-	-	48,925	-	-	1,397,664
MSAF fund	470,172	38,293	-62,978	139,951	156	82,155	-	667,749
Operations fund	2,278,138	-	-	-	-	-	-	2,278,138
Training fund	64,074	-	-	-8,417	-	-	-	55,657
Cumulative currency translation	-	-	-	-	-	-	128,350	128,350
	6,150,709	240,284	12,399	-2,930,889	52,786	2,799,723	128,350	6,453,362
TOTAL CAPITAL / UNRESTRICTED FUNDS	7,954,416	6,635,591	12,399	-2,930,889	-69,988	-3,255,000	35,078	8,381,606
TOTAL CAPITAL AND FUNDS	10,615,968	6,635,591	47,578,600	-53,115,731	18,041	-	-119,919	11,612,549

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

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	-		1,173	-	34	-1,207	-
Emergency response fund	490,058		-	-	-	-245,292	244,767
Forgotten victims fund	924		-	-	39	-	963
Health & nutrition fund	102,436		37,234	-	-539	-138,199	932
Private activity fund	5,629		-	-	-	-5,629	-
MIAF staff care capital fund	173,716		-	-	2,627	-3,021	173,321
Staff support & development fund	-		-	-	419	-419	-
WASH 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	-
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	-105,676
Haiti	508,267		3,386,132	-4,716,519	1,696	868,116	47,691
Indonesia	66,209		-	-	-	-66,210	-
Iran	5,536		-	-	-	-5,536	-
Iraq	379		-	-	-	-379	-
Madagascar	163,407		525,000	-1,178,057	299	451,646	-37,705
Myanmar	-		-	-617	-	617	-
Pakistan	31,455		-	-	-	-31,455	-
Philippines	-		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
	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	1,059,751
Capital Equipment fund	925,624	-		-166,334	-6,523	177,066	929,833
Foreign Exchange fund	1,215,223	-		-	133,516	-	1,348,739
Launch fund	-	18,073		-	-	-18,073	-
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	437,708	-	-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 CAPITAL AND FUNDS	10,620,532	6,022,479	39,255,651	-45,424,578	141,883	-	10,615,968

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

Notes to Consolidated Financial Statements for 2014

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.

Medair
Chemin du Croset 9
1024 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 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 accrual method is also used for field level payroll accounting. The cash basis of accounting is in use at field locations for all local revenue and other programme expenses.

The reporting currency is the US dollar (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 2014 were authorised for public release in accordance with a resolution of the International Board of Trustees on 19 June 2015.

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 these consolidated financial statements.

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

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	

Two independent Swiss foundations also support the work of Medair and are consolidated in these financial statements. Medair Invest-in-Aid (MIAF) promotes long-term financial development and endowment income for Medair. Medair Staff Assistance Foundation (MSAF) 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 consolidated financial statements.

Inter-company balances and transactions consist mainly of donor grants, restricted and unrestricted donations, accounts receivable, and accounts payable. Humanitarian grants from the European Commission have been signed by Medair UK and then transferred to Medair (Switzerland) for implementation. Grants from non-governmental partners have been arranged and signed by Medair France and Medair Netherlands.

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 as realised gains/losses in the Income Statement in the period in which they arise. Items on the Balance sheet that are held in foreign currency are revalued at year-end using the closing foreign currency rate. Exchange-rate differences arising from this revaluation are recognised as unrealised gains/losses in the Income Statement.

The financial statements of the consolidated 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:

		2014	2013
CHF/USD	Closing exchange rate	1,01071	1,12300
	Average exchange rate	1,09337	1,07900
EUR/USD	Closing exchange rate	1,21566	1,37660
	Average exchange rate	1,32749	1,32800
GBP/USD	Closing exchange rate	1,55352	1,64880
	Average exchange rate	1,64772	1,56430

2.5. Cash and cash equivalents

Cash and cash equivalents include the balances of all current 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-end.

2.6. Account receivables

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

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 value of the stocks is calculated based on actual costs according to the first-in-first-out principle. Inventory items are used exclusively for field programmes and are not for commercial resale. Inventories held in the field are, for operational reasons, directly expensed/charged to the projects.

2.8. Prepayments

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, affiliate offices 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, revalued at closing exchange rates.

2.12. Accrued liabilities

This item consists of liabilities that are due but not yet billed at the closing date and that arise due to goods and services already received. This amount also includes vacation accruals for Swiss and internationally recruited staff. Accrued liabilities are recognised and carried at the anticipated amount to be invoiced.

2.13. Provisions

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.

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.

End-of-contract benefits

These liabilities consist of end-of-contract benefits for nationally recruited staff in several of our field programmes. These benefits are mandated by local labour regulations in these countries. They are recognised when Medair has a present obligation and are classified as long-term and short-term liabilities.

