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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.

A handwritten signature in blue ink, reading "Jim Ingram".

MEDAIR in 2016

1,881,285 TOTAL DIRECT BENEFICIARIES

Medair helps people who are suffering in remote and devastated communities around the world survive crises, recover with dignity, and develop the skills they need to build a better future.

Health and Nutrition

- **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

Water, Sanitation, and Hygiene

- **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

Shelter and Infrastructure

- **229,057** people received shelter assistance
- **16,994** people benefited from new infrastructure (clinics, bridges, roads)
- **13,459** people received livelihood support through infrastructure-related projects

Cash Assistance

- **43,298** people received cash assistance

14

countries of operation

1

international headquarters in Switzerland, 134 staff (116 full-time equivalents)

6

affiliate offices in Europe and North America

174

internationally recruited staff in the field

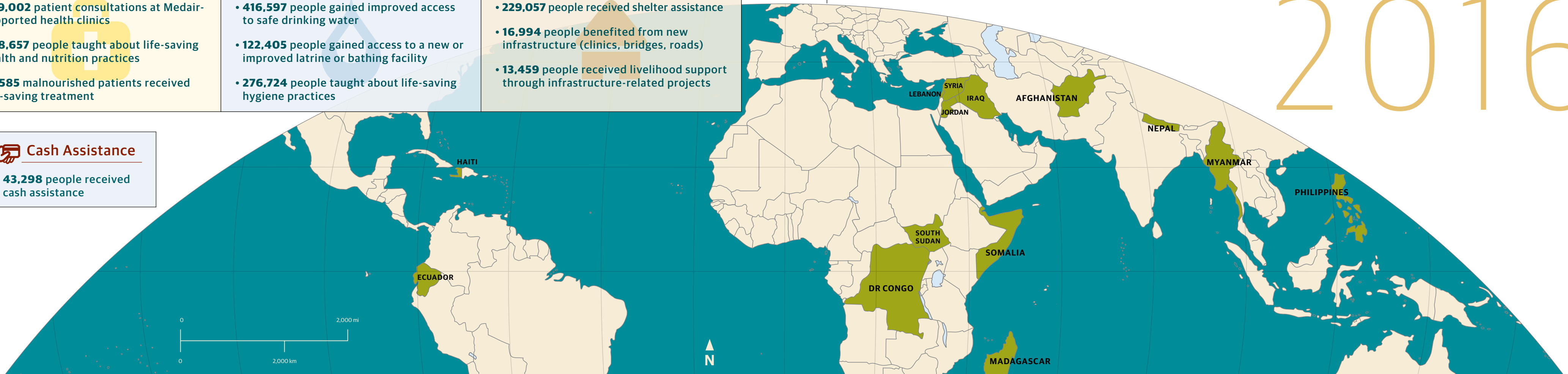
908

nationally recruited staff

38

number of countries where Medair has worked (1988 - 2016)

2016





SOUTH SUDAN

Three years of conflict have left this country reeling. Violence has displaced millions of people, and malnutrition has reached near-catastrophic levels. Conflict spread 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.

STANDING IN THE GAP

As soon as Medair’s emergency response team (ERT) hit the ground in Aweil North County, Alicia and 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 fighting compelled families to flee their homes en masse; measles, cholera, and malaria decimated communities; and a severe food crisis affected millions of people.

In Renk County, Medair was one of the few emergency agencies present, providing free health care, medicine, WASH, and 24-hour delivery services. “Medair provided all the materials for us to build a latrine,” said Akal. “When we feel 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.”

In May, global acute malnutrition rates in Renk exceeded the emergency threshold. We provided nutrition at 11 locations in Renk and ran a stabilisation centre for severely malnourished children with medical complications. In Aweil, our ERT set up four emergency nutrition clinics, opened a malaria treatment centre, and began providing emergency WASH services.

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 people with water filters, medicine, and emergency supplies. “[Medair’s team] has demonstrated exceptional bravery and creativity in trying to save lives under the most extreme circumstances,” said Sue 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 Malakal 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 Yusuf 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.”

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 Asja, 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.”

RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **467,949**



HEALTH and NUTRITION

- **126,339** patients treated at Medair-supported health clinics; 706 health workers trained
- **53,570** people vaccinated
- **1,233** community health promoters trained; 144,293 people reached with health/nutrition promotion
- **18,294** treated for acute malnutrition; 74,905 screened for malnutrition
- **4,056** people received supplemental feeding



WATER, SANITATION, & HYGIENE

- **145,266** people received improved access to safe drinking water
- **234** trained to maintain WASH infrastructure
- **28,988** people with improved access to sanitation or bathing facilities
- **1,389** hygiene promoters trained; 59,988 people reached with WASH NFI kits
- **130,111** people reached with hygiene promotion



SHELTER and INFRASTRUCTURE

- **58,605** people received emergency shelter support
- **150,090** people received essential items (35,209 blankets, 45,377 mosquito nets, 31,651 sleeping mats, 9,118 cooking sets)

Funding Partners: Belgian Dev. Coop., EU Hum. Aid, DFID (UK), Ministry of Foreign Affairs (NL), Liechtenstein, Swiss Dev. Coop., South Sudan Com. Hum. Fund, US State Dept., USAID, UNDP, Tearfund (BE), Tear (NL), AFAS Found. (NL), Ev. Landeskirche WUE (DE), Mountain Life Church (US), Clemens Family Corp. (US), IOM, UNICEF, WFP, WHO, MSF (NL)



DR CONGO

As multiple armed groups battle for resources and territory in eastern DR Congo, families bear the brunt of the violence. There were more than two million displaced people in DR Congo in 2016, over half of them in isolated North Kivu and Ituri provinces. They suffer from preventable diseases and a lack of accessible health care.

