MESSAGE FROM JIM INGRAM, CEO

What a time to be alive! There’s no doubt these are volatile times. Political shifts have contributed to a period of global uncertainty. Severe drought in multiple countries is causing widespread hunger and suffering. Families in Iraq and Syria continue to flee from violence, without knowing what kind of future they are fleeing toward.

High volatility means our mission at Medair is more crucial than ever. In 2016, we provided humanitarian aid to more than 1.8 million people in 14 countries. Our teams responded to natural disasters in Haiti and Ecuador, and we delivered life-saving aid in some of the hardest-to-access places on earth. We waded through swamps in South Sudan, trekked over snowy mountains in Nepal, and carried out our mission in multiple conflict-embroiled countries throughout the year.

Yet 2016 was also a difficult year for Medair. The scale of global human needs is immense and growing, far outstripping the resources available to respond with the compassion they demand. Despite funding scarcities, Medair made a conscious decision to persist with saving lives in places where our departure would have left a gap that jeopardised the survival of vulnerable families. We made that decision as we make all our decisions at Medair: We speak with our partners, we review all the latest assessment data and intelligence we can gather, and we spend time in prayer. We trust in God as the foundation of our mission and the motivation for our work.

Even as we faced challenges this past year, we were buoyed by the values that unite us. There’s a quote from one of our field staff this year that crystallises our mission so well: “The places where we work are not easy, physically or emotionally. The reason I choose to work with Medair is because in the face of the immense suffering in this world, this is an organisation and a family of people who still choose hope, and turn to that hope in times of need, and that makes all the difference.”

As I look back on 2016, I am so encouraged by the work we are doing to serve the world’s most vulnerable. Our new three-year strategy will see Medair pursue its mission with a strong focus on delivering high-quality aid, collaborating with strategic partners, piloting innovations, and developing a distinct, influential voice within the humanitarian sector. Thank you to our institutional funders for your enduring confidence, to the foundations and corporations who find in Medair a mission that aligns with your own, and to the many individuals who give generously to save and sustain the lives of people you will never even meet. We are a family of people who still choose hope.
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
- 989,002 patient consultations at Medair-supported health clinics
- 448,657 people taught about life-saving health and nutrition practices
- 35,585 malnourished patients received life-saving treatment
- 416,597 people gained improved access to safe drinking water
- 122,405 people gained access to a new or improved latrine or bathing facility
- 276,724 people taught about life-saving hygiene practices
- 329,057 people received shelter assistance
- 16,994 people benefited from new infrastructure (clinics, bridges, roads)
- 13,459 people received livelihood support through infrastructure-related projects

### Water, Sanitation, and Hygiene
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### Cash Assistance
- 43,298 people received cash assistance
Before we had the Care Groups, we had some diseases among children are reducing. "Before we had the water filters, we can now drink safe water. When we felt ill, we can go to the Medair clinic. You provided us with a water filter so we don’t have to drink the dirty water from the Nile.”

As soon as Medair’s emergency response team (ERT) hit the ground in Aweil North County, Alicia, the team saw the severity of the measles outbreak. “We heard that children were dying every day,” said Alicia. “Huge numbers of people had no access to health care. The farther we got into the county, the more measles deaths we heard about.”

Medair launched an emergency campaign, vaccinating nearly 50,000 children in less than one month. “I’m very happy because now my children will be free from measles,” said Mary, hugging her daughter to her chest. “If Medair had not done this, there would have been many deaths.”

In 2016, Medair provided emergency relief for one life-threatening calamity after another. The group compacted families to five-person homes on mass evacuation. The people of South Sudan desperately need help—and they need reasons to hold onto hope.

Three years of conflict have left this country reeling. Violence has displaced millions of people, and malnutrition has reached near-catastrophic levels. Conflict spilled into new areas in 2016, while families battled outbreaks of disease. The people of South Sudan desperately need help—and they need reasons to hold onto hope.

In May, global acute malnutrition rates in Renk exceeded the emergency threshold. We provided nutrition at six locations in Renk and a stabilization centre for severely malnourished children with medical complications. In Aweil, our ERT set up four emergency nutrition clinics, opened a malnutrition treatment centre, and began providing emergency WASH services.

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We treated malnourished children in Leer County as well, until fighting forced us to relocate our international staff. Despite enormous obstacles, our remote Leer team carried on with the nutrition work, supported by short, high-impact visits from the Medair base in Juba. The team repaired boreholes and travelled through swamps by canoe to reach remote islands, providing water filters, medical care, and emergency supplies. [Medair’s team] has demonstrated exceptional bravery and creativity in trying to save lives under the most extreme circumstances,” said Alicia Lautze, former South Sudan Deputy Humanitarian Coordinator.

Insecurity was the greatest barrier to achieving our mission. In February, we responded after a portion of the UN protection of civilians camp in Malual was burned to the ground. In July, fighting broke out in Juba, where Medair’s main base is located. We evacuated some staff, yet our team felt compelled to respond to the needs in Juba. Medair gave essential supplies to displaced families, repaired water points, provided handwashing stations, and trained hygiene promoters to help curb a cholera outbreak. Throughout this tumultuous year, our staff went the extra mile with courageous resolve to bring life-saving services and hope to people in need.

In Maban County, Medair provided primary health care, nutrition, water, and sanitation to more than 40,000 refugees in Youf Batil Camp. We worked closely with the community to support them in the building of latrines, a successful approach that UNHCR began promoting on a country-wide level.

In January, the community celebrated with great enthusiasm when Medair opened a 24-hour delivery clinic in the centre of the camp. 896 babies were born there in 2016. “I’m so happy with this clinic,” said Amna, 35. “During the delivery of one of my other children, I had severe bleeding and there was no one to help me.”

As in both Maban and Renk, Medair trained volunteer Care Groups to encourage better health, hygiene, and nutrition. “I’ve seen a lot of change in my community since we started with the Care Groups,” said Aina, Care Group worker. “The women always attend. It’s now rare to find people lacking vaccinations. In the beginning, there were lots of diseases, it was really serious. Now, there are not so many.”

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When her husband was killed, Judith had little time to grieve. She fled the attack on her village and hid with her baby son and 12-year-old brother in the jungle, but her brother needed urgent medical attention.

Judith had heard about a health clinic in Limangi that was treating patients who couldn’t afford to pay. It was a long way away, but Judith didn’t hesitate. She hoisted both children onto her back and carried them to safety. “Our village is 50 km away, but I walked here in one day,” said Judith, herself ill with malaria. “I knew I could get free health care for my little brother.”

In 2016, Medair brought relief to families in hard-to-reach communities in North Kivu and Ituri provinces. They provided health care to few other NGOs ventured due to remoteness and insecurity. At clinics in Limangi and nearby villages, Medair provided free, high-quality health care to thousands of vulnerable patients.

At the clinics, we provided training, supervision, and support for health professionals. “The most important thing that Medair has taught me is that sterilising a baby. It was the only source of light available,” said Régine, Medair health supervisor. “It was unbelievable.”

In 2016, Medair provided much-needed income to community members to build a road connecting Limangi to Kibua. “This day is a very memorable day!” said Rubia, when Medair drove a car into the village for the first time. “This road is good for our health care, good for our economy, and good for our children.”

Medair also supported health clinics in conflict-affected communities in Beni, Iturum, and Mambasa territories. We provided free health care to families in remote areas during emergencies, vaccinated children, treated malnutrition, promoted healthy hygiene practices, and helped deliver babies. “When we fled nothing, we killed my second daughter. I was very sad,” said Kavira. “Because of Medair I didn’t have to worry about giving birth.”

Working in an active conflict zone presented security challenges, including restrictions to access and limits to staff movements. In May, a Medair-supported clinic was burned down in a rebel attack, leaving people in urgent need of care. We supported nearby health centres and used a transfer system we had set up to transport pregnant women with complications to Komanda Hospital. “Before Medair, five pregnant women died each day on the way to Komanda Hospital, right on the road. It was very serious,” said Dr Singo, Medical Director. “But since Medair we have had no deaths. We are very grateful.”

During the year, we provided hygiene training and increased access to WASH at clinics in Beni and Mambasa. The addition of safe running water to health facilities made an enormous impact. “This work is magnificent,” said Nurse Bosco. “The WASH support has transformed this clinic. When we had visitors come to the clinic, we were ashamed of our latrines. And there was garbage everywhere behind the clinic—it was really dirty. But now we have deep waste pits that will last a long time.”

Medair also launched a new kind of WASH project in villages around Bunia. We worked closely with the community to improve access to safe water, sanitation, and hygiene in schools and villages.

Our Emergency Response Team responded to three health emergencies in 2016. At the Machumbi clinic, we provided free care to thousands of patients during a malaria outbreak. “If Medair weren’t here, the situation would be catastrophic,” said Dr Richard. “There would be so many deaths in this area because people can’t pay for treatment. I don’t think there is a person in this area who isn’t grateful to Medair for the help.”
A MOTHER’S JOURNEY TO SAVE HER SON

“My son has been sick for a long time,” said Ayan, holding her son Adan in her arms. “I am worried I might lose him.”

Ayan heard about the health facilities supported by Medair, which offered services at no cost, but her neighbours expressed fears about the clinics and warned her not to go. “They scolded me,” she said. “They told me I would come back with a dead child.”

Medair supported health facilities in Somalia that provided services at no cost. Ayan refused to listen to the detractors. She travelled for seven hours to reach the Medair-supported clinic. “I was welcomed warmly,” she said. “The nurse asked about my child’s illness. I was told to come back the next day.”

In 2016, Medair worked in four different federal states in Somalia to improve access to life-saving humanitarian aid. Insecurity continued to be an obstacle to our work, restricting our staff movements, but we successfully partnered with trusted local agencies to carry out our mission.

Medair supported five health clinics that provided more than 100,000 free consultations and treated over 5,000 malnourished children like Adan, who recovered after two months of treatment. We also vaccinated more than 7,000 children against measles.

Medair focused on strengthening the skills of medical staff at the health facilities. “I’ve been a nurse since 1989 and I ran the feeding programme,” said Nurse Zainab. “I have received a lot of different training to improve my skills, such as how to treat malnutrition. I really enjoy being able to help a mother with her malnourished child.”

