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MESSAGE FROM JIM INGRAM, CEO



Jim Ingram visits a Syrian refugee family in Lebanon.

In 2017, Medair provided humanitarian aid to over 2.1 million people in 13 countries. Every year, this once-tiny NGO expands its efforts to reach and relieve the suffering of people in crisis around the globe.

With growth comes greater responsibility to the people we serve: putting them at the centre of what we do, providing families with meaningful support, and giving people an edge to get back on their feet with dignity.

It's a responsibility we take very seriously. Our strategic plan is driving a renewed commitment to quality at every level of the organisation, as we pursue a culture of innovation in the way we respond to challenges and reach more of the world's most vulnerable. We are seeing excellent results in our efforts to improve our financial processes and systems, giving us increased transparency for decision-making and accountability, along with new cost-effective ways to bring rapid relief during an emergency response. We are seeking to partner with other agencies more often, and to raise our voice in sharing our perspectives within the sector.

As you will read in our 2017 Annual Report, our mission is now more crucial than ever. The humanitarian funding gap continues to widen. Entrenched crises escalate while new emergencies arise like the Rohingya crisis in 2017. Access restrictions due to insecurity or bureaucracy have made it harder to deliver aid to the people who really need it. As an organisation committed to going the extra mile, our mission only gets tougher. We are so grateful to our steadfast funding partners and private donors who support us not only during our successful interventions but also through our more challenging ones.

Of course, there is no Medair without our staff. Our dynamic, experienced teams are the engine for all we do. Time and again, I have seen Medair's dedicated staff respond with incredible outpourings of compassion, generosity, and personal sacrifice to relieve the suffering of people in crisis.

For the past 14 years, it has been my honour and privilege to live out my faith while serving Medair's mission. In 2018, we welcome David



David Verboom visits a mother and child at a Medair-supported health facility in Iraq.

Verboom as Medair's new CEO. David got his start with Medair nearly 20 years ago, and has gone on to build an excellent reputation within the sector through his exemplary work with humanitarian NGOs and funding partners. I believe there is no one more ideally suited for the job than David at this stage in Medair's journey.

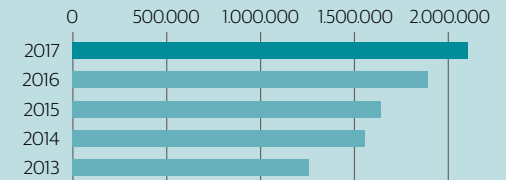
As I step away from Medair, I leave confident in our strategic direction, excited at God's provision of a new leader, and filled with joy for the many lives touched through the mission of Medair.

A handwritten signature in blue ink that reads "Jim Ingram". The signature is fluid and cursive, with a long horizontal stroke at the end.

MEDAIR in 2017

2,103,975

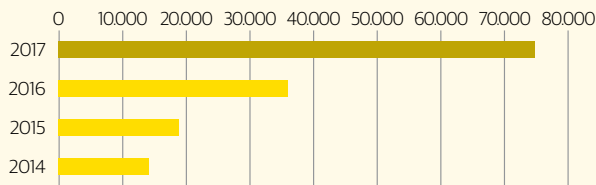
DIRECT
BENEFICIARIES



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.

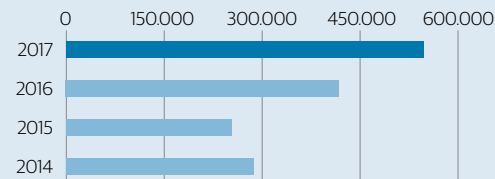
Health and Nutrition

- **1,046,912** patient consultations at Medair-supported health clinics
- **608,555** people taught about life-saving health and nutrition practices
- **74,649** malnourished patients received life-saving treatment



Water, Sanitation, and Hygiene

- **263,146** people taught about life-saving hygiene practices
- **139,305** people gained access to a new or improved latrine or bathing facility
- **572,092** people gained improved access to safe drinking water



Shelter and Infrastructure

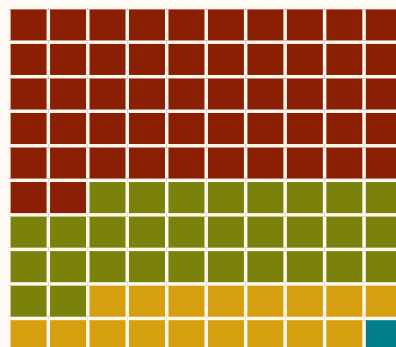
- **200,725** people received shelter assistance
- **42,359** people received training in disaster risk reduction (construction and/or community awareness)
- **28,943** people benefited from new or rehabilitated roads and bridges

Cash Assistance

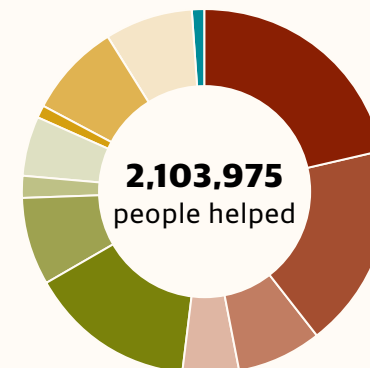
- **10,554** people benefited from cash assistance

Where did the people helped by Medair live in 2017? (%)

- 52** Africa
- 30** Middle East
- 17** Asia
- 1** Caribbean



- Haiti 21,312
- Nepal 162,117
- Myanmar 2,625
- Afghanistan 171,345
- Bangladesh 22,525
- Lebanon 113,663
- Jordan 41,274



- South Sudan 451,984
- DR Congo 379,598
- Somalia 157,793
- Madagascar 102,521
- Syria 315,435
- Iraq 161,783

13
countries
of operation
(2017)

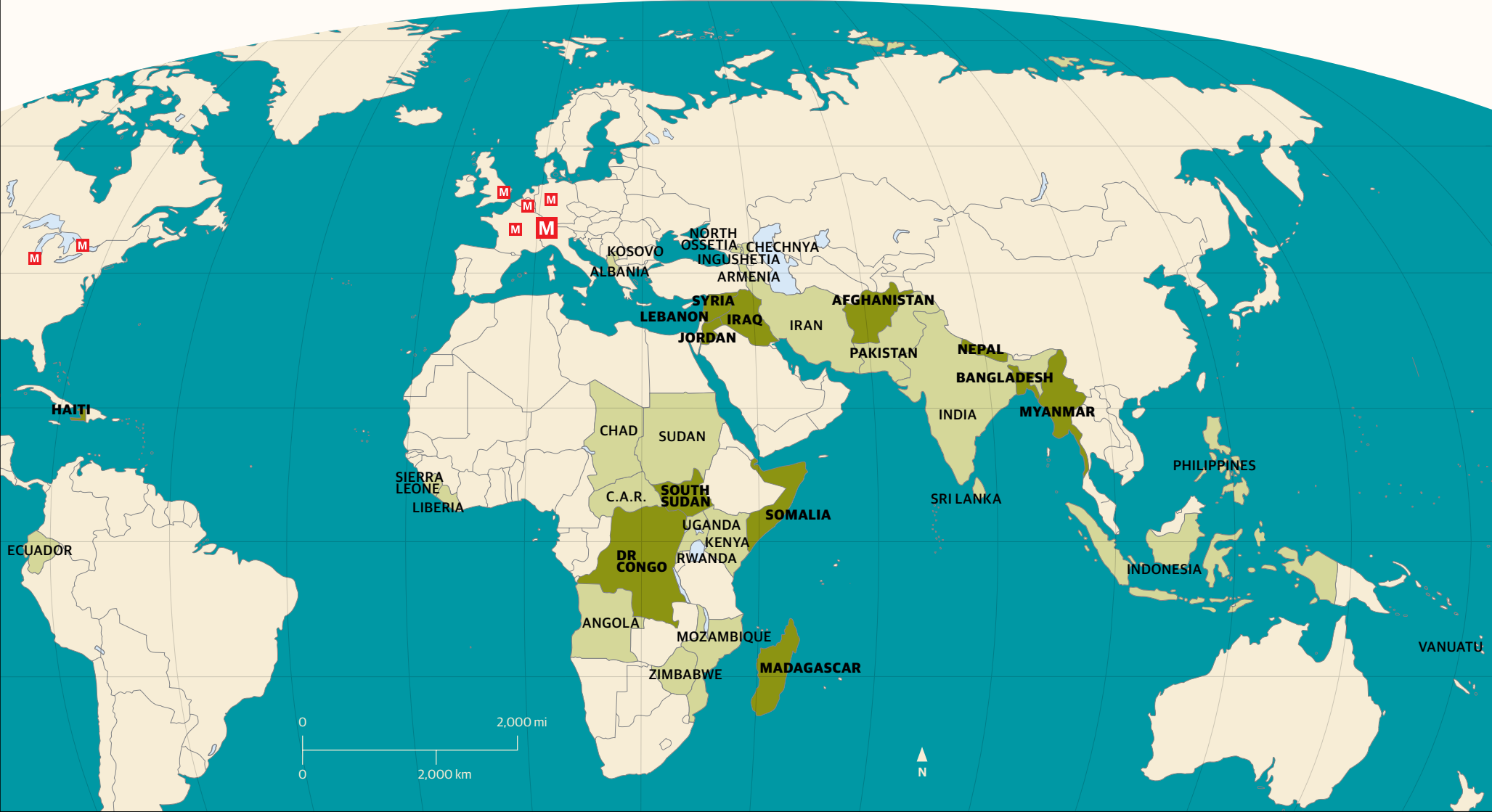
25
past countries
of operation

M
1
international
headquarters in
Switzerland, 134 staff
(119 full-time equivalents)

M
6
affiliate offices
in Europe and
North America


1,143
nationally
recruited
staff


185
internationally
recruited staff
in the field



INNOVATIONS IN AID



In the past decade, technological advancements have positively disrupted the way aid organisations provide assistance to people in need. The humanitarian sector is changing, and it is crucial for Medair to find creative ways to reach more people with life-saving aid, while also saving time and resources.

Innovation is one of the core objectives of Medair's strategic plan. Our field teams use apps on smartphones and tablets, drones and geospatial mapping, and mobile phone and iris-scanning cash transfer technology. We partner with tech companies around the world; our strong relationship with business intelligence leader Qlik enables us to quickly combine and analyse multiple data sets to serve people in need. At Medair HQ, technological advancements have contributed to greater financial transparency, which in turn has enabled more informed decision-making that benefits the people we serve, our donors, and our staff.

For Medair, innovation also means nurturing a culture of holistic continuous improvement by empowering our staff to creatively solve problems. We have adopted a continuous improvement approach to improve work-flow efficiencies, and we've started an in-house training programme that equips and inspires Medair to improve.

We also work alongside isolated communities and encourage them to adopt new practices that will benefit their families. Our staff drive these innovations forward, conducting research projects with universities, and seeking inventive solutions to new and long-standing issues. It's a whole new world of humanitarian aid, and we're committed to helping lead the way forward.



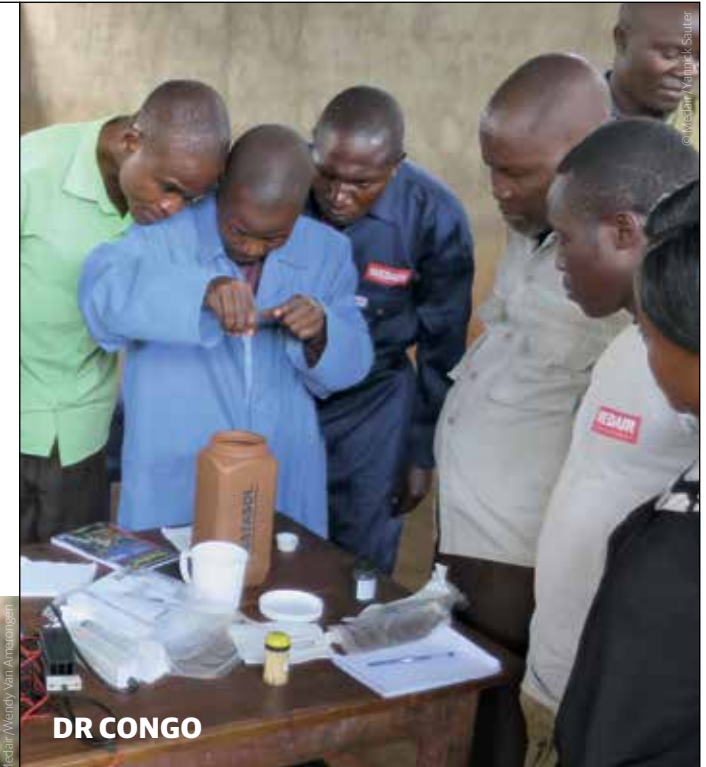
LEBANON

In the Middle East, Medair uses Open Data Kit (ODK) on smartphones or tablets to conduct surveys accurately and rapidly and store results in the cloud for easy access and tabulation. In 2017, Medair Syria used ODK for the first time for distributions in Aleppo and for post-distribution monitoring. "I was able to look through the data and filter it to make a quick decision about our response," said Rami, Medair relief worker. "With ODK, we can move faster to get statistical information, use that information in our reporting, and improve our quality control and productivity."

“ Within Medair, we barely use pen and paper anymore. We collect, store, and disseminate data and information digitally. This process spares us a lot of human mistakes and allows us to collect more complex and dynamic information like images, videos, barcodes, audio, and GPS locations which otherwise would have been more tedious or impossible to collect. We partner with technical companies around the world to increase our accountability and security.

What I like most about my job is that I can leverage some of the most recent advanced technologies in the ICT sector to solve real-world problems. In Nepal, we partnered to set up a **smart card** for cash transfers, and using a barcode-enabled beneficiary list, we were able to distribute cash grants to 4,000 people in only four days without a single error. We also used **drones** to assess landslide susceptibility and create maps to inform the local communities about risks and mitigation measures, in partnership with WeRobotics. ”

– Niroj, Medair Nepal



DR CONGO

When a cholera outbreak struck the remote village of Mateka, DR Congo, five people died within three days, and 21 became gravely ill. To contain the outbreak, the health facility staff needed chlorine for disinfection.

Chlorine is hard to come by deep in the rainforest, so we used a solar-powered chlorine production kit that converted salt and water into chlorine through electrolysis. The outbreak was contained within two weeks. “We can now produce our own chlorine at very low cost,” said Dr Jude, Biakato-Mines clinic. “The supply is reliable and the quality is good. Thanks to Medair, we can provide a safe place for our patients.”

NEPAL



Drone mapping a major landslide area in Nepal.



SOUTH SUDAN

Ongoing civil war
has displaced 4 million

Famine
declared in two counties

48% of the country
face severe food and
nutrition insecurity

Massive cholera outbreak
intensified in 2017

WE HAVE FELT FORGOTTEN



“Life is difficult,” whispered Amer, gazing at the ground. “There is not enough food and there are many diseases. I have no hopes and no dreams.” Amer and two of her eight children walked to Mingkaman in search of a cholera vaccine. “It’s a very dangerous disease, people can die within hours,” she said.

In 2017, South Sudan’s deadly cholera outbreak spread throughout the country. Medair treated over 6,000 people and vaccinated more than 118,000 people

to help curb the outbreak. In April, a Medair outreach team found hundreds of suspected cases in the bush, and walked day and night through remote swamps to bring them life-saving supplies.

In Mingkaman, we vaccinated over 68,000 people, including Amer and her children. To preserve the cold chain, ice was flown in from Juba several times a week, and vaccines were transported in cold boxes to administer in the blazing heat.

Most of Medair’s 2017 WASH activities also focused on combatting cholera. In Juba, Medair built or rehabilitated boreholes, improved latrines, distributed Aquatabs to purify water, and promoted health and hygiene.

Medair also led a cholera vaccination campaign during a WFP headcount for food distributions in the remote and difficult-to-access Leer area. The team vaccinated over 30,000 people in just two days—an incredible achievement. “Not many people come here to help us and we have felt forgotten,” said an elderly man. “But you have come. Thank you.”

-  Free primary health care
-  Vaccination
-  Treatment of common diseases
-  Malnutrition screening/treatment
-  Disease outbreak detection/response
-  Training local health workers
-  Community-based teaching and support groups to prevent illness
-  Care for pregnant/breastfeeding women
-  Safe drinking water
-  Sanitation facilities
-  Teaching communities about hygiene
-  Training people to maintain WASH infrastructure
-  Essential household supplies
-  Emergency shelters



© Medair/Sarah Robinson



Despite significant challenges with the difficult terrain and a volatile, insecure environment,

Medair provided health, nutrition, and WASH services in Renk, Maban, Aweil, and Leer. We also responded to emergencies and distributed essential household items and shelter throughout the country. Our staff showed great courage in working in conflict-affect areas and walking or canoeing long distances to bring aid to neglected families.

We provided treatment for kala-azar and malaria in Pagil and other remote communities. We launched Child-Friendly Spaces where conflict-affected children could play while receiving nutrition treatment. When the food crisis escalated, we scaled up our nutrition responses. In Maban, we successfully handed over activities in Batil refugee camp to long-term partners.