AID TO FAMILIES FLEEING VIOLENCE

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, where 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 instruments is very important," said Bondu, a midwife. "I've learned things that I will use for as long as I am a midwife."

Medair upgraded clinics with safe water, latrines, bathing facilities, and medical waste disposal. We constructed and equipped new maternity clinics, and provided solar fridges and solar lighting to facilitate night-time deliveries. "I've been here when Bondu had to hold her mobile phone between her teeth as she delivered 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 Bisika, 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, Irumu, and Mambasa territories. We provided free health care and medicine during emergencies, vaccinated children, treated malnutrition, promoted healthy hygiene practices, and helped deliver babies. "When we fled we had nothing, so I am joyful that Medair is here," 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, four pregnant women died on the way to Komanda Hospital, right on the road. It was very serious," said Dr Singo, Medical Director. "But since Medair set up this system there have been 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."

RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **339,606**



HEALTH and NUTRITION

- **310,169** patient consultations at Medair-supported health clinics
- **12,156** people vaccinated for measles
- **948** community health workers trained
- **6,726** people reached with health promotion
- **1,492** children treated for acute malnutrition
- **168** SGBV survivors received psychological first aid
- **10,569** safe delivery kits distributed
- **15,947** women received antenatal care; 13,292 babies delivered by qualified personnel



WATER, SANITATION, & HYGIENE

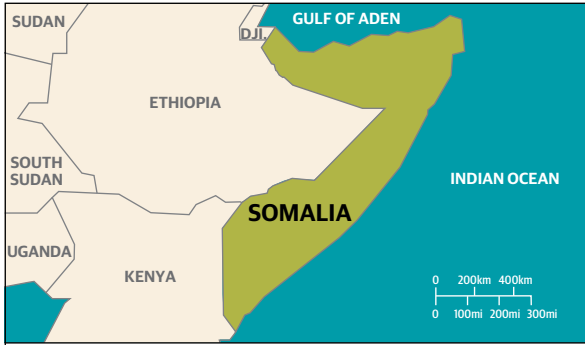
- **51,720** people gained improved access to safe drinking water (1 borehole, 11 protected springs)
- **45,801** people received improved latrines or bathing facilities
- **36,948** people reached with hygiene promotion
- **144** health staff trained in hygiene and solid waste management



SHELTER and INFRASTRUCTURE

- **7,890** people benefited from cash-for-work project income
- **4** bridges built; 17.5 km of road opened

Funding Partners: EU Hum. Aid, Swiss Dev. Coop., UNICEF, USAID, Swiss Solidarity, Fond. Gertrude Hirzel (CH), Medicor Found. (LI), Migros (CH), Scherler AG (CH), MANA Nutrition (US), UNICEF



SOMALIA

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. More than five million people are in need of humanitarian assistance.

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."

In Somalia, Medair works to break down these kinds of negative attitudes towards health providers and clinics, which undermine public health. Thankfully, Ayan refused to listen to the detractors. She travelled for seven hours to reach the Medair-supported clinic. "I was welcomed warmly," she recalled. "The nurse asked about my child's illness. I was told Adan was sick because he had not been eating well. I was given medicine and told to come back the next day."

In 2016, Medair worked in four different federal states in the southern parts of 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 three trusted local agencies to carry out our mission.

Medair supported five health clinics that provided more than 120,000 free consultations and treated over 5,900 malnourished children like Adan, who recovered after two months of treatment. We also vaccinated more than 7,000 children against measles. "Before these activities started, I did not know what vaccination was," said Sayneb. "My neighbour had her children vaccinated and they did not get measles. Things are getting better in the community now because of the help we have received."



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



We provided safe places for mothers to give birth 24/7, and more than 5,000 babies were delivered under the care of skilled birth attendants. "There are three midwives in the clinic and there is always one of us around in case a woman comes," said Midwife Rahma. "I like the fact that I get extra training from Medair. They encourage me and ensure that my skills are growing."

Medair focused on strengthening the skills of medical staff at the health facilities. "I've been a nurse since 1989, and I run the feeding programme," said Nurse Zeinab. "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 from the strength of our Care Group networks. In 2016, we trained more than 1,000 community health workers and Care Group volunteers to promote good health, hygiene, and nutrition practices in their neighbourhoods, and to encourage people to visit health clinics. "We talk to mothers, teaching them about malnutrition and breastfeeding and we do

household follow-ups to ensure they are practicing what we teach them," said Fatuma, Care Group worker.