A major part of our success in Somalia comes by the effects of El Niño, fighting between clans, the threat of extremist militia, and a drought in 2016. More than Somalia has some of the worst maternal and child health indicators in the world. The situation has been made worse by the effects of El Niño, fighting between clans, the threat of extremist militia, and a drought in 2016. Insecurity continued to improve access to life-saving humanitarian aid. Insecurity continued to be an obstacle to our work, restricting our staff movements, but we successfully partnered with trusted local agencies to carry out our mission.

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A major part of our success in Somalia comes by the effects of El Niño, fighting between clans, the threat of extremist militia, and a drought in 2016. More than 53,000 children died from acute malnutrition in 2016. In December, Medair responded to a cholera outbreak in one of the rural areas. Our team treated 120 patients, setting up cholera treatment centres and oral rehydration points to stop the outbreak.

“We people count on us,” said Dr Ahmed, Medair Health Supervisor. “They say that we are accountable and that we know what we are doing. Everyone knows us at the community level. We bring a lot of hope for the people we help.”

Ayan and Adan recovered from acute malnutrition after two months of treatment at a Medair-supported clinic.

© Medair

65,000 free consultations to patients.

85,910 children vaccinated for acute malnutrition.

122,933 patient consultations at five Medair-supported health facilities.

4,000 community health workers and Care Group workers trained.

14,000 people received messages about health, hygiene, and nutrition.

1,084 young people received some training in health, hygiene, and nutrition.

53,000 children died from acute malnutrition in 2016.

1,000 community health workers and Care Group workers trained.

35,520 people reached with hygiene promotion.

120 patients treated during December cholera outbreak.

32,520 people reached with health, hygiene, and nutrition promotion.

65,356 people reached with messages about health, hygiene, and nutrition.

5,910 malnourished children like Adan, who recovered after two months of treatment.

19,800 people reached with safety and hygiene training.

1,084 young people received some training in health, hygiene, and nutrition.

122,933 patient consultations at five Medair-supported health facilities.

4,000 community health workers and Care Group workers trained.

14,000 people received messages about health, hygiene, and nutrition.

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A SOURCE OF JOY

Kalo is one of 34 people living on a small, crowded property in the town of Maroantsetra. This is where her whole family lives, including 18 grandchildren. The family used to dig pit latrines in their yard, and when a pit filled up—which happened quickly—they would cover it and dig another.

“The backyard was infested with flies. When we cooked or ate, they were everywhere, swarming around us and setting on the food,” said Kalo. “I knew that was why many of us were often ill, especially the little ones, but I just felt helpless.”

Seeing their dire need, Medair provided the family with a composting Ecosan toilet at a highly subsidised price. “These toilets are private, hygienic, and include a shower room.”

“I couldn’t believe my eyes when I saw the finished toilet,” said Kalo. “It was so beautiful and practical, with a shower space... I was so happy I actually did a little dance celebration.”

In 2016, Medair constructed 329 Ecosan composting toilets in Maroantsetra, giving more than 2,400 people access to improved sanitation. “This new toilet has really made a difference in our lives and in the real source of joy,” said Kalo. “The flies are now scarce, we can shower easily, and the health of the family has improved.”

In rural areas, Medair trained locals to build and sell concrete SanPlat latrine kits, while also training volunteers to promote the latrines to their neighbours. “My family and I used to defecate near the river; most of our neighbours did as well. But not anymore! Now we own a toilet,” said Aulin, who also learned to build the latrines. “Many people are now waiting their turn for me to build them a toilet.”

In 2016, Medair continued its multi-year commitment to improve health and living conditions for families in northeast Madagascar through the provision of safe drinking water and improved sanitation. Our teams went beyond the extra mile to bring sustainable drinking water to thousands of remote and isolated families who had never before had access to safe water.

“Sometimes we felt exhausted!” said Medair’s Kam Lok Chan, and there’s no wonder why. “In some areas, waterways, up and down steep hills, often under steady rainfall. Bridges are non-existent or in bad repair. The teams travelled through muddy jungles and meandering waterways, up and down steep hills, often under steady rainfall. In 2016, Medair constructed 169 new water points, and more than 20,000 people gained access to safe drinking water for the first time. In the most remote communities, the team needed to transport all of the equipment in by hand—which meant trekking in heavy loads of material on their backs.”

Thankfully, the Medair team received tremendous assistance from people in the villages who were thrilled to finally have safe drinking water. Community members dug trenches in the dense jungle and carried heavy loads of material on their backs. “When we saw how motivated people were to participate,” said Chan, “we found the will to go on.”

Our teams partnered with every village to ensure a strong sense of community ownership of the new infrastructure; we trained more than 600 people to maintain the water points. “I check the water point every day,” said Livelin, 66. “I also check the quality of the water, and educate people about hygiene (puppet shows, open-air cinema) and the importance of drinking safe water. We’ve noticed a significantly lower incidence of diarrhoea since we started using the pump.”

Relief and Recovery Highlights

| 20,492 | people gained improved access to safe drinking water |
| 18,831 | families received home visits from hygiene promoters |
| 1,316 | people trained to manage water-point infrastructure |
| 18,351 | families received home visits from hygiene promoters |
| 642 | people trained in building improved SanPlat latrines |
| 33 | artisans trained in building improved SanPlat latrines |
| 186 | local community members trained in water treatment |
| 20,500 | people attended events that promoted safe drinking water, hand washing, and composting toilets |
| 642 | people trained to manage water-point infrastructure |
DEPENDENCE IN DISPLACEMENT

In Leer County, South Sudan, thousands of newly displaced people wait for aid to help them survive this crisis.

RELEASING SUFFERING IN SYRIA

In the town of Artouz, displaced Syrians have swelled the population to four times its original size. The most vulnerable families live in unfinished buildings that offer little protection from the elements or access to safe water. Until recently, even households on the water network had very few hours of water access each week.

In the past year, Medair repaired four wells and a storage tank, and supplied a generator to boost the water supply in Artouz. We also gave household water tanks to 175 vulnerable families. “I met families who combined their Medair tanks to provide enough water for their entire building for a full week,” said Jessica, Medair relief worker. “Over and over again, I saw the positive impact such basic items can have on daily life.”

In 2016, Medair expanded its relief activities in Syria, focusing on numerous high-need areas in the governorates of Rural Damascus, and completing its first activities in Homs governorate. We improved the quantity and quality of drinking water for more than 82,000 people in five clinics. We set up two primary health care clinics, and we trained and supervised Syrian health providers who treated more than 82,000 people in five clinics. We set up community health programmes, training volunteers to encourage good health practices at home. “The work helped me to get to know the entire town population very well,” said one of the volunteers, a displaced person herself. “I now feel integrated.”

Medair also completed the rehabilitation of two primary health care clinics, and we trained and supervised Syrian health providers who treated more than 82,000 people in five clinics. We set up community health programmes, training volunteers to encourage good health practices at home. “The work helped me to get to know the entire town population very well,” said one of the volunteers, a displaced person herself. “I now feel integrated.”

Medair nurtured strong relationships with key stakeholders and gained recognition for the quality of our work. Despite the threat of insecurity and restricted travel access, our committed team of Syrian staff worked tirelessly to make a positive impact in their country during this time of crisis.

AGE OF DISPLACEMENT

65.6 million

More than half are children under 18

“Thieves haven’t saved my money since being in Lebanon. I have taken my daughter to many doctors. Some have been free, some I had to pay for. If I had the chance to leave, I would leave. Right now, I’m just trying to get food and shelter for my family.”

- Firaz, Syrian refugee in Lebanon

We are witnessing the highest-ever levels of global displacement. Some people have been displaced by natural disasters. They lost their homes and livelihoods, and often have no means to rebuild. Most have been displaced by conflict. They fleed their homes to find safety, without possessions, separated from friends and family.

Millions live in limbo, trying to hold onto hope. “This life is so hard after living a great life in Syria,” said Khalil, a refugee in Jordan. “All we want is our dignity to be protected, and not to be hurt by anyone.”

Medair provides shelter, safe drinking water, free health care, cash assistance, hygiene, sanitation, and a broad range of assistance to help displaced families survive with dignity in the face of crisis.

BORN INTO DISPLACEMENT

A newborn baby boy sleeps in a Medair-supported clinic in Daraa, Syria. His mother, Kavira, fled when rebels attacked the village. “It is so difficult to run when you are pregnant!” she said. “When we fed We had no nothing, so we have to rely on others for help. Because of Medair, I didn’t have to worry about giving birth.”

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Karima spent months working up the courage to leave the besieged town of Hawija with her family; but they knew that the journey would put them at risk. “At last! I said we have to go, even if we are afraid.”

They walked deep into the night without stopping. When a bomb exploded nearby, they cried out in terror, but were miraculously unharmed. “When we made it to Laylan 2 camp, we were so happy; you cannot imagine,” said Karima. “There is food here and we are warm. My children are not hungry and they can play; we are so very thankful.”

As families fled from Hawija, Medair set up a health clinic in Laylan 2 displacement camp in Kirkuk, where we treated people who had been without medical care for months. “Prolonged instability and violence, Iraq is a complex humanitarian emergency. Displaced families urgently need assistance to survive the crisis.”

Medair conducted 72,000 patient consultations, supporting families who would be displaced by a military action that we treated people who had been without medical care for months.

During the year, Medair supported four primary health clinics in Nineveh governorate and set up a new base in Sinjar district, sending mobile medical teams to Mt Sinjar and villages to the north. “This is a very good team,” said a village leader. “They respect people and are doing everything they can to help. They always greet people with smiles and everyone can access the medicine they need.”

Medair trained community health volunteers to bring messages about hygiene, health, and nutrition to displaced families. “We regularly go to the Medair clinic,” said Rahima, a mother of four. “They treat us well and are kind, even when it is very busy. Even if we are living in limbo, just a safe place is enough for us.”

In 2016, Medair continued to support more than 16,000 people in Sharya camp in Duhok governorate with health and 33,738 people benefited from psychosocial support.

“We all need it,” said a community leader. “Anytime there is a loud noise or a plane, people look around in fear, thinking that someone is coming for them again.”

In Kirkuk city, Medair ran mobile clinics and treated displaced families crowded into unfinished buildings. “We regularly go to the Medair clinic,” said a displaced farmer. “I used most of the cash from Medair for my daughter’s medical treatment,” said Ayham, whose daughter needs daily heart medication.

