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# MESSAGE FROM JIM INGRAM, CEO



## EACH LIFE IS WORTH THE EXTRA MILE

**Without a doubt, 2015 was Medair's largest mission year ever.** We ran 13 country programmes and reached more than 1.6 million people with emergency relief and recovery services. It's clear that Medair is becoming well-known as a dependable first-line humanitarian relief organisation.

In 2015, we joined with Integral Alliance partners to respond rapidly to the earthquakes in Nepal and to the cyclone devastation in Vanuatu. During the year, we improved our internal mechanisms for emergency response, leading to greatly reduced recovery times between crises. We are growing into the organisation we have long strived to be, with the capacity to regularly respond to new emergencies.

**This year saw the Syrian refugee crisis expand from the Middle East into Europe, such that the world could no longer look away.** By year's end, Medair's refugee-focused programmes in Lebanon and Jordan had matured, and we had gained registration to work in Syria. At times, the Syrian crisis overshadowed other humanitarian crises worthy of attention around the world, especially in South Sudan, where millions struggled to survive.

In 2015, we maintained a strong focus on reaching and relieving suffering in remote and hard-to-reach communities where families might otherwise be forgotten. While our mission did not demand remoteness, it demanded that remoteness not be an excuse. When you consider the efforts taken to reach and assist small isolated villages of a few hundred people, it makes our staff's resolve that much

more impressive. These are high-cost-per-beneficiary projects. Yet this is the commitment you make when you believe that each life is worth the extra mile.

As we look to the future, Medair aims to continue playing a leading role in advancing the use of innovative technologies in the humanitarian space. These technologies enable us to respond to more needs more efficiently than ever before, even in hard-to-reach places.

### **At the same time, we mustn't lose sight of what makes us who we are.**

Medair not only provides health care, water, and shelter to the vulnerable, we also help people recover their well-being. We do this by making the effort to be present with them, even when it takes extra time and extraordinary effort. We stay to listen to people's stories. We grieve with them, laugh with them, and show them we truly care. Time and again, the people we serve thank us for standing alongside them as much as for anything else.

We pass on those thanks to you, our faithful supporters. Thank you for standing alongside Medair in 2015, and for extending your hand to families all over the world who have been blessed by your support this past year.



Jim Ingram

Photo: Jim Ingram on a field visit to Haiti.

# MEDAIR in 2015

1,617,579 TOTAL DIRECT BENEFICIARIES

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.

## Health and Nutrition

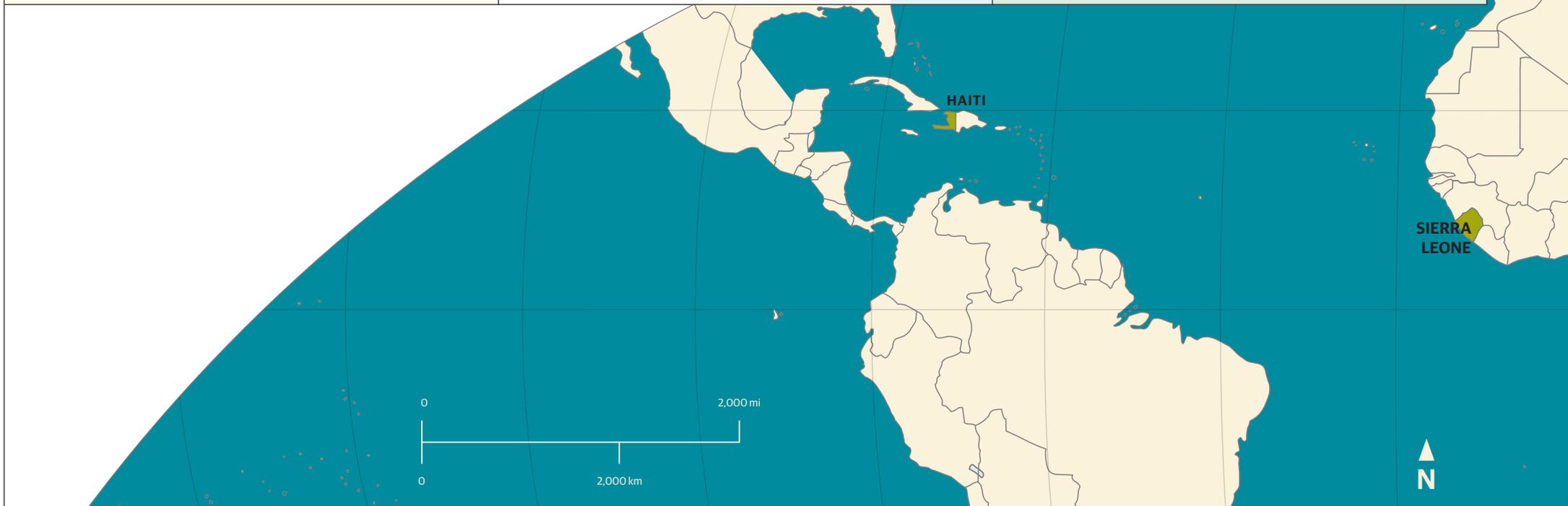
- **663,722** patients treated at Medair-supported health clinics
- **276,571** people taught about life-saving health and nutrition practices
- **18,343** malnourished patients received life-saving treatment

## Water, Sanitation, and Hygiene

- **253,251** people gained improved access to safe drinking water
- **129,987** people gained access to a new or improved latrine or bathing facility
- **153,794** people taught about life-saving hygiene practices

## Shelter and Infrastructure

- **97,162** people benefited from new infrastructure (clinics, bridges, roads)
- **30,800** people received construction training for disaster risk reduction
- **215,957** people received shelter assistance



**13**

countries of operation

**1**

international headquarters in Switzerland, 99 staff  
(88 full-time equivalents)

**5**

affiliate offices in Europe and North America

**144**

internationally recruited staff in the field

**998**

nationally recruited staff

**34**

number of countries where Medair has worked (1988 - 2015)





# MIDDLE EAST

The Syrian Crisis has had a far-reaching impact across the Middle East and in countries around the world. In the past five years, millions have fled from Syria, mainly to Lebanon, Jordan, Iraq, and Turkey. In 2015, an estimated 500,000 Syrians risked everything crossing the Mediterranean to flee to Europe. Meanwhile, conflict in Iraq has displaced more than three million people across the country.



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# SYRIA



Syria's protracted crisis has caused suffering for millions of Syrians who remain in the country. There are now 6.5 million people internally displaced, and more than four million who have fled the country as refugees.



## STARTING IN SYRIA

With an estimated 13.5 million Syrians needing humanitarian assistance, Medair set out to provide aid inside the country in 2015. Getting projects started, however, was not a simple proposition. We started the paperwork process in 2014, and we achieved the first approval in January 2015 to have international staff enter the country.

**Our team spent much of the year gaining the necessary approvals to establish the office and for projects to begin.** During this time, we met

regularly with government ministries, the Syrian Arab Red Crescent, UN agencies, and other NGOs. We hired Syrian staff, designed programming, and raised funds.

In August, we trained 24 Ministry of Health (MoH) and UNICEF staff how to train others on nutrition surveys. We then trained more than 100 people to administer the surveys, which helped enable the MoH to conduct a national nutrition survey. By the end of 2015, Medair had planned future water projects and begun repairing a health clinic.

Due to complex approval processes and insecurity, reaching some locations was challenging. In time,

however, our national staff were able to do field visits more regularly. A local Medair engineer was permitted to be on-site every day during the rehabilitation of the health clinic in Al Qatayfah—a town that had seen its population more than double with an influx of displaced persons. This work will benefit 37,000 Syrians, more than half of whom are displaced.

**“Although the process has taken time, we are now one of the few international NGOs registered to work in Damascus,”** said Clare

Tunbridge, Syria Country Director. “We have built trust with key stakeholders, started projects, and are ramping up activities for 2016 that are going to make a significant difference for thousands of Syrians.”

## RELIEF AND RECOVERY HIGHLIGHTS

Total Beneficiaries: **158**



### HEALTH and NUTRITION

- **30** local doctors trained in nutrition for emergencies
- **24** people, including UNICEF and MoH staff, attended “train the trainer” nutrition survey workshops
- **104** enumerators trained for national nutrition survey in November



### SHELTER and INFRASTRUCTURE

- **1** primary health care clinic began repairs and refurbishment in December

**Funding Partners, Middle East:** MAF (SE), Qlik

**Funding Partners, Syria:** DG ECHO, Stanley Thomas Johnson Found., SDC (CH)

# LEBANON

With more than one million Syrian refugees, Lebanon has the highest refugee population per capita in the world. Many refugees are staying in tents or substandard buildings, unable to legally earn income, and reliant on international aid for their daily needs. Families are finding creative ways to survive, holding onto the hope of returning home one day.

## NEW OBSTACLES EVERY DAY

Life as a refugee has meant constant worries for Nawaf and his family. "Every day we have new obstacles to think about. In Syria, I owned a home, a big one," said Nawaf. "We didn't need to sleep in the same room, or get dirty from the mud and dust."

"Last winter was very hard. We weren't used to this life. We were evicted from our settlement and moved to this farmland. So I called the Medair hotline number. The team came, assessed our tents, and a few days later we received vinyl sheets and wood."

### **In 2015, Medair was one of the main shelter providers for Syrian refugees in the Bekaa Valley.**

We provided more than 11,000 families like Nawaf's with shelter kits that protected them from the elements. Since 2012, these kits have been used by tens of thousands of people with nowhere else to turn. "We were helplessly searching for money to get a tent for winter," said Houda, mother of two. "If it weren't for the shelter kit we just received, we don't know what we could've done."

Tent settlements on farmers' fields are prone to flooding, with sanitation and drainage problems.

In 2015, we upgraded 58 settlements, benefiting more than 12,000 Syrians. Site improvements included gravel surfaces, underground drains, soakaways, latrines, and waste management—resulting in a huge improvement in the quality of life for the refugees.

"When it used to rain a little we could no longer walk outside our tents," said Nawaf. "If I wanted to talk to my neighbour we called to each other from a distance because if we tried to visit one another, mud would cover our feet up to the ankles. The Medair staff worked so hard to provide this and we appreciate that a lot."



*In January, a massive winter storm caused tents to collapse, and melting snow led to widespread flooding. Medair teams delivered emergency items including blankets and shelter materials for families who needed them.*



**Access to clean water was another major issue.**

Medair provided more than 7,000 people with safe drinking water, either through water tanks and filters or through water trucking. We also helped improve the shelters of families living in substandard and unfinished buildings, and we made shelters more accessible for elderly and disabled refugees.

Since fires remained a frequent threat, Medair gave more than 2,400 fire extinguishers to 201 tent settlements. When tents burnt down, Medair responded quickly. "It was unreal losing everything again," said Mayada, after a fire destroyed most of her family's belongings. "I didn't imagine that we would receive help and a new tent this fast."

**The sheer number of tent settlements made it challenging to find and assist all the people who needed help.**

In 2015, Medair was the lead agency for mapping refugee settlements in Lebanon, conducting monthly sweeps of the Bekaa Valley and using innovative technology to pinpoint the coordinates of new settlements, register refugees, and report their needs. We mapped the location and needs of more than

200,000 refugees, sharing our data with the UN and other agencies so that no one was forgotten. "Before, we didn't benefit from any aid services," said Ahmad, leader of a settlement. "Because of Medair, all NGOs were able to reach us and provide help."

**As many refugees in Lebanon struggled to afford basic health services, Medair supported seven health clinics that served refugees and vulnerable Lebanese.**

We strengthened the quality of care in the clinics, and deeply subsidised the cost of treatment and medicines for nearly 32,000 people in 2015. Through the clinics, we vaccinated more than 4,000 people and provided antenatal and postnatal care to 5,000 women. Community mobilisers also visited families in their shelters, screened for malnutrition, and promoted good health, hygiene, and nutrition.

"I was told about this clinic in West Bekaa which would give us medicine for free, and had a gynecologist and a pediatrician. I was very excited!" said Alya. "Where I used to go, I paid lots of money, and the medicine was very expensive. I love Medair so much, we can't be thankful enough for all their work."

**RELIEF AND RECOVERY HIGHLIGHTS**

Total Beneficiaries: **104,782**



**HEALTH and NUTRITION**

- **31,937** patients treated at Medair-supported health clinics
- **5,268** patients received reproductive health; 4,423 people vaccinated
- **2,017** people received health promotion



**WATER, SANITATION, & HYGIENE**

- **7,073** people received safe drinking water
- **4,734** people received improved sanitation
- **1,258** families received hygiene kits; 582 families received baby kits



**SHELTER and INFRASTRUCTURE**

- **11,526** families received shelter kits
- **80** families with elderly or disabled members received shelter assistance
- **55** families received repairs to buildings
- **116** families: collective shelters; 143 families: rodent control; 180 families: floor-raising kits
- **12,200** people benefited from flood reduction
- **2,416** fire extinguishers distributed
- **201,377** refugees mapped, providing their identification, location, and needs to all NGOs in Lebanon

**Funding Partners:** DG ECHO, Isle of Man, UNHCR, UNOCHA, Swiss Solidarity, ERIKS, Läkarmissionen, Transform Aid, World Concern, Cedar Fund, Gebauer Found., Medicor Found., Lancaster Found., GvC Chile Hegi, Fond. du protestantisme

# IRAQ

The ongoing conflict in Iraq has displaced 3.2 million people, forcing families to leave everything behind to seek refuge. Violence and instability are increasing in some areas, and the number of displaced people continues to grow. As the conflict stretches on, the survival needs of these vulnerable families grow ever greater.

## STANDING WITH THE SUFFERING

Sirin and her children fled to the Kurdistan region of Iraq in 2014. They took shelter in an unfinished building with no windows, doors, or walls. These multi-storey buildings promised refuge but were often unsafe places to live. "It was very dangerous for children," said Sirin. "I had to watch them all the time. I couldn't do anything without taking them with me. I was scared they would fall from the building."

**In 2015, Medair helped more than 3,000 people living in unfinished buildings by installing safety barriers to prevent accidental falls, along with handrails and ramps to improve ease of access.**

"I can relax now," said Sirin. "I can do the washing and cooking and not be worrying 'Where are my kids?'"

Medair also installed latrines, handwashing stations, and showers in the unfinished buildings, and ensured a supply of safe water for those without it. We delivered hygiene kits with soap, toothpaste, and other essentials, and provided guidance on good hygiene practices.

Living in these shells of buildings exposed people to the elements. With a cold winter coming, Medair gave vouchers to families to buy what they needed from

local markets to make it through the coming months. As a result, nearly 10,000 people stayed warm, thanks to new heaters, blankets, mattresses, winter clothes, and shelter materials like tarpaulin, wood, and nails.

**Medair managed a primary health care centre in Sharya camp which provided life-saving health care and medicine throughout the year to more than 20,000 people.**

We screened children and mothers for acute malnutrition, and treated those in need of nourishment. Our team of community health volunteers visited families in their tents on a regular basis and shared health messages to improve nutrition and reduce the likelihood of outbreaks. "The place is clean, and the doctors are good," said Palemar, father of three. "One of the Medair clinic staff was my neighbour



Medair used mobile data collection to register more than 140,000 displaced people for humanitarian aid. "This project will ensure that families living in these huge displacement camps are no longer anonymous," said Jaap Scheele, Medair relief worker.



© Medair / Bethany Williams

in Sinjar before we fled. They know how to treat us well and they understand us.”