Medair also distributed water filters, soap, and mosquito nets to vulnerable households. In rural areas, we trained community health workers to treat some of the most dangerous childhood diseases and refer patients with warning signs to health facilities. In 2016, our community health workers provided more than 65,000 free consultations to patients.

During the year, our team constructed a new health facility, and we launched a monitoring and evaluation system that improved our ability to deliver aid to families. 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.

"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."

RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **138,327**



HEALTH and NUTRITION

- **122,933** patient consultations at 5 Medair-supported health facilities
- **7,296** children vaccinated against measles
- **1,084** community health workers and Care Group workers trained
- **32,520** people reached with messages about health, hygiene, and nutrition
- **65,356** consultations by community health workers
- **5,910** children treated for acute malnutrition
- **53** nurses trained on community management of acute malnutrition (CMAM)
- **5,121** women delivered their babies at Medair-supported health facilities
- **120** patients treated during December cholera epidemic



WATER, SANITATION, & HYGIENE

- **19,800** gained improved access to safe drinking water via 3,300 water filters
- **35,520** people reached with hygiene promotion
- **16,260** households received soap
- **7,874** bed nets given to pregnant and breastfeeding women



SHELTER and INFRASTRUCTURE

- **1** health facility constructed
- **8** ORPs (oral rehydration points) established; 2 cholera treatment centres established

Funding Partners: Ministry of Foreign Affairs (NL), USAID, TEAR Australia, Dorcas (NL), Ferster Found. (CH), Fond. Gertrude Hirzel (CH), Resurgens Found. (CH)



MADAGASCAR

Madagascar suffers frequent cyclones and tropical storms, and the majority of the population live in rural, isolated areas. Before Medair started working in some of these areas, only 1 in 10 people had access to safe drinking water and only 1 in 20 could access hygienic latrines.

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, swirling around us and settling 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 celebration dance.”

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 is a 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 local residents to build and sell concrete SanPlat latrine slabs, 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. With the money I’ve earned, I have provided for our basic household needs and repaid my debts.”



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. Swamps and streams are everywhere, while roads and 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 kilometres of pipe on foot.

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 the importance of drinking safe water. We’ve noticed a significantly lower incidence of diarrhoea since we started using the pump.”

“I’m really pleased to see that the number of cases of waterborne diseases has decreased since Medair started working in the commune,” said Tsiory Rakotomavo, EU delegation. “I can also see that Medair is doing a good job of transferring capacities to the community.”



RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **45,092**



WATER, SANITATION, & HYGIENE

- **20,492** people gained improved access to safe water
- **169** new water points: 142 hand-drilled boreholes; 27 water taps from 3 gravity systems
- **329** families received composting Ecosan toilets
- **33** artisans trained in building improved SanPlat latrines; 130 SanPlat latrines built
- **1,316** volunteer hygiene promoters trained
- **18,831** families received home visits from hygiene promoters
- **20,500** people attended events that promoted hygiene (puppet shows, open-air cinema)
- **642** people trained to manage water-point infrastructure

Funding Partners: EU Dev. Coop., Swiss Dev. Coop., Agence de l’eau RMC (FR), Canton of Aargau (CH), Swiss Solidarity, Zoo Zürich (CH)

“We are facing the biggest refugee and displacement crisis of our time. Above all, this is not just a crisis of numbers; it is also a crisis of solidarity.”

– Ban Ki Moon, former United Nations Secretary General



South Sudan

DEPENDENCE IN DISPLACEMENT

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

AGE OF DISPLACEMENT

65.6 million

forcibly displaced people

More than half

are children under 18

We are witnessing the highest-ever levels of global displacement.

Some people have been displaced by natural disasters. They've lost their homes and livelihoods, and often have no means to rebuild. Most have been displaced by conflict. They've fled for their lives 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 to not be hurt by anyone.”

Medair provides shelter, safe drinking water, free health care, cash assistance, hygienic 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 DR Congo. His mother, Kavira, fled when rebels attacked her village. “It is so difficult to run when you are pregnant!” she said. “When we fled we had nothing, so we have to rely on others for help. Because of Medair I didn't have to worry about giving birth.”



© Medair / Luis Bamforth

“I haven't saved any 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 clothes and food for my family.”

– Firaz, Syrian refugee in Lebanon

SYRIA



As the Syrian crisis reached its sixth year, more than six million people were displaced within the country. Syrians have lost their homes, friends, and family members. In 2016, many lacked access to health care, water, sanitation, and shelter.



RELIEVING 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.”

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.

RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **245,909**



HEALTH and NUTRITION

- **82,144** patients treated at 5 Medair-supported health clinics
- **232** children and women treated for acute malnutrition; 8,693 children and women screened
- **6,492** people reached with health and nutrition promotion
- **120** community health workers trained



WATER, SANITATION, & HYGIENE

- **135,500** people gained improved access to safe drinking water in 4 different areas
- **7** boreholes equipped with pumps, 1 buffer tank rehabilitated, 1 community storage tank rehabilitated



SHELTER and INFRASTRUCTURE

- **1,750** people in unfinished buildings benefited from winter shelter kits
- **2** primary health care clinics rehabilitated

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



IRAQ

Ongoing conflict has led to more than 11 million people requiring aid. With multiple “hot spots” in the country and prolonged instability and violence, Iraq is a complex humanitarian emergency. Displaced families urgently need assistance to survive the crisis.