In 2016, Medair continued to support more than 16,000 people in Sharya camp in Duhok governorate with health and nutrition assistance to survive the crisis.
LIVING ON SOMEONE ELSE’S LAND

“Back in Syria, we had our own land that we farmed,” said Nawal, “but now we live on someone else’s land.” For five years, Nawal and her family have paid rent to live in a tent on a farmer’s field in the Bekaa Valley. With few legal ways to earn an income, they are doing all they can to survive as they wait for an end to the Syrian crisis.

Since 2012, Medair has been delivering life-saving humanitarian assistance to families like Nawal’s, aiming to provide refugees with a safe and hygienic place to live. Thanks to God because of his care,” said Nawal. “Medair is taking care of a lot of things. We received a hygiene kit, water vouchers, a latrine, and a handwashing station.”

In 2016, Medair was the lead NGO mapping Lebanon’s informal settlements. We conducted monthly mapping sweeps of refugee settlements to share with other aid agencies. ‘Before Medair, we were getting no help,’ said Nawal. ‘Then Medair came and gave us an identification number, so now people in the system know we are here.”

Medair mapped nearly 3,800 informal settlements in the Bekaa Valley in 2016 and found that many settlements lacked access to safe water or sanitation facilities. We provided safe water to more than 6,500 people through vouchers to purchase trucked-in water, storage tanks, and water filters. We also provided latrines, de-sludging services, handling stations, and hygiene promotion.

As a leading shelter provider, Medair gave more than 5,000 families one of our shelter kits. We also improved accessibility and safety for 232 elderly or disabled people living in tents. We found Fatuma, 82, living by herself in a rusty old van. Our team provided her with a safe shelter, removing barriers and installing drainage from the tent to the toilet. “We never thought we would receive aid,” said Fatuma’s son. “Many people had said they were willing to help, but no one did.”

In 52 informal settlements, Medair helped improve drainage, laid gravel, and collected solid waste. “In the winter, you couldn’t even walk in the settlement from the mud,” said Mariam. “Medair did site improvements on our new settlement, installing French drains, soakaways, and gravel.”

With the fire being such a threat in tented settlements, we distributed more than 2,000 fire extinguishers, provided fire safety training, and responded rapidly to several fires. “I couldn’t believe that we received aid and a new shelter kit that fast,” said Mamdouh, whose family lost everything in a fire. “It saved us from freezing weather and there were three kids in freezing weather.”

In 2016, Medair increased our medical support to cover 10 clinics, providing health care to nearly 5,000 people. Our health care teams went to cover 10 clinics, providing health care to more than 10,000 people through vouchers to purchase trucked-in water, storage tanks, and water filters. We also provided latrines, de-sludging services, handling stations, and hygiene promotion.

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In 2016, Medair increased our medical support to cover 10 clinics, providing health care to nearly 5,000 people. Our health care teams went to more than 40 informal settlements, reaching over 77,000 people with messages about health, hygiene, nutrition, and access to medical assistance.

“In the last five years, I have never been healthy,” said Adam, father of three. “I probably would have had issues in Europe, and never got to see my children grow up.”

“Before Medair, we were getting no help,” said Nawal. “Then Medair came and gave us an identification number, so now people in the system know we are here.”

Medair provided cash assistance to more than 300 families with elderly/disabled members.

The government had talked about improving the settlement, but ‘no one did.’

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THE GIFT OF SIGHT

“I told my wedding ring and earrings to pay for the birth of my son,” said Alima. “Life here is expensive. We still haven’t paid the rent or the water or electricity bills. My husband Nahid has to borrow money from a friend to buy things like milk and food.”

When their son was born, their hearts were full of joy. But within weeks, they knew something was wrong with Mohammad’s eyes. “The doctor told us that if he didn’t get surgery, there was a 90 percent chance he would go blind,” said Alima. “Yet there was no way that we would be able to afford such a large amount.”

In 2016, Medair provided more than 2,084 vulnerable Jordanian families like Alima with cash to cover health care expenses for childbirth and urgent surgeries. “When I learned that we could get the surgery for Mohammad, I was very happy!” said Alima. “I hope that Mohammad can grow up to become a policeman or a teacher.”

Alima’s husband on the therapy session as part of Medair’s refugee medical rehabilitation programme. The patients expressed great interest in their health and well-being.

During the year, Medair helped meet the basic needs of Syrian refugees and struggling Jordanians living in urban areas of Mafraq, Zarqa, and east Amman. The foundation of our work was a strong community programme where we met people in their homes, not only to assess their situation, but also to hear their stories and take real interest in their lives. “The way you treat us and visit us is even more important than the assistance,” said one man. “The smiles on my children’s faces when you visit is indescribable for me!”

Medair’s community health workers reached more than 17,189 families in their homes, with a focus on caring for young children and on pregnant or breastfeeding women. “Pregnant women don’t always know much about nutrition and breastfeeding,” said Murat.

Alima shared: “We go to sleep hungry every night,” said Um Khadeejah. “Sometimes we have money to pay the house rent but most of the time we don’t. We are living under the threat of eviction. We are depending on your assistance. Medair is our only hope to live.”

In November, Medair launched a winter cash project that provided nearly 3,000 refugees with cash to purchase cold-weather provisions such as heaters and blankets. “I was about to sell my fridge and the gas cylinder when Medair staff came,” said Said. “Their timing was perfect. After they told me I would receive winter cash support, I was jumping for joy. I went to the market, bought a heater, the fridge and the gas cylinder when Medair staff came,” said Said. “Their timing was perfect. After they told me I would receive winter cash support, I was jumping for joy. I went to the market, bought a heater, the fridge and the gas cylinder.”

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Relief and Recovery Highlights

- 26,416 individuals reached with awareness and promotion of sexual and gender-based violence and early marriage prevention
- 7,017 individuals benefited from cash assistance and material needs (winter items)
- 104 vulnerable households received livelihood training and cash grants

Direct Beneficiaries: 47,032

Funding Partners: DFAT (IE), Global Affairs (CA), Swiss Solidarity, All We Can (UK), LWF, Tearfund (UK), Swiss Dev. Coop., Jordan Hum. Fund, UNOCHA, Canadian International Development Agency (CA), Swiss Solidarity, and others.
The Core Humanitarian Standard on Quality and Accountability (CHS) sets out nine commitments for humanitarian responders to improve the quality and effectiveness of aid for crisis-affected communities. Although the CHS is relatively new, it is fast becoming the gold standard for humanitarian agencies worldwide. Medair is following the nine commitments, and we are working toward achieving formal CHS certification.

CHS certification is not about agencies gaining a piece of paper or stamp of approval. The real value comes from humanitarian agencies having in place effective policies, processes, and systems that ultimately lead to high-quality service as they work in genuine partnership with crisis-affected communities. Our membership in the CHS Alliance is an expression that we are continuously striving to do the right thing with the right people at the right time and in the right way. It is, after all, what we would expect from others should we ever find ourselves in need of urgent assistance.

– William Anderson, Medair Deputy International Director

“Into the Hidden Villages”

“We were all scared and many people were screaming, especially the children,” recalled Carmen. “I don’t know how I found the strength, but I managed to grab my three youngest children and get out the front door. For a moment, I felt I was going to die in my own house.”

When Medair sent an assessment team to Ecuador, we found the government had responded quickly to needs in urban areas. With the help of a local missionary, we travelled to numerous “hidden villages” in Esmeraldes province—places both hard to reach and difficult to find. We found the villages full of damaged and destroyed homes. “We haven’t had anyone else come here,” said a leader in San Gregorio.

Our team distributed emergency shelter kits and core relief items to more than 1,500 people in rural San Gregorio and Borbón parishes. We also provided families with water filters and jerry cans to ensure safe drinking water and limit the spread of waterborne illness. “This is the first help that our community has received,” said Carmen, whose village is only accessible by boat. “It is important for us to be able to cope in this difficult moment. We are not asking for aid in great quantity, just something small that will last.”

Community members demonstrated great determination to rebuild, yet they had been shaken to the core. More than 500 aftershocks had followed the initial earthquake. “Since the earthquake occurred, my five-year-old has been very nervous,” said Carmen. “If he sees a cable in the air moving, he thinks it is an earthquake and starts screaming.”

To help people cope with trauma, Medair delivered psychosocial assistance to more than 1,600 affected people in the region.

“We feel very valued,” said Santiago, 40, a local leader. “We feel valued that you listened to us, asked to have our ideas, and that you wanted to know what we thought and how we felt. No other NGO has ever done this. We feel like part of the team.”

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In 2016, Medair ran 35 mobile nutrition clinics in Kandahar province and treated nearly 9,500 children under five for acute malnutrition. Our nutrition workers went from home to home screening children for malnutrition.

In 2016, Medair trained more than 700 Care Group volunteers and hygiene promoters to bring messages about nutrition, hygiene, and sanitation to their communities, reaching more than 32,000 people. “The biggest changes were seen when we gave lessons about safe water, handwashing, and breastfeeding,” said a Medair relief worker. “Before the programme started, there were a lot of children with diarrhoea. We taught the mothers and they taught their neighbours and now children are healthier.”

Medair has worked diligently to build trust with communities and address the underlying causes of malnutrition in the region. “I spend a lot of time talking to community leaders and explaining why the messages about health, nutrition, and hygiene are important,” said Medair’s nutrition manager. “Now they even give the messages through loudspeakers in town and the religious leaders are sharing them as well. They tell everyone to obey the project and the lessons. This is really special!”

Medair travelled on treacherous roads through mud and snow to provide more than 100,000 families with cash for working to protect cropland with dams and trenches. “Before the programme started, there were a lot of children with diarrhoea. We taught the mothers and they taught their neighbours and now children are healthier.”

Medair also taught more than 2,000 families about the importance of latrines and how to build them. “Now I realise that we were becoming ill because the wastewater was contaminating our water, and we were drinking from an unpurified source,” said Abdullah.

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“ALL WE COULD DO WAS PRAY”

“My child was very weak. She was not able to walk and seemed ill,” said Najiba. “All I could feed her was black tea, and water mixed with crushed bread.” Najiba heard about a nutrition clinic where children were recovering. She brought her severely malnourished daughter to the Medair clinic, and the child began gaining weight. “She is doing well; all of my family are happy about it,” said Najiba.