“There is no food,” said Abuk, mother of four. “Our children are malnourished.” Abuk brought her daughter to a Medair clinic. Her legs were stick-thin, her skin loose. In 2017, more than one million children became malnourished; people ate water lilies to survive.

Medair treated more than 33,000 malnourished children, including Abuk’s daughter, who had malaria as well. She immediately received medication and nutrient-rich food. “The Medair staff are treating me very nicely,” said Abuk. “They are able to help my child!”

In 2017, we were able to expand our nutrition services in Aweil to reach 10 locations, providing screening and treatment, training local health staff, and promoting health, nutrition, and hygiene.

“I'm very happy with my boy. If Medair were not here, I would just pray and hope because there's no other option than Medair.**”**
 – Dominia, hours after giving birth

In 2017, nearly 1,700 women gave birth with a skilled health practitioner at one of Medair’s 24/7 maternal health facilities in Renk and Maban.



© Medair/Diana Corrier

RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **451,984**



HEALTH and NUTRITION

- **277,536** patient consultations at Medair-supported health clinics; 1,602 health workers trained
- **128,921** people vaccinated; 6,244 treated for cholera
- **101,895** people reached with health/nutrition promotion; 2,040 community promoters trained
- **1,693** women delivered babies at Medair-supported health facilities
- **33,767** treated for acute malnutrition
- **5,000** women and children received psychosocial support; 382 trained in psychosocial support
- **1,560** children treated through iCCM; 10,942 people treated via emergency mobile backpack approaches



WATER, SANITATION, & HYGIENE

- **131,138** people gained improved access to safe drinking water
- **437** trained to maintain WASH infrastructure
- **37,403** people received improved latrines
- **2,075** hygiene promoters trained; 15,639 people received WASH kits
- **128,211** people reached with hygiene promotion



SHELTER and INFRASTRUCTURE

- **14,884** people received emergency shelter support
- **49,786** people received essential household (non-food) items

Funding Partners: US State Dept., DFID (UK), EU Hum. Aid, Ministry of Foreign Affairs (NL), Swiss Dev. Coop., South Sudan Com. Hum. Fund, UNDP, USAID, Ville de Carouge (CH), All We Can (UK), Integra (SVK), Läkarmissionen (SE), Tear (NL), Campus for Christ (CH), Caritas Found. (LI), Deichmann Found. (DE), Ev. Landeskirche WUE (DE), Ferster Found. (CH), Humanitas Found. (CH), IOM, UNICEF, WFP, WHO

DR CONGO

Multiple conflicts
intensified in 2017

2.2 million
newly displaced people
in 2017

Lives at risk
from disease outbreaks,
lost crops, lack of health
care or safe water

Hard-to-reach
rainforest communities
are isolated from aid

WAR TAKES EVERYTHING



When rebels attacked their hometown in Nord Kivu, Kahindo and her husband fled for their lives. Three months pregnant, Kahindo never looked back. They walked 117 km over two months until they reached a place where they felt safe enough to stop.

“We just kept moving,” said Kahindo, 18. “We slept where we could. People gave us sugar cane and papaya to eat. It was a difficult journey.”









Armed groups are engaging in a complex conflict that has displaced 4.49 million people, upturning communities and endangering lives. “We live in a camp for displaced people,” she said. “In Beni, we had some fields, but here we don’t have any way to earn money.”

We met Kahindo when she gave birth to a healthy boy at a Medair-supported health clinic, one of 10,622 women who delivered babies at one of our clinics in 2017. “Medair helped me by paying for the medical fees,” she said. “I was even given a hygiene kit to help me look after my baby.”

In 2017, Medair provided more than 300,000 free health care consultations, supporting and supervising health clinics in Nord Kivu, Sud Kivu, and Ituri provinces. We monitored the region for displacements and disease outbreaks and rapidly deployed to emergencies.

“I want people to know that war takes everything, but we are courageous enough to stay here, and Medair has been courageous enough to stay here too,” said Kahindo. “If it weren’t for Medair, I would have given birth in the bush.”



-  Free primary health care
-  Treatment of common diseases
-  Disease outbreak detection/response
-  Training local health workers
-  Care for pregnant/breastfeeding women
-  Safe drinking water
-  Sanitation facilities
-  Teaching communities about hygiene
-  Training to maintain WASH infrastructure
-  Health facilities constructed or rehabilitated
-  Roads
-  Bridges



© Medair / Peter Harrison



The crisis in DR Congo escalated in 2017.

Medair ran health, WASH, and infrastructure projects in Ituri and Nord Kivu and monitored the needs in Kasai and Sud Kivu provinces. Our field teams performed admirably under difficult conditions, growing in experience and expertise.

Amid deepening conflict, Medair conducted assessments in new areas and set up a base in the Kasai region. Despite severe needs, Kasai continues to be a neglected crisis, and lack of funding has limited our capacity to respond.

In 2018, Medair aims to expand into new locations. Agility and rapidity of response will be crucial to our strategy, as we remain committed to saving and sustaining lives in DR Congo in a context that continues to deteriorate.

Less than half of DR Congo's 80 million people have access to safe drinking water.

In 2017, Medair improved access to safe drinking water, sanitation, and hygiene in communities, schools, and health facilities. Our WASH teams protected or rehabilitated water points, built rainwater harvesting systems, constructed latrines, showers, and handwashing stations, and promoted good hygiene practices.

“Your work has been a great improvement for this school,” said Jean de Dieu, Headmaster of a primary school with 1,000 students. “You helped us construct new latrines and a rainwater system for handwashing. Medair explained to the children why it’s important, and they now adhere to the handwashing policy much more closely.”



© Medair / Luca Benvenuti

“ I don't like these bridges, but there's not other way for us to go between villages. I'm even more scared when my children cross. If they fall, that's it. ” — Busanga

In 2017, Medair built four suspension bridges in Nord Kivu that opened up the area for safer travel.

RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **379,598**



HEALTH and NUTRITION

- **309,983** patient consultations at Medair-supported health clinics
- **10,707** people vaccinated against measles
- **1,643** community health workers trained
- **226,856** people reached with health promotion
- **1,972** children treated for acute malnutrition
- **331** SGBV survivors received psychological first aid
- **10,622** women delivered babies at Medair-supported facilities
- **14,131** women received antenatal care; 11,436 women received safe delivery kits
- **8,939** patients treated for STI



WATER, SANITATION, & HYGIENE

- **142,694** people gained improved access to safe drinking water
- **86,574** people received improved latrines or bathing facilities
- **47,291** people reached with hygiene promotion
- **201** health staff trained in hygiene and solid waste management



SHELTER and INFRASTRUCTURE

- **2,272** people benefited from cash-for-work income
- **4** bridges built, 4 roads rehabilitated, 9 km of road opened

Funding Partners: DRC Hum. Fund, EU Hum. Aid, Swiss Dev. Coop., UNDP, UNICEF, USAID, Agence de l'eau RMC (FR), Canton of Basel-Stadt (CH), Canton of Zürich (CH), Swiss Solidarity, Metterdaad (NL), Mercy Corps, Däster-Schild Found. (CH), Fondation Ernest Matthey (CH), Fond. Gertrude Hirzel (CH), Medacor Found. (LI), Migros (CH)



SOMALIA

Relentless drought
drove the country to
the brink of famine

Conflict
displaced families and
impeded NGO access

1.2 million
children suffer from
acute malnutrition

3.1 million
need humanitarian
assistance to survive

ON THE BRINK



Ali, four months after starting nutrition treatment.

"I thought he was going to die," said Leyla. Her six-month-old son Ali was growing thinner by the day. She took him to traditional healers, but nothing worked.

A Medair Care Group volunteer visited Leyla's house and convinced her to take Ali to a Medair-supported health facility for free treatment. A nurse diagnosed Ali with acute malnutrition and gave him a therapeutic

food supplement. The nurse also referred Leyla, who was pregnant, to the antenatal clinic. "I had forgotten about my own health due to the illness of my child," she said. After four months of nutrition treatment, Ali made a full recovery.

At the start of 2017, Somalia was perched on the brink of famine. Medair responded by treating over 12,000 malnourished children and women while working to address the underlying causes. We upgraded the quality of health care facilities and trained a network of more than 1,100 community health volunteers to promote behaviour change. We also gave water filters to over 4,000 families to help prevent waterborne illness.

An outreach team of skilled health professionals provided 20 rural villages with regular health care in 2017. "Our lives have changed dramatically," said Ibrahim. "We do not have a health facility near our village but the community health workers come and teach us, treat our children, and refer serious cases to the nearest facility."

-  Free primary health care
-  Vaccination
-  Treatment of common diseases
-  Malnutrition screening/treatment
-  Infant and young children feeding support
-  Disease outbreak detection/response
-  Training local health workers
-  Community-based teaching and support groups to prevent illness
-  Care for pregnant/breastfeeding women
-  Safe drinking water
-  Teaching communities about hygiene
-  Health facilities constructed or rehabilitated



With the threat of famine looming, Medair increased its activities from five to 13 health facilities, and expanded into two new rural districts and an urban IDP camp. We focused on preventing further displacement by helping rural families remain in their villages, while also helping anyone who had been displaced to an urban area.

We worked with four local partner NGOs and supported them with on-the-job capacity building. Our health facilities provided 24/7 maternity services where over 6,000 women gave birth. We also established an emergency response team; during an outbreak of cholera, we constructed a cholera treatment unit, treated 473 patients, and distributed water filters to the at-risk population.

Bisharo's first three children were born before Medair began working in her village. "After each delivery at home, I felt a lot of pain," she said. "I got infections and had to buy medicine."

Bisharo met Medair's Care Group volunteers when they were going door to door sharing messages of health, hygiene, and nutrition: "The volunteers taught me things that I didn't know: where to go when we are ill, how to wash our hands properly, and how to care for myself when I am pregnant."

Health has improved in their village. Bisharo has now given birth twice at a Medair-supported clinic without any problems. "The volunteers have helped my family so much!"

“Thanks for giving us water filters. They have improved our lives!” – Naimo

In 2017, Medair gave Sawyer PointONE water filters to over 4,000 families, a promising technology that provides safe water in emergency contexts.



RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **157,793**



HEALTH and NUTRITION

- **143,249** patient consultations at 13 Medair-supported health clinics
- **5,815** children vaccinated against measles
- **34,753** people reached with positive messages about health and nutrition
- **12,029** children and pregnant/breastfeeding women treated for acute malnutrition
- **23,005** consultations by community health workers
- **6,228** women delivered babies at Medair-supported health facilities
- **1,112** community health workers trained; 21 nurses trained
- **473** people treated for cholera
- **12,450** mosquito bed nets given to pregnant/breastfeeding women



WATER, SANITATION, & HYGIENE

- **24,030** people gained improved access to safe drinking water via 4,005 water filters
- **16,795** people reached with hygiene promotion and received soap
- **10,264** people benefited from new WASH infrastructure installed in 2 health facilities



SHELTER and INFRASTRUCTURE

- **15,463** people benefited from the construction of health and nutrition facilities

Funding Partners: DFAT (AU), Ministry of Foreign Affairs (NL), USAID, Swiss Solidarity, All We Can (UK), Dorcas (NL), Metterdaad (NL), TEAR Australia, Ferster Found. (CH), Resurgens Found. (CH), WFP

MADAGASCAR

Disasters on the rise
with powerful cyclones,
floods, and droughts

March 2017
Cyclone Enawo flooded
villages and displaced
433,000

**Frequent
waterborne illness**
due to disasters and lack of
safe water, sanitation, hygiene

**Hard-to-reach
communities**
in dense jungle terrain with
more rivers than roads

CYCLONE EMERGENCY RESPONSE



In March, Cyclone Enawo struck Madagascar with such force that numerous villages were destroyed and some were submerged in up to four metres of water. The flooding swamped latrines, contaminated wells, and displaced thousands of families.



“Our first priority was to save lives,” said Ketsia, Medair relief worker. “The first 48 hours were a blur of constant activity. Our teams assessed the damage by foot, boat, and air.”

Thanks to partnerships with Mission Aviation Fellowship and Helimission, we were among the first responders to reach affected communities by air. We had pre-positioned emergency WASH kits (buckets, soap, water treatment) which we rapidly distributed to affected families. Our emergency team disinfected over 800 contaminated wells and restored safe drinking water to nearly 40,000 people.

Most of Medar’s water points—built on elevated slabs to stay functional during floods—had continued to provide people with safe water. “I’m certain having access to clean water helped us prevent an epidemic of diarrhoea,” said Marcel, a local leader.

After the initial response, Medair rehabilitated 271 more water points and provided widespread community training on disaster preparedness to reduce future impact. “Our response to Enawo shows that good planning and preparation matter,” said Klaas Overlade, Country Director.



-  Safe drinking water
-  Sanitation facilities
-  Teaching communities about hygiene
-  Hygiene items
-  Training people to maintain WASH infrastructure
-  Communal shelters
-  Disaster risk reduction (DRR) activities
-  Training on safe reconstruction





© Medair / Yvessa Bonmaz



In 2017, Medair worked in Maroantsetra and Mananara Nord and completed a four-year project that brought safe drinking water to rural, hard-to-reach villages. Due to the region's isolation, Medair was the only humanitarian NGO working there. Our teams trekked, waded through rivers, and paddled to communities where people suffered waterborne illnesses due to unsafe water.

In September, we successfully concluded our main WASH project and closed our base, leaving a legacy of more than 1,000 functioning safe water points. In 2018, Medair will set up a national emergency response team for floods and cyclones, and will focus on chronic drought in the south.

In 2013, a Medair team trekked into Ambodiampana to begin our mission of providing WASH to villages that had never had safe water before. In four years, Medair provided safe water to over 80,000 people in remote communities. We improved sanitation in Maroantsetra and widely promoted hygiene practices to improve public health.

By the end of the project, safe water access in the region had increased from 8.9% to 82.5%, while handwashing practices had increased from 5% to 66%. "As a doctor, I've seen a decrease in diarrhoea in my community and an improvement in people's lives," said Dr Charline in Ambodiampana. "Women especially can do more because they spend less time collecting water. We are really happy!"

“ My water broke the day before the cyclone. We knew the community shelter was designed to withstand cyclones, that it would stay dry, and that clean water would be available. ”

— Jolita gave birth to baby Tania in a Medair communal shelter during Cyclone Enawo. In 2017, Medair rehabilitated 11 communal shelters to prepare for future cyclones.



© Medair / Fabrice Pabon-Medina

RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **102,521**



WATER, SANITATION, & HYGIENE

- **65,291** people gained improved access to safe drinking water
- **833** wells disinfected and 4,140 WASH kits distributed after Cyclone Enawo, benefiting 39,305 people
- **116** hand-drilled boreholes constructed or repaired; 323 new water points in 19 gravity systems
- **1,737** benefited from new latrines
- **14,398** families received home visits from hygiene promoters; 700 hygiene promoters trained
- **2,031** people trained in water infrastructure management; 76 village technicians trained to maintain and repair water points
- **56,492** attended events that promoted hygiene (puppet shows, cinema)



SHELTER and INFRASTRUCTURE

- **11** community shelters rehabilitated, providing shelter to 2,050 people
- **329** committee members trained in community shelter management
- **23,522** families trained in emergency preparedness
- **1,279** village volunteers trained in disaster risk reduction (DRR); 91 disaster management committees with 2,790 members trained
- **9,906** people at 31 schools received training on emergency measures in case of cyclones or flooding

Funding Partners: EU Dev. Coop., Ministry of Foreign Affairs (FR), Swiss Dev. Coop., USAID, Canton of Aargau (CH), Swiss Solidarity, Ambatovy (MDG), Fond. Gertrude Hirzel (CH), Fond. du Protestantisme (FR), Zoo Zürich (CH), UNICEF

MIDDLE EAST REGIONAL PROGRAMME

 **Due to the interlinking nature of crises in the Middle East, Medair's country programmes in Iraq, Jordan, Lebanon, and Syria are brought together in a regional programme, supported by an office based in Amman.** When issues arise in one country that are relevant to other Middle East countries, we are able to respond to them effectively. Our coherent regional framework enables appropriate coordination among country programmes, and facilitates the sharing of knowledge and staff resources.



© Medair/Nath Fauveau

“People in Jordan treat us well, but it is impossible to continue living in an expensive country with no income. I have two children I need to think about. They have no future here. I can't imagine what I would do if organisations like Medair didn't help us.”

– Abdelhadi, injured in the Syrian crisis, with his 11-month-old son in Mafraq, Jordan



© Medair/Helen Manson

A Medair team distributes hygiene kits to families in Lebanon.



© Medair/George Mhames

We met Majed, a Syrian refugee, living in a tent settlement in Lebanon's Bekaa Valley. He was born with a physical disability and has never been able to walk on his own. Working with ICRC, we replaced the poor metal stands he had been using, and gave him his own set of crutches.