**In February, the town of Wana was recaptured.**

People returned home to find looted houses, no electricity or basic services, and a clinic with no doctors and few supplies. We distributed more than 2,500 hygiene kits with soap, shampoo, feminine hygiene items, and other essentials.

Medair also sent a mobile medical team to Wana, near the frontlines, and provided families with life-saving health care. Later, we supported the local clinic with training, supervision, and medicine. “There was nothing for health when we came back. There were no drugs at the primary health centre,” said Merdan, a returnee. “I brought my nephew here for treatment of a skin infection. In this world and the next, we will be thankful for Medair all the time.”

In 2015, Medair set up an office in Kirkuk governate where a massive population of displaced people were living in poor conditions with little health care available. We ran a mobile medical unit which moved to multiple

locations to deliver emergency health services to nearly 2,400 people. “We are grateful you are here, running this clinic to help these displaced people, donating supplies, and supporting them,” said Abraham, a local imam. “This is a place for all religions, for all human beings. We are all the same.”

**One of the great strengths of Medair’s programme in 2015 was that so many of our staff were skilled workers who had been displaced by the conflict themselves.**

“All the people who come to the clinic are my people,” said Amal, a nurse at the Sharya clinic. “I am from Sinjar, and they are from Sinjar.”

“The most motivational response that I received from the people was their thanks and gratitude,” said Emad, one of our Iraqi staff. “They say, ‘You do not stop working for our service, you work as much as possible.’ And there’s another phrase I hear a lot from people, ‘Medair feels our suffering.’”

**RELIEF AND RECOVERY HIGHLIGHTS**

Total Beneficiaries: **65,925**



**HEALTH and NUTRITION**

- **24,963** patients treated at Medair-supported health clinics
- **20,408** people reached with health and nutrition promotion encouraging behaviour change
- **117** children treated for acute malnutrition



**WATER, SANITATION, & HYGIENE**

- **3,251** people received improved access to safe drinking water
- **11,822** people received improved sanitation or bathing facilities
- **3,900** received direct hygiene promotion
- **5,635** people benefited from solid waste management
- **31,856** people benefited from hygiene kits



**SHELTER and INFRASTRUCTURE**

- **9,774** people received shelter assistance through winterisation vouchers
- **3,269** people benefited from shelter solutions such as handrails, ramps, safety fencing
- **142,802** displaced people registered for aid

**Funding Partners:** DG ECHO, Global Affairs (CA), UNOCHA, USAID, UNICEF, WHO, Dorcas Aid, ERIKS, Swiss Solidarity, Transform Aid, Medicor Found., Fond. Ernest Matthey, GvC Chile Hegi, Fond. du protestantisme

# JORDAN

Jordan has welcomed 635,000 fleeing Syrians, but refugee life has become more difficult as the years have worn on, and families continue to depend on assistance. Most of them live outside the formal camps in rented rooms, apartments, or garages. Unable to legally earn income, families struggle to afford rent and essentials like food, water, and health care.

## NOTHING TO LOSE

Ala' and his wife and six children had been struggling for years to live as refugees in northern Jordan. "For days, we only had one meal, and we couldn't afford to buy bread," said Ala'. "If I had an opportunity, I would leave, even on 24-hour notice; I have nothing to lose."

"Food, shelter, and health are basic necessities," continued Ala'. "Not having those needs met has made life unbearable. We are trying everything to survive. We are thinking of gambling with our lives to immigrate to Europe across the sea. Or we might go back to Syria where we could be killed any minute."

**In 2015, Medair supported more than 700 struggling families like Ala's with six months of cash assistance to help them cover their rent and other priority needs.** Ala' withdrew the cash from a local bank to use directly for his family.

"I want to thank Medair for this cash assistance; it has given me hope for the past six months," said Ala'. "We need you to continue supporting us—you are the only hope in our lives."

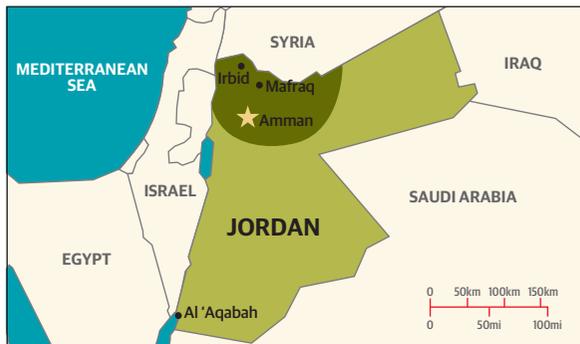
**In 2015, Medair launched a cash-for-health project to help Syrians pay for urgently needed**

**antenatal care, deliveries, and emergency**

**surgeries.** Qasem jumped for joy when he saw that his wife and newborn daughter were safe and healthy. "With the cash I have received from Medair, I can now pay the rest of the fees to the hospital," said Qasem. "I really don't know what I would have done!"

With winters being cold in Jordan, Medair provided more than 100 vulnerable families with cash assistance to pay for heaters, blankets, and insulation.

To prevent malnutrition and disease outbreaks, Medair trained community health volunteers to



*Saed lost his hearing when a bomb exploded near his home in Syria. Thanks to Medair's cash assistance programme, Saed's father Hamzeh paid for rent and bought hearing aids for his son. Now Saed is able to hear for the first time in more than two years.*



Medair / Megan Fagan

deliver messages about infant and young child feeding practices, reaching more than 20,000 caregivers. Medair also provided therapeutic food at local clinics, screened more than 30,000 children and women for acute malnutrition, and referred nearly 150 of them for treatment. "Thank you for helping us!" said Hasna, mother of a severely malnourished eight-month-old baby girl. "You brought my child back to life."

**Our community health team reached nearly 9,000 families to alert them about available health services**, especially services for pregnant women and new mothers. We also promoted the importance of vaccinations and good hygiene.

In 2015, Medair continued assisting vulnerable Jordanians as well as Syrians, training enterprising women to set up and grow small businesses. We partnered with Tearfund to support women suffering from trauma such as sexual and gender-based violence. Through workshops, counselling, and mother-support groups, hundreds of women had a safe environment to share their stories, support one another, and get professional help. We held workshops on topical issues

such as early marriage and domestic abuse that reached nearly 20,000 people. "After the workshop, my mother-in-law turned around 180 degrees," said Maram, married and pregnant at 14. "She is now much better, treating me as if I were her daughter."

**In Jordan, Medair staff make an extra effort to meet refugees personally, no matter where they live, and spend time with them listening to their stories.** In the first few months of 2015, we travelled to many communities near the Syrian border and provided 1,000 families with water filters and hygiene items, along with shelter materials to protect their dwellings from the elements.

"Refugees in remote areas often don't receive any help at all," said Edwin Visser, Jordan Country Director. "They feel isolated. It means the world to them when someone comes to enquire about their situation. You normally wouldn't consider listening to somebody's story a form of assistance. But we do. We see it as emotional assistance. We treat these people as human beings, not as recipients of stuff."

## RELIEF AND RECOVERY HIGHLIGHTS

Total Beneficiaries: **92,859**



### HEALTH and NUTRITION

- **22,722** caregivers trained on feeding practices
- **30,490** children and women screened for acute malnutrition; 149 treated
- **19,755** men and women reached with messages about sexual and gender-based violence and early marriage
- **71** people received cash for urgent health needs
- **300** women met in small groups to discuss dealing with trauma and other health-related topics
- **8,931** families reached with information on health care and preventative behaviours



### WATER, SANITATION, & HYGIENE

- **1,000** families received WASH kits including filters, jerry cans, and sanitary items



### SHELTER and INFRASTRUCTURE

- **1,000** families received shelter kits to insulate housing
- **866** families received cash assistance
- **262** Jordanian families received livelihood training and a cash grant
- **1,066** people attended legal workshops

**Funding Partners:** DG ECHO, Global Affairs (CA), DFAT (IE), SDC (CH), Human. Pooled Fund, DEC (UK), Swiss Solidarity, Lutheran World Fed., Tearfund (UK), Woord en Daad, All We Can, Teamco Found., Lutheran World Relief (CA)



Madagascar



Afghanistan



Nepal

## EACH LIFE IS WORTH THE EXTRA MILE

Medair is committed to going the extra mile to reach vulnerable families in the world's most remote and devastated places. In 2015, our staff travelled by plane, helicopter, 4x4 truck, car, motorcycle, bike, motorboat, and canoe. We hiked, waded, and even swam to reach and relieve the suffering of families who might otherwise be forgotten.

Whether through mountains, swamps, thick mud, or dense jungle—Medair went to great lengths to deliver aid to isolated communities in 2015, wherever they were, whatever it took.



South Sudan

In South Sudan, we travel to some hard-to-reach, remote areas—places without good roads or infrastructure, places that are often only reachable by foot or canoe. When conflict is nearby, these places get even harder to reach.

In 2015, Medair's team canoed for more than 18 hours each way through swamps frequented by crocodiles, hippos, and snakes to reach a remote location where thousands of displaced people needed relief. We provided those families with portable water filters, fishing kits, and plastic sheets to protect against the elements.

"It is a blessing from God that you came here so that the people can hope that something better will happen," said a community leader.

"For the people, Medair's coming was everything," said Amalan Arulanantham, Medair relief worker. "They were so grateful that we had come. The fact that we as expat aid workers had made the difficult journey and were there with them was huge! It gave them hope that they were not alone and were not forgotten."



© Medair/Océle Meylan



© Medair/Océle Meylan

“ Medair staff drive long distances on very difficult roads, and when we get to the point where we can't drive any farther, we change to motorbikes and ride until we need to start hiking. There are places where our medical supervisors hike for six hours to reach a health facility. They cross rivers and creep across bamboo bridges that don't look very secure. They walk up to their knees in mud. Basically they do whatever it takes to reach the communities that they can see really need help and are the most vulnerable.

This is where you find the people who feel forgotten, who can feel like the outside world doesn't know they exist and doesn't care about them. We show them that they do matter. ”

- 'Anna Coffin, Country Director, DR Congo

# MADAGASCAR

Northeastern Madagascar is often struck by tropical storms and cyclones. This is a region where there are few navigable roads, and where many communities lack access to safe drinking water, sanitary latrines, and health services. In these rainforest villages, families are often ill because of the poor quality of their drinking water. Despite the great need, few NGOs apart from Medair work here, in part because the area is so isolated and hard to reach.

## IRONING OUT THE CHALLENGES

Ambodihazomamy is an isolated village that can only be reached after a full day's journey by canoe from the town of Maroantsetra. It takes even longer during the dry season, when you have to walk the final three hours. Hundreds of small villages like Ambodihazomamy can only be reached by boat or on foot, and most people who live here need a safer supply of drinking water.

**For years, Medair has been travelling to remote communities in northeastern Madagascar to drill wells, install hand pumps, and improve health through safe water and better hygiene.** In 2015, we drilled 121 new water points with hand pumps, the most successful we've been in the past five years. In total, we brought sustainable safe water to more than 15,000 people in the region. But all was not easy along the way.

On several occasions, Medair had to rely on Mission Aviation Fellowship to get staff on the ground or to transport materials. We often had to hike full days to reach villages nestled in the densely forested interior. "Some areas are so remote or the geography is so difficult, with hills, rocks, mud, and no roads, that development has never reached them," said

Dr David Sauter, Madagascar Head of Country Programme. "They are without safe water because it's too complicated to get materials this far out to build gravity systems or pumps. But this is what Medair is doing: we're finding solutions to transport heavy and cumbersome materials to isolated people so they can have access to safe water."

**In early 2015, newly drilled water points in Ambodihazomamy had to be abandoned due to high concentrations of iron in the groundwater.**

This high iron concentration was a real challenge for our teams to overcome. Even though water with high iron is still safe to drink, the sight, smell, and taste of it is unpleasant. As a result, families continued to use their old, unsafe water, even though it made them ill.



© Medair/Holisa Rasamoelina

"My toilet is a really special room, so much so that I grow plants and flowers around it," said Alisoa.



© Medair/Holiso Rasamoina



© Medair/Holiso Rasamoina

“When the water is so full of iron, it can create a thick orange-red layer floating on the water surface that is unappealing,” said Nadège, Medair WASH Manager. “Not only is the taste and smell of iron very strong, but the water also stains clothes orange.”

**Despite the setback, we remained determined to find a solution.** After months of trials, we developed an innovative treatment unit that successfully removes iron from the water to make it flow clean and clear. Everyone was thrilled when they saw how well it worked and how simple it was to install and maintain.

“I am so proud to know that my fellow villagers and I, although we live in a very remote part of the country, are now part of the growing number of people in Madagascar who have access to safe drinking water,” said Chief Rakoto, Ambodihazomamy village.

In 2015, Medair trained more than 500 people to maintain the water points. We also trained and equipped 1,212 hygiene promoters who visited more than 19,000 households at least once during the year. These volunteers helped their neighbours to better

understand the importance of handwashing and other hygiene practices. “I really enjoyed the training I received from Medair about good hygiene practices,” said Briange, 24, volunteer promoter. “It was a real eye-opener!”

**Medair also used creative methods to reach more than 70,000 people about good hygiene practices,** including puppet shows and open-air cinema presentations. In 2015, we worked with a local production company to create a series of animated stories using humorous characters who speak the local dialect as they learn about the health risks of poor hygiene practices.

Improving sanitation was the other key objective Medair pursued in 2015. In the town of Maroantsetra, Medair supported the construction of composting “Ecosan” toilets which are private, hygienic, and include a shower room. In 2015, 244 families purchased the deeply discounted toilets for use at their homes. “The day I received my toilet, I felt so proud,” said Onette, 33. “I couldn’t stop talking to people about my new toilet!”

## RELIEF AND RECOVERY HIGHLIGHTS

Total Beneficiaries: **72,279**



### WATER, SANITATION, & HYGIENE

- **15,125** people gained better access to safe water
- **121** hand-drilled boreholes fitted with hand pumps
- **244** families with new composting Ecosan toilets
- **1,212** volunteer hygiene promoters trained
- **19,106** families received home visits from hygiene promoters
- **72,279** people attended events with hygiene promotion messaging (including puppet shows and open-air cinema)
- **543** members of water-point committees trained

**Funding Partners:** DG DEVCO, SDC (CH), Swiss Solidarity, Agence de l’eau Rhône Méditerranée Corse, Leopold Bachmann Found., Zurich Zoo

# DR CONGO

Decades of instability have had a serious impact on DR Congo's population. There is a scarcity of health services and safe drinking water in some regions. Poorly maintained roads—or no roads at all—make reaching the most vulnerable very difficult. North Kivu and Ituri provinces remain heavily affected by conflict, with 800,000 people displaced from their homes.

## NOT FORGOTTEN

Chongo Misuba, 29, lives in Limangi, North Kivu, a village of 6,000 nestled in the rainforest, that can only be reached by an overgrown foot path. Not only is Limangi hard to reach, it has also known violence for nearly 20 years, with many families fleeing and returning home.

"Before Medair came, life was hard," said Chongo, mother of seven. "The village is poor and was forgotten by everyone. People died because they couldn't afford to get health care."

**In 2015, Medair began providing free health care to families in Limangi and three other villages reachable by foot in Walikale Territory, North Kivu.** We provided care for more than 34,000 people, supplied life-saving medicine, and placed permanent medical supervisors in each village to support local health providers and improve the quality of care.

"Thanks to Medair, my whole family is being treated at the health centre," said Chongo. "Recently, my baby had malaria and bronchitis and I was able to get him free treatment. What a relief!"