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 fund	Facilitates immediate intervention in the event of a new or developing humanitarian emergency.
Forgotten victims fund	Restricted to programmes that work with vulnerable or displaced persons.
Health & nutrition fund	Restricted to programmes with medical, nutrition and health promotion activities. Renamed from Medical fund.
MIAF 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.
Private activity fund	Funds raised by expatriate staff members for special projects.
Shelter & infrastructure fund	Restricted to programmes with housing and other infrastructure construction activities.
Staff support & development fund	Facilitates individual Medair staff care for special needs and training.
WASH fund	Restricted to programmes related directly to water, sanitation and hygiene activities. Renamed from Water fund.

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. Each affiliate office and foundation also maintains a level of unrestricted capital for their operational needs and reserves.

Unrestricted capital	
Undesignated funds	Private donations that are not designated to a specific programme or cause by the donor.
Allocated capital	
Administrative fund	For the general administrative costs of the organisation.
Affiliate reserve funds	Reserve funds established at the affiliate offices.
Capital equipment fund	For the purchase of Medair-owned assets.
Foreign exchange fund	To support the foreign exchange risk of the organisation.
MSAF fund	Assists expatriate staff with medical expenses, health insurance, and repatriation.
Operations fund	To support the cash-flow requirements of field programmes.
Training fund	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 and the instability of the contexts in which Medair operates, which may result in the asset being returned to the donor.

The related budgetary obligations are considered as contingent liabilities.

Deferred income: Revenue relating to future years is recorded on the Balance sheet as deferred income. Deferred income is calculated for each individual

grant. It is 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 designates the gift toward a specific cause, the donation is considered restricted. Restricted funds that have not been used at the end of the year are presented in a separate section of the Balance sheet as restricted 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.

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. Performance report

In accordance with the Swiss GAAP RPC/FER 21, Medair produces a performance report, which, as of 31 December 2014, has been integrated with the Medair Annual Report.

5. Management of financial risks

Risks are periodically analysed on an organisation-wide basis by the Executive Leadership Team, which results in a report that is submitted to the International Board of Trustees. In terms of financial risks, we draw your attention to the following items:

5.1. 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. Furthermore, Medair established

a Foreign Exchange Fund in order to absorb the fluctuations. The reserves are kept mainly in US dollars, euros and Swiss francs.

5.2. Banking risk

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

5.3. 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.

5.4. 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 the Balance sheet

The following sections provide a breakdown of the main items on the Balance sheet, the Income Statement, the Cash Flow Statement, and the Statement of Changes in Capital and Funds.

6. Cash and cash equivalents

USD	31.12.2014	31.12.2013
Field	3,777,770	2,727,964
HQ	3,658,496	4,157,403
Affiliates	1,135,659	969,298
Foundations	938,574	1,001,226
Total	9,510,499	8,855,891

7. Donor receivables

USD	31.12.2014	31.12.2013
Government Partners	3,307,985	1,048,122
United Nations, EU and inter-governmental partners	2,908,660	4,187,651
Humanitarian Partners	1,396,913	1,871,409
Private, public and corporate organisations	70,959	29,051
Total	7,684,517	7,136,233

8. Contingent assets/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.

There is an unrealised foreign exchange loss on these contingent assets of USD 719,700, evaluated at closing exchange rates.

These contingent assets consist of donor grants in the following currencies.

Currency	31.12.2014	31.12.2013
CHF	2,750,541	1,471,716
EUR	2,812,818	4,435,975
GBP	274,300	333,135
USD	11,785,692	-

The expected cash receipt in equivalent USD is as follows. This USD figure is based on donor-specified exchange rates.

USD	31.12.2014	31.12.2013
2014	-	13,099,023
2015	19,492,103	2,521,053
2016	1,220,347	1,106,666
Total	20,172,450	16,726,742

The related budgetary obligations are considered as contingent liabilities.