© Medair/Heleen Mansson

We support health clinics and provide mobile medical relief to families in the Middle East region.



© Medair/Zain Al-Badren

A Medair team provides emergency shelter materials in Aleppo, Syria.



© Medair/Heleen Mansson

Tima, a Syrian woman, lives as a refugee in a tent settlement in Lebanon's Bekaa Valley.



© Medair/Sue O'Connor

Our relief team provides emergency shelter materials to people who fled from the conflict in Mosul, Iraq.



© Medair/Sue O'Connor

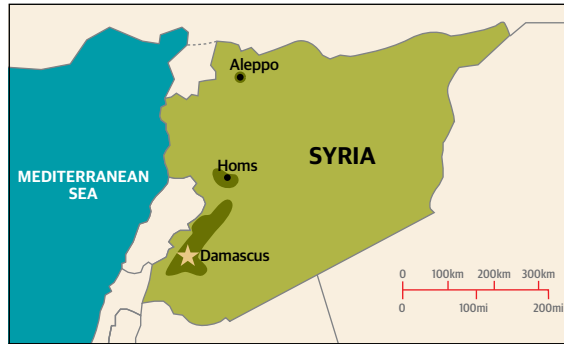
Medair hygiene kits are put to immediate use after families fled from Hawiga, Iraq.



© Medair/Sue O'Connor

“ We are all very worried and life is difficult, but we are alive and we can still laugh together. ”

– Sabta, mother of five, in Mafraq, Jordan














SYRIA

The Syrian Crisis
entered its 7th year

6.5 million people
displaced within Syria

Severe damage
to homes, essential services,
infrastructure

13.1 million people
need humanitarian aid

-  Free primary health care
-  Treatment of common diseases
-  Malnutrition screening/treatment
-  Training local health workers
-  Community-based teaching and support groups to prevent illness
-  Mental health/psychosocial support
-  Safe drinking water
-  Essential household supplies
-  Emergency shelters
-  Shelter supplies
-  Health facilities constructed or rehabilitated

RISING FROM THE RUBBLE



Leen, 12, was at her school when it was hit by a mortar blast. Shrapnel ripped into Leen's back, injuring her spinal cord. The emergency squad of the Syrian Arab Red Crescent (SARC) responded to the blast and found Leen, rescuing her from the rubble. She was paralysed from the ribcage down.

In 2017, Medair began supporting people living with disabilities in Syria. There has been a sharp increase

in the number of people with disabilities due to the crisis. We distributed assistive devices such as wheelchairs, walkers, toilet chairs, and hygiene kits, and we installed items such as hand bars inside homes to improve accessibility. Medair also built and equipped a physiotherapy centre within a health clinic in Rural Damascus and provided training to physiotherapists.

After her injury, Leen needed physiotherapy to help adjust to her new reality. She and her parents participated in a practical training session for the physiotherapists, where the trainer developed a recovery plan to help her become more independent and gain improved use of her upper extremities. The trainer encouraged Leen and her family not to lose hope.

In an amazing coincidence, one of the physiotherapists at the training session happened to be the SARC emergency team member who had rescued Leen from the rubble. He hadn't seen her since that day, and didn't know what had happened to her. He was thrilled to see her again and is now helping support her rehabilitation.



© Medair



Medair is registered with the Government of Syria, and has been present inside Syria since the start of 2015.

Already operational in Rural Damascus and Homs Governorates, Medair Syria expanded its activities in 2017 to newly accessible Aleppo Governorate. We rehabilitated a major health clinic in eastern Aleppo city and distributed 770 emergency shelter kits to vulnerable returnee households.

The Syria programme's emergency response capabilities grew in 2017, as we distributed shelter winterisation assistance and household water storage tanks to assist families in urgent need. Our mission would have been impossible without our Syrian staff, who remained determined, dedicated, and compassionate in the face of a crisis that has hugely impacted their country and their lives.

"We haven't had water through the network since 2013," said a teacher in Al-Aliyat, a village near Homs.

"Our only choice is to buy from the trucks." Syrians lack water access due to damaged infrastructure and because displaced families live in areas unconnected to water networks. People need to buy water from trucks, but the cost is often unaffordable. "We are poor and my husband is blind," said a woman in Al-Nezha. "I do not have money to buy enough water."

In 2017, Medair repaired water infrastructure networks, replacing pipes, connecting communities to water networks, and installing pumps in wells. Medair also repaired a sewage drainage system and distributed water tanks to vulnerable families. In Al-Aliyat and Al-Nezha, our work provided 6,000 people with safe water in 2017.

"I don't know where the water we buy from the trucks comes from. I am worried about the health of my children, but we have to drink water to stay alive.**"** – A man in Swairi village

In 2017, Medair rehabilitated a newly drilled well and provided safe and free water to 15,000 people in Swairi village.



© Medair

RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **315,435**



HEALTH and NUTRITION

- **136,311** patient consultations at Medair-supported clinics
- **1,288** children under 5 received DPT3 vaccination
- **5,641** people reached with health and nutrition promotion
- **1,162** children treated for acute malnutrition; 29,948 children screened
- **1,329** people benefited from psychosocial support
- **543** health staff and community health workers trained
- **138** people with physical disabilities (PWPDs) received assistive devices and disability care kits; 43 PWPDs referred to special services



WATER, SANITATION, & HYGIENE

- **171,946** people gained improved access to safe water
- **15,000** people benefited from sewage system rehabilitation



SHELTER and INFRASTRUCTURE

- **6,928** people received shelter support
- **5** health clinics rehabilitated and re-equipped

Funding Partners: EU Hum. Aid, Swiss Dev. Coop., Syria Hum. Fund, UNICEF, UNOCHA, Stanley Thomas Johnson Found. (CH)



IRAQ

Heavy fighting in 2017
with shifting front lines and multiple mass displacements

Serious damage
to homes, health clinics, water infrastructure

11 million people
needed humanitarian aid

Difficult-to-reach
people needing aid due to ongoing insecurity

-  Free primary health care
-  Treatment of common diseases
-  Infant and young children feeding support (IYCF)
-  Training local health workers
-  Community-based teaching and support groups to prevent illness
-  Mental health/psychosocial support
-  Safe drinking water
-  Sanitation facilities
-  Essential household supplies
-  Shelter supplies
-  Cash assistance

I NEVER EXPECTED THIS LIFE



“I never expected this life,” said Majid, father of three, displaced in Kirkuk. “My house in the village was destroyed by a car bomb. I used to have a very good job. Now I have nothing.”

In 2017, Medair provided cash assistance to over 3,500 people, including Majid. “At least for now I have money for the rent on this house and I don’t owe money to the landlord,” he said.

In Kirkuk Governorate, Medair sent mobile health clinics to provide vital relief to displaced families. In Laylan 2 camp, we ran a free primary health clinic and trained community health promoters to go from tent to tent helping families in need.

In September, conflict erupted in Hawiga, and tens of thousands of people fled their homes.

They walked for up to 12 hours, often barefoot, over land that was mined with explosive devices. During the intense days of the Hawiga emergency, Medair teams welcomed fleeing families at five strategic locations. We provided them with medical care, safe water, sanitation facilities, hygiene supplies, and shelter kits as needed.

“I am happy that we have a wide range of medication,” said Dr Ibrahim, who had been displaced herself from Mosul. “The people have not seen a doctor or had any access to medication, and I’m glad we are here to treat them.”



Medair provided multi-sectoral humanitarian aid in strategic locations including Kirkuk, Ninewa, Duhok, and Salah al Din Governorates. We served newly displaced families and people who had been displaced since 2014. In March, we successfully handed over our health clinic in Shariya camp to a local NGO.

Iraq remained a complex humanitarian environment controlled by multiple authorities, with frequent insecurity that impeded relief efforts. Medair's programme went through significant changes in 2017, with new senior management in place and a dramatic growth in funding and areas of intervention. As the context continues to rapidly change, Medair remains committed to delivering aid to people who need our support.

In 2017, the conflict in Mosul compelled families to flee the city and take shelter in the surrounding area.

As soon as access was possible, our teams travelled to villages and provided mobile medical clinics, emergency shelter, hygiene kits, mattresses, blankets, and kitchen supplies. "We are seeing children who have never seen a doctor and never had a vaccination," said Dr Ismael.

Medair's WASH team provided displaced families with water storage tanks, handwashing stations, and latrines. "You have given us dignity," said Amal. "When we arrived here, we had nothing. Only Medair has been here to help us, and we thank you." Khalid, a Medair relief worker, added: "We hope people can return to their homes soon. For now, we know the work we are doing brings them hope."

Sinjar town was nearly destroyed in 2014, but people are moving back to rebuild their lives.

In 2017, Medair provided Sinjar's families with the only functioning health clinic in town, along with mobile medical care to the surrounding area.

RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **161,783**



HEALTH and NUTRITION

- **90,144** patient consultations at Medair-supported clinics
- **13,226** people reached with health/nutrition messages
- **382** people benefited from psychosocial support



WATER, SANITATION, & HYGIENE

- **23,796** people gained access to safe water
- **6,414** people benefited from latrines installed; 5,290 benefited from bathing facilities
- **16,094** people reached with hygiene promotion
- **2,872** families received hygiene kits



SHELTER and INFRASTRUCTURE

- **1,711** families received emergency shelter kits
- **2,455** families received essential household items
- **3,548** people benefited from cash assistance

Funding Partners: EU Hum. Aid, Slovak Development Cooperation, UNFPA, UNOCHA, USAID, Rep. and State of Geneva (CH), GIZ (DE), Swiss Solidarity, Integra (SVK), Transform Aid (AU), Medicor Found. (LI), Fond. du Protestantisme (FR), WHO



LEBANON

Lebanon
hosts the most refugees
per capita in the world

1.1 million
Syrian refugees struggling
to endure this crisis

357,000 refugees
in Bekaa Valley, many in
tent settlements

High risk of fires
due to dense tent
settlements

A PLACE TO LIVE



Ali examines his baby's burned crib.

The fire broke out on a cold night in November. Ali and his family were in their tent when an electric surge set it ablaze. "It happened very fast," said Ali. "I was lucky to get my family out of the tent before anyone got hurt."

Families in tent settlements face a constant risk of fire. In 2017, Medair distributed fire extinguishers in 58 settlements and provided fire-safety training for over 64,000 people. "My neighbours and I found

20 fire extinguishers in our settlement and we were able to extinguish the fire quickly using the guidance provided by Medair," said Ali.

In early December, tragedy struck a nearby settlement when 30 tents burned, killing eight children. "I was shocked—the entire settlement was on fire," said Ahmad. "We tried to extinguish the fire, but it was too late."

Medair's rapid response team distributed shelter materials to all the families whose tents had been destroyed, cleared the site, poured new gravel, and prepared the ground for tent construction.

Throughout 2017, Medair provided shelter support to over 69,000 Syrian refugees. Our shelter support included a wide range of shelter materials, site improvements, repairs to substandard buildings, and accessibility upgrades when needed. "Thank you so much for your constant support," said Ahmad. "Without your help, we wouldn't have a place to live."



- Free primary health care
- Vaccination
- Treatment of common diseases
- Training local health workers
- Community-based teaching and support groups to prevent illness
- Care for pregnant/breastfeeding women
- Safe drinking water
- Sanitation facilities
- Shelter supplies
- Permanent houses rehabilitated
- Site improvements
- Mapping
- Cash assistance



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In 2017, Medair continued to provide shelter, WASH, and health assistance to Syrian refugees and vulnerable Lebanese in the Bekaa Valley.

Despite some changes to international staff due to contracts ending, the delivery of projects was highly successful. Due to our longstanding presence in the Bekaa, our relationships with municipalities and local leaders continued to strengthen.

Medair was the lead agency with three other NGOs mapping the location, conditions, and population of every informal settlement in Lebanon and sharing data with UNHCR. In 2017, we mapped 4,365 informal settlements where 212,900 Syrian refugees were living. Our regular mapping sweeps of the Bekaa Valley helped identify gaps in humanitarian aid to ensure that no one was forgotten.

Medair provided free and subsidised primary health services,

vaccinating over 47,000 people and supporting 10 health clinics with staff training, stock management, and provision of equipment and medicines. We trained community health volunteers (CHVs) to promote public health in nearly 500 settlements and inform people about the Medair clinics. "In the informal settlements, some people do not know about the services we provide in our clinics for free," said Manhal, a CHV. "Since I am also a Syrian, they trust what I say and they know that I want to help."

Our community midwives provided antenatal and postnatal care in the settlements. "This is the first time I've met with a midwife," said Noura, after hearing her baby's heartbeat. "It's a relief. Now I know what I need to look for when I'm about to give birth."

Fatima received a box of hygiene items, giving her family much-needed supplies for bathing and healthy hygiene.

In 2017, Medair's WASH team provided water tanks, access to safe drinking water, latrines, handwashing stations, and hygiene kits and promotion.



© Medair/Helen Mansson

RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **113,663**



HEALTH and NUTRITION

- **89,689** consultations at Medair-supported health clinics; 98 health workers trained
- **47,428** people vaccinated
- **129,124** people in 498 informal settlements received health promotion
- **74** people received psychosocial support; 4,835 people received family planning services
- **5** assessments conducted in response to outbreaks



WATER, SANITATION, & HYGIENE

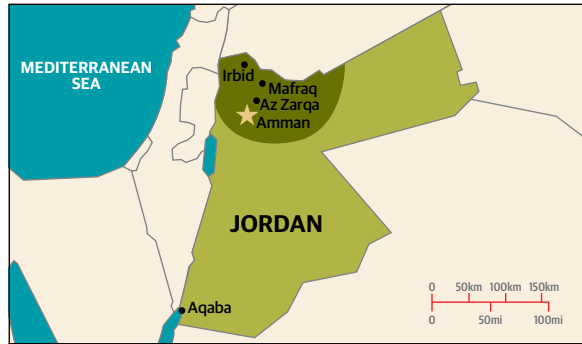
- **6,869** people gained improved access to safe drinking water via 40,536 water vouchers
- **5,163** people received improved latrine facilities
- **12,096** people received hygiene items; 1,807 people reached with hygiene promotion
- **198** water tanks distributed, benefiting 1,047 people; 4,855 people benefited from water testing



SHELTER and INFRASTRUCTURE

- **69,215** people received shelter support including shelter kits, rehabilitation of substandard buildings, and accessibility improvements for elderly and disabled people
- **64,786** people in 58 settlements received fire extinguishers/training
- **44** informal settlements received site improvements; 302 families received cash assistance
- **4,365** informal settlements mapped, mapping 212,900 Syrian refugees

Funding Partners: EU Hum. Aid, Global Affairs (CA), Lebanon Hum. Fund, Ministry of Foreign Affairs (NL), UNHCR, UNICEF, UNOCHA, WHO, Swiss Solidarity, All We Can (UK), ERIKS (SE), Tear (NL), World Relief (CA), Gebauer Found. (CH), Fond. du Protestantisme (FR)



JORDAN

655,000
Syrian refugees registered
in Jordan

80%
are outside formal
refugee camps

High cost of living
with few ways for refugees
to earn income

**Many refugees
traumatised**
by what they have endured

-  Cash assistance
-  Cash for health services
-  Community-based teaching and support groups to prevent illness
-  Care for pregnant/breastfeeding women
-  Mental health/psychosocial support
-  Legal rights awareness sessions
-  Teaching communities about hygiene

A KNOCK ON THE DOOR



The high cost of living in Jordan prevents many refugees from seeking health care. In 2017, Medair's community health volunteers (CHVs) reached over 40,000 people with home visits where they assessed whether anyone needed urgent medical treatment that qualified for Medair's cash-for-health assistance. The CHVs also shared messages about improving maternal and child health, the risks of early marriage, and non-communicable diseases.

"One day a woman knocked on my door and said she worked for Medair," recalled Waed, 21, a mother of two suffering from serious health problems. "We had heard of people getting visits from NGOs but we'd never got help, so we weren't expecting anything. But this time, it was true."

In 2017, Medair provided over 1,400 people like Waed with cash to pay for deliveries, surgeries, and medical treatments. Waed received an ATM card to pay for a blood transfusion. "Last time I went to get a blood transfusion, I had no money to pay for it, and they refused to treat me, so I had to sell my gold wedding ring," she said. "It's a gift that you came and knocked on our door," said Waed's father-in-law.

Medair also ran community groups that provided people with psychosocial support and coping strategies. "I hadn't expected to find people who cared about my psychological well-being," said Tuka. "I felt my life had become a jangled puzzle, but Medair helped me put the pieces of my life back together."





In 2017, Medair provided families living in Mafrq, Zarqa, and East Amman governorates with unconditional cash transfers, cash-for-health, winterisation support, and legal assistance. Thirty percent of the people who received aid were vulnerable Jordanians.

Medair provided humanitarian assistance to families living with loss: loss of family, friends, community, income, and loss of comprehension over what they have been through. In 2017, Medair's work allowed Syrian families to gain back some of those losses. Our interventions gave people the ability to make their own decisions over their urgent needs, to seek medical attention, and to speak with a community of people that share their experiences in Syria and here in Jordan.