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When their roof flew off, Rosette and her family fled to a nearby school. While they were gone, a massive tree crashed their house. “We had put everything we saved into that house,” said her mother, Triistiane. “It took years to save and build it.” They made a new shelter out of palm tree strips. “This is where we live now,” said Rosette, holding her 16-month-old son. “We made a roof out of scrap metal we found after the storm, but when it rains, the roof leaks, and there are no doors, just a curtain.”

They lost their home, their possessions, their livestock, and their livelihoods. Rosette had been attending college, but her focus swiftly shifted to survival. “Right now we need shelter,” said Triistiane. “We need somewhere to live. This—” She waved a hand around the palm structure where she lives—“This is difficult. Right now I have no hope.”

In Tiburon Commune, 90 percent of the homes had been destroyed. Many community water points had also been damaged, leaving people without safe drinking water—a life-threatening concern with new cases of cholera being reported in Tiburon. Reaching families with aid, however, was a major challenge because the main road leading to the nearest city, Les Cayes, had been badly damaged.

Medair’s emergency response team landed in Port-au-Prince within 72 hours of the hurricane. We worked with Integral Alliance partners to carry out a rapid assessment in Tiburon Commune, located on the southwest coast. Our team visited hard-to-reach coastal villages, spoke with survivors, and sought to identify the families most in need of aid.

Medair soon began distributing shelter and hygiene kits, along with training and assistance, to hundreds of families a day in Tiburon Commune. We relied on 4x4 trucks, sailboats, motor boats, and fishing vessels to get the relief items to isolated communities. The emergency kits meant that some families could leave behind the school floors they had been sleeping on and return home. “I want to say a big thank you to Medair and to friends of Medair,” said Rosemary, 59. “Now I can leave this school and go home. I have the roof and the tools. My friends and church will help me find wood to build the walls.”

“God sent you to bring us some relief and recovery,” rose Antonio, who worked in health clinics. “God bless you guys,” said Antonio, who met us on the beach. “God sent you to bring us some immediate relief, because we didn’t have any hope at all.”

In total, Medair distributed emergency medical kits with medicine for 20,000 people, helped shelter more than 14,000 people, and gave 16,000 people access to safe drinking water. We repaired gravity water systems in four communities, removing debris and repairing infrastructure to get the safe water flowing again.

“It is always tough to respond to crises as soon as they occur, and responding to this one has been no different,” said Lucy, Medair relief worker. “The hours are long, the days are tough. But no matter how arduous the journey, it is worth the effort to give someone the opportunity to go home.”

In 2015, Medair had closed its programme in Haiti after building thousands of earthquake-resilient shelters and homes—which reportedly sustained no damage during Hurricane Matthew in October 2016, we were able to hire experienced Haitian staff who understood Medair’s work ethics, values, and procedures. “I came back because Medair staff really respect each other and the beneficiaries,” said Richard.
When Dhana and his wife Mansuba lost their home to the earthquake, they moved into a cattle shed. In the winter, Dhana, 73, became terribly ill. His old bones were just too frail for the cold in the shed. Mansuba, 69, took care of him every day. They feared the worst, but at last winter passed and Dhana recovered; still, they had little hope of rebuilding.

“In August, we began a reconstruction project with Community Development Society (CDS), a local partner in Ramchechhap district, that will provide technical and financial assistance for 300 families to rebuild their homes. We developed an owner-driven approach, with three cash payments provided to homeowners at key milestones to pay for the construction of their homes. ‘We are receiving a lot of help, not only with money but also with technical support,’ said Sanja, 53. ‘Without your help, we would have built a similar house as before.’

Before reconstruction could begin, collapsed houses had to be demolished and the materials salvaged for rebuilding. Medair promoted a cluster system, where families worked together to save time and money. ‘I am so thankful that Medair and CDS introduced the cluster system to work on the demolition,’ said Babarum, 42. ‘I saved money which I can use for the reconstruction of my house.’

Families in mountainous Ramchechhap district had received limited relief assistance because of their extreme isolation with limited access for vehicles, especially during monsoon season. A landslide blocked road access, and we had to leave our 4x4 behind and hike for hours to reach some of the homes in the village. In 2016, with community support, we cleared the road and mapped the area with drone imaging to better prepare for future landslides.

Although this region was difficult to access in person, Medair reached 160,000 people through the airwaves in Ramchechhap, where radio is still the primary medium. Medair broadcast safe-shelter messages at peak hours of the day on the most popular radio station in the district.

“We are forever grateful that Medair started working here,” said Santosh, with local partner CDS. “They are really walking alongside us and teaching us about safe building practices. With Medair’s help, we are literally saving the lives of the most vulnerable. Families who would otherwise live in sheds are now receiving help to build a sustainable house which will keep them safe even if another earthquake strikes.”

In 2016, Medair began working to improve the community’s capacity to build earthquake-resistant shelters. We facilitated 24 eight-day training workshops in Participatory Approach for Safe Shelter (PASSA) in three districts. The PASSA trainings helped individuals from different castes, gender, age groups, and occupations to identify hazards in their community and be prepared for future disasters.

Community members learn new building techniques for earthquake-resilient homes. “I am rebuilding my house in an earthquake-resilient way!” said Sanja. “It has given me the confidence to ask masons to build my house in a safer manner. ‘I’m proud of that. It is so important not to use the old techniques anymore.’

In Medair conducted intensive training with 213 masons in 2016. ‘We now know how to build earthquake-resilient houses with seismic bands,’ said one of the masons. ‘It will prevent a lot of people from dying and losing their homes when another earthquake strikes.’ We are proud of that. It is so important not to use the old techniques anymore.’

The models built model homes that were given to vulnerable families. Dhana and Mansuba were thrilled to learn that they had been chosen by their community to receive one of the homes. ‘I’m very happy for a new house,’ said Dhana. ‘I can worry less now, knowing we can have a safe place to live. We might be getting old, but we are not forgotten.’

In 2016, Medair reached 162,117 people with safe-shelter promotion via radio broadcasts.

Relief and Recovery Highlights

- 205 masons received cash instalments for home reconstruction
- 162,117 people reached with safe-shelter promotion via radio broadcasts
- 8,043 people reached during 24 PASSA workshops
- 28,043 people reached through 61 days of DRR training through 24 PASSA workshops
- 18,327 people reached with cash instalments for home reconstruction
- 3,611 people received 8 days of DRR training
- 4,043 people reached during 24 PASSA workshops
- 24,000 people reached through radio broadcasts
- 205 masons received cash instalments for home reconstruction
- 4,043 people reached during 24 PASSA workshops
- 18,327 people reached with cash instalments for home reconstruction
- 3,611 people received 8 days of DRR training
- 24,000 people reached through radio broadcasts

Shelter and Infrastructure

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reached with safe-shelter promotion via radio broadcasts</td>
<td>18,327</td>
</tr>
<tr>
<td>People reached through 61 days of DRR training through 24 PASSA workshops</td>
<td>28,043</td>
</tr>
<tr>
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<td>8,043</td>
</tr>
<tr>
<td>People reached with cash instalments for home reconstruction</td>
<td>162,117</td>
</tr>
<tr>
<td>People reached through radio broadcasts</td>
<td>20,000</td>
</tr>
</tbody>
</table>

Relief and Recovery Highlights

Direct Beneficiaries: 164,869

Mediterrad, Red een Kind (NL), Woord en Daad (NL), Swiss Solidarity, All We Can (UK), Metterdaad (NL), Red een Kind (NL), Woord en Daad (NL)
When the typhoon died down, families in Leyte found that more than their homes had been destroyed. The fierce winds had also destroyed vital infrastructure like latrines. Without sanitation facilities, some people began relieving themselves in the open, jeopardising the safety of their water supplies.

When we surveyed latrine recipients, 100 percent said they were satisfied with the help they had received. Families who had been resolutely to open defecation now reported using their latrines on every occasion!

In April, Medair concluded relief activities in Leyte, leaving thousands of people safely housed, with new latrines, and better prepared for future disasters.

Medair’s main mission was to build homes for 1,680 families, but we also constructed 1,252 latrines—924 of which we built in 2016. When the项目 was completed just in time for 142 families to move into the shelters before the monsoon season. “This is a much better situation for us,” said Lasya, with a warm smile. “We used to wish for no heavy rain or strong wind. But now we can sleep, even when it is raining hard!”

In the past decade, Myanmar has experienced powerful cyclones, major earthquakes, severe flooding, and landslides. Decades of internal conflict have compounded the suffering; more than 200,000 people are displaced.

Medair worked to establish its programme in Myanmar in 2016, seeking the necessary permissions, meeting with stakeholders, and laying the framework for delivering aid to the vulnerable population. During the year, we also funded a second vital relief project in Rakhine State: a cash-for-work project in six flood-affected villages.

The cash-for-work project, implemented by Integral Alliance partner CDN-ZOA, provided much-needed income to 261 local residents and their families who had lost their harvest to flooding. Community members built 15 large and sturdy communal shelters in Lasya’s displacement camp. The project was completed just in time for 142 families to move into the shelters before the monsoon season. “This is a much better situation for us,” said Lasya, with a warm smile. “We used to wish for no heavy rain or strong wind. But now we can sleep, even when it is raining hard!”