LIVING IN LIMBO

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. During the year, Medair conducted 72,000 patient consultations, supporting health facilities and bringing mobile medical units to underserved areas. We established a reputation as a provider of high-quality health care, built on a foundation of trust with communities and government officials.

In 2016, Medair made preparations to bring aid to families who would be displaced by a military action aimed at recapturing Mosul, the second-largest city in Iraq. We set up a base in nearby Telkaif district, added

emergency response teams, procured relief items, and positioned our teams to assist fleeing families.

During the year, Medair supported four primary health clinics in Ninewa 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 provided more than 600 people with psychosocial support to help them cope with trauma.



“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 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.”

Medair trained community health volunteers to bring messages about hygiene, health, and nutrition to displaced families. “I had never realised how important it was to breastfeed your babies for the first six months,” said Samira. “Now I know, and I tell my friends and neighbours about it.”

Our team benefited from the presence of well-trained Iraqi health professionals who were themselves displaced by conflict. “I work with Medair because I want to be sure that I can help my fellow Iraqis,” said Yussif, a pharmacist. “I am convinced that half of the people we see would

remain untreated and not get any medical help if Medair weren’t here.”

Medair provided families in Kirkuk with cash assistance, giving them the dignity to choose how to address their urgent needs. “The cash I received today will go toward paying the rent,” said Hamiz, 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 free health services. We trained community health volunteers to go from tent to tent promoting health and screening for malnutrition. “It is so helpful to have the clinic in the camp,” said Lorin. “They provide me with medicine and I had three ultrasounds here. I don’t know what we would do if there were no clinic. We would not be able to afford care anywhere else.”

RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **83,339**



HEALTH and NUTRITION

- **72,005** patient consultations at Medair-supported health clinics
- **33,738** people reached with health or nutrition promotion
- **166** people treated for acute malnutrition
- **617** people benefited from psychosocial support



SHELTER and INFRASTRUCTURE

- **11,334** people benefited from cash assistance

Funding Partners: EU Hum. Aid, Global Affairs (CA), UNOCHA, USAID, WHO, GIZ (DE), Swiss Solidarity, Transform Aid (AU), Haddon Trust (UK), Medicor Found. (LI), Resurgens Found. (CH), Fond. Famille Sandoz (CH), WHO



LEBANON

Lebanon hosts more Syrian refugees per capita than any other country. Many refugees live in hazardous conditions, crowded into rundown apartments or informal tented settlements. Rising rents and increasing evictions continue to uproot displaced Syrian families.

LIVING ON SOMEONE ELSE’S LAND

“Back in Syria, we had our own land that we farmed,” said Nawal, “but here 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 you 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, handwashing stations, and hygiene promotion.

As a leading shelter provider, Medair gave more than 9,000 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 handrails 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 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. “We 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 sleeping here and there with three kids in freezing weather.”

In 2016, Medair increased our medical support to cover 10 clinics, providing health care to nearly 59,000 people. Our health care teams went to more than 400 informal settlements, reaching over

77,000 people with messages about health, hygiene, nutrition, and access to medical assistance.

“When I first heard about the clinic, I couldn’t believe that I would receive free medicine!” said Nadia. “Since I arrived in Lebanon I have sold all of my jewelry to pay the rent. Many times the children were sick, but I had to avoid the pharmacy so that we could pay the rent.”

We began supporting a community midwife programme that reached more than 3,300 pregnant women and new mothers. At the clinics, we gave away relief items for mothers and babies in the vulnerable days after a birth. “A few years ago, it wasn’t easy to find a doctor at the clinic and if there was one, there wasn’t any good equipment or medication,” said Samia, mother of three. “Now there are more doctors, much better services, and free medication.”

Medair provided cash assistance to more than 300 of the most vulnerable families to cover their priority needs. “Without the aid of the UN and Medair, I doubt we could have survived,” said Adam, father of three. “I probably would have risked our lives for an opportunity in Europe.”

RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **152,106**



HEALTH and NUTRITION

- **58,777** patients treated at Medair-supported clinics; 5,636 patients vaccinated
- **77,604** people in 426 informal settlements received health promotion
- **3,371** people served by community midwives



WATER, SANITATION, & HYGIENE

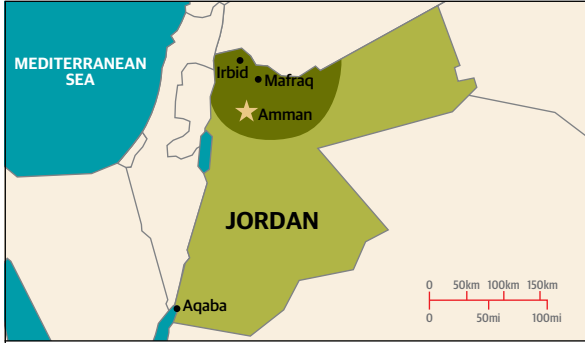
- **6,555** people received safe drinking water
- **7,784** people received improved sanitation or handwashing access
- **137** settlements reached with hygiene promotion; 2,055 hygiene kits and 700 baby kits distributed



SHELTER and INFRASTRUCTURE

- **59,254** people received shelter support
- **9,211** families received at least 1 of 8 shelter kits (i.e. new arrival, insulation, repairs, floor-raising, etc.)
- **160** sub-standard buildings rehabilitated; 232 families with elderly/disabled members received accessibility improvements
- **52** informal settlements received site improvements; 2,078 families received fire extinguishers
- **305** families received cash assistance
- **3,781** informal settlements mapped

Funding Partners: EU Hum. Aid, Global Affairs (CA), Lebanon Hum. Fund, Ministry of Foreign Affairs (NL), UNICEF, UNHCR, UNOCHA, Swiss Solidarity, Isle of Man, All We Can (UK), Disaster Aid (UK), ERIKS (SE), Läkarmissionen (SE), Tear (NL), Transform Aid (AU), World Concern (US), World Relief (CA), Cedar Fund (HK), Fond. du Protestantisme (FR), Gebauer Found. (CH), Medicor Found. (LI), UNHCR



JORDAN

Jordan now has the second-highest number of refugees per capita in the world. More than 80 percent of Syrian refugees in Jordan live outside of formal camps, in very poor conditions. The cost of living is high but few refugees are legally able to earn an income. Basic needs are not being met.

THE GIFT OF SIGHT

"I sold my wedding ring and earrings to pay for the birth of my son," said Alima, 24. "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 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 2,000 vulnerable families like Alima's 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."

During the year, Medair helped meet the basic needs of Syrian refugees and struggling Jordanians living in urban areas of Mafrāq, 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 a 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 17,000 families in their homes, with a real focus on caring for young children and on pregnant or breastfeeding women. "Pregnant women don't always know much about nutrition and breastfeeding," said Muna.



"The community health volunteers have been very helpful to our community. I will use all the information I learned to deliver and raise a healthy child."

Medair organised support groups for women and for men to meet together and discuss day-to-day challenges. We communicated with more than 26,000 people about the problems of early marriage and sexual and gender-based violence.

In 2016, we also ran a psychosocial programme that brought small groups together for eight weeks of counselling sessions to address trauma and help people learn coping strategies. "Supporting traumatised refugees is not an easy task," said Ala'a, Medair health officer. "But we provide refugees with an opportunity to talk about their experiences. Sharing their stories can help give people a sense of dignity and hope."

For Syrians, the most urgent and ongoing need was cash. In 2016, we provided 4,775 refugees with six months of unconditional cash assistance. We used iris-scanning technology and beneficiary bank accounts to track and monitor the aid and reduce the risk of

theft or fraud. These cash supplements transformed the living conditions for many families in Jordan. "We were living in a tent but because of the cash assistance from Medair, we were able to move into a house," said Mahmoud. "It wasn't until then that we felt we were living in a good place."

Some families needed the cash support just to survive. "We go to sleep hungry every night," said Um Khadeeja. "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 the fridge and the gas cylinder when Medair staff called," said Ekeil. "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, more blankets, and winter clothes for my daughters. Medair helped us survive the winter."




Nahid and Mohammad

RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **47,032**

- **HEALTH and NUTRITION**
- **36,289** caregivers received instruction on infant and young child feeding practices
 - **217** individuals received psychosocial support
 - **2,084** people received cash for health services, incl. 1,019 for delivery without complications and 496 for C-sections
 - **17,189** families reached with health promotion
 - **690** people met bi-weekly in small groups to discuss health-related topics
 - **26,416** men and women reached with awareness and prevention of sexual and gender-based violence and early marriage

- **SHELTER and INFRASTRUCTURE**
- **7,701** individuals benefited from cash assistance to meet basic needs incl. winter items
 - **194** vulnerable Jordanians received livelihood training and cash grants

Funding Partners: DFAT (IE), Global Affairs (CA), Swiss Dev. Coop., Jordan Hum. Fund, UNOCHA, Swiss Solidarity, All We Can (UK), LWF, Tearfund (UK), Woord en Daad (NL), World Relief (CA), Teamco Found. (CH), UNICEF, Lutheran World Relief (CA)



South Sudan



Syria



Nepal

CORE HUMANITARIAN STANDARD

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 the 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

ECUADOR



In April, a 7.8-magnitude earthquake struck off the coast of Ecuador, killing 660 people and destroying thousands of homes. While urban areas received swift assistance, some remote communities languished without aid.

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 Esmeraldas 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.”



RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **1,907**



HEALTH and NUTRITION

- **124** adults trained in administering psychological first aid
- **1,156** children and 484 adults participated in psychosocial activities



WATER, SANITATION, & HYGIENE

- **224** households received access to safe water via water filters and jerry cans



SHELTER and INFRASTRUCTURE

- **220** households received long-lasting insecticide-treated nets, cooking sets, and emergency shelter kits
- **523** people learned about safe reconstruction methods

Funding Partner: Swiss Solidarity



AFGHANISTAN

After nearly 40 years of war, Afghanistan is mired in a protracted humanitarian crisis. In Kandahar province, pervasive malnutrition weakens young children, and is worsened by a lack of access to health care, safe water, or sanitation. In the Central Highlands, desperate families lack food due to disasters and crop failures.

“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 for treatment, and the child began gaining weight. “She is doing well; all of my family are happy about it,” said Najiba.

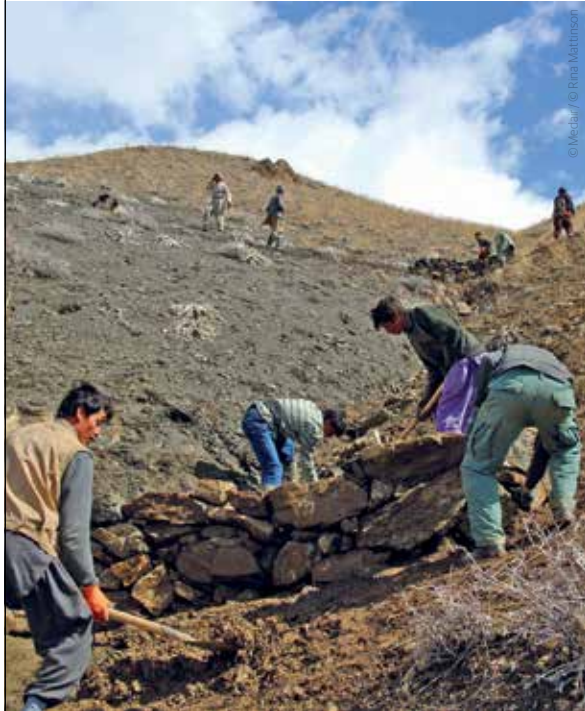
In 2016, Medair ran 35 mobile nutrition clinics in Kandahar province and treated nearly 9,500 children under five for acute malnutrition. Our nutrition workers went from home to home screening children for malnutrition.

“When they first did an assessment in our area, we didn’t believe they would actually come,” said a community elder. “For 10 years, no organisation had come to our area. But now, Medair comes regularly, setting up the clinic, spending time with us, and treating us and our children with respect.”

Each time Najiba visited the clinic with her child, she learned lessons about hygiene and nutrition. “I learned

that breastfeeding is very important, especially when a child is very young,” said Najiba. “If such messages are put into practice, in the future malnutrition will not occur so much in our community.”

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 embrace the project and the lessons. This is really special!”



Medair travelled on treacherous roads through mud and snow to provide more than 500 vulnerable farmers with cash for working to protect cropland with dams and trenches. “Medair starts where others stop,” said a community leader. “I’m not just saying something nice about Medair. This is the truth.”



In 2016, we 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 installed 40 boreholes in Kandahar province in 2016, bringing safe water to more than 12,000 people. “We used to use wheelbarrows and travel long distances just to get water,” said Shafiqulla. “It was very difficult, especially during the hot summer months. Now we can collect it right near our home!”

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 unprotected source,” said Abdullah.

Insecurity remained one of the biggest challenges for Medair, limiting access to communities in need. Staffing was another major challenge, with key vacancies during the year. The team worked hard to keep its life-saving work going, relying heavily on our Afghan staff who are so often the backbone of our work.

When a wheat rust infestation destroyed crops in the Central Highlands, Medair raced against time to bring emergency assistance to families before winter snows cut off access.

We travelled long days over high mountain passes to reach the most vulnerable communities, where we provided cash assistance to 1,700 families to purchase food for the winter. “The families you are helping, it’s like giving them their lives,” said a community leader. “Most don’t have even a month’s supply of food.”

“I was really worried for winter. All we could do was pray,” said Zia. “When I received the money, I immediately went to buy flour. I know Medair has done a lot to bring help to our community so I will try to share what we have and help others who need it.”

RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **145,993**



HEALTH and NUTRITION

- **32,265** reached with health and nutrition messages; 726 Care Group volunteers trained
- **9,491** children treated for acute malnutrition at 35 mobile nutrition sites (8 urban, 27 rural)
- **62,997** children screened for malnutrition



WATER, SANITATION, & HYGIENE

- **40** boreholes with handpumps installed, improving safe water access for 12,400 people
- **2,646** latrines built after households received guidance on latrine construction
- **32,810** people reached with hygiene promotion and 2 distributions of hygiene kits
- **561** cash-for-work participants reached with hygiene promotion



SHELTER and INFRASTRUCTURE

- **561** men participated in cash-for-work activities, building contour trenches and catch dams
- **1,700** families received cash assistance to help purchase food in winter, benefiting 13,162 people
- **1,856** women attended kitchen-garden training and received 10 varieties of vegetable seeds
- **224** farmers received fungal-resistant wheat seed and fertilizer, with instructions on their use

Funding Partners: Afghanistan Com.Hum.Fund, Global Affairs (CA), UNOCHA, Canton of Zürich (CH), CFGB (CA), Fonds StopPauvreté d’Interaction (CH), MCC (CA), Gebauer Found. (CH), UNICEF



HAITI

On 4 October 2016, Hurricane Matthew tore across Haiti with furious winds that flattened entire villages, tearing homes apart, washing roads away, and killing as many as one thousand people. Tens of thousands of homes were destroyed and many water points were damaged—all in a country battling an ongoing cholera outbreak.