Medair provided nearly 2,000 people with unconditional cash assistance, giving families the dignity to decide for themselves how to address their urgent needs. "Thank God Medair is helping us with six months of cash assistance," said Fatima, mother of Aisha. "The apartment owner wanted to evict us for not covering the rent. Now we are able to pay the rent—this is the most important thing for us."

As winter approached, Medair provided one-time cash payments to help cover extra costs for over 1,800 people during the coldest months of the year. Hiba used the money to buy winter clothes for her daughter and pay for rent and food. "No other organisations have come to help me," said Hiba. "Before Medair came, I was waiting for death to take us."

RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **41,274**



HEALTH and NUTRITION

- **41,274** people reached with health and nutrition promotion by community health workers
- **62** community health workers trained; 1,140 community health awareness sessions held
- **3,966** men reached with health promotion about family planning, non-communicable diseases like hypertension, nutrition, diabetes, etc.
- **301** people received psychosocial support
- **1,404** people received cash for health services



SHELTER and INFRASTRUCTURE

- **5,513** people benefited from cash assistance
- **2,250** benefited from legal awareness sessions




“Your lawyer has helped me to understand every step of the bailout procedure. And now because of Medair, I'm here sitting with my brother.**”** – Khaldya

Medair provided legal rights awareness workshops to 2,200 refugees that helped reunite families and educate them on their tenant rights.

Funding Partners: EU Hum. Aid, Jordan Hum. Fund, Swiss Dev. Coop., UNOCHA, Ville de Lausanne (CH), Swiss Solidarity, Teamco Found. (CH), UNICEF

THE CHALLENGING EXTRA MILE

 **At Medair, we are known for going the extra mile, and only sometimes does that refer to distance.** When you are committed to going the extra mile and reaching vulnerable families in neglected, hard-to-reach communities, you'll face your share of challenges—some expected and some decidedly unexpected. We've learned that the extra mile rarely takes a straight or simple path.



BANGLADESH

Sometimes you have everything you need to begin providing emergency relief—except for permission from the authorities.

When the Rohingya crisis began in Bangladesh, the government imposed access restrictions to the camps in order to prevent harm from unauthorised groups and to guarantee security for the Bengali people.

This slowed the pace of response for many NGOs; it took a month for Medair to secure permission to operate in Cox's Bazar, after which all our relief items had to be checked and approved by the military. In the end, we were still able to reach over 22,000 people with aid, just not as quickly as planned.



MADAGASCAR

“Transportation is always a challenge in northeast Madagascar.

Sometimes the rivers are too high or too low for our boats, so we need to wait or walk in the mud for hours. Some locations are so hard to reach they require up to four hours by motorbike or car on terrible roads, and then several more hours on foot—sometimes crossing rivers, sometimes in mud that reaches the knees—often under a downpour of rain.

Our teams go the extra mile by dedicating their lives to working in difficult conditions, not counting the hours worked, ready to step into new roles and activities, and juggling different responsibilities to get the job done... and to save lives.” — Ketsia, Medair Madagascar



DR CONGO

“**Halfway to Misau the rain sets in.** In the gusting wind, we are pelted with rain drops the size of marbles and soaked through to the bone in seconds. And yet the rain does nothing to soften our resolve. Moments like this remind me of why Medair matters so much to me and how proud I am of the work that we do.

It takes a weird and wonderful organisation to decide that remoteness and isolation aren't an excuse when people need help, and even weirder and more wonderful people to decide to leave home and trek through snow, or tropical heat, or deserts to find and address needs wherever they exist.” — Lucy, Medair DR Congo



SOUTH SUDAN

Operating in South Sudan is logistically challenging. In the rainy season, most roads are impassable; in the dry season, in some places the roads are too insecure to travel. Medair staff take UN planes and helicopters and MAF flights, then walk, canoe, or bike to reach the most vulnerable.

For a period in 2017, insecurity forced us to close our 24/7 maternal health facility in Maban at night, leaving women without a safe place to give birth. We set up a donkey-cart ambulance system to bring women in labour to the next-closest hospital, away from the insecure area. Even when we re-opened the clinic at night, we kept using the donkey-cart ambulance to help anyone who needed transportation.




AFGHANISTAN


Decades of war
have stunted progress and led to a complex emergency

1.3 million
children need treatment for acute malnutrition


3.4 million
Afghans face severe food insecurity


45%
lack access to safe drinking water


 Malnutrition screening and treatment


 Infant and young children feeding support


 Training local health workers

 Community-based teaching and support groups to prevent illness


 Safe drinking water

 Sanitation facilities

 Teaching communities about hygiene

 Training to maintain WASH infrastructure

 Livelihood support

 Cash assistance

HAPPY TILL THE END OF OUR LIVES



Wahida and Niaz have always faced long journeys to collect unsafe river water in their remote village. “There are so many stories about how difficult it is to fetch water,” said Niaz. “A lot of people get hurt.”

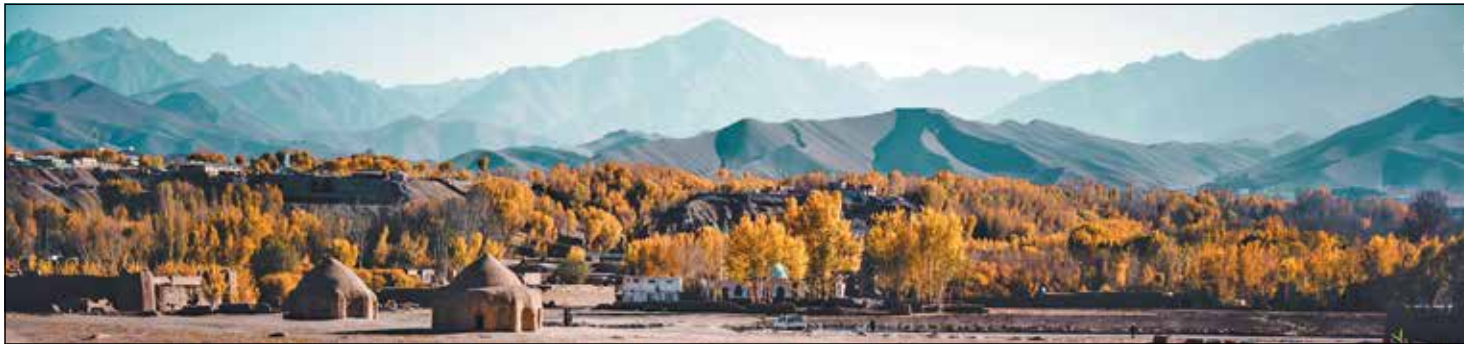
When Niaz broke his leg, Wahida took over the chore until the day she fell on the steep, icy path and caught pneumonia. “At the hospital I said to Niaz, ‘I can’t live like this anymore.’”

Safe accessible water is key to Medair’s efforts to reduce mortality in the Central Highlands and Kandahar Province.

In 2017, Medair provided many communities with safe water and latrines. We also gave more than 1,900 women the training, tools, and seeds to grow their own vegetable gardens and nourish their families. “The biggest problem we had is solved,” said Niaz. “We have safe water right next to us. We also planted 10 different vegetables, so we have enough food and water. We will be happy till the end of our lives.”

Medair treated over 18,000 malnourished children and women in 2017, while addressing the underlying causes of malnutrition—food insecurity, health and hygiene practices, and lack of access to water and sanitation.

Medair’s community health promoters reached more than 50,000 people with positive messages about improving health and nutrition. “People have realised that the knowledge we give them is worth more than just money,” said Kathryn, Medair relief worker. “It’s like teaching someone to fish rather than just giving them a fish. We are encouraging changes that lead to lasting health for children.”



© Medair/Enclim



In 2017, Medair worked in the Central Highlands, Kandahar Province, and Kabul.

We provided aid to 237 remote communities in the Central Highlands. In Kandahar Province, long considered an inaccessible centre of conflict, we expanded our efforts to treat and prevent malnutrition.

Medair faced challenges during the year, as administrative blockages and insecurity threatened to hamper programming at times. Despite those challenges, we reached 25,000 more people in need than we did in 2016. The dedication and resilience of our staff shone through, as they repeatedly found creative solutions to problems and delivered much-needed relief to neglected communities.

In September, Medair began a project to establish malnutrition services in 23 health facilities in Kabul, where there had been no such services for 17 years. Our team prevented the illness or death of over 11,000 malnourished women and children in 2017, while building the capacity of health staff so that they could deliver the nutrition services themselves.

Medair also promoted health and nutrition to families in Kabul. "I met a mother during health education who did not have enough breast milk for her child," said Aousheh, a Medair nutrition nurse. "I supported her in using the right techniques, and when I followed up, she had enough milk for her child. Those are the joys of the day."



© Medair/Wendy van Ameringen

“Before, we did not have a kitchen garden. This year we had many vegetables. The variety keeps our family strong and healthy. The children were malnourished before, but now they are strong.” — Kamela, 41, Central Highlands

RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **171,345**



HEALTH and NUTRITION

- **54,143** people reached with health and nutrition promotion
- **106,276** children under five and pregnant/breastfeeding women screened for malnutrition
- **18,344** children and pregnant/breastfeeding women treated for acute malnutrition
- **150** local health staff received training



WATER, SANITATION, & HYGIENE

- **5,014** people gained improved access to safe drinking water
- **80** latrines built in communities, schools, and clinics, benefiting 1,204 people
- **24,802** people reached with hygiene promotion



SHELTER and INFRASTRUCTURE

- **1,950** women attended training on establishing and maintaining kitchen gardens
- **16,200** people benefited from kitchen garden produce
- **1,129** farming households received improved wheat seed and fertiliser, benefiting 9,032 people
- **1,746** farmers received training on improved farming techniques and wheat rust prevention

Funding Partners: MCC (CA), Global Affairs (CA), Afghanistan Com. Hum. Fund, UNOCHA, WFP, Liechtenstein, Canton of Zürich (CH), Swiss Solidarity, Canton of Aargau (CH), Gebauer Found. (CH), UNICEF

NEPAL

2 earthquakes
devastated Nepal in 2015

600,000
homes were damaged
or destroyed

91%
of homes destroyed
in Ramechhap district

Mountains and rivers
make Ramechhap
extremely hard to reach
by road

BETTER TOGETHER



© Medair/Wendy van Amerongen

Kul Magar has slept in a small building since the earthquakes, while still cooking in his precarious old home. "I know it is very dangerous, but I have no other choice," he said. "I will feel more confident when my new house is built. It will be ready in 15 days, I'm very excited!"











In 2017, Medair continued its owner-driven reconstruction project in Bijulikot in mountainous Ramechhap district.

With our local partner CDS, we provided training, transport, and financial and technical assistance to support the construction of earthquake-resilient homes with latrines. By the end of 2017, 330 families had finished construction on their new homes, with another 471 homes underway.

Medair encouraged communities to work together in groups of about 10 households, a cluster system based on the Nepali culture of labour exchange. We watched as the less vulnerable helped the more vulnerable, and everyone chipped in to help with something, regardless of age or disability. A spirit of optimism took hold as communities bonded together and homes sprung up.

Kul Magar, who has been blind since birth, smiled as he talked about his role. "I work more slowly than other masons and I find that difficult sometimes. But I'm good at mixing the mud and I can sense a lot. I help with the excavation work for the foundation and I carry water. I'm so happy with the clusters; we support each other. Without Medair and CDS, I would not have been able to build a new house."



-  Permanent houses
-  Sanitation facilities
-  Training people to maintain WASH infrastructure
-  Training on safe reconstruction
-  Disaster risk reduction (DRR) activities
-  Cash assistance
-  Teaching communities about hygiene
-  Site improvements
-  Mapping
-  Livelihood support



Despite a challenging geographic location and limited funding opportunities, Medair and local partner CDS expanded their efforts to “build back better,” constructing earthquake-resilient homes using an owner-driven approach. The project will eventually provide 1,263 families with safe, permanent homes, covering the entire revitalised Bijulikot rural municipality. Each household receives grants from Medair or the government of Nepal at three different phases of reconstruction.

Several donor and governmental visits took place during 2017, all resulting in praise about the pace and quality of the reconstruction project. This has been a year of renewing hope and dignity for families who rebuilt their homes and made them stronger and safer than ever before.

In 2017, our team of Nepali engineers trained more than 200 masons in earthquake-resilient construction. These masons gained the skills to earn an income while protecting their communities against future disasters. “We now know how to build earthquake-resilient homes with reinforcement bars,” said one mason. “As a result, we will save so many lives in the next earthquake and fewer people will lose their homes. I am proud of that. It’s so important not to use the old techniques anymore.”

Kumar Tamang, one of our trained masons, shouted with joy when he received his third and final grant to complete reconstruction on his home. “I’m so glad I was trained in earthquake-resilient building techniques. I built my own safe house. As a trained mason, I can now help others.”

RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **162,117**



WATER, SANITATION, & HYGIENE

- **162** earthquake-resilient latrines constructed, benefiting 810 people
- **775** people reached with hygiene promotion through trainings, video presentations, and street drama



SHELTER and INFRASTRUCTURE

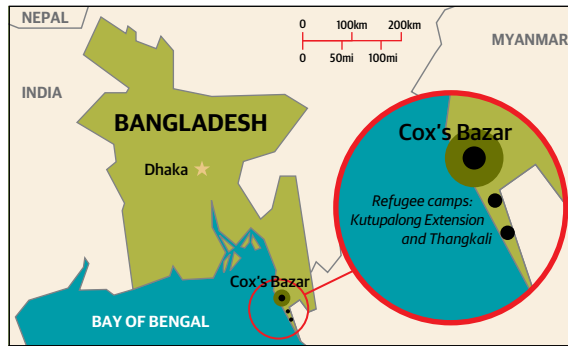
- **330** permanent earthquake-resilient homes constructed, providing safe shelter to 1,650 people
- **471** additional homes had begun construction by end of 2017
- **214** masons received intensive training on earthquake-resilient reconstruction techniques
- **162,117** people reached with safe-shelter promotion via radio broadcasts



“I met several people who didn’t have any hope of rebuilding their houses after the devastating earthquakes. But as our project progressed, people saw the results and began to have glimpses of the happiness they could achieve. Hope is a beautiful thing.”

— Sumit, Medair relief worker

Funding Partners: Swiss Solidarity, All We Can (UK), Metterdaad (NL), Woord en Daad (NL)



BANGLADESH


August 2017
the Rohingya crisis began

Violence
forced entire villages to flee
for their lives

655,500 people
fled to Cox's Bazar,
Bangladesh

14 km² of land
for 655,500 refugees

 Hygiene Items

 Shelter Supplies

“Looking around the growing settlements, it is humbling to see the intense mixture of resilience, hope lost, hope gained, pain suffered, and desperate needs.

The wide variety of needs here is so tangible, yet one of the most impactful resources Medair delivers is intangible: hope. One man told me that he had lost everything and he felt forgotten and unwanted. However, a smile broke through the tears on his face as he thanked us for taking the time to sit with him and listen.”

— Phil, Medair Emergency Response Team

EVERY FAMILY IS GRIEVING



Unia and her youngest child

On the morning of the attack, Zuwail and Unia's peaceful village erupted in chaos. Gunshots filled the air, homes burned, and people fled in all directions. As Zuwail and Unia's family ran, two of their children were shot and killed.

“We wanted to go back, but we couldn't,” said Zuwail. “We still had two other children to take care of. We cried and cried as we ran. We ran for four days and then still had to go on a boat. Another boat sank near us, and all the people drowned.”

Like many other Rohingya families, they arrived in Bangladesh without possessions or money. “We go around the camp during the day to see if help is coming and to ask others for food,” said Zuwail. “We sleep at night out in the open air with a very small tarpaulin above us. Our most urgent need is shelter and then food. Tomorrow we will have to beg again. We might just die.”

As Medair visited families to assess their needs, we heard variations of the same heartbreaking story. “Every family is grieving,” said Medair's Gaby Service. “Most have lost everything, not only their belongings but also their families. My hope is that Medair can make people feel valued while providing the most essential things they need to survive.”

Medair supported World Concern in distributing greatly needed emergency shelter materials and female hygiene kits for 22,525 people who had been left out during prior shelter distributions, including Zuwail and Unia. “We are very thankful you came here,” said Unia. “We know we will now get better tarpaulin and can build our own shelter.”



In September, Medair deployed its Global Emergency Response Team (G-ERT) to Bangladesh to respond to the urgent needs of the persecuted Rohingya people. In partnership with World Concern and Medical Teams International, we conducted a multisectoral assessment in the makeshift refugee settlements along the border with Myanmar.

The needs were enormous, particularly for shelter and hygiene items. Yet access restrictions affected most NGOs and impeded the speed of our emergency response. As soon as access was granted, Medair and World Concern distributed aid to 4,505 families in Thangkali camp, where many households had yet to receive assistance.

RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **22,525**



WATER, SANITATION, & HYGIENE

- **4,505** hygiene kits distributed containing a bucket, cup, jug, body soap, laundry soap, and hygiene items for women



SHELTER and INFRASTRUCTURE

- **22,525** people benefited from 4,505 emergency shelter kits containing high-quality tarpaulin, ground sheet, and rope

"I ran with my wife, daughter, and grandson to get to safety," said Aaid, 73. "Our land and our cows, our clothes and our house—we had to leave it all behind. And then the worst thing happened. My wife and grandson were shot. When they died I had to leave them behind, because people were still coming after us. I had to take care of my daughter. We saw a boy crying on the side of the road, calling 'Mum?' 'Dad?' It was so heartbreaking. There were no parents or guardians or anyone there for him..."

Aaid, gathered the boy in his arms and carried him to safety. It was a terrifying journey, but Aaid, his daughter, and the lost boy made it to Cox's Bazar in Bangladesh. Aaid now cares for the boy, John, as if he were his own son. They have lost so much, so suddenly.



“We are very thankful for these materials. We will set up the shelter soon as the one we have now has a lot of holes and is not good quality. This one will be strong.**”**

— Aaid, 73, holds John, the lost boy he now cares for like a son.

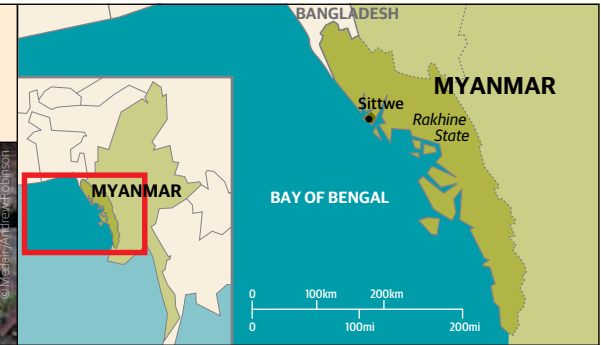
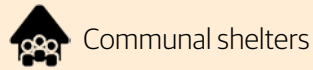


Funding Partners: Swiss Solidarity, Tearfund (UK), Transform Aid (AU)

MYANMAR

Internal conflict
called the world's longest
running civil war

Frequent disasters
devastate communities



OUT OF THE MUD

In January, Medair attained a five-year registration to work in Myanmar. We immediately focused on central Rakhine State where displaced people were at grave risk from flooding and natural disasters.

In the Say Tha Mar Gyi displacement camp in Sittwe, we found families sleeping in the mud, inside cramped shelters that did not keep the rain off. With the monsoon season coming, we had to respond. We partnered with a local NGO and rebuilt 57 communal shelters, helping 544 families get out of the mud. "Before, I lived on the ground but now the floor is elevated and in good condition," said Rohima, a widow with three children.

Knowing the shelters needed to withstand high winds, the Medair team applied braces to help transfer wind loads. "I am happy for the new shelter," said Ahmed. "The old shelter was very damaged and the new shelter is of good quality."

Medair then sought to bring aid to vulnerable communities in northern Rakhine State, but the process took time. "Going the extra mile here means being

patient and persistent," said Sarah, Medair Country Representative. "It means building relationships with government officials and local communities, learning about the complex history and culture, and having a long-term vision to avoid being discouraged about the lack of access."

On 24 August, Medair was finally granted approval to begin work in northern Rakhine state. Hours later, the region fell into chaos. Over 650,000 people fled from conflict across the border into Bangladesh. Although the violence did not directly affect where we had worked in Sittwe, it affected the areas where we intended to work. Medair was restricted from accessing the conflict-affected area, along with other INGOs, for the rest of the year.

Medair remained in Myanmar and continued pursuing access to northern Rakhine, committed to finding ways to meet the life-threatening needs of the vulnerable people living there.

RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **2,625**



SHELTER and INFRASTRUCTURE

- **2,625** people received shelter support
- **57** large temporary shelters constructed, housing 8-10 families each



Funding Partners: Swiss Solidarity

HAITI

Oct. 2016

Hurricane Matthew devastated Haiti


95%


Homes damaged or destroyed in Haiti's Sud Department

 Emergency shelters


 Shelter supplies


 Essential household supplies

 Transitional shelters

 Safe drinking water

 Hygiene items

 Training on safe reconstruction

 Disaster risk reduction (DRR) activities



A YEAR OF CHALLENGES

Our year in Haiti began well. In January, Medair's team continued to bring emergency aid to isolated Haitian communities devastated by Hurricane Matthew. We provided 15,000 people with emergency shelter kits in Tiburon, Sud Department, and helped provide safe water for more than 1,300 people.

We reached 4,000 people with a community-wide awareness campaign, teaching them how to strengthen and repair their shelters to better withstand future disasters. We observed people beginning to repair their homes by reinforcing nailed-down rafters with wire, and other resilient techniques.

After the emergency response, Medair initiated a "Build Back Safer" recovery project in Sud Department to support 2,600 Haitian households in constructing transitional shelters known as "progressive core homes."

Medair spent most of 2017 working tirelessly to achieve agreement with local authorities and donors to allow the implementation of an appropriate recovery-stage shelter intervention. Unfortunately, despite the time and

resources invested in this process, Medair was unable to implement and had to withdraw from the project due to divergent priorities from the local authorities.

We did distribute transitional shelters to more than 2,100 people, and we trained 86 carpenters in methods of disaster-resilient construction, increasing technical capacity to benefit the entire region.

Medair left the country in December, closing out our obligations in a professional manner. We transferred construction materials to two NGOs and they continued the work in other districts.

"We appreciated the support of our major donor,

USAID, with whom Medair has enjoyed a long and productive relationship in Haiti since our previous programme after the 2010 earthquake," said Philip Walker, Medair Head of Country Programme. "We understand that the Hurricane Matthew response was challenging for some USAID partners in the southwest of the country. We look forward to ongoing collaboration with USAID and our other valued donors."

RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **21,312**



WATER, SANITATION, & HYGIENE

- **1,314** people gained access to safe water via 219 Sawyer water filters
- **389** families received hygiene kits



SHELTER and INFRASTRUCTURE

- **17,134** people received emergency shelter materials, tool kits, and/or recovery shelter materials
- **4,000** people reached with a community-wide awareness campaign in disaster risk reduction (DRR)
- **236** people trained in "Build Back Safer" construction techniques in Roche-à-Bateau
- **83** carpenters trained in safer building techniques; 41 carpenters received tool kits



Funding Partners: USAID, Fonds Stop Pauvreté d'Interaction (CH), Läkarmissionen (SE), Transform Aid (AU), Medicor Found. (LI), Radiohjälpen Found. (SE)

FUNDING PARTNERS

Organisational partners listed alphabetically ≥ USD 20,000



An EU funding partner visits Medair Madagascar.

United Nations, Intergovernmental, and Governmental Partners

Afghanistan Common Humanitarian Fund
Australian Department of Foreign Affairs and Trade
Democratic Republic of Congo Humanitarian Fund
Dutch Ministry of Foreign Affairs
EU Civil Protection and Humanitarian Aid
EU International Cooperation and Development
French Ministry of Foreign Affairs
Global Affairs Canada
Jordan Humanitarian Fund
Lebanon Humanitarian Fund
Principality of Liechtenstein
Slovak Agency for International Development Cooperation
South Sudan Common Humanitarian Fund
Swiss Agency for Development and Cooperation
Syria Humanitarian Fund
UK Government
UN Children's Fund
UN Development Programme
UN High Commissioner for Refugees
UN Office for the Coordination of Humanitarian Affairs
US Agency for International Development
US Department of State
World Food Programme
World Health Organization

Other Institutional and Public Partners

Agence de l'eau Rhône Méditerranée Corse (FR)
Canton of Aargau (CH)
Canton of Basel-Stadt (CH)
Canton of Zürich (CH)

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
Jersey Overseas Aid
Republic and State of Geneva (CH)
Swiss Solidarity
Ville de Carouge (CH)
Ville de Lausanne (CH)

Non-Governmental and Network Partners

All We Can (UK)
Dorcas Aid International (NL)
EO Metterdaad (NL)
ERIKS Development Partner (SE)
Fonds StopPauvreté d'Interaction (CH)
Integra (SVK)
Läkarmissionen (SE)
Mennonite Central Committee (CA)
Mercy Corps
Tear (NL)
TEAR Australia
Tearfund (UK)
Transform Aid (AU)
Woord en Daad (NL)
World Relief Canada

Corporate, Foundation, and Private Organisational Partners

Aligro (CH)
Ambatovy (MDG)
Campus for Christ (CH)
Caritatis Foundation (LI)
Däster-Schild Foundation (CH)
Dr. Heinz-Horst Deichmann Stiftung (DE)

Evangelische Landeskirche in Württemberg (DE)
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)
Humanitas Foundation (CH)
J.P. Morgan Chase (US)
Medicor Foundation (LI)
Migros (CH)
Qlik
Radiohjälpen Foundation (SE)
Resurgens Foundation (CH)
Sierentz North America LLC
Stanley Thomas Johnson Foundation (CH)
Teamco Foundation (CH)
Withers Bergman (US)
Zoo Zürich (CH)

Gift-in-Kind Partners

Google
Hublot (US)
International Organization for Migration
Qlik
UN Children's Fund
UN High Commissioner for Refugees
UN Population Fund
World Food Programme
World Health Organization



NEPAL

“ After returning to Nepal one year after my first visit, I was overwhelmed by the achievements of Medair. Hundreds of vulnerable families in remote areas had a safe new house or were close to finishing one. The impact on the quality of life is enormous. Medair is achieving results by maximizing the collaboration with local partners, using local staff, and training the local masons who are building these houses. Money is being used in the most effective manner, with minimal spending on expats, and maximized use and empowerment of local resources. Absolutely outstanding! ”

– Vincent Peters, Qlik, Medair corporate partner

To our generous supporters:

One of the most valuable lessons I have learned in my life is that our world requires significant acts of generosity. This is true of our workplaces, our families, our communities, and the wider world. We are at our best when we are compassionate towards the suffering of others.

Your generosity provides much-needed oxygen to families who find themselves in crisis. Your gifts provide them with space to breathe and to recover hope for their future. In 2017, your generosity enabled Medair to care for more vulnerable families than ever before. On behalf of all those families we partnered together to serve, thank you!



Jim Ingram, CEO



AFGHANISTAN

“ We had a big problem previously when Medair was not here. We had a shortage of health facilities in the remote areas, and people could not access health facilities. A couple of years ago, UNICEF started a mobile clinic but we very much needed a nutrition programme. When Medair came, they started providing nutrition. That was a very good decision! ”

– Deputy Director, Department of Public Health, Kandahar Province

ACCREDITATIONS & AFFILIATIONS



FRANCE

ASA.H
www.new.collectif-asah.org



Coordination SUD
www.coordinationsud.org



GERMANY

Deutscher Spendenrat
www.spendenrat.de



Initiative Transparente Zivilgesellschaft
www.transparency.de

NETHERLANDS



Algemeen Nut Beogende Instelling
www.belastingdienst.nl



CBF Erkend Goed Doel
www.cbf.nl



Goede Doelen Nederland
http://goededoelennederland.nl

SWITZERLAND



cinfo
www.cinfo.ch



Interaction
www.interaction-schweiz.ch



International Dual Career Network
www.idcn.info



ProFonds
www.profonds.org



Swiss NGO DRR Platform
www.drrplatform.org



ZEWO
www.zewo.ch



UNITED KINGDOM

BOND
www.bond.org.uk



Fundraising Regulator
www.fundraisingregulator.org.uk



Global Connections
www.globalconnections.org.uk



Institute of Fundraising
www.institute-of-fundraising.org.uk

Information Commissioner's Office
www.ico.org.uk Registration #Z9172129

UNITED STATES

Excellence in Giving
www.excellenceingiving.com

Guidestar
www.guidestar.org

GLOBAL

Cash Learning Partnership (CaLP)
www.cashlearning.org

CONCORD
www.concordeurope.org

CORE Group
www.coregroup.org

Core Humanitarian Standard Alliance
www.chsalliance.org

EU-CORD
www.eu-cord.org

European Interagency Security Forum
www.eisf.eu

Geneva based Cash Working Group
www.unocha.org

Global Health Cluster
www.who.int/health-cluster

Global Logistics Cluster
www.logcluster.org



Global Shelter Cluster
www.sheltercluster.org



Global WASH Cluster
www.washcluster.net



Humanitarian University
www.humanitarianu.com



Humentum
www.insidengo.org



IASC AAP PSEA Task Team
interagencystandingcommittee.org



International Council of Voluntary Agencies
www.icvanetwork.org



Integral Alliance
www.integralalliance.org



NetHope
www.nethope.org



QUAMED
www.quamed.org



Réseau Logistique Humanitaire
https://www.linkedin.com/company/réseau-logistique-humanitaire-rlh



VOICE
www.ngovoice.org

PRINCIPLES AND STANDARDS



Core Humanitarian Standard on Quality and Accountability (CHS)
www.corehumanitarianstandard.org

Signatory to the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief
www.media.ifrc.org/ifrc/who-we-are/the-movement/code-of-conduct/



Sphere Project
www.sphereproject.org

Medair
Ecublens, Switzerland

AUDITED CONSOLIDATED FINANCIAL STATEMENTS
2017

as at 31 December 2017
in US dollars (USD)

REPORT ON FINANCIAL PERFORMANCE

MISSION

Medair's mission is to help people in need in remote and devastated communities around the world to survive crisis with dignity and to develop resilience to build a better future. Our mission is to provide the best possible help, as quickly as possible, in a way that has a lasting impact and empowers communities to help themselves: Building stronger houses that can resist an earthquake or a storm. Providing access to safe water and showing how to keep the water safe, even under challenging circumstances. Promoting good nutrition for children. Giving women a safe and supported place to bring their babies into this world.

In 2017, we reached more than 2.1 million people in need, up from 1.9 million in 2016, thanks to the amazing support of our faithful donors, institutional and private.

So I now want to report on the financial side of the year 2017.

TREASURER'S REPORT

We were able to reach 12% more people in need in 2017 because our donors increased their support. Our institutional donors increased their grants by 21%, to USD 57.3 million. We are grateful for their trust in Medair. Our private donors are essential for our mission. Every franc, dollar, or euro they donate allows us to unlock multiples of institutional donor funding. We thank them for donating almost USD 11 million to our mission.

A substantial part of the growth of the Medair mission in 2017 was the immense and ongoing needs in the Syrian Crisis. Medair increased spending in this area to USD 27.7 million, an increase of 6%. South Sudan is our largest single country programme. To provide relief to those struggling to survive the civil war in South Sudan, we increased our spending by 24% to almost USD 19 million.

At a time when donors are increasingly concerned about their valuable funds actually reaching people in need, we can assure them that we spent less money on general management and fundraising in 2017 than the year before, even though our help to people in need increased by 13%. General management and fundraising costs amounted to 8.7% of our annual income. All this resulted in a positive operational result of USD 756,000.

The Fund Balances constitute our reserves and are the foundation of our liquidity. The reserves are part of our working capital which fund our global emergency response team's timely interventions with the world's most vulnerable people in case of natural disaster or conflict, such as the Rohingya crisis in 2017. Medair will continue to keep a strong focus on building up its reserves, which are currently below an optimal level. This is particularly important with the growth of the Medair mission over the last few years.

I would like to close by thanking all of our generous supporters, our partners, and especially our field teams who give their all every day to bring relief to the world's most vulnerable people. We are all in this together.



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 as of 31 December 2017 are presented below.