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FUNDING PARTNERS

Organisational partners listed alphabetically ≥ USD 20,000

United Nations, Intergovernmental, and Governmental Partners

Afghanistan Common Humanitarian Fund
Belgian Development Cooperation
Czech Development Cooperation
Department of Foreign Affairs and Trade (IE)
Dutch Ministry of Foreign Affairs
EU Civil Protection and Humanitarian Aid
EU International Cooperation and Development
Global Affairs Canada
Jordan Humanitarian Fund
Lebanon Humanitarian Fund
Principality of Liechtenstein
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
World Health Organization

Other Institutional and Public Partners

Agence de l’eau Rhône Méditerranée Corse (FR)
Canton of Aargau (CH)
Canton of Zürich (CH)
Deutsche Gesellschaft für Internationale Zusammenarbeit (GE)
Isle of Man Government
Swiss Solidarity

Non-Governmental and Network Partners

All We Can (UK)
Canadian Lutheran World Relief
Caritas Czech Republic
Czech Aid International (PL)
CMMB Australia (AU)
Disaster Aid (UK)
Dorcas Aid International (NL)
EO Metterdaad (NL)
ERIKS Development Partner (SE)
Fonds StopPauvreté d’Interaction (CH)
Integral Alliance
Läkarmissionen (SE)
Lutheran World Federation
Mennonite Central Committee (CA)
Red een Kind (NL)
TEAR Australia
Tear (NL)
Tearfund (BE)
Tearfund (UK)
Transform Aid (AU)
World Concern (US)
World Relief Canada

Corporate, Foundation, and Private Organisational Partners

AFAS Foundation (NL)
Aligro (CH)
Campus for Christ (CH)
Cedar Fund (HK)
Clemens Family Corporation (US)
Dominique Cornwell and Peter Mann Family Foundation (US)
Electa Foundation (CH)
Fondation Domeneau Prévost (CH)
Fondation du Projetantatrance (PT)
Fondation Haute Sante (DE)
Fondation Getraud Hirrl (CH)
Fondation Pierre Descamps (CH)
Gaia Fund (CH)
Geneva Schutz (CH)
Haelvoet Trust (UK)
Medicor Foundation (EU)
Migros (CH)
Mount Unch (CH)
QNI
RadioChapman Foundation (DE)
Reagioners Foundation (CH)
Scherler (CH)
Stanley Thomas Johnson Foundation (CH)
Swiss Christians Aid (CH)
Zoo Zürich (CH)

Gift-In-Kind Partners

Doctors Without Borders (NL)
Google
International Organization for Migration
MANA Nutrition (SG)
QNI
UK Children’s Fund
Ut High Commissioner for Refugees
US Agency for International Development
World Food Programme
World Health Organization

Media in Medair’s projects in Lebanon in April 2016. The very dynamic and highly motivated team presented to us their use of data, in order to coordinate, prioritize, and efficiently assist the Syrian refugees, particularly in the Bekaa Valley. Medair is a pioneer in this field and shares in full transparency the results, as well as their knowledge with other international organisations and NGOs. Humanitarian aid is getting more challenging and complex, so that new tools and approaches are fundamental and imperative to succeed.

– Tony Burgener, Managing Director, Swiss Solidarity

As a key partner in the EU-funded Emergency Preparedness & Response mechanism, Medair often deploys experienced teams into remote and insecure areas of South Sudan to address acute humanitarian needs in a timely and principled manner. For example, in July in Wau, with over 24,000 people displaced at an overcrowded Protection of Civilians site and with fears of an outbreak of cholera, Medair quickly deployed a mobile health and WASH team to provide life-saving medical assistance and to construct latrines. As the European Commission’s humanitarian aid department – ECHO – we appreciate the demonstrated professionalism, dedication, and flexibility of the Medair response.

– Thomas I. Harrison-Prentice, Field Expert South Sudan, European Commission

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ACCREDITATIONS & AFFILIATIONS

ACCREDITATIONS
ZEWO
www.zewo.ch
CBF Erkend Goed Doel
www.cef.nl
Algemeen Hut Begaande Instelling
www.hutbeneficiërs.nl

AFFILIATIONS
ASHA
www.newcollectif-asah.org
Cash Learning Partnership (CaLP)
www.cashlearning.org
CAOs
www.caos.ch
CONCORD
www.concordswitzerland.org
Coordination Sud
www.coordination-sud.org
CORE Group
www.corehumanitarianstandard.org
Deutscher Spendendienst
www.spendenrat.de
EU-CORD
www.eu-cord.org
European Interagency Security Forum
www.eisf.eu
Global Health Cluster
www.healthcluster.org
Global Logistics Cluster
www.logisticscluster.org
Global Shelters Cluster
www.sheltercluster.org
Global WASH Cluster
www.washcluster.net
Humanitarian University
www.universityofhumanitarian.com
InsideNGO
www.insidengo.org
Integral
www.integralalliance.org
Interaction
www.interaction.ch
International Dual Career Network
www.interactnet.ch
LNGOs
www.lingos.org
NetHope
www.nethope.org
ProFonds
www.profonds.org
QUAMED
www.quamed.org
Renaissance Logistique Humanitaire
www.rolhp.org
Sanofi NGO DRM Platform
www.drm-platform.org
VOICE
www.vonoeurope.org

PRINCIPLES AND STANDARDS
Core Humanitarian Standard on Quality and Accountability (CHS)
www.corehumanitarianstandard.org
Initiative Transparente Zivilgesellschaft (ITZ)
www.initiativetransparente.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

MEMBER
SWISS NGO DRR PLATFORM

Medair
Ecublens, Switzerland

AUDITED CONSOLIDATED FINANCIAL STATEMENTS
2016

as of 31 December 2016
in US dollars (USD)
RECORD ON FINANCIAL PERFORMANCE

MISSION
Medair’s mission for years has been to bring help and hope to the suffering of this world. We seek to help the most desperate people, including those in “forgotten” crises where there are few media reports to bring attention and transparency.

Therefore, while we are working in highly visible conflict situations such as in Syria, Iraq, and South Sudan, we are also helping people struggling through crises in very remote and unsafe regions of Afghanistan, DR Congo, and Somalia. We feel called to act because, in many cases, if Medair did not help, nobody would.

Operating in such unsafe and remote places is costly and has an impact on Medair’s financial situation.

TREASURER’S REPORT
Medair had another record year in 2016 by serving almost 1.9 million beneficiaries (up from 1.6 million in 2015), and spending over USD 65 million (compared with USD 63 million in 2015 and USD 53 million in 2014). Serving in remote, unsafe, and forgotten regions is not only costly, but funding for this work is harder to come by as well.

Rapid-onset disaster situations normally trigger additional funding streams; however, in 2016, we responded only to Hurricane Matthew in Haiti, and to an earthquake in Ecuador, both relatively small-scale disasters that did not generate substantial funding. Thus, even though we invested more money to serve more beneficiaries, institutional funding decreased (USD 42.1 million in 2016 versus USD 47.8 million in 2015), as did funding from private donors (USD 11.2 million in 2016 versus USD 12.4 million in 2015). This led to a negative operating result of USD 3.4 million.

As a consequence, the fund balances of unrestricted funds that we’ve as reserves are extremely low. Restoring these fund balances to healthy levels is a top priority.

For them, we experienced a foreign exchange loss of almost USD 800,000.

Once again, responding to the needs of close to half a million desperate people in South Sudan was a significant part of our global portfolio, accounting for almost USD 15 million of the 2016 programme portfolio. Only the Middle East Regional Programme (Syria, Lebanon, Jordan, and Iraq) had a larger footprint, over USD 25 million.

Despite the challenging humanitarian environment, we are grateful to be able to serve our beneficiaries. We are very thankful to our donors, institutional as well as private, whose confidence in Medair made it possible for us to serve so many people in need.

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 organization. The Executive Leadership Team assists him in this responsibility.

International Board of Trustees
- Christina Bregy, Chair
  - Member since 2009
  - Term expires October 2018
- Chris Lukkien, Vice Chair
  - Member since 2010
  - Stepped down in 2017
- Torsten de Santos, Treasurer
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  - Term expires May 2019
- Arno IJmker, Secretary
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  - Term expires June 2020
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  - Term expires June 2022
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  - Member since 2015
  - Term expires June 2024
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- 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

As CEO, I ask, “What’s Medair’s role in helping people with medical needs who have been abandoned?”

We are fortunate to have such a dedicated group of advisors. We value their support and making Medair a better organization.

LEADERSHIP OF MEDAIR

REPORT ON FINANCIAL PERFORMANCE

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**FINANCIAL REVIEW**

**PROGRAMME INCOME AND EXPENSE 2016 (USD)**

<table>
<thead>
<tr>
<th>Country</th>
<th>INCOME</th>
<th>EXPENSE</th>
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</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>3,888,390</td>
<td>4,655,979</td>
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<tr>
<td>Bolivia</td>
<td>6,089,921</td>
<td>6,490,722</td>
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<tr>
<td>Ecuador</td>
<td>131,659</td>
<td>165,222</td>
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<tr>
<td>Ethiopia</td>
<td>589,467</td>
<td>493,406</td>
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<tr>
<td>Haiti</td>
<td>1,405,961</td>
<td>1,359,537</td>
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<tr>
<td>Madagascar</td>
<td>159,537</td>
<td>157,247</td>
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<tr>
<td>Myanmar</td>
<td>89,362</td>
<td>89,362</td>
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<tr>
<td>Nepal</td>
<td>495,841</td>
<td>491,312</td>
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<tr>
<td>Philippines</td>
<td>241,230</td>
<td>235,539</td>
</tr>
<tr>
<td>Somalia</td>
<td>10,400,000</td>
<td>10,400,000</td>
</tr>
<tr>
<td>South Sudan</td>
<td>25,245,890</td>
<td>26,226,375</td>
</tr>
</tbody>
</table>

**OPERATING EXPENSE 2016**

- **Humanitarian Expense (Direct)**: 83%
- **General Management**: 7%
- **Fundraising**: 3%
- **Humanitarian Expense (Indirect)**: 6%

**OPERATING INCOME 2016**

- **Corporate, Foundational, and Other Private Donations**: 36.4%
- **Other Income**: 5.1%
- **GIFTS IN KIND**: 0.5%

**BENEFICIARY EXPENSE BY SECTOR 2016**

- **Water, Sanitation, and Hygiene**: 20%
- **Healthcare**: 33%
- **Nutrition**: 8%
- **General, Livelihoods**: 3%
- **Education and Infrastructure**: 28%
- **Other**: 39%
To the Board of Trustees of Medair: Ecublens
Lausanne, 2 June 2017

Report of the independent auditor on the consolidated financial statements

An independent auditor, we have audited the accompanying consolidated financial statements of Medair, which comprise the consolidated balance sheet, consolidated income statement, consolidated cash flow statement, consolidated statement of changes in capital and funds and notes for the year ended 31 December 2016. According to the Swiss GAAP FER 21, the performance report is not subject to the statutory audit of the financial statements.

Board of trustees’ responsibility

The Board of trustees is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with Swiss GAAP FER 21. This responsibility includes designing, implementing and maintaining an internal control system relevant to the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error. The Board of trustees is further responsible for selecting and applying appropriate accounting policies and making accounting estimates that are reasonable in the circumstances.