In these health clinics, we found that women were giving birth on mud floors and few sources of water

were available. In 2015, Medair provided the four clinics with safe delivery areas and proper water and sanitation facilities, hygiene training, and medical waste disposal.

**Our greatest challenges in 2015 were the security issues that arose from working in a conflict zone, and the logistics of reaching people in such remote locations.** Medair is used to working in northeast DR Congo, where the roads are often overgrown, blocked by abandoned vehicles, or nearly impassible with mud. Even still, Walikale Territory presented unique challenges. All our supplies—medicines, construction materials, even a solar fridge for vaccines—needed to be carried in on steep and muddy jungle paths, crossing perilous bamboo footbridges.



*"Before, if our children got sick, we would keep them at home, because we couldn't afford treatment," said Kahindo, mother of seven-month-old Augustin. "Many children died in this village. Medair has been incredibly helpful."*



© Medair / Orlis Meylan

“We overcame serious adversity because of the dedication of our staff who were willing to trek into the middle of the jungle to deliver life-saving aid where it was needed most,” said Philip Walker, Head of DR Congo Programme.

“So many other NGOs came to Kibua and told me, ‘We can give you the medicines, but we can’t go to the villages. It’s too hard. It’s impossible.’ But Medair? You came and you went to our villages—and you even brought your expats,” said Dr Nathanael, Medical Director, Kibua Health Zone.

**Medair worked with the community to build a road that made Limangi easier to reach.** We paid local residents to work on the road, and by the end of the year, it was already fit for motorcycle travel. A new weekly market started up in Limangi, and another humanitarian NGO expressed interest in working there. “We feel joyful! We were longing for a road to our community. We were praying to have free medical care,” said Chongo. “Limangi, which had been forgotten, will now become known.”

In March, Medair closed its projects in Ango and Bondo territories after four years of building bridges and repairing roads that improved access for 500,000 people along

more than 650 km of road. “No other NGO has done such work,” said Nzunzi, a government engineer. “These projects are helping people who are cut off from so much because they lack means of transport and passage.”

**Medair also supported health clinics in Beni and Irumu territories, treating 342,000 people,** while upgrading WASH facilities, and training and supervising doctors and nurses. “The presence of Medair has given us much joy during these past months, and we really thank you for your help,” said André Bitamba, Health Centre Committee, Eringeti.

When an outbreak of cholera struck in Lubiriha, we worked with the residents to construct safe water sources for 10,000 people. “Medair worked directly with the population,” said Kakule Sikule, community leader in Lubiriha. “They asked us questions about where the water points should go. They asked people to participate. We paid for the wood, we chose the water points, we dug the trenches. We are motivated because we are a part of the project. We are happy.”

## RELIEF AND RECOVERY HIGHLIGHTS

Total Beneficiaries: **465,180**



### HEALTH and NUTRITION

- **375,784** patients treated at Medair-supported clinics
- **12,330** people vaccinated for measles
- **330** community health workers trained
- **692** patients treated for acute malnutrition
- **33,773** people received reproductive health support including deliveries
- **507** health workers received capacity-building training
- **13,299** mosquito nets distributed



### WATER, SANITATION, & HYGIENE

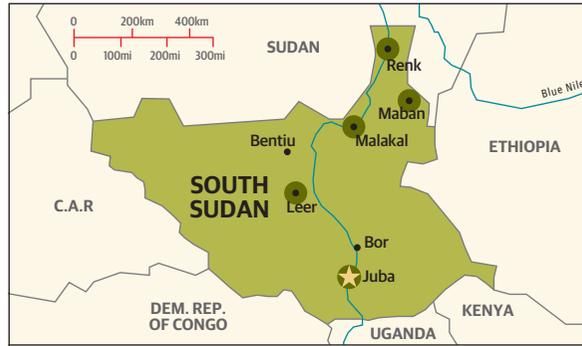
- **22,286** people received water by emergency trucking
- **11,062** people received sustainable access to safe drinking water
- **35,447** people received improved latrines or bathing facilities
- **37,402** people reached with hygiene promotion
- **93** health staff trained in hygiene and solid waste management



### SHELTER and INFRASTRUCTURE

- **5,316** people benefited from the income from cash-for-work projects
- **31** bridges and culverts built, 5 km of roads rehabilitated
- **1** barge rehabilitated
- **2** maternity facilities constructed, plus shelter for a solar fridge

**Funding Partners:** DG ECHO, Human. Pooled Fund, SDC (CH,) USAID, UNICEF, Fond. Ernest Matthey



# SOUTH SUDAN

South Sudan is home to 12 million people who suffer from the impact of conflict and recurrent drought. More than two million people have been forced to flee their homes. Families struggle to survive without easy access to food, health care, water, shelter, and other basic essentials. Despite a peace deal signed in August, fighting continued in many parts of the country.

## HOLDING ONTO HOPE

Adut carried her severely malnourished daughter into Medair's clinic in Abayok, Renk County, just in time. Her daughter Najima received intensive medical attention, and began devouring high-energy therapeutic food. She gained weight and her health improved dramatically.

"When the shelling started, we fled into the bushes," said Adut. "We didn't care about food and water, we only cared about surviving. If the Medair clinic had not been here, we would have suffered a lot. Many people would have died."

**In 2015, Medair provided free health care in Renk and helped more than 20,000 people receive safe drinking water.** Medair was the only NGO in Renk providing nutrition services, treating more than 2,900 dangerously underweight patients. We also opened a 24-hour delivery clinic where women could safely give birth. "Medair helps everyone regardless of their tribe," said Julietta, a midwife. "That is one of the reasons I love working for Medair."

In February, Medair started a nutrition project in Leer County. By May, we had seven nutrition sites, treating more than 2,200 children, and training local staff.

When insecurity forced our team to relocate, we sent in emergency health backpacks and other essential survival equipment via small planes and helicopters so that the local staff could continue the life-saving work.

**Unpredictable security conditions were one of our greatest challenges during the year,** at times requiring that we relocate staff, replace looted stock, and change travel plans at a moment's notice.

Despite the challenging conditions, Medair established Care Groups of women in Renk and Maban who met regularly for training on health, nutrition, and hygiene,



*Malaria kills more refugees and displaced people than any other disease in South Sudan. In the summer, malaria sufferers filled Medair's clinics in Yusuf Batil camp, with more than 1,600 patients per week. "My son had severe malaria symptoms," said Ahmina Abas. "But now I am not worried because he is receiving treatment. Medair's presence has been a real change in our lives."*



© Medair/Diana Cortez

and then visited their neighbours to promote change. "A malnourished child or mother will be discovered in an early stage. It's a great way of prevention," said Judith, Care Group Officer in Maban. "The knowledge we share is not only for today, it's for tomorrow. That creates hope."

In Maban, Medair provided water, sanitation, primary health care, nutrition, reproductive health care, and safe motherhood services to more than 40,000 people in Yusuf Batil camp. "I very much appreciate the way Medair promotes good hygiene practices and works on improved access to latrines in Maban," said Jérôme Burlot, WASH Advisor, European Commission.

**In 2015, Medair's Emergency Response Team (ERT) provided aid to more than 278,000 people all across the country.** This meant travelling to some of the hardest-to-reach places in South Sudan, through swamps, mud, and floods. It also meant working in state capitals, including helping to curtail a cholera outbreak in Juba.

In Bentiu, tens of thousands of displaced people were living in the UN compound, dying from disease. With

the help of the community, we went door to door and provided medical care to 26,000 patients. "Two of my children were treated this morning and two others were treated earlier," said Angeline, mother of four. "My children could have lost their lives. We appreciate Medair's work, walking from house to house. If someone is too weak to go to the health facility, you will still come see us."

**In August, the UN compound in Malakal saw 10,000 new arrivals on top of the thousands already there.** We distributed relief items like sleeping mats, cooking sets, and bed nets to more than 47,000 people and provided shelter materials to nearly 25,000 people.

Medair's ERT also led mass vaccination campaigns, going from village to village and sometimes swamp to swamp. In Renk County, we provided vaccinations for measles and polio, deworming pills, and malnutrition screening to protect 10,000 children. "It's not only about the services we provide," said Joseph, Medair relief worker from Juba. "It's also very important to treat people with dignity and as human beings, to bring people closer to each other."

## RELIEF AND RECOVERY HIGHLIGHTS

Total Beneficiaries: **360,787**



### HEALTH and NUTRITION

- **104,838** patients treated at Medair-supported health clinics
- **4,421** women received antenatal care; 178 deliveries
- **424** health workers trained
- **799** community health promoters trained; 134,234 people reached with health/nutrition promotion
- **32,686** children vaccinated
- **10,803** treated for acute malnutrition; 53,277 screened



### WATER, SANITATION, & HYGIENE

- **168,618** people received improved access to safe water
- **259** trained to maintain WASH infrastructure
- **58,245** people with improved access to sanitation
- **696** hygiene promoters trained; 3,591 people received WASH kits
- **53,521** people reached with hygiene promotion



### SHELTER and INFRASTRUCTURE

- **58,015** people received emergency shelter support
- **90,863** people received essential items (20,874 blankets, 34,888 mosquito nets, 14,308 sleeping mats, 7,283 cooking sets)

**Funding Partners:** Belgian Devel. Coop., Comm. Human. Fund, DG ECHO, Isle of Man, SDC (CH), USAID, US State Dept., Swiss Solidarity, Tearfund (BE), UNICEF, WFP, WHO, EO Metterdaad

# SIERRA LEONE

The Ebola outbreak had a profound impact on the people of Sierra Leone—emotionally, economically, physically. It highlighted serious deficiencies in the country's health system, as most clinics struggled to handle everyday health needs, let alone a dangerous health crisis. The country was declared Ebola-free in November 2015.

## OUT OF THE RED ZONE

Marion was admitted to Medair's Ebola Treatment Centre (ETC) with her mother in March 2015. She was five years old; her prospects of recovery did not look good. Her father had just died from Ebola and when her mother died in the ETC, Marion was left alone to fight the disease.

Medair's health staff cared for Marion day and night in "the red zone"—the centre's isolation area. Our team grew close to this child who had suffered such unimaginable loss. To everyone's great joy, Marion survived; her Aunt Yeanoh welcomed her with open arms out of the red zone and into her home.

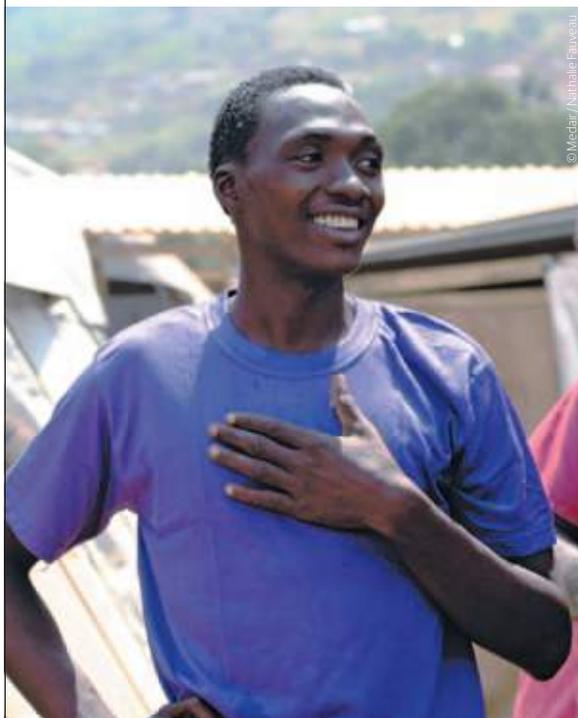
**From January to April, Medair saw 256 patients at its ETC in Kuntorloh, a Freetown suburb.** All were suspected of having Ebola, but many had other diseases such as malaria, which we treated. In total, we saw 50 confirmed Ebola patients, transferring 12 to other facilities and helping 18 of them recover fully and return home Ebola-free.

"We really stood by our patients' bedsides and fought with them," said Rebekka Frick, Medair relief worker. "For them to get better and come through the discharge at the end—those ceremonies were amazing and very emotional. Suddenly you are able to hug a survivor

whom you could not touch for weeks and only cared for in protective clothing!"

**Medair trained more than 75 community workers to conduct daily visits with families in quarantine and provide them with food, water, infection control kits, and other supplies.**

Our team spent time with them and looked out for their physical, social, and psychological well-being. We reached out to more than 12,000 people this way, teaching them how to avoid contracting Ebola, and what to do if they developed symptoms.



*Sorie, 24, was the first person to recover from Ebola at Medair's Ebola Treatment Centre.*

*Photo, upper right: Five-year-old Marion on the day she left the red zone.*



**Our trained psychosocial teams did weekly home visits with survivors and grieving families.** The teams offered emotional and psychological support—addressing issues around stigma and personal resilience, and linking people with service providers.

To help survivors, Medair hired as many of them as possible. “That made the key difference,” said Rebecca. “Most had no qualifications, but we employed everyone who could work. They felt they were very stigmatised before we hired them, and they said that working for Medair was like a new family.”

We visited Marion and Aunt Yeanoh twice a week, and Marion would often run and greet us with a hug. “These visits have really helped,” said Yeanoh. “Any programme Medair offers, they enroll Marion into it. They helped her go to school—they came with shoes, books, uniforms. Marion is doing very well in school too!”

After the closure of the ETC, Medair strengthened front-line health care at seven health facilities, which included rehabilitating their labour and delivery rooms. We built or repaired toilets and handwashing facilities

at six of the clinics, improved the water supply at five clinics, and upgraded the training and tools of more than 100 health care providers. “Before, we didn’t have a thing to work with,” said Mary, a midwife at Songo health facility. “Thanks to Medair we have the tools to help mothers now.”

**Near the end of the year, a Medair team reached nearly 33,000 people with messages about safer health and hygiene habits.** This project was so well-received that when we concluded our programme, some of our national staff formed their own local initiative to carry on the important work.

On 7 November, Sierra Leone was declared officially Ebola-free. Before leaving the country, we took down the old ETC in Kuntorloh, returning the field as a newly improved football pitch, and handed out football equipment for local players. “One year ago we were in big trouble. We buried 10 people per day,” said the Chairman of Health Management for Kuntorloh during a ceremony. “Today we say thank you that the footballers here are all well. We say thanks to Medair. Without them it would’ve been difficult to beat Ebola.”

## RELIEF AND RECOVERY HIGHLIGHTS

Total Beneficiaries: **55,409**



### HEALTH and NUTRITION

- **18,140** patients seen at health clinic for general care
- **3,429** patients received reproductive health care
- **256** patients treated at the Ebola Treatment Centre, 50 confirmed cases
- **32,989** people reached with health-promotion messages
- **12,149** quarantined people received food and supplies
- **12,405** people received psychosocial support
- **595** people trained to help respond to the outbreak and its impact on families



### WATER, SANITATION, & HYGIENE

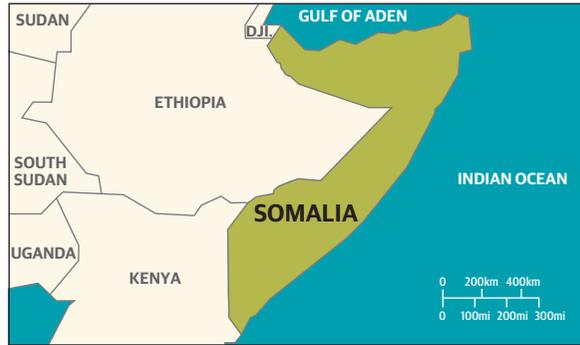
- **5** health clinics received an improved water supply
- **6** health clinics received new or repaired toilets and showers



### SHELTER and INFRASTRUCTURE

- **7** health facilities received upgraded labour and delivery rooms and medical equipment

**Funding Partners:** USAID, DFID, Läkarmissionen, Band Aid Charitable Trust



# SOMALIA

Somalia has known conflict and drought for decades. Families struggle to survive with poor harvests and instability due to violence and harsh weather conditions; more than one million people are displaced. In Somalia, one of every eight children dies before age five, one of the worst child-mortality rates in the world. Few places on earth are more dangerous for women to give birth—mainly because so few clinics have skilled birth attendants.