9. Capital assets

2014										
USD	Asset Group	IT	Comms	Power	Other	Pumps	Facility	HQ leasehold	Vehicles	Total
Total	Opening book value	149,978	40,837	22,623	-	-	1,964	-	639,433	854,835
Assets	Closing balance 31.12.13	1,174,433	121,510	84,812	6,249	-	8,425	234,551	1,750,420	3,380,400
	Currency translation	185	-	-	-	-	4	-	-	189
	Opening balance 1.1.14	1,174,618	121,510	84,812	6,249	-	8,429	234,551	1,750,420	3,380,589
	2014 Additions	104,648	35,955	23,011	1,585	-	4,325	-	325,622	495,146
	2014 Disposals	-42,893	-	-	-6,249	-	-	-	-171,817	-220,959
	Closing balance 31.12.14	1,236,373	157,465	107,823	1,585	-	12,754	234,551	1,904,225	3,654,776
Accumulated Depreciation	Closing balance 31.12.13	-1,024,515	-80,673	-62,189	-6,249	-	-6,463	-234,551	-1,110,987	-2,525,627
	Currency translation	-125	-	-	-	-	-2	-	-	-127
	Opening balance 1.1.14	-1,024,640	-80,673	-62,189	-6,249	-	-6,465	-234,551	-1,110,987	-2,525,754
	2014 Disposals	43,164	-	-	6,249	-	-	-	175,142	224,555
	2014 Depreciation	-90,598	-22,585	-18,282	-	-	-2,073	-	-378,792	-512,330
	Closing balance 31.12.14	-1,072,074	-103,258	-80,471	-	-	-8,538	-234,551	-1,314,637	-2,813,529
	Currency translation	-931	-	-	-	-	-168	-	-	-1,099
Total	Closing book value	163,368	54,207	27,352	1,585	-	4,048	-	589,588	840,147

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	-	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	-	234,551	1,905,892	3,726,023
	Currency translation	252	2,479	-	-	78	-	-	-	-	2,809
	Opening balance 1.1.13	25,382	1,219,255	164,125	118,155	35,606	25,866	-	234,551	1,905,892	3,728,832
	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	-	1,164,057	121,510	84,812	35,606	-	13,497	234,551	1,750,421	3,404,453
Accumulated Depreciation	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	-252	-1,328	-	-	-79	-	-	-	-	-1,659
	Opening balance 1.1.13	-22,786	-918,683	-129,071	-73,452	-33,524	-25,267	-	-205,737	-1,439,350	-2,847,871
	Reclass	13,653	-2,925	-	-	-	-	-10,728	-	-	-
	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	-	-1,014,647	-80,673	-62,189	-35,607	-	-11,595	-234,551	-1,110,987	-2,550,249
	Currency translation		40					62			102
Total	Closing book value	-	149,450	40,837	22,622	-1	-	1,963	-	639,434	854,307

10. Deferred income

USD	31.12.2014	31.12.2013
Afghanistan	145,782	120,352
D.R. Congo	47,525	38,142
Haiti	901,510	-
Iraq	307,401	-
Lebanon	155,977	-
Madagascar	552,454	760,391
Philippines	686,821	754,196
Somalia	26,946	15,554
South Sudan	697,031	930,371
Syrian crisis	1,739,354	2,498,113
Zimbabwe	-	2,606
Total	5.260.801	5.119.724

11. Provisions

USD	2014	2013
Opening balance	206,526	-
Additions	153,809	206,526
Utilisations	-	-
Disolutions	-94,314	-
Closing balance	266,022	206,526

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

12. Long-term debt

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

13. End-of-contract benefits

These liabilities consist of end-of-contract benefits for nationally recruited staff in several of our field programmes. These benefits are mandated by local labour regulations in these countries. They are classified as long-term liabilities with an expected short-term liability of 30% of the balance. This amounts to USD 191,200 for 2015.

14. 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	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	
	31.12.14		31.12.14	31.12.13			2014	2013
Pension institutions without surplus/deficit						566,857	566,857	541,157

The insurance is provided by AXA Winterthur – Columna Foundation LPP for all employees at the Swiss headquarters and Swiss expatriates serving in field locations. Other internationally recruited staff do not benefit from the pension plan. During 2014, nine Swiss expatriates were covered by the plan, whereas 13 were concerned in 2013.

Detail on the Income Statement

15. Income

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

USD	Total Revenue	
	2014	2013
Afghanistan	3,689,290	2,593,206
Chad	117,537	1,097,895
D.R. Congo	6,260,911	5,225,798
Haiti	2,917,856	4,254,248
Iraq	1,896,915	-

Madagascar	1,487,401	976,646
Middle East Region	16,025	-
Myanmar	30,000	617
Philippines	3,826,103	3,024,156
Sierra Leone	232,739	-
Somalia	1,807,650	4,483,334
South Sudan	15,916,690	11,890,693
Sudan	13,060	-9,725
Syrian crisis	11,736,190	6,611,796
Zimbabwe	705,694	1,397,446
Switzerland/Affiliates	3,560,130	3,732,013
Total	54,214,191	45,278,123

16. 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	2014	2013
HQ	-	135,082
Afghanistan	91,089	-
Medair UK	61,799	103,938
Somalia	71,023	95,262
South Sudan	354,448	440,587
Syrian crisis	199,245	7,866
Total	777,604	782,735

Volunteer network

Medair is assisted in its administrative activities in Switzerland by a network of volunteers. These people help with administrative and professional tasks in the office, at promotional events, and in the conduct of Relief and Recovery Orientation Course (ROC) training courses.