Auditor’s responsibility

Our responsibility is to express an opinion on the consolidated financial statements based on our audit. We conducted our audit in accordance with Swiss Auditing Standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about 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 for design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control system. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements for the year ended 31 December 2016 give a true and fair view of the financial position, the results of operations and the cash flows in accordance with Swiss GAAP FER 21.

Ernst & Young Ltd
Laurent Bludzien Pierre Delaloye
Licensed audit expert Licensed audit expert
(Auditor in charge)

To the Board of Trustees of Medair: Ecublens
Lausanne, 2 June 2017

isg/3.3
## CONSOLIDATED CASH FLOW STATEMENT

### 2016

<table>
<thead>
<tr>
<th>Category</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONSOLIDATED CASH FLOW STATEMENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CASH FLOW FROM OPERATIONS</strong></td>
<td></td>
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<tr>
<td>Result before change in funds</td>
<td>-994,124</td>
<td>1,948,785</td>
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<tr>
<td>Depreciation</td>
<td>612,640</td>
<td>478,880</td>
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<td>Currency translation</td>
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<td>-53,613</td>
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<tr>
<td>(Increase) / decrease in donor receivables</td>
<td>1,542,006</td>
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<td>(Increase) / decrease in other receivables</td>
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<td>(Increase) / decrease in inventory</td>
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<td>6,813</td>
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<td>(Increase) / decrease in prepayments</td>
<td>-497,917</td>
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<td>Increase / (decrease) in deferred revenue</td>
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<td>340,967</td>
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<td>Increase / (decrease) in donor payables</td>
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<td>Increase / (decrease) in accrued liabilities</td>
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<td>Increase / (decrease) in end-of-contract benefits</td>
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<td>Increase / (decrease) in provisions</td>
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<td>(Investments) / disposals in financial assets</td>
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<td>(Investments) in capital assets</td>
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<td>Disposals in fixed assets</td>
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<td><strong>CASH FLOW FROM FINANCING ACTIVITIES</strong></td>
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<td>Increase / (decrease ) in short-term debt</td>
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<tr>
<td>Increase / (decrease ) in long-term debt</td>
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<td><strong>CHANGES IN CASH</strong></td>
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<td><strong>CHANGE IN CASH BALANCES</strong></td>
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<tr>
<td>Closing balance</td>
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<td>11,015,661</td>
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</table>

## CONSOLIDATED INCOME STATEMENT

### 2016

<table>
<thead>
<tr>
<th>Category</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONSOLIDATED INCOME STATEMENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OPERATING INCOME</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants</td>
<td>0</td>
<td>47,223,150</td>
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<tr>
<td>Total</td>
<td>0</td>
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<tr>
<td>Donations</td>
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<td>4,596,399</td>
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<td>Total</td>
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<tr>
<td>Gifts-in-kind</td>
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<td>3,127,388</td>
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<td>Total</td>
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<td>Other income</td>
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<td>197,973</td>
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<td>Total</td>
<td>279,585</td>
<td>216,395</td>
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<tr>
<td><strong>OPERATING RESULT</strong></td>
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<td></td>
</tr>
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<td>Total</td>
<td>6,898,132</td>
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<td><strong>FINANCIAL RESULT</strong></td>
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<td>86,126</td>
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<td>Financial expense</td>
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<td>Realised loss on exchange</td>
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<td>Unrealised gain on exchange</td>
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<td><strong>RESULT BEFORE CHANGE IN FUNDS</strong></td>
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<td><strong>CHANGE IN FUNDS</strong></td>
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<td>Withdrawal from / (allocated to) restricted funds</td>
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<td>3,691,024</td>
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<tr>
<td>Withdrawal from / (allocated to) unrestricted funds</td>
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<tr>
<td><strong>RESULT AFTER ALLOCATION</strong></td>
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<td>0</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
<td>--------</td>
</tr>
<tr>
<td><strong>TOTAL CHANGES IN CAPITAL AND FUNDS</strong></td>
<td>11,612,549</td>
<td>-38,803</td>
</tr>
<tr>
<td><strong>TOTAL CAPITAL / UNRESTRICTED FUNDS</strong></td>
<td>8,381,606</td>
<td>-38,803</td>
</tr>
<tr>
<td><strong>Allocated capital</strong></td>
<td>1,505,864</td>
<td>-2,782</td>
</tr>
<tr>
<td><strong>Undesignated funds</strong></td>
<td>1,819,464</td>
<td>0</td>
</tr>
<tr>
<td><strong>Restricted funds</strong></td>
<td>6,453,362</td>
<td>45,761</td>
</tr>
<tr>
<td><strong>Unrestricted funds</strong></td>
<td>1,819,464</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL CAPITAL IN CAPITAL AND FUNDS</strong></td>
<td>13,089,155</td>
<td>-102,398</td>
</tr>
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**CONSOLIDATED STATEMENT OF CHANGES IN CAPITAL AND FUNDS**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<th></th>
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<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
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<td>57,291,420</td>
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<td>461,940</td>
<td>-</td>
<td>-15,625</td>
<td>13,089,155</td>
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</tr>
<tr>
<td><strong>TOTAL CAPITAL / UNRESTRICTED FUNDS</strong></td>
<td>8,381,606</td>
<td>-38,803</td>
<td>8,342,803</td>
<td>6,979,874</td>
<td>1,120,594</td>
<td>-3,789,542</td>
<td>455,876</td>
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<tr>
<td><strong>Allocated capital</strong></td>
<td>1,505,864</td>
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<td>6,658,751</td>
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<td>897</td>
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<td>-55,552</td>
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<td>1,819,464</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>-15,625</td>
<td>-15,625</td>
<td>3,593,499</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Restricted funds</strong></td>
<td>6,453,362</td>
<td>45,761</td>
<td>6,499,123</td>
<td>312,275</td>
<td>1,120,594</td>
<td>-3,789,542</td>
<td>455,876</td>
<td>-4,104,363</td>
<td>-95,001</td>
<td>8,910,241</td>
<td>0</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Unrestricted funds</strong></td>
<td>1,819,464</td>
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<td>1,819,464</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-15,625</td>
<td>-15,625</td>
<td>3,593,499</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL CAPITAL IN CAPITAL AND FUNDS</strong></td>
<td>13,089,155</td>
<td>-102,398</td>
<td>12,986,757</td>
<td>8,795,150</td>
<td>8,117,804</td>
<td>-3,976,568</td>
<td>3,824,247</td>
<td>4,287,132</td>
<td>0</td>
<td>8,737,435</td>
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<td></td>
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</tr>
</tbody>
</table>
1. Presentation
Medair helps people who are suffering in remote and devastated communities around the world to survive crises, recover from disasters, and develop the skills they need to build a better future. Medair was founded in 1989 and is established as an association under Article 62 of the Swiss Code. Medair is independent of any political, economic, social or religious authority.

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

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. These financial statements are presented in accordance with the consolidated financial statements of Medair worldwide through affiliation and trademark agreements with Medair. These affiliated entities are separate legal entities from Medair. Medair provides personnel, financial, and technical resources to the Medair group of organisations. Each affiliate office is a separate legal entity.

These financial statements have been prepared in accordance with the consolidated financial statements of Medair worldwide through affiliation and trademark agreements with Medair.

2. Significant accounting policies
2.1 Basis for preparing the consolidated financial statements
The consolidated financial statements have been prepared in accordance with the principles of structural separation. The preparation of the consolidated financial statements requires the Executive Leadership Team to make judgments, best estimates, and assumptions that affect the reported amounts of assets, liabilities, revenue, expenses, and disclosures at the reporting date. However, uncertainty about these assumptions and estimates makes it impossible to state exactly the amount of the asset or liability affected in the future.

2.2 Consolidation principles
These financial statements incorporate the financial results of all affiliates and foundations identified below to present a consolidated view of the Medair group worldwide. The reporting currency is the US dollar (USD).

2.3. Treatment of inter-company transactions
All inter-company balances and transactions have been eliminated from these consolidated financial statements.

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

Foreign currency translation gains or losses due to the conversion of financial assets and liabilities are recognised as unrealised gains or losses in the Income Statement in the period in which the foreign currency amount is exchanged or revalued at the rate of the day of the transaction. Exchange rate differences arising on the settlement of items held in different currencies (at cost at which they were initially recorded, are recognised as realised gains / losses in the Income Statement in the period in which they are settled). Items held in foreign currency are revalued at year end using the closing foreign currency rate. Exchange rate differences arising on the settlement or revaluation of foreign currency transactions are recognised as realised gains / losses in the Income Statement.

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

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

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

The following exchange rates against the USD 3,100 have been used:

<table>
<thead>
<tr>
<th>Exchange Rate</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closing exchange rate</td>
<td>CNY 6.9592</td>
<td>6.1364</td>
</tr>
<tr>
<td>Average exchange rate</td>
<td>CNY 6.9592</td>
<td>6.1394</td>
</tr>
<tr>
<td>Closing exchange rate</td>
<td>EUR 0.9125</td>
<td>0.8744</td>
</tr>
<tr>
<td>Average exchange rate</td>
<td>EUR 0.9125</td>
<td>0.8744</td>
</tr>
<tr>
<td>Closing exchange rate</td>
<td>GBP 0.81</td>
<td>0.8067</td>
</tr>
<tr>
<td>Average exchange rate</td>
<td>GBP 0.81</td>
<td>0.8067</td>
</tr>
</tbody>
</table>

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

2.6. Inventories
Inventories of materials and supplies located in Switzerland and used in field programmes are valued at cost. Inventories of supplies located in the UK and used in field programmes are valued at cost. Inventories of supplies located in the USA are valued at cost. The cost of inventories includes all costs reasonably incurred in bringing the item to its present location and condition.

2.7. Property, plant and equipment
Property, plant and equipment are recorded at cost. Expenditure on betterments, renewals, and repairs is included in cost of assets. Expenditure on disposals is charged to income. Depreciation is calculated based on actual cost according to the straight-line method. The useful life of fixed assets is determined by their cost and the effect of obsolescence on their market value.

2.8. Prepayments
Prepayments are stated at the original cost at the date the payments are made.

2.9. Financial assets
Financial assets are stated at amortised cost, which represents the present value of future cash flows. Financial liabilities are stated at fair value, which represents the amount currently required to settle the liability.