## LIFTED UP FROM SHAME

When Asha was 14, she was married off and became pregnant months later. She spent four excruciating days in labour at home before her family carried her in a wheelbarrow to the nearest health clinic, seven hours away. By the time she delivered, her baby had already died.

Asha's prolonged labour had caused a tear in her bladder, known as a fistula, which the doctors couldn't repair. Unable to control her urine, she became a pariah. People covered their noses when she approached. Her husband abused and ultimately divorced her. Alone and helpless, Asha lived the next eight years in constant isolation.

### Life can be unbearably hard for women in Somalia.

In 2015, Medair worked in four different regions of south-central Somalia to help improve health, especially for women and children. We supported six different health clinics and treated more than 100,000 patients. Through our partners, we offered free medical consultations and 24-hour deliveries, along with preventative care like vaccinations, antenatal care, and malnutrition screening.

"What a blessing it is that more than 7,000 women have delivered a baby in one of our supported clinics over the last two years and none of them have died during childbirth," said Rhonda Eikelboom, Head of Somalia Programme.

During the year, more than 1,000 children and women were treated for acute malnutrition. We also provided training and supervision to health staff to improve the overall quality of care.

### To make a lasting impact, Medair focused on improving health, hygiene, and nutrition awareness.

In urban areas and displacement camps, Medair established Care Groups of 15-20 volunteers who met regularly, received training on key subjects, and carried that knowledge to their neighbours. "I have learned many things from doing this," said Maano, Care Group volunteer. "I've learned that immunisations are



"When women get to the clinic, delivery is free," said a midwife at a Medair-supported clinic. "I like the fact that I am getting extra training from Medair. There are three midwives in the clinic, and we deliver between 135 and 150 babies a month."



important, that it's important to give birth in a clinic, and about diarrhoea and its prevention. Since we started educating people, there is a big improvement."

**In rural areas, Medair trained community health workers (CHWs) to circulate messages about healthy behaviour, treat the most dangerous diseases, and refer people to clinics.** In 2015, more than 12,000 children were treated by the CHWs. "Most of the children who died, died at home," said a Somali elder. "Now we have CHWs visiting the homes and giving basic life-saving treatment."

In 2015, Medair trained 839 CHWs and Care Group volunteers, reaching more than 18,000 people with health promotion and more than 4,500 people with hygiene promotion. "Normally there was an epidemic of diarrhoea every year, but not this year," said a Somali elder. "We think this is because people are aware of how to prevent diarrhoea and treatment is available now."

Insecurity in the country was the greatest obstacle to delivering humanitarian aid to families in need. For this reason, Medair worked through partnerships

with highly skilled local NGOs like Zamzam, Dawa, and Somaliaid. While Medair rehabilitated three health clinics in 2015, one of them later proved unreachable due to insecurity. Thankfully, we had already trained CHWs in that area, so even when all other activities had to be stopped, the CHWs were able to continue treating children. "This is a tremendous encouragement that we should continue training CHWs in rural areas to treat common childhood diseases," said Rhonda.

**In November, we received the great news that the NGO Physicians Across Continents would conduct free surgeries on patients with fistulas.**

We instructed our network of CHWs to seek out women with fistulas, and that's how we found Asha.

We drove her to the hospital, where doctors successfully repaired her fistula. She recuperated there and received counselling. Eight years of shame began to recede and her sense of dignity swelled. "There is no difference between me and other women!" said Asha with joy. "I am now free to go anywhere I want without any more fear or hiding!"

## RELIEF AND RECOVERY HIGHLIGHTS

Total Beneficiaries: **131,621**



### HEALTH and NUTRITION

- **104,773** patients treated at 6 Medair-supported clinics
- **7,168** people vaccinated for measles
- **18,600** people benefited from health promotion from Care Group or CHW
- **1,082** children treated for acute malnutrition; 46,832 children screened for malnutrition
- **40** nurses trained
- **839** Care Group volunteers and CHWs trained
- **12,017** patients treated by CHWs in 2 rural areas



### WATER, SANITATION, & HYGIENE

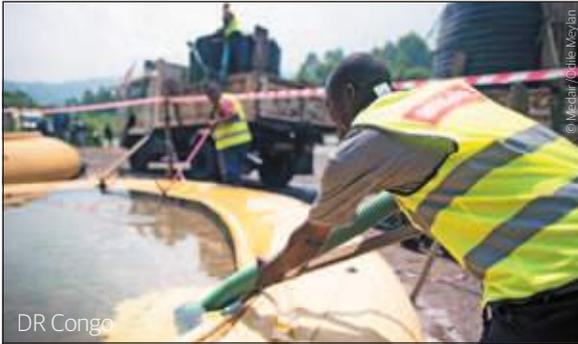
- **4,650** people received hygiene promotion
- **7,200** leaflets distributed to prepare people for flooding
- **12,551** bars of soap distributed
- **6,713** mosquito nets distributed



### SHELTER and INFRASTRUCTURE

- **3** health clinics rehabilitated, with 6,093 patients treated since reopening

**Funding Partners:** TEAR (AU), Ferster Found., Stanley Thomas Johnson Found., USAID



## EMERGENCY RESPONSES IN 2015

When emergencies strike, Medair aims to act swiftly to reach communities in crisis and provide them with life-saving health care, urgent nutrition services, safe drinking water, sanitary latrines, protective shelter, and whatever else they need to survive.

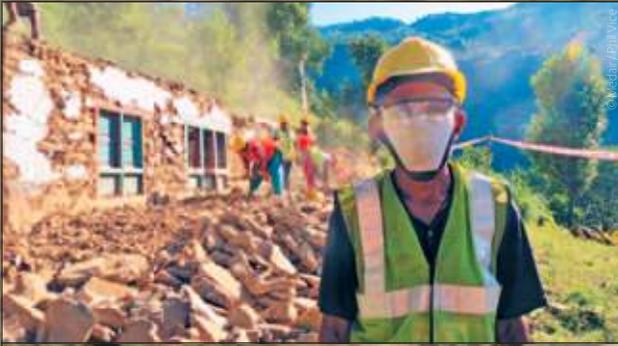
In 2015, Medair responded quickly when earthquakes struck Nepal, and when Cyclone Pam devastated the island of Vanuatu. In Sierra Leone, we continued combatting the Ebola outbreak until the worst of it had passed. In countries like DR Congo, Lebanon, and South Sudan, our emergency teams brought relief to those affected by displacement due to conflict, disease outbreaks, fires, snowstorms, and dangerous malnutrition.



“ In the Ebola Treatment Centre, when I’m faced every day with realities such as having to separate a child from her mother, telling families they’ve lost a loved one, preparing body bags, feeling helpless—I cling to the little joys such as telling a patient he is now Ebola-free, telling families we are discharging their loved ones, and celebrating our survivors. ”

– Rebekka Frick, Medair nurse, Sierra Leone





## REACHING SURVIVORS IN NEPAL

In 2015, Medair's emergency response team (ERT) delivered life-saving shelter materials to more than 10,000 families in some of the hardest-hit and hardest-to-reach places in Nepal.

To reach families in need, the Medair team carried backpacks with them and trekked on foot with porters when their trucks could go no farther.

"It's physically demanding and the circumstances are extreme, but we're eager and motivated to reach these communities," said Joel Kaiser, Medair's ERT Team Leader.

"We are so thankful that Medair and Mission East are helping us. I experience hope much more now than before," said Tika Rayamaghi, 30. "We are very thankful that people from all over the world have come to aid us in this moment of despair."



# PHILIPPINES

Typhoon Haiyan (Yolanda) was the deadliest natural disaster in the modern history of the Philippines, one of the most disaster-prone countries in the world. The country experienced a total of 274 disasters between 1995 and 2015. Medair's motto in the Philippines is "Build Back Better," and given the frequency of disasters, that motto is crucial to making a sustainable impact.

## BUILT BACK BETTER

Before November 2013, Francis had worked as a carpenter and homebuilder. He had built a home from bamboo and lived there with his wife Nimpha and their young children. Then Typhoon Haiyan tore through his village and washed it all away.

"Nothing was left, it was all gone. I remember the galvanized iron sheets flying through the air," said Francis. "I just wanted to save my children."

**For the past two years, Medair has worked to help rebuild rural communities on Leyte Island. We have helped thousands of people like Francis become better prepared to face future disasters.**

In 2015, Medair trained more than 2,000 people to improve the disaster-resilience of their homes, sending "text blasts" to reinforce the lessons. "There is clear evidence that communities are adopting the lessons we are teaching," said Heidi Cockram, Philippines Country Director. "We have been thrilled to see beneficiaries and others improving the sturdiness of their homes. The impact is rippling through the whole community."

As one of 124 homebuilders trained in disaster-resilient construction techniques, Francis is grateful for all he has learned. "I will build houses differently," said Francis. "I will build them stronger. I will use gusset plates, steel bars, and tie wire. I will build them like a Medair house."

**In 2015, our shelter team built 932 of these "Medair houses"**—specially designed for the climate and disaster risks—and safely housed more than 4,500 people. Medair also provided roofing kits to 878 families whose homes were otherwise sturdy but needed better roofs.

Our staff regularly received positive feedback from families about the durability and quality of the



*"We were very happy when we heard we would get a new house," said Nimpha. "It is well-made with good lumber. We made the second floor into a bedroom where the children can sleep. The first night I slept in our new home I felt safe and secure. Now I am not nervous when there is typhoon-like weather."*



© Medair / Miguel Samper

© Medair / Andrew Robinson

Medair homes. Ongoing evaluations determined that 99 percent of beneficiaries were satisfied.

**Back in 2014, Medair had built core homes for families with the expectation that they would be able to buy and install their own walls and floors.**

Joint construction projects such as this are common practice in humanitarian aid to maximise engagement and ownership. Unfortunately, the devastation of Haiyan impacted livelihoods more than anticipated, and one year later, families were still unable to afford improvements. So in 2015, we finished the job, providing walls and floors for 548 families.

“We feel like there is new life, a new beginning for us,” said Jindo Zacarias. “I was so happy knowing that we could receive materials for walls and a floor. I was so excited to install it, I finished it in four days.”

By mid-2015, with our shelter activities nearing a successful conclusion, we began improving the sanitation facilities of vulnerable families. Across Dulag, Julita, and La Paz, we found many households did not have sanitary latrines. “If it is raining when I need to go

to the latrine, the water will be up to my knees,” said Victoria, 66. “At night we don’t feel safe because there are a lot of snakes.”

**In August, Medair began training local labourers to build and install latrines.**

In total, Medair supported the construction of 327 latrines in 2015, including a new one for Victoria and her family: “We are very thankful. Now we feel safe at night using it.”

“What I like about the new latrine is that there is space to bathe ourselves,” said Nimpha. “The children like using it. It is safe. And it has a roof and walls and a door!”

In December, Typhoon Melor displaced thousands of families in a nearby province. Medair supplied Food for the Hungry, an Integral Alliance partner, with temporary roofing for 481 families, seven churches, and two schools.

“Many people have been helped by Medair,” said Nimpha. “We are thankful that people around the world have helped us.”

**RELIEF AND RECOVERY HIGHLIGHTS**

Total Beneficiaries: **14,245**



**WATER, SANITATION, & HYGIENE**

• **327** homes received latrines



**SHELTER and INFRASTRUCTURE**

- **932** homes built, housing 4,660 people
- **878** roof kits distributed, sheltering 4,390 people
- **2,470** people benefited from new walls and floors
- **2,161** people trained in disaster risk reduction including 124 carpenters trained in disaster-resilient construction
- **481** families, 7 churches, and 2 schools received shelter materials after Typhoon Nona

**Funding Partners:** DEC (UK), EO Metterdaad, ERIKS, Läkarmissionen, Swiss Solidarity, Tearfund (BE), Tearfund (UK)



# AFGHANISTAN

Afghanistan has sustained generations of conflict, disasters, and food scarcity. Conflict and insecurity in Kandahar province have taken a deadly toll and left a lack of basic services like health care, water, or sanitation. Malnutrition is widespread. In the remote Central Highlands, few communities have safe drinking water while recurring disasters destroy crops and make it difficult for people to feed their families.

## OPENING EYES

When two-year-old Awa came to a Medair nutrition clinic in Kandahar province, she weighed just 4 kgs and was severely dehydrated with a fever. "Our child was suffering," said Lema, her mother. "She never wanted to eat."

"We are trying to live here, but life is very hard," added Lema, whose family is displaced because of conflict. "We couldn't do anything for our child. The clinics are very far away. Some of our neighbours told us, 'Wait for the child to die.'"

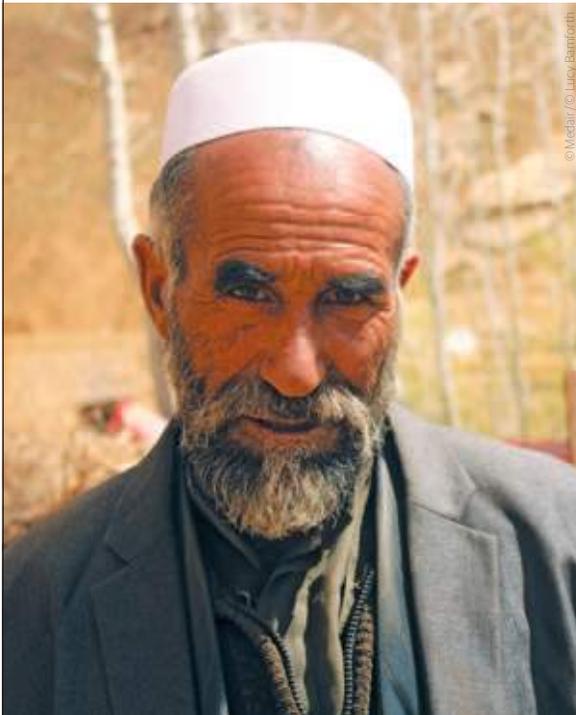
**In 2015, Medair expanded nutrition programming in Kandahar province, where thousands of children needed urgent care to survive.** Due to the ongoing security risks, Medair was one of the only NGOs treating malnourished children in the region.

We expanded from eight to 35 mobile nutrition sites and treated 5,500 acutely malnourished children who would otherwise have been unable to access care. When our clinic came to Lema's village, her daughter Awa was diagnosed with severe acute malnutrition. She began receiving medical treatment, therapeutic food, and regular follow-ups that helped improve her

health and strength. Eight weeks later, Awa had gained weight, her cheeks and limbs were fuller, and she had energy to walk and play. "Awa is doing very well now," said Lema. "She is eating a lot and she is much happier."

"When we see patients improving, it gives us a joyous feeling," said a Medair nurse. "We feel like we are real servants of the community when we can cure a child."

To address underlying causes of malnutrition, we trained nearly 30,000 people about the importance of using a latrine, washing hands, and drinking safe water. We also trained more than 44,000 caregivers in proper nutrition



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"You see my beard; it is very white," said Karim. "In all the years that I have had a beard, there has never been an NGO in this village. Medair is the first."