International Board of Trustees

| | |
|--------------------------|---|
| Christina Bregy | Chair Member since 2009 Chair since 2011 Term expires June 2018 |
| Chris Lukkien | Vice Chair Member since 2010 Stepped down March 2017 |
| Klaas van Mill | Vice Chair Member since 2011 Vice Chair from March 2017 Term expires June 2020 |
| Torsten de Santos | Treasurer Member since 2010 Term expires May 2019 |
| Arno IJmker | Secretary Member since 2011 Term expires June 2020 |

| | |
|-------------------------|---|
| Eleanor Dougoud | Member from 2011–2015 Member since 2017 Term expires March 2026 |
| Jacques Demaurex | Member since 2013 Term expires June 2022 |
| Peter Wilson | Member since 2015 Term expires June 2024 |
| Samson Kambarami | Member since 2016 Term expires June 2025 |
| Henk-Jan Muuse | Member since 2017 Term expires June 2026 |

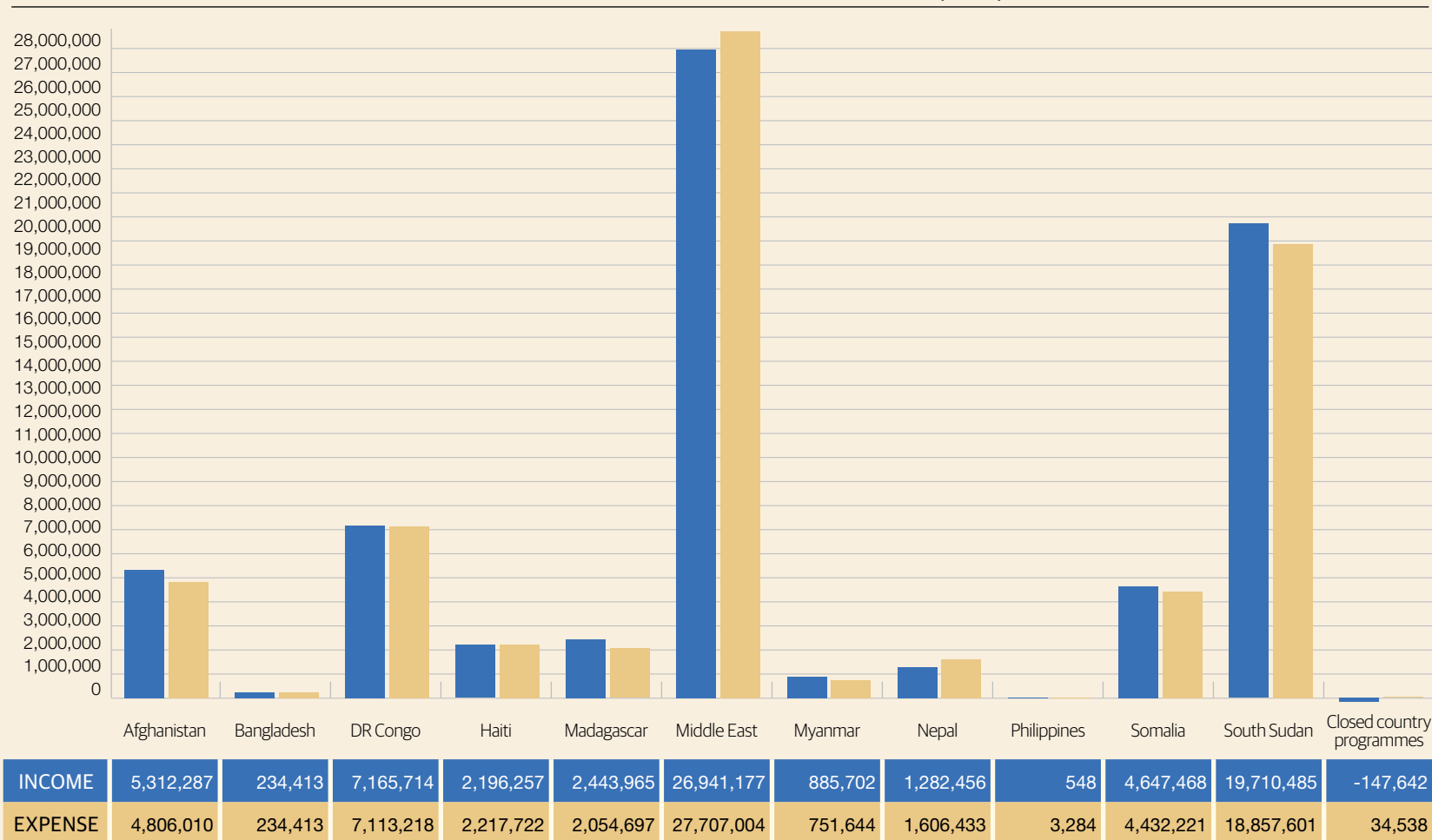
Executive Leadership Team

| | |
|-----------------------|------------------------------------|
| 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 |
| Jules Frost | International Director |
| Martin Baumann | Finance Director |

Photo of International Board of Trustees
Left to right: Jacques Demaurex, Christine Bregy,
Klaas van Mill, Eleanor Dougoud, Arno IJmker,
Samson Kambarami, Chris Lukkien, Torsten de Santos,
(Peter Wilson and Henk-Jan Muuse not shown).

FINANCIAL REVIEW

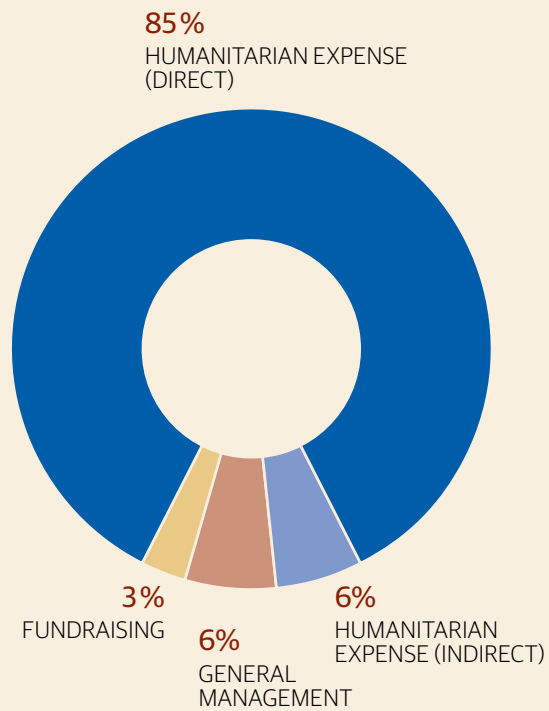
PROGRAMME INCOME AND EXPENSE 2017 (USD)



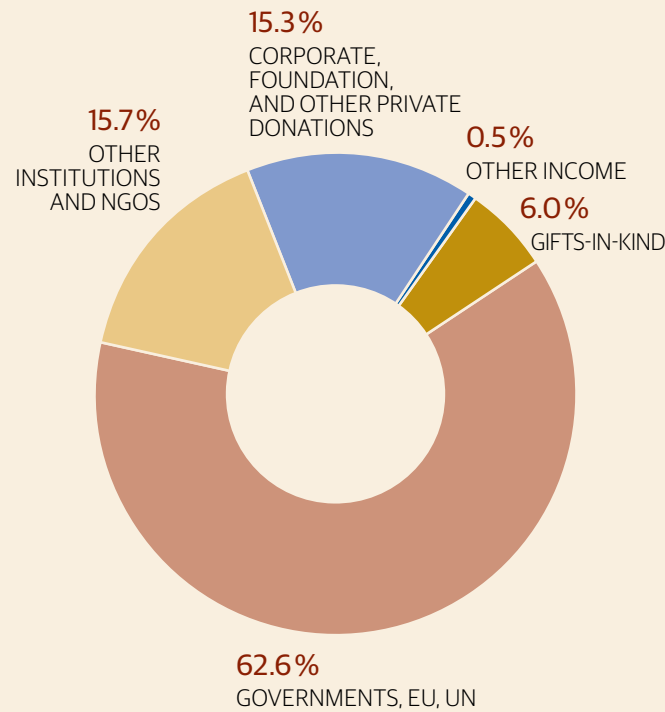


Afghanistan

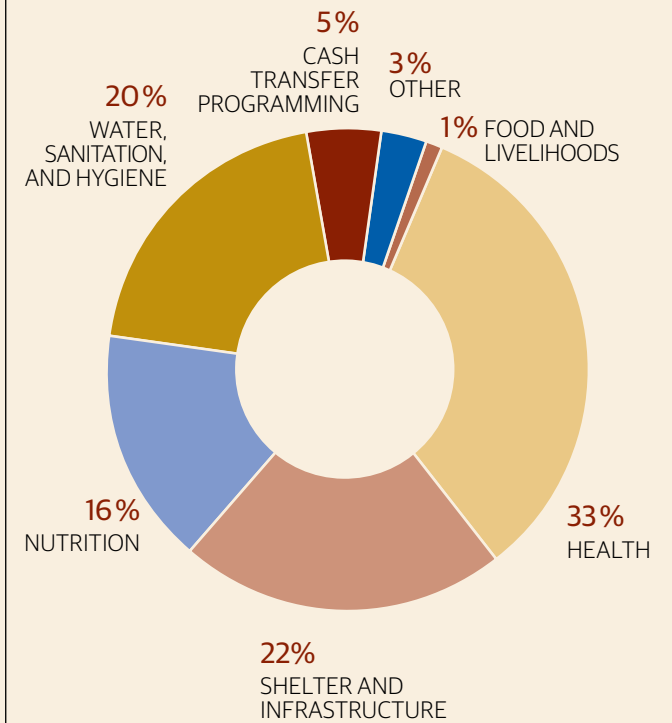
OPERATING EXPENSE 2017



OPERATING INCOME 2017



BENEFICIARY EXPENSE BY SECTOR 2017



To the Board of Trustees of
Medair, Ecublens

Lausanne, 4 May 2018

Report of the statutory auditor on the consolidated financial statements

As statutory auditor, we have audited the consolidated financial statements of Medair, which comprise the balance sheet, income statement, cash flow statement, statement of changes in funds and in capital and notes (pages 45 to 59), for the year ended 31 December 2017. According to the Swiss GAAP FER 21, the Performance report is not subject to the audit of the financial statements.



Board of trustees' responsibility

The Board of trustees are responsible for the preparation of these consolidated financial statements in accordance with Swiss GAAP FER, the requirements of Swiss law and the deed of foundation. 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



Opinion

In our opinion, the consolidated financial statements for the year ended 31 December 2017 give a true and fair view of the financial position, the results of operations and the cash flows in accordance with Swiss GAAP FER, and comply with Swiss law and the statutes.



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 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



Karine Badertscher Chamoso
Licensed audit expert
(Auditor in charge)



Anne-Céline Bosviel
Licensed audit expert

CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER 2017

All figures shown are in USD

| | | 31.12.2017 | 31.12.2016 |
|--|------|-------------------|-------------------|
| | Note | | |
| ASSETS | | | |
| CURRENT ASSETS | | | |
| Cash and cash equivalents | 6 | 9,902,751 | 6,810,179 |
| Donor receivables | 7 | 7,725,684 | 6,706,810 |
| Other receivables | 7 | 880,408 | 814,095 |
| Inventory | | 70,240 | 64,561 |
| Prepayments | | 1,234,283 | 807,141 |
| | | 19,813,366 | 15,202,786 |
| LONG-TERM ASSETS | | | |
| Financial assets | | 141,927 | 118,202 |
| Capital assets | 9 | 1,068,038 | 1,472,502 |
| | | 1,209,965 | 1,590,704 |
| TOTAL ASSETS | | 21,023,331 | 16,793,491 |
| LIABILITIES, FUNDS, AND CAPITAL | | | |
| CURRENT LIABILITIES | | | |
| Accounts payable | 11 | 1,239,624 | 1,167,266 |
| Donor payables | | 569,710 | 114,970 |
| Short-term debt | | - | 981,817 |
| Accrued liabilities | | 1,172,913 | 656,352 |
| Deferred revenue | 10 | 9,155,674 | 5,579,079 |
| Provisions | 12 | 216,750 | 931,750 |
| End-of-contract benefits | 13 | 499,615 | 334,494 |
| | | 12,854,286 | 9,765,727 |
| LONG-TERM LIABILITIES | | | |
| End-of-contract benefits | 13 | 1,165,768 | 780,486 |
| | | 1,165,768 | 780,486 |
| TOTAL LIABILITIES | | 14,020,054 | 10,546,214 |
| RESTRICTED FUNDS | | | |
| Restricted income funds | 2.15 | 495,526 | 417,203 |
| Restricted programme funds | | 640,982 | -212,252 |
| | | 1,136,508 | 204,950 |
| CAPITAL/UNRESTRICTED FUNDS | | | |
| Unrestricted capital | 2.16 | - | 39,884 |
| Allocated capital | | 5,866,770 | 6,002,443 |
| | | 5,866,770 | 6,042,327 |
| TOTAL FUNDS AND CAPITAL | | 7,003,277 | 6,247,277 |
| TOTAL LIABILITIES, FUNDS, AND CAPITAL | | 21,023,331 | 16,793,491 |

CONSOLIDATED INCOME STATEMENT

2017

All figures shown are in USD

| | | 2017 | 2016 |
|---|------|--------------------|--------------------|
| | Note | Total | Total |
| OPERATING INCOME | | | |
| Grants (restricted) | | 57,301,831 | 47,223,150 |
| Donations | | 10,569,041 | 10,552,335 |
| <i>Unrestricted</i> | | 5,353,268 | 5,531,410 |
| <i>Restricted</i> | | 5,215,773 | 5,020,925 |
| Gifts-in-kind | 16 | 4,321,316 | 3,127,388 |
| Other income | 17 | 330,426 | 290,171 |
| | 15 | 72,522,614 | 61,193,044 |
| OPERATING EXPENSE | | | |
| Humanitarian expense | 18 | -65,509,044 | -57,894,195 |
| Administrative expense | 19 | -6,262,131 | -6,271,691 |
| | 20 | -71,771,175 | -64,165,885 |
| | | 751,439 | -2,972,842 |
| FINANCIAL RESULT | | | |
| Financial income | | 338 | 24,380 |
| Financial expense | | -10,499 | -36,711 |
| Realised gain/(loss) on exchange | | 433,730 | -1,245,482 |
| Unrealised gain/(loss) on exchange | | -419,008 | 414,554 |
| | | 4,561 | -843,258 |
| | | 756,000 | -3,816,100 |
| FUND ALLOCATIONS | | | |
| (Allocation to)/withdrawal from restricted funds | | -931,558 | 3,240,284 |
| | | -175,558 | -575,816 |
| Withdrawal from/(allocated to) unrestricted funds | | 175,558 | 575,817 |
| | | - | - |

CONSOLIDATED CASH FLOW STATEMENT

2017

All figures shown are in USD

| | | 2017 | 2016 |
|---|------|------------------------|-------------------|
| | Note | | |
| CASH FLOW FROM OPERATIONS | | | |
| Result before change in funds | | 756,000 | -3,816,100 |
| Depreciation | 2.10 | 683,567 | 606,799 |
| (Increase)/decrease in donor receivables | 2.6 | -1,018,874 | 1,542,006 |
| (Increase)/decrease in other receivables | 2.6 | -66,314 | -776,480 |
| (Increase)/decrease in inventory | 2.7 | -5,679 | 32,303 |
| (Increase)/decrease in prepayments | 2.8 | -427,142 | -211,266 |
| Increase/(decrease) in deferred revenue | | 3,576,595 | -547,927 |
| Increase/(decrease) in donor payables | | 454,740 | -370,844 |
| Increase/(decrease) in accounts payable | 2.11 | 72,358 | 439,402 |
| Increase/(decrease) in accrued liabilities | 2.12 | 516,561 | 228,553 |
| Increase/(decrease) in end-of-contract benefits | 2.14 | 550,402 | 958,565 |
| Increase/(decrease) in provisions | 2.13 | -715,000 | 893,984 |
| | | 4,377,215 | -1,021,004 |
| CASH FLOW FROM INVESTING ACTIVITIES | | | |
| (Investments)/disposals in financial assets | | -23,725 | 97,708 |
| (Investments) in capital assets | | -298,694 | -1,256,419 |
| Disposals in capital assets | | 19,774 | 109,548 |
| | | -302,645 | -1,049,163 |
| CASH FLOW FROM FINANCING ACTIVITIES | | | |
| Increase/(decrease) in short-term debt | | -981,999 | 981,817 |
| | | -981,999 | 981,817 |
| | | CHANGES IN CASH | -1,088,350 |
| CHANGE IN CASH BALANCES | | | |
| Opening balance | | 6,810,179 | 7,898,530 |
| Closing balance | | 9,902,751 | 6,810,179 |
| | | CHANGES IN CASH | -1,088,350 |