THE OPPORTUNITY TO GO HOME

When their roof flew off, Rosette and her family fled to a nearby school. While they were gone, a massive tree crushed their house. “We had put everything we saved into that house,” said her mother, Tristiane. “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 Tristiane. “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.”

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.

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.



Rosette’s family was one of the first reached by Medair relief workers. “I’m going to use this tarp to cover our house so that water doesn’t come in when it rains,” said Rosette. “Thank you for the relief kits and for visiting my family!”



The team assembled emergency shelter and hygiene kits, while they sought creative ways to bring relief to such an inaccessible area. As a first response, we travelled by sea with the help of the Dutch navy. In three coastal communities, our team boated ashore and distributed 300 hygiene kits to help prevent cholera, and we gave emergency medical supplies to 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.”

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, motorboats, 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.”

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.

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 somebody the opportunity to go home.”



RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **36,896**

HEALTH and NUTRITION

- **20,000** people benefited from emergency medical kits
- **16,830** people gained access to safe water via Aquatabs, water filters, and the repair of 4 gravity-fed water systems
- **2,397** families reached with hygiene promotion and hygiene kits, e.g. soap, toothpaste, toothbrushes, toilet paper, water purification tablets, water filters, and buckets

SHELTER and INFRASTRUCTURE

- **14,664** people received shelter support including mosquito nets and emergency shelter kits containing a tarp, rope, wiring, and basic tools to carry out repairs

Funding Partners: Liechtenstein, USAID, Swiss Solidarity, All We Can (UK), Läkarmissionen (SE), Integral Alliance, Fonds StopPauvreté d’Interaction (CH), Transform Aid (AU), Medicor Found. (LI), Fond. du Protestantisme (FR), Radiohjälpen Found. (SE), IOM



NEPAL

The 2015 Nepal earthquakes killed nearly 9,000 people and displaced more than 700,000 families, exposing them to severe weather. In 2016, most displaced people were still living in temporary shelters. With Nepal at high risk for future earthquakes, communities still need to “build back better.”

“OLD BUT NOT FORGOTTEN”

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

“I never got to go to school. Whatever I knew about disasters was from grandparents and villagers but they were more myths than facts,” said Bhuwan, 32. “During PASSA, I learned proper lessons about safe shelter which I will share with my fellow villagers to keep our children and families safe from disasters.”

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. I’m proud of that. It is so important not to use the old techniques anymore.”

The masons 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 in. We might be getting old, but we are not forgotten.”



Community members learn new building techniques for earthquake-resilient homes. “I am rebuilding my house and this programme has helped me understand the process for safe construction,” said Sanja. “It has given me the confidence to ask masons to build my house in an earthquake-resilient way!”



In August, we began a reconstruction project with Community Development Society (CDS), a local partner in Ramechhap district, that will provide technical and financial assistance for 310 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 Ramechhap district had received little 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 4x4s 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 Ramechhap, 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.”



Dhana and Mansuba

RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **164,869**



SHELTER and INFRASTRUCTURE

- **295** families received cash instalments for home reconstruction
- **28** homeowner clusters enabled families to assist one another with demolition and reconstruction
- **213** masons received intensive training on earthquake-resilient construction techniques
- **4** model homes built during mason training
- **4,043** people received training on safe-shelter promotion
- **611** people received 8 days of DRR training through 24 PASSA workshops
- **162,117** people reached with safe-shelter promotion via radio broadcasts



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

THE PHILIPPINES



The Philippines is recovering from Typhoon Haiyan, which struck in November 2013; it was the deadliest natural disaster in the country's modern history. About four million people were displaced, and 6,300 people were killed.

LEAVING THE PHILIPPINES

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.

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.

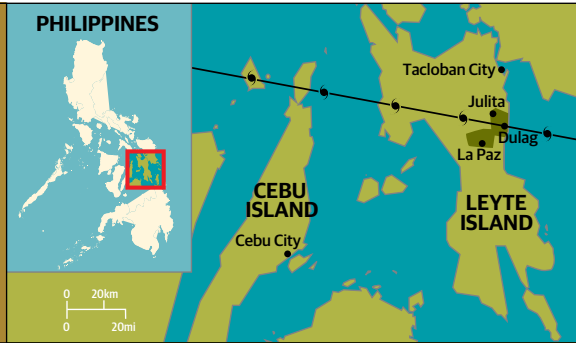
"The latrine helps us a lot," said Teresita at her new home. "Now we don't have to use my brother's latrine. He lives far away, so it is better having our own latrine, especially at night."