© Medair/Rina Mattinson

and improved feeding practices. "This programme has not only saved the life of my child but also opened my eyes on the importance of breastfeeding," said one mother.

**In Kandahar province, we worked in remote areas where riverbeds served as roads and where insecurity was the norm.** "Our work simply would not be possible without the local knowledge and community support fostered by our talented, dedicated national staff," said Hector Carpintero, Afghanistan Country Director. "Our growing acceptance in this region has allowed us to overcome many challenges and barriers that would otherwise make our work impossible."

Deteriorating security conditions made 2015 a challenging year. In August, the Medair team relocated outside the country following a security incident. Most activities were postponed for two months, with the exception of our life-saving nutrition work.

Despite these challenges, Medair helped families in the mountainous Central Highlands cope with drought and disasters. In 2015, we trained 2,200 farmers in improved agricultural methods and gave them resilient

wheat seeds that produced a higher crop yield. We trained more than 1,600 women to grow their own kitchen gardens. The vegetables they grew provided a long-term source of nutrients to help prevent malnutrition. "We used to be starving between the harvests of potatoes and wheat," said Niqbar. "Last year we had vegetables in every season."

**In hard-to-reach communities, we built latrines for schools and homes and provided safe drinking water to more than 3,000 people.** In Kabul, we provided safe water and handwashing facilities for one school that served more than 5,500 students and staff.

Medair also helped more than 27,000 people map out the hazards in their communities, identifying areas of risk during floods and landslides. "The roads to our village were always damaged and blocked by floods and landslides in the spring," said Hassan, a village elder. "Medair came to our village and taught us how to build dams and trenches. This year we didn't have any problem with floods. People feel so safe with the catch dams that they're planning on building them in the neighbouring villages."

## RELIEF AND RECOVERY HIGHLIGHTS

Total Beneficiaries: **151,892**



### HEALTH and NUTRITION

- **44,422** caregivers received health and nutrition messages
- **35** nutrition clinics
- **5,500** children treated for acute malnutrition
- **2,200** farmers attended training sessions; 1,656 women trained in kitchen gardening and received vegetable seeds



### WATER, SANITATION, & HYGIENE

- **8,646** people received improved access to safe drinking water
- **25** spring boxes protected, 7 hand-dug wells protected or repaired
- **5,517** students and staff of a Kabul school benefited from a well with an electric pump and reservoir
- **2,653** benefited from new latrines; 100 household latrines, 16 school latrines
- **33,165** people received hygiene promotion messages
- **29,858** people participated in community-led approaches to total sanitation
- **1,280** families received guidance on latrine construction



### SHELTER and INFRASTRUCTURE

- **27,741** people benefited from community-led disaster mapping and natural resource management training
- **375** people received unconditional cash transfers for winter support

**Funding Partners:** DG DEVCO, Afghan. Human. Fund, UNOCHA, MCC (CA), Canadian Foodgrains Bank, EO Metterdaad, Interaction, Canton of Zurich, Gebauer Found., UNICEF, WFP

# NEPAL

In April 2015, a massive earthquake devastated Nepal. Three weeks later, a second earthquake shook several thousand more homes to the ground. In total, more than 8,000 people died, and 500,000 houses were destroyed. In mountainous Sindhupalchowk district, a shocking 98 percent of homes were damaged.

## SHARING THE PAIN

Jit Tamang, 27, worked in Qatar for five years to save enough money to build a house for his family. In April, he was back at his home with his wife, his young daughter, and his parents, who were now too old to work the fields. In an instant, all his efforts were turned into rubble. "It was very painful for me to see the house falling apart," said Jit, whose leg was fractured and whose livestock were killed. He felt helpless, with no shelter and grave concerns for the safety of his family.

### Within 48 hours, Medair had a team on the ground.

We joined Mission East Nepal and focused our efforts on the remote, devastated villages of Sindhupalchowk. Many communities were hard to reach because of blocked roads and ongoing landslides. Fuel shortages and monsoon rains added to the challenge. We used trucks but also relied on helicopters and foot travel with porters.

Families needed immediate shelter from the rain and cold, so we started by distributing emergency items including tarpaulins, blankets, rope, water treatment tablets, jerry cans, and soap.

Jit's family was one of more than 10,000 families to receive shelter assistance from Medair. "I am indebted

to Medair for the help," said Jit. "We used the tarps for temporary shelter and a toilet. The solar lamp was a boon as we lived four months without electricity."

### To assist in early recovery, Medair also distributed demolition toolkits to help more than 40,000 people remove debris and clear rubble.

"I was so happy to receive the tools from Medair for demolition," said Narayan Sapkota, 72. "I don't know how else I would have managed to take down the rest of my house."

Medair also provided emergency health kits to three clinics, benefiting 30,000 people. While distributing relief items, we spoke with grieving survivors who had



*"I was so worried about how to keep my child warm this winter. The earthquakes destroyed our house, and our food and clothes got buried under the rubble. I am so relieved to receive cash support which I can use to buy warm clothes for my entire family."*

- Sumita Thami, 22, mother of a two-year-old child.



© Medair / Nana Kissinger



© Medair / Prasun Singh

lost their homes, livelihoods, and loved ones. Yet the simple act of showing up and bringing assistance made a real impact. “Thank you so much for helping us but also for being here and listening to my story. It helps me. I feel relieved,” said Langai Lama, 52.

**“Until today, other organisations arrived only with male staff,”** said Chari Pradhan, 48. “I could not share my pain or my thoughts. But now I have been able to share and it gives me hope. You can see the women around us are listening and very interested. We don’t get the chance to speak up too much. This is special.”

Although everyone needed help clearing away wreckage, other needs varied greatly depending on where people lived and what they were able to salvage. High in the mountains, people needed blankets, insulation, and winter clothing. In the valleys, they needed new seeds, farm tools, and livestock.

**Cash assistance was the most effective way to bring relief with dignity.** In the fall, Medair paid more than 1,000 Nepalese labourers to assist with safely demolishing 222 buildings and clearing

485 sites—while providing cash to an additional 299 people too vulnerable to work.

“I will invest this payment in reconstruction of my house and purchasing basic household supplies,” said Buddha Maya Thami, 33. “I work hard so that my sons will get a good education. I am very thankful to Medair for helping us in our need and for sharing our pain.”

With winter approaching, Medair provided more than 4,000 families with insulating foam mats and cash assistance to pay for warm clothing, or whatever each family needed to survive the winter. “We all are very happy to receive the cash,” said Pemadoma. “It will indeed be useful to purchase warm clothes and firewood. I will go immediately to the market to buy some clothes for my family.”

“I lost my livelihood in the earthquake, and I lost my home too,” said Maili Tamang, 55. “Now I feel such relief. I am still living in a shelter, but at least I don’t feel hopeless anymore.”

## RELIEF AND RECOVERY HIGHLIGHTS

Total Beneficiaries: **94,766**



### HEALTH and NUTRITION

- **30,000** people benefited from emergency health kits given to health centres



### SHELTER and INFRASTRUCTURE

- **10,135** families received shelter kits
- **2,800** families received blankets
- **1,316** people participated in cash-for-work activities including demolition, benefiting 6,580
- **4,132** families received cash assistance and foam-mat insulation in high-altitude villages
- **1,150** tool kits given out to help 41,525 people with rubble removal and safe demolition

**Funding Partners:** DG ECHO, Dutch MFA, Liechtenstein, USAID, EO Metterdaad, ERIKS, Food for the Hungry, Läkarmissionen, Mission East, Red een Kind, Swiss Solidarity, Tear (NL), Transform Aid, Woord en Daad, All We Can, Reg. Rhone Alpes, Genossenschaft HILFE, Fond. Pierre Demaurex



# HAITI

Every year, Haiti faces the risk of hurricanes, flooding from torrential rain, drought, and the threat of earthquakes. For Medair, what began as an emergency response to the 2010 earthquake grew into a programme that helped thousands of families recover and become more resilient to the country's frequent disasters.

## OUR FINAL YEAR IN HAITI

In Haiti's southern mountains, Wilner and Adeline live in a remote region called Bainet. They live with their children and grandchildren, farm their land, and work hard to get by.

Yet the last several years have been tough. Two hurricanes in 2012 devastated their crops. Last year, a scorching drought left them without food. Wilner and Adeline sacrificed their own meals and bought food on credit so their grandchildren could eat. "We could not let the children go hungry," said Wilner. "We adults can drink coffee or tea with bread."

**In 2015, Medair helped more than 4,200 people in Bainet like Wilner and Adeline.** We provided them with conditional cash assistance for five months, which allowed them to buy food and other essentials. In addition, they attended training sessions on nutrition, balanced diets, money management, and other relevant topics.

**Medair also provided training to Bainet families on crop management and kitchen gardens.** Wilner and Adeline were among 557 people who planted kitchen gardens and received gardening tools and vegetable plants. In addition, more than 150 people learned about growing crops and received seeds and tools.

"This is the first time I've ever received cash assistance. I am in the most difficult period of the year and the cash has really been a great help for covering food expenses," said Wilner. "The training session I attended before I received the money was also very helpful."

Poor or non-existent roads make Bainet's villages difficult to reach. When Medair offered cash payments to local residents in exchange for doing work that benefited their community, their overwhelming choice was road repair.



*In 2015, Medair upgraded the homes of 130 people. "I thank Medair for constructing a gallery and ramp for me," said Odino Cormier. "Now it is much easier to get in and out of my house. This ramp has made a big difference in my daily living. This is such a great gift."*



In total, 915 people received cash-for-work while making their roads easier to travel.

In 2015, Medair trained nine Bainet communities to improve their resilience to future disasters. Each community developed a risk map that identified its flood zones, landslide areas, and places where disaster damage could occur. We then helped each village develop action plans to address those risks and mitigate future damage.

“Working with rural communities in Bainet proved both rewarding and challenging, and truly embodied Medair’s mission of reaching the unreached,” said Maarten Fontein, Haiti Head of Country Programme.

**In 2015, Medair continued to work in the rural areas of La Montagne and Bas Cap Rouge near Jacmel.** We ran an in-depth 20-day training programme for 29 local builders on disaster-resilient traditional construction techniques. To prevent damage from future disasters, Medair delivered 10 days of training to nearly 400 people in different villages on participatory approaches to safe shelter awareness (PASSA). As Haiti continued to face a cholera epidemic,

Medair built or repaired 50 rainwater catchment systems, providing improved access to safe water for 250 people in rural La Montagne. “My misery to get water has ended,” said Dieucita Alfred. “I feel relief because I have the cistern.”

In addition, Medair implemented widespread hygiene and sanitation programming in La Montagne, which included helping build latrines for 99 vulnerable families.

**By July, Medair had completed all of its projects in the area and closed its Jacmel base.** We continued to work from Côtes-de-Fer until the end of the year, when Medair closed its final base and left the country.

“We are sad to be leaving Haiti while there is clearly still much work to be done,” said Maarten. “However, things have moved on from the devastating situation we found when we arrived in Haiti in 2010. As is normal for Medair at this phase, appropriate assistance has progressed toward longer term development and away from emergency response. So much has been achieved and there is much to celebrate and be thankful for.”

## RELIEF AND RECOVERY HIGHLIGHTS

Total Beneficiaries: **7,518**



### HEALTH and NUTRITION

- **4,280** people in 856 severely food-insecure households received monthly cash support for 5 months
- **557** people trained & equipped to start kitchen gardens
- **158** people participated in agricultural training



### WATER, SANITATION, & HYGIENE

- **50** rainwater harvesting systems built or repaired for 250 people
- **99** families were assisted with building latrines
- **200** people attended sessions promoting sanitation



### SHELTER and INFRASTRUCTURE

- **130** people received shelter upgrades
- **3** new houses built and 4 roofs repaired
- **29** builders trained in disaster-resilient construction
- **379** participants in 10-day DRR training on PASSA
- **915** cash-for-work participants repaired roads
- **464** participants in DRR training and risk mapping

**Funding Partners:** DG ECHO, USAID, Swiss Solidarity, TEAR Fund (NZ)



# FUNDING PARTNERS

Organisational partners listed alphabetically ≥ USD 20,000

## MANY THANKS TO OUR LOYAL SUPPORTERS

### United Nations, Intergovernmental, and Governmental Partners

Afghanistan Humanitarian Fund  
Belgian Development Cooperation  
Common Humanitarian Fund (SS)  
Dutch Ministry of Foreign Affairs  
Department for International Development (UK)  
Department of Foreign Affairs and Trade (IE)  
EC-Directorate General for Humanitarian Aid and Civil Protection  
EC-Directorate General for International Cooperation and Development  
Global Affairs Canada

Government of Liechtenstein  
Humanitarian Pooled Fund (CD)  
Jordan Humanitarian Pooled Fund  
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  
US Agency for International Development  
US Department of State  
World Food Programme  
World Health Organization

### Institutional and Non-Governmental Organisational Partners

All We Can (UK)  
Canadian Foodgrains Bank  
Canada Lutheran World Relief  
Disasters Emergency Committee (UK)  
Dorcas Aid International (NL)  
EO Metterdaad (NL)  
ERIKS Development Partner (SE)  
Food for the Hungry (US)  
Interaction (CH)  
Läkarmissionen (SE)  
Lutheran World Federation

Thanks to your generous support, Medair provided more than 1.6 million people with crucial humanitarian relief and helped restore hope in the face of crisis. Together, we were able to start working in Syria this year and bring a rapid emergency response to families in the mountains of Nepal. Thank you for trusting Medair to go where the needs are greatest and bring relief to those who need it most.

Gregory Pasche, Marketing and Relationships Director



Mennonite Central Committee (CA)  
Mission Aviation Fellowship (SE)  
Mission East (DK)  
Red een Kind (NL)  
Swiss Solidarity  
TEAR (AU)  
Tear (NL)  
Tearfund (BE)  
TEAR Fund (NZ)  
Tearfund (UK)  
Transform Aid International (AU)  
Woord en Daad (NL)  
World Concern (US)

### **Other Corporate, Public, and Private Organisational Partners**

Agence de l'eau Rhône Méditerranée Corse (FR)  
Aligro (CH)  
Band Aid Charitable Trust (UK)  
Bucher AG Langenthal (CH)  
Canton of Zurich (CH)  
Cedar Fund (US)  
City of Lausanne (CH)  
Ferster Foundation (CH)  
Fondation Demaurex Frères (CH)  
Fondation du protestantisme (FR)  
Fondation Ernest Matthey (CH)  
Fondation Gertrude Hirzel (CH)  
Fondation Pierre Demaurex (CH)

Gebauer Foundation (CH)  
Genossenschaft HILFE (CH)  
GvC Chile Hegi (CH)  
Isle of Man International Development Committee  
Lancaster Foundation (UK)  
Leopold Bachmann Foundation (CH)  
Medicor Foundation (LI)  
Qlik (US)  
Region Rhone Alpes (FR)  
Stanley Thomas Johnson Foundation (CH)  
Teamco Foundation Switzerland  
Zurich Zoo (CH)

### **Gifts-in-Kind Partners**

Doctors Without Borders (CH)  
Google  
International Organisation for Migration  
Qlik (US)  
Mayer Brown (US)  
Save the Children  
Sherry Matthews Advocacy Marketing (US)  
UN Children's Fund  
UN High Commissioner for Refugees  
World Food Programme  
World Health Organization

Photo, above p36: Christos Stylianides, Commissioner of the European Commission's Humanitarian Aid and Civil Protection department, meets with Medair staff at an informal settlement in Lebanon.