Volunteers	2014	2013
Hours served	8,680	7,600
Equivalent days	1,085	950

17. Other income

Other income consists of sales income, training fees for our ROC, beneficiary participation in field programmes, and miscellaneous income.

18. 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. Humanitarian expense is shown on the Income Statement in addition to administrative expense.

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 and Funds.

The following table presents only the humanitarian expenses by country.

2014	Humanitarian - Expenses									
	USD	Sectors	Personnel	Travel	Admin	Maintenance	Depreciation	Other expense	Total	Support expenses
Afghanistan	1,082,830	1,461,026	191,153	377,088	49,470	71,721	171,307	3,404,595	299,040	3,703,635
Chad	5,664	110,734	-3,225	8,463	29	-	18,660	140,325	12,325	152,651
D.R. Congo	2,310,163	1,832,676	226,542	452,722	127,706	119,503	285,083	5,354,396	470,299	5,824,695
Haiti	735,278	1,332,402	111,343	-23,526	36,311	445	189,534	2,381,786	209,202	2,590,988
Iraq	393,645	330,288	90,099	30,327	2,538	352	51,302	898,550	78,923	977,474
Madagascar	218,121	606,341	90,891	141,679	26,166	2,590	100,667	1,186,456	104,211	1,290,667
Myanmar	-	15,726	4,641	2,048	36	-	813	23,264	2,043	25,307
Philippines	2,194,491	811,643	114,087	350,727	849	8,882	125,703	3,606,381	316,764	3,923,145
Sierra Leone	43,892	40,669	50,583	11,531	971	-	13,722	161,367	14,174	175,540
Somalia	401,482	520,955	66,651	182,570	2,466	6,049	249,948	1,430,121	125,614	1,555,734
South Sudan	5,388,898	5,046,783	1,050,575	1,325,952	213,659	243,208	736,055	14,005,129	1,230,130	15,235,258
Syrian crisis	6,375,820	2,575,812	255,816	495,028	12,576	2,540	786,058	10,503,651	922,580	11,426,231
Zimbabwe	430,687	184,690	13,374	18,271	5,033	8,312	10,980	671,348	58,967	730,315
Total	19,580,970	14,869,744	2,262,531	3,372,880	477,809	463,602	2,739,831	43,767,368	3,844,272	47,611,640

2013	Humanitarian - Expenses									
	USD	Sectors	Personnel	Travel	Admin	Maintenance	Depreciation	Other expense	Total	Support expenses
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

19. Administrative expense

Administrative expenses include the cost of the Medair office in Switzerland, the administrative costs of each of the affiliate offices, the Medair Staff Assistance Foundation and the Invest-in-Aid foundation. These costs consist of general management expenses including human resources, operations and logistics, finance, as well as communications and fundraising costs.

2014	Humanitarian		Administration		Total operating expense
USD	Direct	Support	General management	Fundraising	
Sectors	19,580,970	-	-	-	19,580,970
Personnel	14,869,744	3,409,681	1,318,506	1,109,983	20,707,914
Travel & representation	2,262,531	252,014	117,254	62,907	2,694,706
Admin	3,372,880	182,577	1,296,163	159,037	5,010,657
Maintenance	477,809	-	2,921	-	480,730
Depreciation	463,602	-	31,548	-	495,150
Other	2,739,831	-	333,839	255	3,073,925
Fundraising direct	-	-	-	1,071,678	1,071,678
Total	43,767,368	3,844,272	3,100,231	2,403,860	
Grand Total	47,611,640		5,504,091		53,115,731

20. Operating expenses

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

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

21. Remuneration of the Boards of Trustees

Members of the International Board of Trustees of Medair (Switzerland) and the respective boards of each affiliate office volunteered their time in 2014, receiving no salary. Board members are allowed to submit effective out-of-pocket expenses for reimbursement. The total costs of reimbursement during 2014 amounted to CHF 1,440 (2013: CHF 1,501). The Board Chair received no reimbursements during 2014 (2013: CHF 475).



Photo: Be Christian, Medair staff in Madagascar, shows off his new EcoSan latrine.



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Photos, above: A Syrian refugee in Jordan has his identity verified by iris-scan technology prior to receiving cash assistance from Medair. below: Bajoor, 15 months old, receives treatment for malnutrition in Ganyliel, Unity State, South Sudan.



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Chad was accounted for in this report on staffing and finances, and Myanmar was accounted for on finances; neither country had 2014 direct beneficiaries.

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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: Nurse Marie Petry cares for a child with Ebola in Sierra Leone as part of a Medair emergency response launched in 2014. © Medair/Nathalie Fauveau (2015)
back cover: After fleeing brutal attacks in northern Iraq, these two young girls took shelter at a construction site in Zakho, where thousands of traumatised families sought safety.

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