CONSOLIDATED STATEMENT OF CHANGES IN CAPITAL AND FUNDS

2017

| All figures shown are in USD | Note | Opening balance | Unrestricted income | Restricted income | Operating expense | Financial gain/(loss) | Fund transfers | Total variation | Closing balance |
|---|------|------------------|---------------------|-------------------|--------------------|-----------------------|-------------------|-----------------|------------------|
| RESTRICTED FUNDS | 2.15 | | | | | | | | |
| Restricted income funds | | | | | | | | | |
| Disaster risk management fund | | - | - | - | - | - | - | - | - |
| Emergency response fund | | 399,026 | - | 5,002 | - | - | -404,028 | -399,026 | - |
| East Africa famine | | - | - | 57,683 | - | - | -57,683 | - | - |
| Health & nutrition fund | | - | - | 51,360 | -2,451 | - | -48,909 | - | - |
| Rohingya crisis fund | | - | - | 951,657 | -108,595 | - | -347,536 | 495,526 | 495,526 |
| Shelter & infrastructure fund | | 1,501 | - | 631 | - | - | -2,132 | -1,501 | - |
| WASH fund | | 16,675 | - | 6,747 | - | - | -23,422 | -16,675 | - |
| | | 417,202 | - | 1,073,081 | -111,046 | - | -883,711 | 78,324 | 495,526 |
| Restricted programme funds | | | | | | | | | |
| Afghanistan | | -742,146 | - | 3,773,300 | -4,806,010 | - | 1,538,987 | 506,277 | -235,869 |
| Bangladesh | | - | - | 195,794 | -234,413 | - | 38,618 | - | - |
| DR Congo | | -342,857 | - | 6,665,714 | -7,113,218 | - | 500,000 | 52,496 | -290,361 |
| Haiti | | 28,853 | - | 2,196,257 | -2,217,722 | -1,804 | - | -23,269 | 5,584 |
| Madagascar | | -389,268 | - | 1,562,100 | -2,054,697 | - | 881,865 | 389,268 | - |
| Middle East Regional Programme | | 362,618 | - | 25,207,728 | -27,707,004 | 799 | 1,733,449 | -765,028 | -402,410 |
| Myanmar | | -134,223 | - | 576,784 | -751,644 | 165 | 308,918 | 134,223 | - |
| Nepal | | 818,304 | - | 1,282,456 | -1,606,433 | - | - | -323,977 | 494,327 |
| Philippines | | 161,863 | - | 548 | -3,284 | 30 | - | -2,706 | 159,157 |
| Somalia | | 350,059 | - | 4,647,468 | -4,432,221 | - | - | 215,246 | 565,305 |
| South Sudan | | -507,635 | - | 19,710,485 | -18,857,601 | - | - | 852,884 | 345,249 |
| Closed country programmes | | 182,180 | - | 17,738 | -34,538 | - | -165,380 | -182,180 | - |
| | | -212,252 | - | 65,836,371 | -69,818,785 | -810 | 4,836,458 | 853,234 | 640,982 |
| TOTAL RESTRICTED FUNDS | | 204,950 | - | 66,909,452 | -69,929,830 | -810 | 3,952,746 | 931,558 | 1,136,508 |
| CAPITAL/UNRESTRICTED FUNDS | | | | | | | | | |
| | 2.16 | | | | | | | | |
| Unrestricted capital | | | | | | | | | |
| Undesignated funds | | 39,888 | 5,204,286 | - | - | - | -5,244,174 | -39,888 | - |
| Allocated capital | | | | | | | | | |
| Administrative fund | | 1,228,130 | 311,926 | - | -1,768,376 a) | -7,678 | 1,447,481 | -16,645 | 1,211,485 |
| Capital equipment fund | | 1,298,734 | - | - | -72,969 | -1,673 | -156,054 | -230,696 | 1,068,038 |
| Foreign exchange fund | | 1,152,318 | - | - | - | 14,722 | - | 14,722 | 1,167,040 |
| Operations fund | | 2,278,138 | 96,949 | - | - | - | - | 96,949 | 2,375,087 |
| Training fund | | 45,123 | - | - | - | - | - | - | 45,123 |
| | | 6,002,443 | 408,876 | - | -1,841,344 | 5,371 | 1,291,427 | -135,670 | 5,866,773 |
| TOTAL UNRESTRICTED FUNDS | | 6,042,331 | 5,613,162 | - | -1,841,344 | 5,371 | -3,952,746 | -175,558 | 5,866,773 |
| TOTAL CHANGES IN CAPITAL AND FUNDS | | 6,247,281 | 5,613,162 | 66,909,452 | -71,771,175 | 4,561 | - | 756,000 | 7,003,281 |

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

CONSOLIDATED STATEMENT OF CHANGES IN CAPITAL AND FUNDS

2016

| All figures shown are in USD | Note | Opening balance | Unrestricted income | Restricted income | Operating expense | Financial gain/(loss) | Fund transfers | Total variation | Closing balance |
|---|------|-------------------|---------------------|-------------------|--------------------|-----------------------|-------------------|-------------------|------------------|
| RESTRICTED FUNDS | 2.15 | | | | | | | | |
| Restricted income funds | | | | | | | | | |
| Disaster risk management fund | | - | - | - | - | - | - | - | - |
| Emergency response fund | | 399,026 | - | - | - | - | - | - | 399,026 |
| Health & nutrition fund | | 223 | - | 105,847 | -166,657 | - | 60,587 | -223 | - |
| Shelter & infrastructure fund | | 1,015 | - | 486 | - | - | - | 486 | 1,501 |
| WASH fund | | 11,711 | - | 4,965 | - | - | - | 4,965 | 16,675 |
| | | 411,974 | - | 111,298 | -166,657 | - | 60,587 | 5,228 | 417,203 |
| Restricted programme funds | | | | | | | | | |
| Afghanistan | | 595 | - | 3,164,370 | -4,655,980 | - | 748,869 | -742,741 | -742,146 |
| Chad | | - | - | 86 | 0 | - | - | 86 | 87 |
| DR Congo | | 9,124 | - | 5,208,860 | -6,490,722 | 4,944 | 924,936 | -351,981 | -342,857 |
| Ecuador | | - | - | 134,687 | -119,452 | - | - | 15,234 | 15,234 |
| Haiti | | 14,960 | - | 842,358 | -828,464 | - | - | 13,894 | 28,853 |
| Madagascar | | 6,885 | - | 1,616,886 | -2,012,547 | -492 | - | -396,153 | -389,268 |
| Middle East Regional Programme | | 1,332,108 | - | 25,256,637 | -26,226,375 | 247 | - | -969,491 | 362,618 |
| Myanmar | | 1,949 | - | 158,578 | -294,750 | - | - | -136,172 | -134,223 |
| Nepal | | 1,048,008 | - | 1,107,502 | -1,337,364 | 158 | - | -229,704 | 818,304 |
| Philippines | | 269,408 | - | 456,948 | -564,656 | 163 | - | -107,545 | 161,863 |
| Sierra Leone | | 71,647 | - | 250,174 | -174,920 | -6,472 | - | 68,783 | 140,430 |
| Somalia | | 241,792 | - | 3,254,980 | -3,150,647 | 3,933 | - | 108,266 | 350,059 |
| South Sudan | | 1,291 | - | 13,866,188 | -15,232,453 | - | 857,339 | -508,927 | -507,635 |
| Sudan | | 26,230 | - | 6,290 | -15,352 | - | - | -9,062 | 17,168 |
| Vanuatu | | 9,261 | - | - | - | - | - | - | 9,261 |
| Zimbabwe | | - | - | 2,880 | -29,646 | - | 26,766 | - | - |
| | | 3,033,260 | - | 55,327,423 | -61,133,326 | 2,482 | 2,557,910 | -3,245,512 | -212,252 |
| TOTAL RESTRICTED FUNDS | | 3,445,235 | - | 55,438,721 | -61,299,983 | 2,482 | 2,618,497 | -3,240,284 | 204,950 |
| CAPITAL/UNRESTRICTED FUNDS | | | | | | | | | |
| 2.16 | | | | | | | | | |
| Unrestricted capital | | | | | | | | | |
| Undesignated funds | | 58,699 | 5,481,184 | - | - | - | -5,500,000 | -18,811 | 39,888 |
| Allocated capital | | | | | | | | | |
| Administrative fund | | 1,319,363 | 273,139 | - | -2,811,076 a) | -15,062 | 2,461,766 | -91,233 | 1,228,130 |
| Capital equipment fund | | 932,429 | - | - | -53,680 | 249 | 419,736 | 366,305 | 1,298,734 |
| Foreign exchange fund | | 1,983,245 | - | - | - | -830,927 | - | -830,927 | 1,152,318 |
| Operations fund | | 2,278,138 | - | - | - | - | - | - | 2,278,138 |
| Training fund | | 46,269 | - | - | -1,146 | - | - | -1,146 | 45,123 |
| | | 6,559,444 | 273,139 | - | -2,865,902 | -845,740 | 2,881,502 | -557,001 | 6,002,443 |
| TOTAL UNRESTRICTED FUNDS | | 6,618,143 | 5,754,323 | - | -2,865,902 | -845,740 | -2,618,497 | -575,812 | 6,042,331 |
| TOTAL CHANGES IN CAPITAL AND FUNDS | | 10,063,377 | 5,754,323 | 55,438,721 | -64,165,885 | -843,258 | - | -3,816,095 | 6,247,281 |

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 31 DECEMBER 2017

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 1989 and is established as an association under article 60 et seq. of the Swiss Civil Code. Medair is independent of any political, economic, social, or religious authority.

The Medair headquarters is located in Ecublens, Switzerland.

Medair
Chemin du Croset 9
1024 Ecublens
Switzerland

These consolidated financial statements for the year ended 31 December 2017 were authorised for public release in accordance with a resolution of the Board of Trustees on 1 June 2018.

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. The affiliates agree to support the work of Medair worldwide through affiliation and trademark agreements with Medair.

Medair Canada
Hamilton, Canada
(Registered Charity)

Stichting Medair Nederland
Amersfoort, The Netherlands
(Foundation)

Medair e.V. Deutschland
Cologne, Germany
(Registered Association)

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

Medair France
Chabeuil, France
(Association)

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

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 to the mission of Medair through a network of donors.

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 the Executive Leadership Team 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 has been used for all revenue and expenses incurred in Switzerland and the affiliate offices. The accrual method is also in use in country programmes.

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 consolidated financial statements incorporate the income and expenses for all humanitarian programmes worldwide and the contribution made by the affiliates to those programmes. 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.

The contribution of the affiliates does not meet the minimum threshold to warrant a consolidation.

2.3. Comparative figures

Certain prior year amounts have been amended for consistency with the current period presentation. These changes had no material effect on the reported results of any period. In 2017, Medair concluded that its affiliates do not meet the minimum threshold for full consolidation as explained in Note 2.2. This change does not materially affect previously reported cash flows from operations, from investment activities, or from financing activities in the Consolidated Cash Flow Statement and had no material effect on the previously reported Consolidated Income Statement for any period.

The closed country programmes as well as Middle East Programmes have been grouped to ease the presentation. Even though the 2016 comparison has also been grouped, this has no impact on the comparative figures (total).

2.4. Foreign currency conversion

The financial statements are presented in USD, Medair's functional currency.

Foreign currency transactions are recorded in USD by applying to the foreign currency amount the current monthly exchange rate at the date of the transaction. The monthly exchange rate is calculated at the average daily exchange rates from the prior month. 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 Consolidated Income Statement in the period in which they arise. Items on the Consolidated Statement of Financial Position that are held in foreign currency are revalued at year end using the closing foreign currency rate. Exchange rate differences arising from this revaluation are recognised as unrealised gains/losses in the Consolidated Income Statement.

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

| USD/CHF | 2017 | 2016 |
|-----------------------|---------|---------|
| Closing exchange rate | 1.02454 | 0.98182 |
| Average exchange rate | 1.01299 | 1.01764 |

2.5. Cash and cash equivalents

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

2.6. Account receivables

Donor receivables and other receivables are revalued to closing exchange rates and, if required, are net of adjustments to reflect any risk of non-collection.

2.7. Inventory

Inventory consists of materials and supplies located in Switzerland and used in field programmes. Stock is recorded to inventory when purchased and items are expensed to the projects at the time they are shipped to the project countries. The value of the stocks is calculated based on actual costs according to the first-in-first-out principle. Inventory items are used exclusively for field programmes and are not for commercial resale.

Inventories held in the field are, for operational reasons, directly expensed/charged to the projects.

2.8. Prepayments

Prepaid expenses consist of advance rent payments in the field, advance flight payments in the field, advance payments to our implementing partners, and cash advances to our internationally recruited staff.

2.9. Financial assets

Financial assets comprise blocked bank deposit accounts and investments in Medair Foundations. They are stated at cost less any provisions for permanent impairment, if necessary.

2.10. Fixed assets

Fixed assets are Medair capital assets in use at the headquarters in Switzerland or in the performance of its humanitarian activities. All capital assets at field locations are considered restricted. These assets are carried at cost less accumulated depreciation and any impairment losses.

Depreciation is calculated on a straight-line basis over the expected useful lives of the related assets using the following periods:

| | |
|--|---------|
| IT & communication equipment | 3 years |
| Other equipment (including Power equipment and 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 (LPP), by Patrimonia 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.

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 decided by the Executive Leadership Team where the activities of the programme are within the scope of funders' restrictions.

| | |
|-------------------------------|--|
| Disaster risk management fund | Restricted to programmes with disaster risk management activities. |
| East Africa famine fund | Restricted to programmes affected by the East Africa famine. |
| Emergency response fund | Facilitates immediate intervention in the event of a new or developing humanitarian emergency. |

| | |
|-------------------------------|--|
| Health & nutrition fund | Restricted to programmes with medical, nutrition, or health promotion activities. |
| Rohingya crisis fund | Restricted to Rohingya crisis programmes. |
| Shelter & infrastructure fund | Restricted to programmes with housing and other infrastructure construction activities. |
| WASH fund | Restricted to programmes related directly to water, sanitation, and hygiene (WASH) 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.

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

2.17. Revenue recognition and financing contracts

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

Grants: Contract revenue is presented as constructively earned according to the percent of completion method (POCM). The portion of a contract constructively earned is determined by calculating actual contract expense to the total contract budget for each donor contract. It is recognised as revenue in respect of the year

when the financial expenses are incurred, in order to comply with the principle of correspondence between expenditure and income.

Donor receivables: Project grants awarded to Medair are shown on the Consolidated Statement of Financial Position 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 concern 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 Consolidated Statement of Financial Position 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 Consolidated Statement of Financial Position 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 Consolidated Statement of Financial Position do not include goods and materials acquired for the projects but still not used by year end.

2.20. Auditors' remuneration

The fees paid to the auditor of these financial statements during 2017 amounted to USD 120,550 (2016: USD 131,063) 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.

2.21. Full-time staff of Medair

Full-time equivalents: The annual average number of full-time equivalents for the reporting year, as well as the previous year, exceeded 250.

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 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 and reviewed by 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.

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 57 international and local banks; the policy in 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 1,024,538. The interest rate on this loan is 1.15% per annum. This loan must be closed annually by year end. Medair also has a second cash-flow loan facility with a second creditor. The amount available on this second facility is USD 3,073,613. The interest rate is 3.0%. There is no maturity date on the loan.

DETAIL ON THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION

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

6. CASH AND CASH EQUIVALENTS

| USD | 31.12.2017 | 31.12.2016 |
|--------------|------------------|------------------|
| Field | 3,571,191 | 2,520,497 |
| HQ | 6,331,560 | 4,289,682 |
| Total | 9,902,751 | 6,810,179 |

7. DONOR RECEIVABLES AND OTHER RECEIVABLES

| Donor receivables (USD) | 31.12.2017 | 31.12.2016 |
|--|------------------|------------------|
| Government partners | 5,599,878 | 4,628,822 |
| United Nations, EU, and intergovernmental partners | 1,026,765 | 928,419 |
| Humanitarian partners | 1,095,315 | 1,037,336 |
| Private, public, and corporate organisations | 3,726 | 112,234 |
| Total | 7,725,684 | 6,706,810 |

| Other receivables (USD) | 31.12.2017 | 31.12.2016 |
|----------------------------|----------------|----------------|
| General debtors | 108,593 | 223,138 |
| Foundations and affiliates | 771,815 | 590,956 |
| TOTAL | 880,408 | 814,095 |

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 these assets could be returned to donors.

There is an unrealised foreign-exchange loss on these contingent assets of USD 1,341,832 evaluated at closing exchange rates.

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

| Currency | 31.12.2017 | 31.12.2016 |
|--------------------------------|-------------------|-------------------|
| AFA | 943,001 | – |
| CAD | 8,830,069 | 5,105,120 |
| CHF | 2,978,648 | 1,494,558 |
| CZK | – | 609 |
| EUR | 7,716,074 | 3,280,178 |
| GBP | 5,496,450 | 11,813,806 |
| JOD | 65,244 | 85,234 |
| LBP | 370,903,433 | – |
| MGA | 100,220,942 | – |
| SEK | 637,531 | – |
| USD | 13,204,361 | 10,483,805 |
| Total equivalent in USD | 39,081,435 | 30,657,457 |

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

| USD | 31.12.2017 | 31.12.2016 |
|--------------|-------------------|-------------------|
| 2017 | – | 29,362,707 |
| 2018 | 30,343,321 | 1,294,750 |
| 2019 | 7,972,741 | – |
| 2020 | 765,373 | – |
| Total | 39,081,435 | 30,657,457 |

The related budgetary obligations are considered as contingent liabilities.