## **WORKING WITH OUR PARTNERS**

Medair has forged a strong partnership with **Qlik**, a leader in the visual analytics market and one of *Forbes'* most innovative growth companies. Our work together has enabled us to combine and analyse different kinds of data to better serve beneficiaries.

In May, nine of the Qlik team visited Medair Madagascar to get first-hand insight into how technologies can help solve problems in the field. They spent three days in remote communities, understanding needs and seeing water points, latrines, and a puppet show promoting good hygiene. They even participated in helping make bricks and build latrines.

After seeing our work up close, they created an application to handle and visualise trends for project expenditures, transforming a once-laborious task into an intuitive tool updated with the click of a button.

# ACCREDITATIONS & 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.



## Core Humanitarian Standard Alliance.

The Alliance improves the effectiveness of assistance to vulnerable people by working with humanitarian/development actors on quality, accountability, and people-management initiatives.



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



## European Interagency Security Forum.

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



**Humanitarian University.** Providing training support to the humanitarian community.



**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.



**International Dual Career Network, CH.** A non-profit association facilitating the job search for mobile employees' partners and providing member companies access to a talent pool.



**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.



**ProFonds, CH.** Association of charitable organisations that advocates for their interests in relation to public authorities.



**QUAMED.** 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.** Aims to improve the coordination and WASH response for populations affected by humanitarian crises.



**VOICE.** A network of European NGOs active in humanitarian aid.

## PRINCIPLES AND STANDARDS



**The Core Humanitarian Standard on Quality and Accountability (CHS).** Sets out nine commitments that organisations and individuals can use to improve the quality and effectiveness of their assistance.



**The Sphere Project.** A handbook and collaboration among NGOs and 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**

**2015**

as of 31 December 2015  
in US dollars (USD)

# REPORT ON FINANCIAL PERFORMANCE

## MISSION

Medair's mission is to bring hope to the suffering people of this world, many of them women and children living through crisis in remote and devastated areas.

**How** help is delivered is as important as **what** we do. We believe that help is most effective when we work alongside the communities, because then it has lasting impact.

For people struggling to survive a crisis, the sooner they have their basic life-sustaining needs met—food for themselves and their children, safe drinking water, medical care, and a roof over their heads—the sooner they can get back to pursuing their livelihoods such as cultivating land or raising livestock. This is how hope and normalcy are restored in the wake of crises. Last year we helped restore the dignity and hope of more than 1.6 million people in crisis.

The finances to support this work were well managed, as I would like to now report.

## TREASURER'S REPORT

The number of people urgently needing help increased again in 2015 in the Syrian refugee crisis, the conflict throughout South Sudan, and other crises. An enormous natural disaster struck the people of Nepal. Yet thankfully the Ebola crisis, to which Medair staff responded in Sierra Leone, could be held in check.

Meeting increased beneficiary needs required a greater financial investment of more than USD 63 million, compared to USD 53 million in 2014. Because the level of financial investment had already grown significantly in 2012 and 2013, certain rapid-growth challenges presented themselves in 2015.

**One challenge was that the restricted and unrestricted fund balances grew under-proportionally to the size of the overall portfolio, resulting in limited liquidity.** This is especially a concern as expenditures in the field are made in the course of the year, while large transfers from major donors arrive only after completion of the

work. Furthermore, a majority of individual donor gifts come in the final two months of the year.

This situation leads to an inadequate cushion to absorb urgent or unexpected expenditures which are, of course, the very nature of our mission of urgency. Like the hospital's emergency room or the fire department, which must be open 24/7, standing ready for the next urgent need, for Medair to respond to the next tsunami, earthquake, or typhoon within 24–48 hours, we must have ready capacity to win the race against time. For that we need to increase our fund balances, especially for unrestricted funds.

**Medair's ability to serve more people in 2015 was only possible because our donors (individuals as well as institutions) responded with additional support.**

Medair has always been blessed with the strong support of francophone Switzerland, and now fortunately more people in German-speaking Switzerland and in all of our affiliated countries are giving their support.

In 2015 alone we had more than 50 audits, many initiated by major donors to scrutinise our country programmes, projects, and processes. We welcome this scrutiny, and take it as a sign of trust that donors continue to fund us after these audits, often with even higher amounts.

Overall we are very thankful for the 2015 financial year and want to close by giving thanks to our institutional 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 2015 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).
- Jacques Demaurex** Member since 2013 (2013-2016).
- Peter Wilson** Member since 2015 (2015-2017).

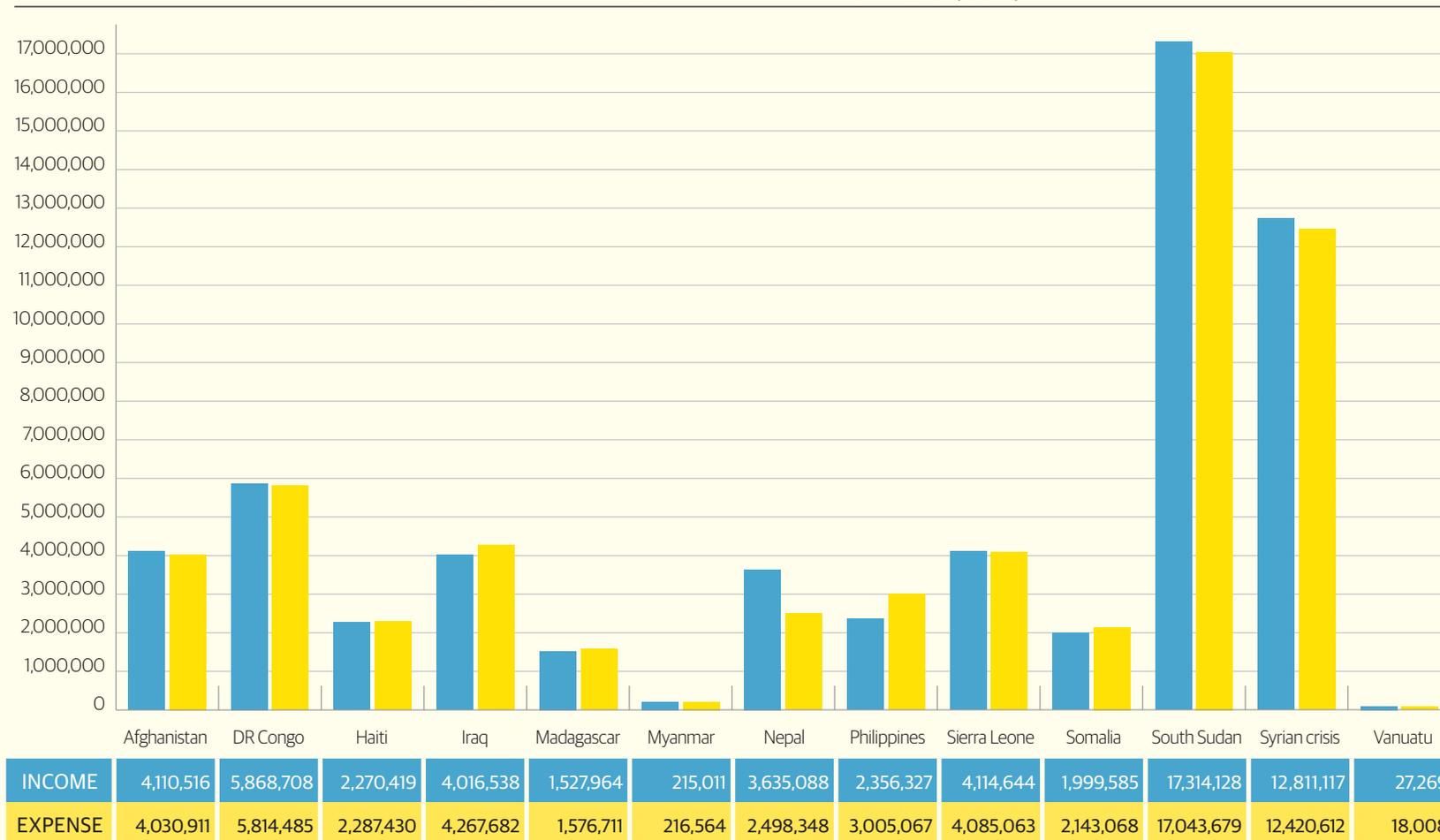
## Executive Leadership Team

- Jim Ingram** Chief Executive Officer
- Cynthia Labi** Human Resources Director
- Eleanor Meyers** Information Services Director
- Gregory Pasche** Marketing & Relationships Director
- James Jackson** Executive Office Director
- Mark Screeton** International Director
- Martin Baumann** Finance Director

Photo:  
Christina Bregy, IBOT President  
Jim Ingram, CEO

# FINANCIAL REVIEW

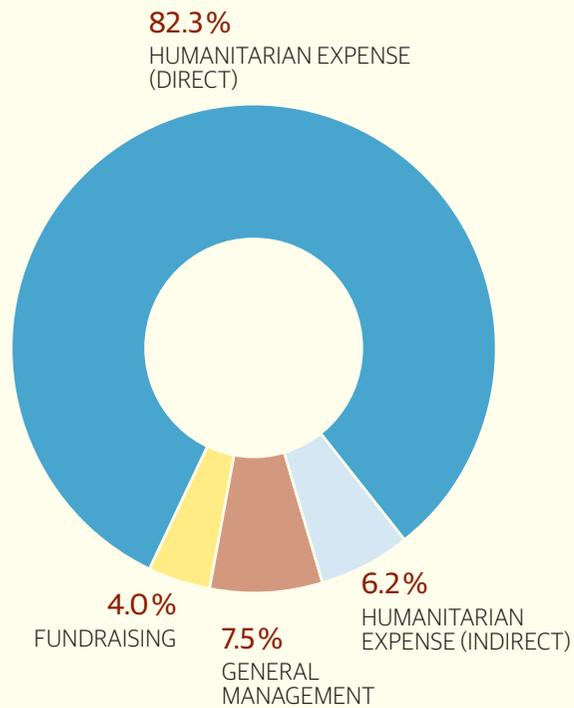
PROGRAMME INCOME AND EXPENSE 2015 (USD)



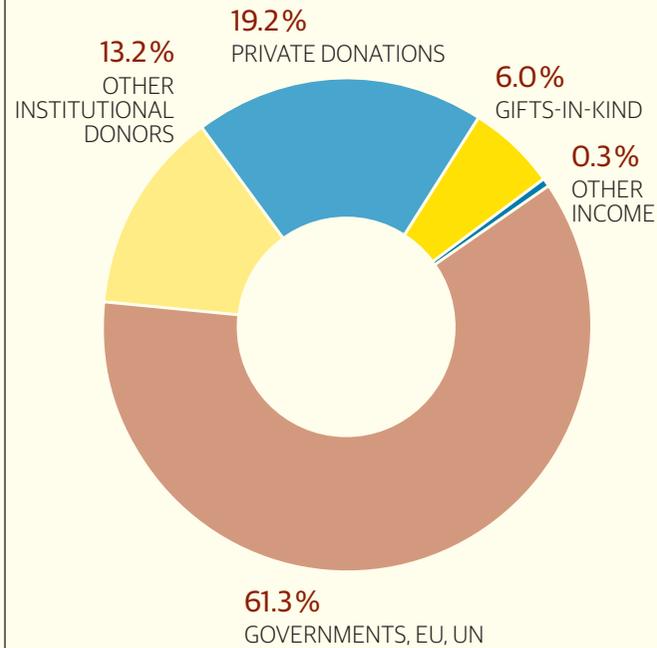


Afghanistan

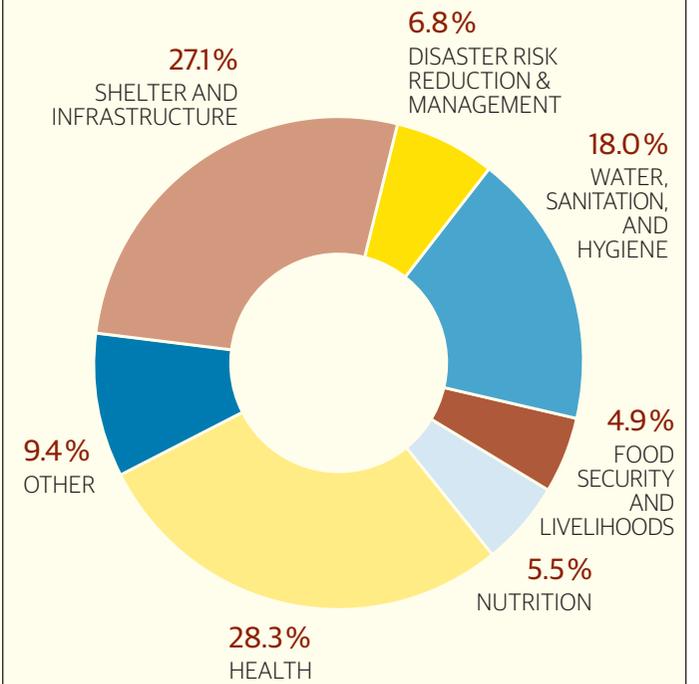
OPERATING EXPENSE 2015



OPERATING INCOME 2015



BENEFICIARY EXPENSE BY SECTOR 2015





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To the Board of Trustees of  
**Medair, Ecublens**

Lausanne, 10 June 2016

### Report of the statutory auditor on the consolidated financial statements

As statutory 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 (pages 45 to 59) for the year ended 31 December 2015. 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 law and 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 2015 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 and comply with Swiss law.

### Report on other legal requirements

We confirm that we meet the legal requirements on licensing according to the Auditor Oversight Act (AOA) and independence (article 69b Swiss Civil Code (CC) in relation with article 728 CO) and that there are no circumstances incompatible with our independence.

In accordance with article 69b CC in relation with article 728a paragraph 1 item 3 CO and Swiss Auditing Standard 890, we confirm that an internal control system exists, which has been designed for the preparation of the consolidated financial statements according to the instructions of the board of Trustees.

We recommend that the consolidated financial statements submitted to you be approved.