2.10. Fixed assets
Fixed assets are stated at cost. A valuation is carried out every five years to establish whether the assets are carrying their original cost in place of replacement costs.

2.11. Goodwill
Goodwill is stated at cost, less any accumulated amortisation and any impairment losses.

The programmes is maintained through the international headquarters in Ecublens, Switzerland.
2.14. Pension plan obligations

The employees of each European affiliate office benefit from the pension plan related to a foundation. Returns are not defined and are not guaranteed. Risks are supported by the collective plan covered by the collective foundation. Employees and the employer pay defined benefit Plans (LPP), by Patrimonia Foundation. According to the defined contribution age, invalidity, and death, according to the provision of the Federal Law on Occupational Medair’s employees in Switzerland are insured against the economic consequences of old age and death. Depreciation is calculated on a straight-line basis over the expected useful lives of

Vehicles 3 years

IT equipment & software 3 years

Power equipment 3 years

Facility and fixtures 3 years

Emergency & health fund 3 years

Publications fund 3 years

2.15. Restricted funds

Restricted 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.

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 mandatorily local according to the regulations in these countries. They are recognised when Medair has a present obligation or when the related assets are classified as long-term and short-term liabilities.

2.16. Capital / unrestricted funds

Medair also maintains a level of unrestricted capital for their operational needs and reserves.

2.17. Revenue recognition and financing contracts

Revenue is recognised when it is probable that the economic benefits associated with the transactions will flow to Medair and the collectibility of the consideration is reasonably assured. The portion of a contract constructively considers a receipt of goods and services. This is measured using the percentage of completion method (PCM). The portion of a contract constructively includes the cost of goods and services used for the contract. The revenue is recognised as the contract progresses. The expenses are recorded at the moment of a written confirmation. Financing contracts are accounted for as contingent revenues when received and designated to a specific cause. The donor determines the lifetime of the project. The receivables are valued in the balance sheet on the Balance sheet as unrestricted funds.

2.18. Gifts-in-kind

Grants and donations are recognised as revenue when received and designated to a specific cause, the donation is considered restricted. Grants and donations are recorded as revenue when received and designated to a specific cause by the donor. The donor determines the lifetime of the project. The receivables are valued in the balance sheet on the Balance sheet as restricted funds.

2.19. Programme expenditures

Medair’s programme financial statements include the following programme funds that facilitate operational management. Use of these funds is at the discretion of the Executive Leadership Team.

Capital equipment fund For the purchase of Medair-owned assets.

Administrative fund For the general administrative costs of the organisation.

Allocated capital Programmes and projects for which Medair is the excess of cash receipts compared to expenses incurred.

Unrestricted capital

Deferred Income: Revenue relating to future years is recorded on the Balance sheet as deferred income. Deferred income is not included in gross and market value acquired but still not used for projects by year end.

2.20 Auditors’ remuneration

The fees paid to the auditors of these financial statements during 2016 amounted to CHF 70,000. These fees include the cost of Medair audit and its consolidated financial statements as well as related assurance reports. The fee is assessed for the professional services rendered as a result of the audits that were undertaken.

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 FRR, Medair produces a performance report, which has been integrated with the financial statements to make the Medair Annual Report.

5. MANAGEMENT OF FINANCIAL RISKS

These performance reports are prepared under the direction and supervision of the Executive Leadership Team, which results in a report that is submitted to the International Board of Trustees. These performance reports are based on the following information:
5.1. Foreign-exchange risk
Medair is exposed to foreign-exchange rate fluctuations, insofar as a significant portion of Medair's operations are outside the United States. The global operational exposure to foreign-exchange risk is hedged by the foreign-exchange hedging policy and the use of foreign-exchange derivatives which are applied where they are required. Furthermore, Medair has a foreign-exchange fund in order to absorb the fluctuations. The reserves are kept mainly in US Dollars, Euros, and Swiss Francs.

5.2. Banking risk
Medair has no active foreign-exchange hedging policy and funds to convert currencies as they are required. Furthermore, funds are kept in liquid form. In order to further mitigate this risk in the Medair's policy is to ensure a sufficient level of liquidity for its operations at all times; Medair is exposed to exchange-rate fluctuations, insofar as a significant portion of Medair's operations are outside the United States. The global operational exposure to foreign-exchange risk is hedged by the foreign-exchange hedging policy and the use of foreign-exchange derivatives which are applied where they are required. Furthermore, Medair has a foreign-exchange fund in order to absorb the fluctuations. The reserves are kept mainly in US Dollars, Euros, and Swiss Francs.

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 conducts cash-flow facilities in London. The available loan is approximately 3% per annum USD LIBOR. The interest rate on this loan is 1% per annum. There are no maturities on this loan. Medair also has a second cash-flow loan facility with a different creditor. The amount available on this second facility is USD 324,645. The interest rate is 12%. The loan must be balanced annually by year end.

6. CASH AND CASH EQUIVALENTS
The following sections provide a breakdown of the main items on the Balance Sheet, the Income Statement, the Cash Flow Statement, and the Statement of Changes in Capital and Funds.

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<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; Cash equivalents</td>
<td>5,709,010</td>
<td>6,351,861</td>
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7. DONOR RECEIVABLES
The expected cash receipt in equivalent USD is as follows. This USD figure is based on donor-specified exchange rates.

<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>USD</td>
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<td>1,484,030</td>
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<tr>
<td>AUD</td>
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<td>JOD</td>
<td>8,248,816</td>
<td>8,248,816</td>
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<tr>
<td>CZK</td>
<td>137</td>
<td>137</td>
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<tr>
<td>CHF</td>
<td>137</td>
<td>137</td>
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<tr>
<td>CAD</td>
<td>137</td>
<td>137</td>
</tr>
<tr>
<td>CAD</td>
<td>137</td>
<td>137</td>
</tr>
</tbody>
</table>

8. CONTINGENT ASSETS / DONOR RECEIVABLES
The related budgetary obligations are considered as contingent liabilities. These contingent assets consist of donor grants in the following currencies:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>USD</td>
<td>690,523</td>
<td>690,523</td>
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<tr>
<td>JOD</td>
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<td>0</td>
</tr>
<tr>
<td>CHF</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CAD</td>
<td>0</td>
<td>0</td>
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9. CAPITAL ASSETS

<table>
<thead>
<tr>
<th>Asset Group</th>
<th>USD Asset Group IT Comms Power Other Facility HQ leasehold Vehicles Total</th>
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<tbody>
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<td>IT</td>
<td>1,498,598</td>
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<tr>
<td>Comms</td>
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<td>Power</td>
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</tr>
<tr>
<td>Other</td>
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<tr>
<td>Facility</td>
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<td>HQ leasehold</td>
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<tr>
<td>Vehicles</td>
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</tr>
<tr>
<td>Total</td>
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</table>

10. ACCUMULATED DEPRECIATION

<table>
<thead>
<tr>
<th>Asset Group</th>
<th>USD Asset Group IT Comms Power Other Facility HQ leasehold Vehicles Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>IT</td>
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<tr>
<td>Comms</td>
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<tr>
<td>Power</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Facility</td>
<td>0</td>
</tr>
<tr>
<td>HQ leasehold</td>
<td>0</td>
</tr>
<tr>
<td>Vehicles</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>1,423,295</td>
</tr>
</tbody>
</table>

11. TOTAL EQUITY

<table>
<thead>
<tr>
<th>Asset Group</th>
<th>USD Asset Group IT Comms Power Other Facility HQ leasehold Vehicles Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>IT</td>
<td>1,276,172</td>
</tr>
<tr>
<td>Comms</td>
<td>1,276,172</td>
</tr>
<tr>
<td>Power</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Facility</td>
<td>0</td>
</tr>
<tr>
<td>HQ leasehold</td>
<td>0</td>
</tr>
<tr>
<td>Vehicles</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>2,552,344</td>
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</table>

12. ACCUMULATED DEPRECIATION

<table>
<thead>
<tr>
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<th>USD Asset Group IT Comms Power Other Facility HQ leasehold Vehicles Total</th>
</tr>
</thead>
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<tr>
<td>IT</td>
<td>147,123</td>
</tr>
<tr>
<td>Comms</td>
<td>1,276,172</td>
</tr>
<tr>
<td>Power</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Facility</td>
<td>0</td>
</tr>
<tr>
<td>HQ leasehold</td>
<td>0</td>
</tr>
<tr>
<td>Vehicles</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>1,423,295</td>
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</tbody>
</table>

13. TOTAL EQUITY

<table>
<thead>
<tr>
<th>Asset Group</th>
<th>USD Asset Group IT Comms Power Other Facility HQ leasehold Vehicles Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>IT</td>
<td>1,276,172</td>
</tr>
<tr>
<td>Comms</td>
<td>1,276,172</td>
</tr>
<tr>
<td>Power</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Facility</td>
<td>0</td>
</tr>
<tr>
<td>HQ leasehold</td>
<td>0</td>
</tr>
<tr>
<td>Vehicles</td>
<td>0</td>
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<tr>
<td>Total</td>
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</table>
10. DEFERRED REVENUE

<table>
<thead>
<tr>
<th>Country</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>4,348</td>
<td>4,348</td>
</tr>
<tr>
<td>DR Congo</td>
<td>444,633</td>
<td>444,633</td>
</tr>
<tr>
<td>Haiti</td>
<td>7,123</td>
<td>7,123</td>
</tr>
<tr>
<td>Madagascar</td>
<td>13,813</td>
<td>13,813</td>
</tr>
<tr>
<td>Nepal</td>
<td>264,746</td>
<td>264,746</td>
</tr>
<tr>
<td>Philippines</td>
<td>249,829</td>
<td>249,829</td>
</tr>
<tr>
<td>Somalia</td>
<td>324,984</td>
<td>324,984</td>
</tr>
<tr>
<td>South Sudan</td>
<td>466,783</td>
<td>466,783</td>
</tr>
<tr>
<td>Middle East Regional Programme</td>
<td>2,402,583</td>
<td>2,402,583</td>
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<tr>
<td>Switzerland / Affiliates</td>
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<td>5,001,786</td>
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11. PROVISIONS