9. CAPITAL ASSETS

| USD | Asset Group | 2017 | | | | Total |
|---------------------------------|--------------------------|----------------|---------------|----------------|----------------|------------------|
| | | IT | Other | HQ leasehold | Vehicles | |
| Total | Opening book value | 233,429 | 102,577 | 170,662 | 965,834 | 1,472,501 |
| Assets | Closing balance 31.12.16 | 1,488,557 | 236,151 | 408,319 | 3,023,257 | 5,156,284 |
| | Opening balance 1.1.17 | 1,488,557 | 236,151 | 408,319 | 3,023,257 | 5,156,284 |
| | 2017 additions | 48,597 | 37,725 | – | 212,372 | 298,694 |
| | 2017 disposals | -57,948 | – | – | – | -57,948 |
| | Closing balance 31.12.17 | 1,479,206 | 273,876 | 408,319 | 3,235,629 | 5,397,030 |
| Accumulated depreciation | Closing balance 31.12.16 | -1,255,129 | -133,575 | -237,657 | -2,057,423 | -3,683,783 |
| | Opening balance 1.1.17 | -1,255,129 | -133,575 | -237,657 | -2,057,423 | -3,683,783 |
| | 2017 disposals | 25,309 | – | – | – | 25,309 |
| | 2017 depreciation | -140,264 | -86,516 | – | -443,740 | -670,519 |
| | Closing balance 31.12.17 | -1,370,083 | -220,090 | -237,657 | -2,501,162 | -4,328,993 |
| Total | Closing book value | 109,123 | 53,786 | 170,662 | 734,467 | 1,068,038 |

| USD | Asset Group | 2016 | | | | Total |
|---------------------------------|--------------------------|----------------|----------------|----------------|----------------|------------------|
| | | IT | Other | HQ leasehold | Vehicles | |
| Total | Opening book value | 179,027 | 28,004 | – | 725,397 | 932,428 |
| Assets | Closing balance 31.12.15 | 1,349,709 | 134,963 | 234,551 | 2,399,738 | 4,118,961 |
| | Opening balance 1.1.16 | 1,349,709 | 134,963 | 234,551 | 2,399,738 | 4,118,961 |
| | 2016 additions | 184,480 | 102,626 | 173,768 | 690,585 | 1,151,459 |
| | 2016 disposals | -45,632 | -1,438 | – | -67,066 | -114,135 |
| | Closing balance 31.12.16 | 1,488,557 | 236,151 | 408,319 | 3,023,257 | 5,156,284 |
| Accumulated depreciation | Closing balance 31.12.15 | -1,170,682 | -106,959 | -234,551 | -1,674,341 | -3,186,533 |
| | Opening balance 1.1.16 | -1,170,682 | -106,959 | -234,551 | -1,674,341 | -3,186,533 |
| | 2016 disposals | 41,685 | 1,266 | – | 66,597 | 109,548 |
| | 2016 depreciation | -126,132 | -27,882 | -3,106 | -449,679 | -606,799 |
| | Closing balance 31.12.16 | -1,255,129 | -133,575 | -237,657 | -2,057,423 | -3,683,783 |
| Total | Closing book value | 233,429 | 102,577 | 170,662 | 965,834 | 1,472,502 |



Iraq

10. DEFERRED REVENUE

| USD | 2017 | 2016 |
|--------------------------------|------------------|------------------|
| Afghanistan | 406,021 | 7,388 |
| DR Congo | 1,248,751 | 492,683 |
| Haiti | 80,057 | 7,123 |
| Madagascar | – | 226,235 |
| Middle East Regional Programme | 4,933,691 | 4,116,846 |
| Nepal | 704,999 | 352,437 |
| Somalia | 785,861 | 37,625 |
| South Sudan | 996,294 | 338,741 |
| Total | 9,155,674 | 5,579,079 |

11. ACCOUNTS PAYABLE

Accounts payable consist of vendor payables and Medair foundation and affiliate payables.

| Payables USD | 31.12.2017 | 31.12.2016 |
|------------------------------------|------------------|------------------|
| Vendors payable | 1,034,660 | 946,698 |
| Foundation and affiliate creditors | 127,875 | 184,848 |
| Staff payable | 77,089 | 35,719 |
| TOTAL | 1,239,624 | 1,167,266 |

12. PROVISIONS

| USD | 31.12.2017 | 31.12.2016 |
|-----------------|----------------|----------------|
| Opening balance | 931,750 | 37,766 |
| Additions | – | 931,750 |
| Utilisations | -504,636 | -37,766 |
| Dissolutions | -210,364 | – |
| Closing balance | 216,750 | 931,750 |

These provisions relate primarily to a blocked bank account in our DR Congo programme.

13. END-OF-CONTRACT BENEFITS

These liabilities consist of end-of-contract benefits for Nationally Recruited Staff in several of our field programmes. These benefits are mandated by local labour regulations in these countries. They are classified as long-term liabilities with an expected short-term liability of 30% of the balance. This amounts to USD 1,665,383 as at 31 December 2017 (USD 1,114,981 as at 31 December 2016).

14. PENSION PLAN OBLIGATIONS

The annual contributions to the pension plan are recorded to the Consolidated 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 personnel expenses | |
|--|-----------------|-----------------------------------|----------|--|--|--|---------|
| | | 31.12.17 | 31.12.16 | | | 2017 | 2016 |
| Pension institutions without surplus/deficit | – | – | – | – | 806.010 | 806.010 | 727.110 |

The insurance is provided by Patrimonia 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 2017, four Swiss expatriates were covered by the plan (same as 2016).

DETAIL ON THE CONSOLIDATED INCOME STATEMENT

15. REVENUE

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

| USD | Total Revenue | |
|--------------------------------|-------------------|-------------------|
| | 2017 | 2016 |
| Afghanistan | 5,312,287 | 3,913,239 |
| Bangladesh | 234,413 | – |
| DR Congo | 7,165,714 | 6,133,796 |
| Haiti | 2,196,257 | 842,358 |
| Madagascar | 2,443,965 | 1,616,886 |
| Middle East Regional Programme | 26,941,177 | 25,256,637 |
| Myanmar | 885,702 | 158,578 |
| Nepal | 1,282,456 | 1,107,502 |
| Philippines | 548 | 456,948 |
| Somalia | 4,647,468 | 3,254,980 |
| South Sudan | 19,710,485 | 14,723,527 |
| Closed country programmes | -147,642 | 420,883 |
| Switzerland | 1,849,785 | 3,307,711 |
| Total | 72,522,614 | 61,193,044 |

Swiss Solidarity and Swiss Agency for Development and Cooperation income amounts, also included in the country table above, are as follow:

| USD | 2017 | 2016 |
|--|-----------|-----------|
| Swiss Solidarity | 5,248,167 | 4,172,537 |
| Swiss Agency for Development and Cooperation | 3,017,292 | 2,532,615 |

16. GIFTS-IN-KIND

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

| USD | 2017 | 2016 |
|--------------------------------|------------------|------------------|
| Afghanistan | 466,893 | 209,900 |
| Madagascar | 18,878 | – |
| Middle East Regional Programme | 1,526,784 | 2,445,128 |
| Somalia | 352,463 | – |
| South Sudan | 1,956,298 | 472,360 |
| Total | 4,321,316 | 3,127,388 |

Volunteer network

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

| Volunteers | 2017 | 2016 |
|-----------------|-------|--------|
| Hours served | 8,881 | 10,400 |
| Equivalent days | 1,110 | 1,300 |

17. OTHER INCOME

Other income consists of sales income, fees for service, 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.

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 Consolidated Statement of Changes in Capital and Funds.

The following table presents only the humanitarian expense by country.

| 2017 | Humanitarian Expense | | | | | | | | | |
|--------------------------------|----------------------|-------------------|------------------|------------------|----------------|----------------|------------------|-------------------|------------------|-------------------|
| USD | Sectors | Personnel | Travel | Admin | Maintenance | Depreciation | Other expense | Total | Support expense | Total |
| Afghanistan | 1,013,408 | 2,331,841 | 124,348 | 68,146 | 49,122 | 5,322 | 652,620 | 4,244,807 | 290,420 | 4,535,227 |
| Bangladesh | 71,956 | 170,984 | 24,742 | 20,706 | 69 | – | 27,319 | 315,775 | 21,605 | 337,380 |
| DR Congo | 2,481,341 | 2,455,808 | 139,141 | 98,331 | 139,552 | 137,856 | 712,655 | 6,164,685 | 421,774 | 6,586,458 |
| Haiti | 603,826 | 987,545 | 46,788 | 12,386 | 3,921 | – | 274,245 | 1,928,710 | 131,958 | 2,060,668 |
| Madagascar | 694,089 | 869,408 | 78,508 | 37,770 | 28,729 | – | 137,418 | 1,845,922 | 126,294 | 1,972,216 |
| Middle East Regional Programme | 11,455,030 | 9,248,583 | 234,263 | 655,301 | 98,584 | 196,028 | 2,373,222 | 24,261,012 | 1,659,883 | 25,920,894 |
| Myanmar | 231,659 | 296,392 | 27,453 | 19,148 | 3,362 | – | 76,921 | 654,936 | 44,809 | 699,745 |
| Nepal | 748,499 | 489,444 | 13,978 | 16,055 | 2,515 | – | 142,722 | 1,413,212 | 96,689 | 1,509,901 |
| Philippines | – | – | – | – | – | – | – | – | – | – |
| Somalia | 2,105,907 | 1,081,407 | 64,903 | 85,870 | 10,554 | 10,980 | 518,776 | 3,878,397 | 265,351 | 4,143,748 |
| South Sudan | 5,171,845 | 7,701,043 | 918,808 | 234,268 | 246,154 | 256,775 | 2,047,695 | 16,576,587 | 1,134,132 | 17,710,719 |
| Closed country programmes | – | 19,157 | 3,306 | 6,232 | – | – | 1,338 | 30,034 | 2,055 | 32,088 |
| Total | 24,577,560 | 25,651,613 | 1,676,237 | 1,254,213 | 582,562 | 606,961 | 6,964,930 | 61,314,076 | 4,194,968 | 65,509,044 |

| 2016 | Humanitarian Expense | | | | | | | | | |
|--------------------------------|----------------------|-------------------|------------------|------------------|----------------|----------------|------------------|-------------------|------------------|-------------------|
| USD | Sectors | Personnel | Travel | Admin | Maintenance | Depreciation | Other expense | Total | Support expense | Total |
| Afghanistan | 946,348 | 2,119,120 | 146,864 | 45,654 | 46,389 | 46,563 | 660,428 | 4,011,367 | 333,773 | 4,345,140 |
| DR Congo | 1,979,944 | 2,158,081 | 146,553 | 236,624 | 113,686 | 144,600 | 975,656 | 5,755,146 | 478,868 | 6,234,014 |
| Haiti | 244,286 | 315,376 | 57,326 | – | 3,366 | 62 | 99,362 | 719,778 | 59,891 | 779,669 |
| Middle East Regional Programme | 12,933,842 | 7,042,133 | 251,259 | 471,389 | 70,996 | 165,252 | 2,323,875 | 23,258,744 | 1,935,288 | 25,194,033 |
| Madagascar | 640,402 | 794,009 | 80,568 | 16,600 | 32,895 | 1,181 | 194,232 | 1,759,887 | 146,435 | 1,906,321 |
| Myanmar | 116,789 | 99,174 | 12,649 | 3,872 | 590 | 297 | 26,278 | 259,649 | 21,605 | 281,254 |
| Nepal | 596,256 | 422,647 | 25,070 | 10,836 | 852 | 372 | 62,684 | 1,118,717 | 93,085 | 1,211,802 |
| Philippines | 271,198 | 154,472 | 5,476 | 13,152 | 1,059 | 2,467 | 57,826 | 505,650 | 42,074 | 547,724 |
| Somalia | 1,383,171 | 719,566 | 39,014 | 111,579 | 4,884 | 10,980 | 437,049 | 2,706,242 | 225,178 | 2,931,420 |
| South Sudan | 3,520,016 | 6,196,595 | 762,708 | 125,439 | 218,399 | 193,739 | 2,061,419 | 13,078,314 | 1,088,206 | 14,166,521 |
| Closed country programmes | 51,000 | 120,190 | 26,130 | 18,517 | 2,307 | – | 55,393 | 273,537 | 22,760 | 296,297 |
| Total | 22,683,252 | 20,141,362 | 1,553,618 | 1,053,661 | 495,423 | 565,514 | 6,954,202 | 53,447,032 | 4,447,163 | 57,894,195 |

19. ADMINISTRATIVE EXPENSE

Administrative expenses include the cost of the Medair office in Switzerland. These costs consist of general management costs 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 operating expenses rather than the activity-based presentation of the financial statements.

| 2017 | Humanitarian expense | | Administrative expense | | Total operating expense |
|-------------------------|----------------------|------------------|------------------------|------------------|-------------------------|
| USD | Direct | Support | General management | Fundraising | |
| Sectors | 24,577,560 | – | – | – | 24,577,560 |
| Personnel | 25,651,613 | 3,835,637 | 2,481,883 | 1,203,337 | 33,172,470 |
| Travel & representation | 1,676,237 | 172,505 | 111,621 | 54,119 | 2,014,483 |
| Admin | 1,254,213 | 186,826 | 1,335,748 | 58,612 | 2,835,398 |
| Maintenance | 582,562 | – | 8,937 | – | 591,499 |
| Depreciation | 606,961 | – | 76,606 | – | 683,567 |
| Other | 6,964,930 | – | 205,473 | – | 7,170,403 |
| Fundraising direct | – | – | – | 725,795 | 725,795 |
| Total | 61,314,076 | 4,194,968 | 4,220,268 | 2,041,863 | 71,771,175 |

| 2016 | Humanitarian expense | | Administrative expense | | Total operating expense |
|-------------------------|----------------------|------------------|------------------------|------------------|-------------------------|
| USD | Direct | Support | General management | Fundraising | |
| Sectors | 22,683,252 | – | – | – | 22,683,252 |
| Personnel | 20,141,362 | 3,991,794 | 2,316,501 | 1,104,507 | 27,554,164 |
| Travel & representation | 1,553,618 | 262,900 | 152,565 | 72,743 | 2,041,827 |
| Admin | 1,053,661 | 192,469 | 1,477,023 | 53,255 | 2,776,408 |
| Maintenance | 495,423 | – | 13,245 | – | 508,668 |
| Depreciation | 565,514 | – | 41,285 | – | 606,799 |
| Other | 6,954,202 | – | 211,888 | – | 7,166,089 |
| Fundraising direct | – | – | – | 828,679 | 828,679 |
| Total | 53,447,032 | 4,447,163 | 4,212,506 | 2,059,185 | 64,165,885 |

21. CONTINGENT LIABILITIES

During the normal course of its activities, Medair is exposed to potential claims. As at 31 December 2017, the Executive Leadership Team had not identified potential claims which could lead to an exposure greater than a total of USD 400,000.

22. REMUNERATION OF THE EXECUTIVE LEADERSHIP TEAM

During 2017, Medair had seven members of the Executive Leadership Team; there were also seven members in 2016. The total gross salary paid to this leadership team in 2017 was USD 870,330 compared to a 2016 total of USD 907,204.

23. REMUNERATION OF THE INTERNATIONAL BOARD OF TRUSTEES

Members of the International Board of Trustees of Medair (Switzerland) volunteered their time in 2017, receiving no salary. Board members are allowed to submit effective out-of-pocket expenses for reimbursement. The total cost of reimbursement during 2017 amounted to USD 8,726 (2016: USD 8,517). The Board Chair received no reimbursement during 2017 (2016: USD 0.00).

CREDITS

Editor-in-chief: Jim Ingram, CEO

Managing editors: Lynn Denton, Mark Wallace

Copywriter: Mark Wallace

Image editor: Lynn Denton

Contributors: Medair staff around the world

Graphic design concept: Sherry Matthews Advocacy Marketing, USA

Graphic design execution: Brain4You, Belgium

Printer: Defero Success by Design, The Netherlands

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South Sudan

MEDAIR INTERNATIONAL HQ

Chemin du Croset 9, 1024 Ecublens
Switzerland
Tel: +41 (0) 21 694 35 35
info@medair.org

SWISS FRENCH OFFICE, ECUBLENS

Tel: +41 (0) 21 695 35 00
suisse@medair.org

SWISS GERMAN OFFICE, ZURICH

Schoffelgasse 7, 8001 Zurich
Tel: +41 (0) 43 268 22 00
schweiz@medair.org

MEDAIR CANADA

The Commons Building
1430 Main Street East
Suite B
Hamilton, ON L8K 1C3
Canada
Tel: +1 (905) 966 5580
canada@medair.org

MEDAIR FRANCE

5 avenue Abel
26120 Chabeuil
France
Tel: (+33) 04 75 59 88 28
france@medair.org

18 rue de Gravelle
75012 Paris
France
france@medair.org

MEDAIR GERMANY

Poststr. 15
50676 Köln
Germany
Tel: +49 (0) 221 292 573 0
deutschland@medair.org

MEDAIR NETHERLANDS

Hardwareweg 2K
3821 BM Amersfoort
The Netherlands
Tel: +31 (0) 33 737 0440
nederland@medair.org

MEDAIR UK

345 Canterbury Court
1-3 Brixton Road
London, SW9 6DE
United Kingdom
Tel: +44 (0) 20 8772 0100
united.kingdom@medair.org

Charity registered in England & Wales no. 1056731
Limited Company registered in England & Wales no. 3213889

MEDAIR US

PO Box 4476
Wheaton, IL 60189-4476
United States of America
Toll Free +1 (866) 599 1795
united.states@medair.org

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