Ernst & Young Ltd

Laurent Bludzien  
Licensed audit expert  
(Auditor in charge)

Thomas Madoery  
Licensed audit expert

# CONSOLIDATED BALANCE SHEET AS OF 31 DECEMBER 2015

All figures shown are in USD

		2015	2014
	Note		
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	6	11,015,661	9,510,499
Donor receivables	7	8,248,816	7,684,517
Other receivables		82,312	220,183
Inventory		96,865	103,678
Prepayments		605,145	416,448
		20,048,799	17,935,325
<b>LONG-TERM ASSETS</b>			
Financial assets		235,421	368,909
Capital assets	9	937,495	840,147
		1,172,916	1,209,056
<b>TOTAL ASSETS</b>		<b>21,221,715</b>	<b>19,144,381</b>
<b>LIABILITIES, FUNDS, AND CAPITAL</b>			
<b>CURRENT LIABILITIES</b>			
Accounts payable		829,860	839,108
Donor payables		1,011,052	38,753
Accrued liabilities		445,234	474,648
Deferred revenue	10	5,601,768	5,260,801
Provisions	11	37,766	266,022
End-of-contract benefits	13	46,925	191,200
		7,972,605	7,070,532
<b>LONG-TERM LIABILITIES</b>			
Long-term debt	12	50,464	50,536
End-of-contract benefits	13	109,491	410,765
		159,955	461,300
<b>TOTAL LIABILITIES</b>		<b>8,132,560</b>	<b>7,531,832</b>
<b>RESTRICTED FUNDS</b>			
	2.15		
Restricted income funds		585,415	567,614
Restricted programme funds		3,593,499	2,663,329
		4,178,914	3,230,943
<b>CAPITAL / UNRESTRICTED FUNDS</b>			
	2.16		
Unrestricted capital		1,505,864	1,928,245
Allocated capital		7,404,377	6,453,361
		8,910,241	8,381,606
<b>TOTAL FUNDS AND CAPITAL</b>		<b>13,089,155</b>	<b>11,612,549</b>
<b>TOTAL LIABILITIES, FUNDS, AND CAPITAL</b>		<b>21,221,715</b>	<b>19,144,381</b>

# CONSOLIDATED INCOME STATEMENT

## 2015

All figures shown are in USD

		2015			2014
	Note	Unrestricted	Restricted	Total	Total
<b>OPERATING INCOME</b>					
Grants		-	47,846,751	47,846,751	41,842,934
Donations		6,666,852	5,684,156	12,351,008	11,256,505
Gifts-in-kind	16	85,297	3,771,843	3,857,140	777,604
Other income	17	227,725	-11,330	216,395	337,148
	15	<b>6,979,874</b>	<b>57,291,420</b>	<b>64,271,294</b>	<b>54,214,191</b>
<b>OPERATING EXPENSE</b>					
Humanitarian expense	18	-55,917,327	-	-55,917,327	-47,611,640
Administrative expense	19	-7,284,877	-	-7,284,877	-5,504,091
	20	<b>-63,202,204</b>	<b>-</b>	<b>-63,202,204</b>	<b>-53,115,731</b>
<b>OPERATING RESULT</b>		<b>-56,222,330</b>	<b>57,291,420</b>	<b>1,069,090</b>	<b>1,098,460</b>
<b>FINANCIAL RESULT</b>					
Financial income		2,888	6,445	9,333	78,466
Financial expense		-106,860	-139	-106,999	-9,264
Realised gain / (loss) on exchange		-421,759	-	-421,759	265,835
Unrealised gain / (loss) on exchange		981,365	-	981,365	-316,995
		455,634	6,306	461,940	18,042
<b>RESULT BEFORE CHANGE IN FUNDS</b>		<b>-55,766,696</b>	<b>57,297,726</b>	<b>1,531,030</b>	<b>1,116,502</b>
<b>CHANGE IN FUNDS</b>					
Release of restriction		56,349,755	-56,349,755	-	-
(Allocation to) / withdrawal from restricted funds		-	-947,971	-947,971	-724,388
<b>ANNUAL RESULT BEFORE ALLOCATION TO CAPITAL</b>		<b>583,059</b>	<b>-</b>	<b>583,059</b>	<b>392,114</b>
(Allocation to) / withdrawal from unrestricted funds		-583,059	-	-583,059	-392,114
<b>RESULT AFTER ALLOCATION</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

# CONSOLIDATED CASH FLOW STATEMENT

## 2015

All figures shown are in USD

### 2015

### 2014

#### CASH FLOW FROM OPERATIONS

Result before change in funds	1,531,030	1,116,502
Depreciation	478,880	512,330
Currency translation	-53,613	-122,944
(Increase) / decrease in donor receivables	-564,299	-548,284
(Increase) / decrease in other receivables	137,871	-26,300
(Increase) / decrease in inventory	6,813	-12,118
(Increase) / decrease in prepaid expense	-188,696	-300,137
Increase / (decrease) in accounts payable	-9,248	-92,253
Increase / (decrease) in donor payables	972,299	38,753
Increase / (decrease) in accrued liabilities	-29,414	-15,315
Increase / (decrease) in deferred revenue	340,967	141,077
Increase / (decrease) in provisions	-228,256	59,496
Increase / (decrease) in end-of-contract benefits	-445,549	514,275
	<b>1,948,785</b>	<b>1,265,080</b>

#### CASH FLOW FROM INVESTING ACTIVITIES

Disposals of / (investments in) financial assets	133,488	-109,713
(Investments) in capital assets	-581,022	-495,146
Disposals of capital assets	3,983	-
	<b>-443,551</b>	<b>-604,859</b>

#### CASH FLOW FROM FINANCING ACTIVITIES

Increase / (decrease) in long-term debt	-72	-5,615
	<b>-72</b>	<b>-5,615</b>

#### CHANGES IN CASH

**1,505,162**

**654,608**

#### CHANGE IN CASH BALANCES

Opening balance	9,510,499	8,855,891
Closing balance	11,015,661	9,510,499
	<b>1,505,162</b>	<b>654,608</b>

# CONSOLIDATED STATEMENT OF CHANGES IN CAPITAL AND FUNDS

## 2015

All figures shown are in USD	Note	Opening balance	Adjustment	Adjusted balance	Unrestricted income	Restricted income	Operating expense	Financial gain / (loss)	Fund transfers	Currency translation	Closing balance
<b>RESTRICTED FUNDS</b>	2.15										
Restricted income funds											
Disaster risk management fund		-		-	-	-	-	-	-	-	-
Emergency response fund		399,025		399,025	-	-	-	-	-	-	399,025
Forgotten victims fund		963		963	-	-	-	-	-963	-	-
Health & nutrition fund		398		398	-	841	-5,615	-	5,335	-	959
MIAF staff care capital fund		187,984		187,984	-	-	-	5,376	-20,980	-	172,380
Shelter & infrastructure fund		1,015		1,015	-	-	-	-	-	-	1,015
Staff support & development fund		-		-	-	-	-	-	-	-	-
WASH fund		7,751		7,751	-	4,998	-	-	-363	-	12,386
Cumulative currency translation		-29,522		-29,522	-	-	-	-	-	29,171	-351
		567,614	-	567,614	-	5,839	-5,615	5,376	-16,971	29,171	585,415
Restricted programme funds											
Afghanistan		-62,059		-62,059	-	3,088,575	-4,030,911	-	1,021,941	-	17,546
Chad		-2,584		-2,584	-	647	-	-	1,947	-	10
DR Congo		-1,470		-1,470	-	5,630,461	-5,814,485	-	238,247	-	52,753
Haiti		32,757		32,757	-	1,408,344	-2,287,430	-	862,075	-	15,746
Iraq		865,540		865,540	-	4,031,561	-4,267,682	-	-15,023	-	614,396
Madagascar		57,226		57,226	-	1,268,697	-1,576,711	-	259,267	-	8,479
Myanmar		3,502		3,502	-	11	-216,564	-	215,000	-	1,949
Nepal		-		-	-	3,635,088	-2,498,348	-	-	-	1,136,740
Philippines		918,282		918,282	-	2,359,165	-3,005,188	121	-2,838	-	269,542
Sierra Leone		47,491		47,491	-	4,117,352	-4,085,063	-	-2,708	-	77,072
Somalia		389,604		389,604	-	1,997,477	-2,143,068	-	2,108	-	246,121
South Sudan		33,483		33,483	-	16,299,015	-17,043,679	-	1,015,113	-	303,932
Sri Lanka		70		70	-	-	-	-	-70	-	-
Sudan		13,159		13,159	-	7,976	18,254	-	-13,159	-	26,230
Syrian crisis		498,476	-	498,476	-	12,295,196	-12,421,178	566	515,921	-	888,981
Vanuatu		-		-	-	27,269	-18,008	-	-	-	9,261
Zimbabwe		-4,673		-4,673	-	-1,844	-16,985	-	23,513	-	11
Cumulative currency translation		-125,475		-125,475	-	-	-	-	-	50,205	-75,270
		2,663,329	-	2,663,329	-	56,164,990	-59,407,046	687	4,121,334	50,205	3,593,499
<b>TOTAL RESTRICTED FUNDS</b>		<b>3,230,943</b>	<b>-</b>	<b>3,230,943</b>	<b>-</b>	<b>56,170,829</b>	<b>-59,412,661</b>	<b>6,063</b>	<b>4,104,363</b>	<b>79,376</b>	<b>4,178,914</b>
<b>CAPITAL / UNRESTRICTED FUNDS</b>	2.16										
Unrestricted capital											
Undesignated funds		2,021,516	-84,564	1,936,952	6,667,599	-	48,922	10	-7,096,072	-	1,557,411
Cumulative currency translation		-93,272		-93,272	-	-	-	-	-	41,725	-51,547
		1,928,244	-84,564	1,843,680	6,667,599	-	48,922	10	-7,096,072	41,725	1,505,864
Allocated capital											
Administrative fund		1,074,437		1,074,437	236,032	1,120,594	-3,768,998	-30,039	2,650,294	-	1,282,320
Affiliate reserve funds		26,811		26,811	-	-	-48,922 <sup>a)</sup>	-	196,026	-	173,915
Capital equipment fund		824,556		824,556	-	-	-16,072	-	129,366	-	937,850
Foreign exchange fund		1,397,664	19,840	1,417,504	-	-	-	559,413	28,464	-	2,005,381
MSAF fund		667,749	25,921	693,670	76,990	-	19,774	-73,508	-28,045	-	688,881
Operations fund		2,278,138		2,278,138	-	-	-	-	-	-	2,278,138
Training fund		55,657		55,657	-747	-	-24,246	-	15,604	-	46,268
Cumulative currency translation		128,350		128,350	-	-	-	-	-	-136,726	-8,376
		6,453,362	45,761	6,499,123	312,275	1,120,594	-3,838,464	455,866	2,991,709	-136,726	7,404,377
<b>TOTAL CAPITAL / UNRESTRICTED FUNDS</b>		<b>8,381,606</b>	<b>-38,803</b>	<b>8,342,803</b>	<b>6,979,874</b>	<b>1,120,594</b>	<b>-3,789,542</b>	<b>455,876</b>	<b>-4,104,363</b>	<b>-95,001</b>	<b>8,910,241</b>
<b>TOTAL CHANGES IN CAPITAL AND FUNDS</b>		<b>11,612,549</b>	<b>-38,803</b>	<b>11,573,746</b>	<b>6,979,874</b>	<b>57,291,420</b>	<b>-63,202,204</b>	<b>461,940</b>	<b>-</b>	<b>-15,625</b>	<b>13,089,155</b>

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

# CONSOLIDATED STATEMENT OF CHANGES IN CAPITAL AND FUNDS

## 2014

All figures shown are in USD	Note	Opening balance	Unrestricted income	Restricted income	Operating expense	Financial gain / (loss)	Fund transfers	Currency translation	Closing balance
<b>RESTRICTED FUNDS</b>	2.15								
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
MIAF staff care capital fund		173,321	-	-	-	14,663	-	-	187,984
Shelter & infrastructure fund		-	-	9,931	-	-	-8,916	-	1,015
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
DR 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
Myanmar		-	-	-	-26,498	-	30,000	-	3,502
Nepal		-	-	-	-	-	-	-	-
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	-	11,752,215	-11,967,694	-	-	-	498,476
Vanuatu		-	-	-	-	-	-	-	-
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
<b>TOTAL RESTRICTED FUNDS</b>		<b>2,661,552</b>	<b>-</b>	<b>47,566,201</b>	<b>-50,184,842</b>	<b>88,029</b>	<b>3,255,000</b>	<b>-154,997</b>	<b>3,230,943</b>
<b>CAPITAL / UNRESTRICTED FUNDS</b>									
	2.16								
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 <sup>a)</sup>	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
<b>TOTAL CAPITAL / UNRESTRICTED FUNDS</b>		<b>7,954,416</b>	<b>6,635,591</b>	<b>12,399</b>	<b>-2,930,889</b>	<b>-69,988</b>	<b>-3,255,000</b>	<b>35,078</b>	<b>8,381,606</b>
<b>TOTAL CHANGES IN CAPITAL AND FUNDS</b>		<b>10,615,968</b>	<b>6,635,591</b>	<b>47,578,600</b>	<b>-53,115,731</b>	<b>18,042</b>	<b>-</b>	<b>-119,919</b>	<b>11,612,549</b>

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

# NOTES TO AUDITED CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 2015

## 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

These consolidated financial statements for the year ended 31 December 2015 were authorised for public release in accordance with a resolution of the International Board of Trustees on 10 June 2016.

### 1.1 Medair affiliates and foundations

The Medair affiliate offices worldwide and foundations listed below are part of the Medair group of organisations. Each affiliate office is a separate legal entity with its own Board of Directors. The affiliates agree to support the work of Medair worldwide through affiliation and trademark agreements with Medair.

Medair e.V. Deutschland  
Dortmund, Germany  
(Association)

Medair United Kingdom  
London, United Kingdom  
(Registered charity–England and Wales)

Medair France  
Chabeuil, France  
(Association)

Medair United States  
Wheaton, Illinois, United States of America  
(Not-for-profit corporation)

Stichting Medair Nederland  
Amersfoort, The Netherlands  
(Foundation)

Two independent Swiss foundations also support the work of Medair. 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 Invest in Aid  
Ecublens, Switzerland

Medair Staff Assistance Foundation  
Ecublens, Switzerland

These affiliates and foundations provide personnel, financial, and technical resources through a network of donors to the mission of Medair. Taking into consideration these activities, the level of support given, their decision-making processes and risks, and the mutual benefits associated with these entities, Medair has determined that they should be an integral part of these consolidated financial statements.

## 2. SIGNIFICANT ACCOUNTING POLICIES

### 2.1. Basis for preparing the consolidated financial statements

The consolidated financial statements have been prepared in accordance with the Swiss generally accepted accounting principles (Swiss GAAP RPC/FER). These financial statements present a true and fair view of Medair's assets, financial situation, and the results of operations.

The preparation of the consolidated financial statements requires management to make judgements, 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 is used for all revenue and expenses incurred in Switzerland and the affiliate offices. The accrual method is also used for reporting from field operating locations.

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.

### 2.2. Consolidation principles

These financial statements incorporate the financial results of all affiliates and foundations identified above to present a consolidated view of the Medair group worldwide. The financial statements of these entities are prepared for the same reporting period as Medair, using consistent accounting policies.

These financial statements incorporate the income and expenses for all humanitarian programmes worldwide. While some of programmes may be in countries where there is a legally registered Medair office, operational control (including the power to govern the operating and financial policies of the programmes) is maintained through the international headquarters in Switzerland.

### 2.3. 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-exchange 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:

		2015	2014
Closing exchange rate	CHF / USD	1.00928	1.01071
Average exchange rate	CHF / USD	1.04026	1.09337
Closing exchange rate	EUR / USD	1.09271	1.21566
Average exchange rate	EUR / USD	1.10889	1.32749
Closing exchange rate	GBP / USD	1.48258	1.55352
Average exchange rate	GBP / USD	1.52882	1.64772

### 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. Accounts receivable

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 warehoused 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 and charged to the projects.

### 2.8. Prepayments

Prepaid expenses consist of advance rental 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:

IT equipment & software	3 years
Communication equipment	3 years
Power equipment	3 years
Other equipment	3 years
Facility and fixtures	3 years
HQ leasehold improvements	5 years
Vehicles	3 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—AXA LPP Foundation. 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 is 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.
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.
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.

#### Restricted programme funds

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

### 2.16. 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 end.

## 2.20. Auditors' remuneration

The fees paid to the auditor of these financial statements during 2015 amounted to USD 212,387 (2014 USD 183,872) and relate to the statutory audit of Medair and its consolidated financial statements as well as related assurance reports for grant donors. Other project-specific or grant-specific assurance assignments have been undertaken by other audit firms at the request of other grant donors during the year.