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<thead>
<tr>
<th>Country</th>
<th>2016</th>
<th>2015</th>
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</thead>
<tbody>
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<td>1,079,254</td>
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<tr>
<td>DR Congo</td>
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<td>1,987,658</td>
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<tr>
<td>Haiti</td>
<td>13,793,912</td>
<td>13,793,912</td>
</tr>
<tr>
<td>Madagascar</td>
<td>13,813,728</td>
<td>13,813,728</td>
</tr>
<tr>
<td>Philippines</td>
<td>249,829</td>
<td>249,829</td>
</tr>
<tr>
<td>Somalia</td>
<td>14,437,184</td>
<td>17,314,128</td>
</tr>
<tr>
<td>South Sudan</td>
<td>3,259,533</td>
<td>1,999,585</td>
</tr>
<tr>
<td>Somalia</td>
<td>3,194,198</td>
<td>3,194,198</td>
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<tr>
<td>Afghanistan</td>
<td>2,015,215</td>
<td>2,015,215</td>
</tr>
<tr>
<td>DR Congo</td>
<td>5,807,708</td>
<td>5,807,708</td>
</tr>
<tr>
<td>Haiti</td>
<td>2,720,419</td>
<td>2,720,419</td>
</tr>
<tr>
<td>Madagascar</td>
<td>1,527,964</td>
<td>1,527,964</td>
</tr>
<tr>
<td>Myanmar</td>
<td>201,017</td>
<td>201,017</td>
</tr>
<tr>
<td>Nepal</td>
<td>3,935,460</td>
<td>3,935,460</td>
</tr>
<tr>
<td>Philippines</td>
<td>2,006,337</td>
<td>2,006,337</td>
</tr>
<tr>
<td>Somalia</td>
<td>4,114,644</td>
<td>4,114,644</td>
</tr>
<tr>
<td>South Sudan</td>
<td>3,993,553</td>
<td>3,993,553</td>
</tr>
<tr>
<td>South Sudan</td>
<td>1,999,585</td>
<td>1,999,585</td>
</tr>
<tr>
<td>Total</td>
<td>1,987,658</td>
<td>1,987,658</td>
</tr>
</tbody>
</table>

12. LONG-TERM DEBT

13. END-OF-CONTRACT BENEFITS

14. PENSION PLAN OBIGATIONS

<table>
<thead>
<tr>
<th>Country</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>7,386</td>
<td>7,386</td>
</tr>
<tr>
<td>DR Congo</td>
<td>492,663</td>
<td>444,633</td>
</tr>
<tr>
<td>Haiti</td>
<td>7,123</td>
<td>7,123</td>
</tr>
<tr>
<td>Madagascar</td>
<td>226,235</td>
<td>13,813</td>
</tr>
<tr>
<td>Nepal</td>
<td>352,437</td>
<td>264,746</td>
</tr>
<tr>
<td>Philippines</td>
<td>338,741</td>
<td>249,829</td>
</tr>
<tr>
<td>Somalia</td>
<td>1,086,377</td>
<td>324,984</td>
</tr>
<tr>
<td>South Sudan</td>
<td>37,625</td>
<td>466,783</td>
</tr>
<tr>
<td>Middle East Regional Programme</td>
<td>4,202,583</td>
<td>4,202,583</td>
</tr>
<tr>
<td>Switzerland / Affiliates</td>
<td>5,001,786</td>
<td>5,001,786</td>
</tr>
</tbody>
</table>

15. INCOME

The breakdown of gifts-in-kind activity is presented below.

<table>
<thead>
<tr>
<th>USD</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenue</td>
<td>4,440,759</td>
<td>3,984,970</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>3,992,960</td>
<td>4,110,519</td>
</tr>
<tr>
<td>Chad</td>
<td>86</td>
<td>2,056</td>
</tr>
<tr>
<td>DR Congo</td>
<td>6,095,215</td>
<td>5,807,708</td>
</tr>
<tr>
<td>Ecuador</td>
<td>134,829</td>
<td>17,314,128</td>
</tr>
<tr>
<td>Haiti</td>
<td>304,467</td>
<td>2,720,419</td>
</tr>
<tr>
<td>Madagascar</td>
<td>1,615,921</td>
<td>1,527,964</td>
</tr>
<tr>
<td>Myanmar</td>
<td>1,527,964</td>
<td>1,527,964</td>
</tr>
<tr>
<td>Nepal</td>
<td>205,578</td>
<td>231,017</td>
</tr>
<tr>
<td>Philippines</td>
<td>492,683</td>
<td>444,623</td>
</tr>
<tr>
<td>Somalia</td>
<td>4,114,644</td>
<td>4,114,644</td>
</tr>
<tr>
<td>South Sudan</td>
<td>3,259,533</td>
<td>3,993,553</td>
</tr>
<tr>
<td>South Sudan</td>
<td>1,999,585</td>
<td>1,999,585</td>
</tr>
<tr>
<td>Total</td>
<td>3,935,460</td>
<td>3,935,460</td>
</tr>
</tbody>
</table>

16. GIFTS-IN-KIND

Volunteer network

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

17. OTHER INCOME

Other income consists of sales income, training fees for our Relief and Recovery Orientation Course (ROC), benefits in kind in field programmes, and miscellaneous income.

18. HUMANITARIAN EXPENSE

Humanitarian expenses include the total cost of providing goods and services to Medair’s beneficiaries. It includes the costs of implementing field humanitarian programme, such as project staff, food and living costs, communication and energy equipment, transportation and storage of materials, logistical and financial expenses. It also includes the research, preparation, planning, selection, follow-up and control of these humanitarian programmes provided by the headquarters in Ecublens, Switzerland. Humanitarian expenses are shown in the income statement in addition to administrative expenses.

Programme expenses are shown in the income statement as a contribution toward indirect costs.

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 programme expenses in the Statement of Changes in Capital and Funds.
The following table presents only the humanitarian expense by country.

<table>
<thead>
<tr>
<th>Country</th>
<th>Personnel</th>
<th>Travel &amp; representation</th>
<th>Admin</th>
<th>Maintenance</th>
<th>Depreciation</th>
<th>Other</th>
<th>Total humanitarian expense</th>
<th>Total support</th>
<th>Other</th>
<th>Total</th>
<th>Grand total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zimbabwe</td>
<td>367</td>
<td>1,996</td>
<td>10,983</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>13,346</td>
<td>1,005</td>
<td>14,352</td>
<td>13,346</td>
<td>27,698</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>6,836</td>
<td>5,980</td>
<td>1,221</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>14,247</td>
<td>1,073</td>
<td>15,320</td>
<td>14,247</td>
<td>29,567</td>
</tr>
<tr>
<td>Sudan</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>21</td>
<td>-</td>
<td>-</td>
<td>22</td>
<td>2</td>
<td>22</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>South Sudan</td>
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<td>5,301,525</td>
<td>1,585,534</td>
<td>1,842,762</td>
<td>180,681</td>
<td>247,168</td>
<td>724,783</td>
<td>14,819,312</td>
<td>1,116,236</td>
<td>15,935,547</td>
<td>30,744,860</td>
</tr>
<tr>
<td>Somalia</td>
<td>835,724</td>
<td>540,529</td>
<td>63,576</td>
<td>176,893</td>
<td>3,871</td>
<td>242</td>
<td>208,158</td>
<td>1,828,993</td>
<td>137,765</td>
<td>1,966,758</td>
<td>3,794,751</td>
</tr>
<tr>
<td>Philippines</td>
<td>1,400,329</td>
<td>860,358</td>
<td>58,878</td>
<td>90,064</td>
<td>1,095</td>
<td>9,535</td>
<td>175,360</td>
<td>2,595,620</td>
<td>195,510</td>
<td>2,791,130</td>
<td>5,386,750</td>
</tr>
<tr>
<td>Nepal</td>
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<td>427,526</td>
<td>113,642</td>
<td>89,453</td>
<td>3,950</td>
<td>-</td>
<td>88,246</td>
<td>2,202,841</td>
<td>165,925</td>
<td>2,368,766</td>
<td>4,651,587</td>
</tr>
<tr>
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<td>26,236</td>
<td>49,066</td>
<td>320</td>
<td>-</td>
<td>2,880</td>
<td>179,340</td>
<td>13,508</td>
<td>192,848</td>
<td>192,848</td>
<td>385,696</td>
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<tr>
<td>Sierra Leone</td>
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<td>79,195</td>
<td>6,839</td>
<td>17,352</td>
<td>1,893</td>
<td>-</td>
<td>15,841</td>
<td>138,114</td>
<td>11,359</td>
<td>149,473</td>
<td>261,891</td>
</tr>
<tr>
<td>Haiti</td>
<td>244,286</td>
<td>315,376</td>
<td>57,363</td>
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<td></td>
<td>-</td>
<td>71,738</td>
<td>59,195</td>
<td>77,933</td>
<td>77,933</td>
<td>155,866</td>
</tr>
<tr>
<td>Madagascar</td>
<td>449,000</td>
<td>704,000</td>
<td>16,803</td>
<td>495,992</td>
<td>300,000</td>
<td>380,000</td>
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<td>1,790,000</td>
<td>144,784</td>
<td>1,934,784</td>
<td>3,724,784</td>
</tr>
<tr>
<td>Middle East Region</td>
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<td>1,602,300</td>
<td>232,283</td>
<td>487,905</td>
<td>86,489</td>
<td>100,782</td>
<td>287,230</td>
<td>5,056,658</td>
<td>380,883</td>
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<td>756,000</td>
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<td>437,007</td>
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</tr>
<tr>
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<td>1,557,399</td>
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<td>0</td>
<td>8,303,394</td>
<td>16,606,788</td>
</tr>
</tbody>
</table>

19. ADMINISTRATIVE EXPENSE

Members of the Board of Trustees of Medair (Switzerland) volunteered their time in 2016, receiving no salary. Board members are allowed to submit effective out-of-pocket expenses for reimbursement. The total cost of reimbursement amounted to USD 8,517 (2015: USD 1,876). The Board Chair received no reimbursement in 2016 or 2015.

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 accounts.

21. REMUNERATION OF THE BOARD OF TRUSTEES

During the normal course of its activities, Medair is exposed to potential claims. As of 31 December 2016, the Executive Leadership Team had identified potential claims which could lead to an exposure greater than USD 400,000 in total.