## 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 has been integrated with the audited consolidated financial statements to create 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 fund balances 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 two Swiss banks. 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 USD 3,027,840. The interest rate on this loan is 1.5% per annum. There is no maturity date on the loan. Medair also has a second cash-flow loan facility with a different creditor. The amount available on this second facility is USD 1,009,280. The interest rate is 3.0%. This loan must be closed annually by year end.

### 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	31.12.2015	31.12.2014
Field	4,026,660	3,777,770
HQ	3,871,870	3,658,496
Affiliates	1,773,487	1,135,659
Foundations	1,343,644	938,574
<b>Total</b>	<b>11,015,661</b>	<b>9,510,499</b>

### 7. DONOR RECEIVABLES

USD	31.12.2015	31.12.2014
Governmental partners	3,335,308	3,307,985
United Nations, EU, and intergovernmental partners	2,141,623	2,908,660
Humanitarian partners	2,674,294	1,396,913
Private, public, and corporate organisations	97,591	70,959
<b>Total</b>	<b>8,248,816</b>	<b>7,684,517</b>

### 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 2,337,323 evaluated at closing exchange rates.

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

Currency	31.12.2015	31.12.2014
AUD	10,281	-
CAD	175,527	-
CHF	3,255,526	2,750,541
EUR	7,943,512	2,812,818
GBP	635,431	274,300
JOD	91,436	-
SEK	6,483	-
USD	12,689,337	11,785,692
<b>Total equivalent in USD</b>	<b>22,900,682</b>	<b>20,712,450</b>

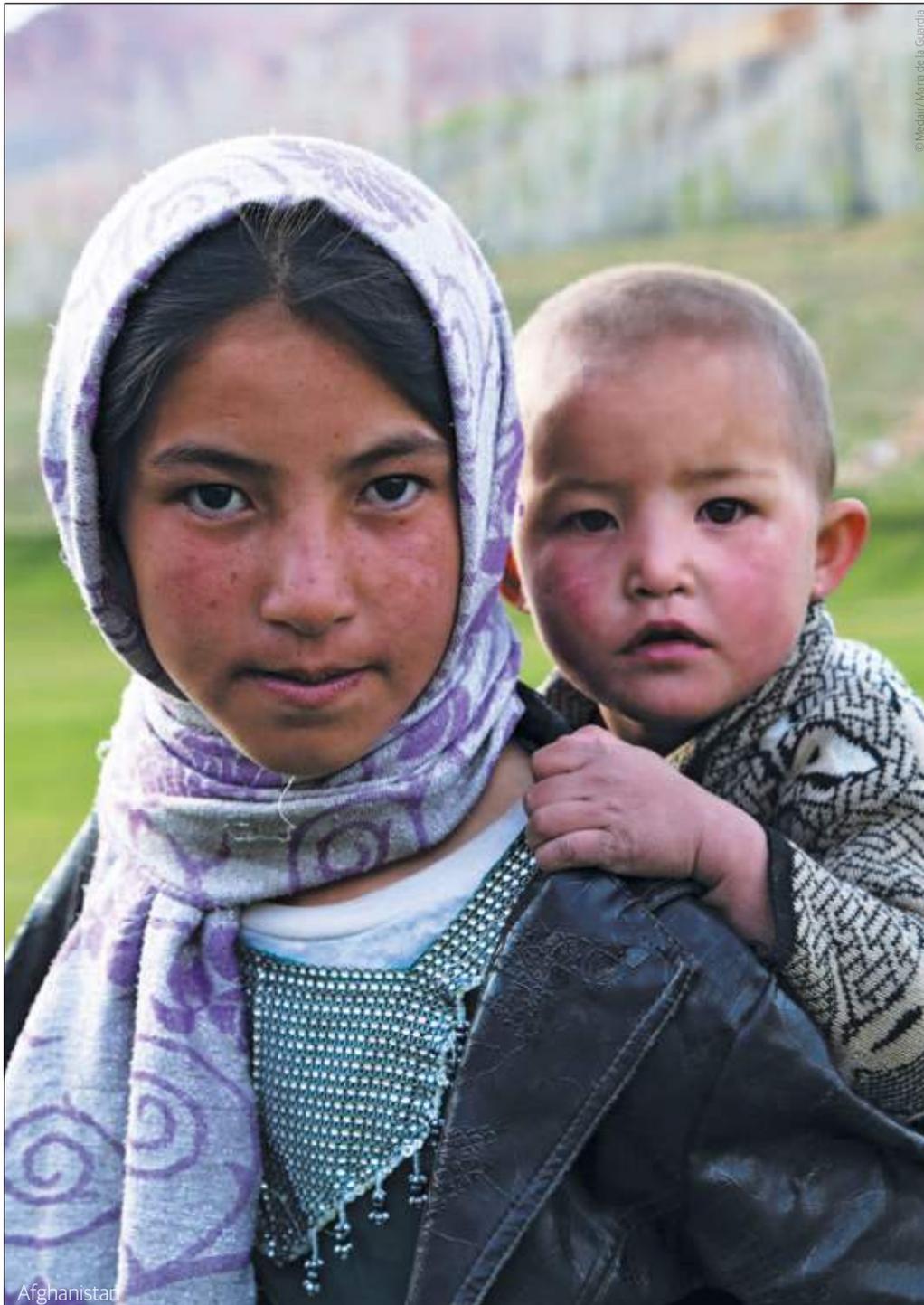
The expected cash receipt in equivalent USD is as follows. This USD figure is based on donor-specified exchange rates.

USD	31.12.2015	31.12.2014
2015	-	19,492,103
2016	22,834,536	1,220,347
2017	32,813	-
2018	33,333	-
<b>Total</b>	<b>22,900,682</b>	<b>20,712,450</b>

The related budgetary obligations are considered as contingent liabilities.

## 9. CAPITAL ASSETS

		2015							
USD	Asset Group	IT	Comms	Power	Other	Facility	HQ leasehold	Vehicles	Total
<b>Total</b>	Prior year closing value	163,368	54,207	27,352	1,585	4,048		589,588	<b>840,147</b>
	Translation adjustment	28	-	-	-	7	-	-	<b>36</b>
<b>Total</b>	Opening book value	163,396	54,207	27,352	1,585	4,055	-	589,588	<b>840,183</b>
<b>Assets</b>	Closing balance 31.12.14	1,236,373	157,465	107,823	1,585	12,754	234,551	1,904,225	3,654,776
	Currency translation	-6,820	-	-	-	-348	-	-	-7,168
	Opening balance 1.1.15	1,229,553	157,465	107,823	1,585	12,406	234,551	1,904,225	3,647,608
	2015 Additions	66,037	1,769	17,704	-	-	-	495,513	581,022
	2015 Disposals	-3,983	-	-	-	-	-	-	-3,983
	Closing balance 31.12.15	1,291,607	159,234	125,527	1,585	12,406	234,551	2,399,738	<b>4,224,647</b>
<b>Accumulated Depreciation</b>	Closing balance 31.12.14	-1,072,074	-103,258	-80,471	-	-8,538	-234,551	-1,314,637	-2,813,529
	Currency translation	5,917	-	-	-	187	-	-	6,104
	Opening balance 1.1.15	-1,066,157	-103,258	-80,471	-	-8,351	-234,551	-1,314,637	-2,807,425
	2015 Disposals	-	-	-	-	-	-	-201	-201
	2015 Depreciation	-77,191	-21,579	-19,024	-	-1,783	-	-359,503	-479,081
	Closing balance 31.12.15	-1,143,348	-124,837	-99,495	-	-10,134	-234,551	-1,674,341	<b>-3,286,707</b>
	Currency translation	-338	-	-	-	-106	-	-	-444
<b>Total</b>	Closing book value	147,920	34,396	26,031	1,585	2,166	-	725,397	<b>937,495</b>
		2014							
USD	Asset Group	IT	Comms	Power	Other	Facility	HQ leasehold	Vehicles	Total
<b>Total</b>	Opening book value	149,978	40,837	22,623	-	1,964	-	639,433	<b>854,835</b>
<b>Assets</b>	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	<b>3,654,776</b>
<b>Accumulated Depreciation</b>	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	<b>-2,813,529</b>
	Currency translation	-931	-	-	-	-168	-	-	-1,099
<b>Total</b>	Closing book value	163,368	54,207	27,352	1,585	4,048	-	589,588	<b>840,147</b>



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## 10. DEFERRED REVENUE

USD	31.12.2015	31.12.2014
Afghanistan	34,428	145,782
DR Congo	444,623	47,524
Haiti	-	901,510
Iraq	1,124,860	307,401
Madagascar	13,813	552,454
Nepal	264,746	-
Philippines	249,829	686,821
Somalia	66,763	26,946
South Sudan	324,984	697,031
Syrian crisis	3,077,723	1,895,331
<b>Total</b>	<b>5,601,768</b>	<b>5,260,801</b>

## 11. PROVISIONS

USD	2015	2014
Opening balance	266,022	206,526
Additions	37,766	153,809
Utilisations	-146,917	-
Dissolutions	-119,105	-94,314
Closing balance	37,766	266,022

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 Foundation 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 amounted to USD 46,925 at year end 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 in USD	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	
						2015	2014
	31,12,15	31,12,15	31,12,14			2015	2014
Pension institutions without surplus / deficit	-	-	-	-	636,319	636,319	566,857

The insurance is provided by AXA Winterthur – AXA LPP Foundation 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 2015, 10 Swiss expatriates were covered by the plan, whereas nine were concerned in 2014.

## 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	
	2015	2014
Afghanistan	4,110,516	3,689,290
Chad	2,594	117,537
DR Congo	5,868,708	6,260,911
Haiti	2,270,419	2,917,856
Iraq	4,016,538	1,896,915
Madagascar	1,527,964	1,487,401
Myanmar	215,011	30,000
Nepal	3,635,088	-
Philippines	2,356,327	3,826,103
Sierra Leone	4,114,644	232,739
Somalia	1,999,585	1,807,650
South Sudan	17,314,128	15,916,690
Sri Lanka	-70	-
Sudan	-5,183	13,060
Syrian crisis	12,811,117	11,752,215
Vanuatu	27,269	-
Zimbabwe	21,669	705,694
Switzerland / Affiliates	3,984,970	3,560,130
<b>Total</b>	<b>64,271,294</b>	<b>54,214,191</b>

### 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 at right.

USD	2015	2014
HQ	1,120,594	-
Afghanistan	1,896	91,089
Iraq	58	-
Medair UK	85,297	61,799
Sierra Leone	108,715	-
Somalia	-	71,023
South Sudan	525,364	354,448
Syrian crisis	2,015,215	199,245
<b>Total</b>	<b>3,857,140</b>	<b>777,604</b>

#### Volunteer network

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

Volunteers	2015	2014
Hours served	4,867	8,680
Equivalent days	608	1,085

### 17. OTHER INCOME

Other income consists of sales income, training fees for our Relief and Recovery Orientation Course (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 expense by country.

2015	Humanitarian Expense									
USD	Sectors	Personnel	Travel	Admin	Maintenance	Depreciation	Other expense	Total	Support expense	Total
Afghanistan	676,922	1,734,556	218,751	392,572	47,076	65,544	368,641	3,504,062	263,937	3,767,999
DR Congo	2,259,669	1,602,300	232,283	487,905	86,489	100,782	287,230	5,056,658	380,883	5,437,541
Haiti	835,823	943,961	76,934	138,243	23,274	681	192,231	2,211,146	166,550	2,377,697
Iraq	1,639,024	1,280,261	172,618	135,809	6,195	21,613	291,568	3,547,087	267,177	3,814,265
Madagascar	363,314	718,565	100,709	83,638	18,118	547	86,308	1,371,198	103,283	1,474,481
Myanmar	-	100,837	26,236	49,066	320	-	2,880	179,340	13,508	192,848
Nepal	1,480,024	427,526	113,642	89,453	3,950	-	88,246	2,202,841	165,925	2,368,766
Philippines	1,400,329	860,358	58,878	90,064	1,095	9,535	175,360	2,595,620	195,510	2,791,130
Sierra Leone	1,311,014	1,069,927	237,416	410,447	24,135	3,702	499,902	3,556,544	267,890	3,824,434
Somalia	835,724	540,529	63,576	176,893	3,871	242	208,158	1,828,993	137,765	1,966,758
South Sudan	4,936,857	5,301,525	1,585,534	1,842,762	180,681	247,168	724,783	14,819,312	1,116,236	15,935,547
Sudan	-	-	-	21	-	-	-	21	2	22
Syrian crisis	6,162,506	3,251,965	277,269	661,201	17,810	3,290	726,035	11,100,074	836,092	11,936,166
Vanuatu	-	6,836	5,980	1,221	-	-	210	14,247	1,073	15,320
Zimbabwe	-	367	1,996	10,983	-	-	-	13,346	1,005	14,352
<b>Total</b>	<b>21,901,205</b>	<b>17,839,514</b>	<b>3,171,824</b>	<b>4,570,277</b>	<b>413,013</b>	<b>453,106</b>	<b>3,651,552</b>	<b>52,000,491</b>	<b>3,916,836</b>	<b>55,917,327</b>

2014	Humanitarian Expense									
USD	Sectors	Personnel	Travel	Admin	Maintenance	Depreciation	Other expense	Total	Support expense	Total
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
DR 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
<b>Total</b>	<b>19,580,970</b>	<b>14,869,744</b>	<b>2,262,531</b>	<b>3,372,880</b>	<b>477,809</b>	<b>463,602</b>	<b>2,739,831</b>	<b>43,767,368</b>	<b>3,844,272</b>	<b>47,611,640</b>

## 19. ADMINISTRATIVE EXPENSE

Administrative expense includes the cost of the Medair office in Switzerland, the administrative costs of each of the affiliate offices, the Medair Staff Assistance Foundation, and the Medair 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.

## 20. OPERATING EXPENSE

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

2015	Humanitarian		Administration		Total operating expense
	USD	Direct	Support	General management	
Sectors	21,901,205	-	-	-	21,901,205
Personnel	17,839,514	3,427,038	2,164,543	1,136,666	24,567,761
Travel & representation	3,171,824	275,127	244,095	63,198	3,754,244
Admin	4,570,277	214,671	989,753	55,532	5,830,233
Maintenance	413,013	-	-33	-	412,980
Depreciation	453,106	-	29,958	-	483,064
Other	3,651,552	-	192,157	-	3,843,709
Fundraising direct	-	-	1,120,594	1,288,414	2,409,008
<b>Total</b>	<b>52,000,491</b>	<b>3,916,836</b>	<b>4,741,067</b>	<b>2,543,810</b>	
<b>Grand Total</b>		<b>55,917,327</b>	<b>7,284,877</b>		<b>63,202,204</b>

2014	Humanitarian		Administration		Total operating expense
	USD	Direct	Support	General management	
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
<b>Total</b>	<b>43,767,368</b>	<b>3,844,272</b>	<b>3,100,231</b>	<b>2,403,860</b>	
<b>Grand Total</b>		<b>47,611,640</b>	<b>5,504,091</b>		<b>53,115,731</b>

## 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 2015, receiving no salary. Board members are allowed to submit out-of-pocket expenses for reimbursement. The total cost of reimbursement during 2015 amounted to USD 1,876 (2014: USD 1,574). The International Board President received no reimbursement during either 2015 or 2014.

## 22. CONTINGENT LIABILITIES

During the normal course of its activities, Medair is exposed to potential claims. At 31 December 2015 and 31 December 2014, Medair management has not identified potential claims which could lead to an exposure greater than USD 400,000 in total.

# CREDITS

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