Women in particular expressed appreciation for their newfound privacy. The high-quality, private latrines have a bathing area as well. Before, many women had no choice but to wash in public, often cleaning themselves under a towel. "It is a good latrine because it is half concrete and half steel-sheeting," said Esther, another recipient. "There is ventilation and a lot of room inside to wash. I am so thankful!"

Our team applied custom designs to ensure that people with physical disabilities could easily access their latrines. We trained local workers to build the latrines, working closely with them to ensure the results were of high quality. These workers are now trained to build latrines for a living, which will improve sanitation in their communities.

When we surveyed latrine recipients, 100 percent said they were satisfied with the help they had received. Families who had been resorting 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.



RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **4,620**



WATER, SANITATION, & HYGIENE

- **924** household latrines built



Funding Partner: Swiss Solidarity

MYANMAR



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.

"NOW WE CAN SLEEP"

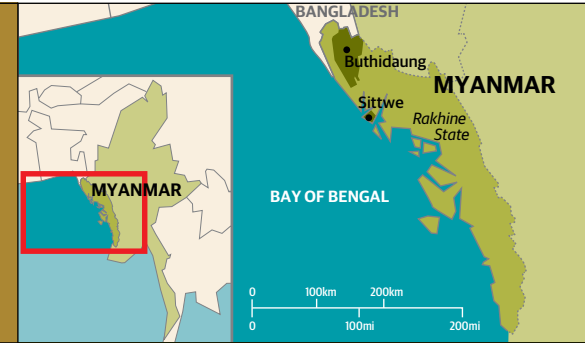
The monsoon season was fast approaching, but Lasya and her family had nowhere dry to take shelter. In 2015, a cyclone had devastated their displacement camp in Rakhine State. "Families spoke about the open drains which flooded and spilled into their makeshift huts when the rain arrived, soaking them to the bone," said Andrew, Medair relief worker. "They were afraid for themselves and their children."

In 2016, Medair funded a local aid agency to rebuild 15 large and sturdy communal shelters in Lasya's 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!"

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 a well and protected and expanded five drinking-water ponds, improving safe water access for more than 6,900 people.

In December, Medair at last received registration to work in Myanmar, opening the door for direct implementation of our projects in 2017.



RELIEF AND RECOVERY HIGHLIGHTS

Direct Beneficiaries: **7,640**



WATER, SANITATION, & HYGIENE

- **6,930** people in 6 villages gained improved access to safe water
- **5** drinking water ponds rehabilitated and protected; 1 well constructed
- **261** men and women received cash for their work to improve access to safe drinking water



SHELTER and INFRASTRUCTURE

- **15** communal shelters rebuilt, providing safe shelter for 142 displaced families during the monsoon season



Funding Partners: Medair's private donors



Woord en Daad (NL) visits Medair Nepal.

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
US Department of State
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
Isle of Man Government
Swiss Solidarity

Non-Governmental and Network Partners

All We Can (UK)
Canada Lutheran World Relief
Canadian Foodgrains Bank
Caritas Czech Republic
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)
Woord en Daad (NL)
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)

Evangelische Landeskirche in Württemberg (DE)
Ferster Foundation (CH)
Fondation Demaurex Frères (CH)
Fondation du Protestantisme (FR)
Fondation Famille Sandoz (CH)
Fondation Gertrude Hirzel (CH)
Fondation Pierre Demaurex (CH)
Gebauer Foundation (CH)
Genossenschaft HILFE (CH)
Haddon Trust (UK)
Medicor Foundation (LI)
Migros (CH)
Mountain Life Church (US)
Qlik
Radiohjälpen Foundation (SE)
Resurgens Foundation (CH)
Scherler (CH)
Stanley Thomas Johnson Foundation (CH)
Teamco Foundation (CH)
Zoo Zürich (CH)

Gift-in-Kind Partners

Doctors Without Borders (NL)
Google
International Organization for Migration
MANA Nutrition (US)
Qlik
UN Children's Fund
UN High Commissioner for Refugees
US Agency for International Development
World Food Programme
World Health Organization



© Medair / Dana Gerner

Medair's emergency response team at work in South Sudan

“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 in an overcrowded Protection of Civilians camp 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

“I had the chance to visit 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



© Medair / Anthony Williams

Children living at an informal settlement in Bekaa Valley, Lebanon

ACCREDITATIONS & AFFILIATIONS



ACCREDITATIONS

ZEWO, CH
www.zewo.ch

CBF Erkend Goed Doel, NL
www.cbf.nl

Algemeen Nut Beogende Instelling, NL
www.belastingdienst.nl



AFFILIATIONS

ASAH, FR
www.new.collectif-asah.org

Cash Learning Partnership (CaLP)
www.cashlearning.org

cinfo
www.cinfo.ch

CONCORD
www.concordeurope.org

Coordination SUD, FR
www.coordinationsud.org

CORE Group
www.coregroup.org

Core Humanitarian Standard Alliance
www.chsalliance.org

Deutscher Spendenrat, e.V., DE
www.spendenrat.de



EU-CORD
www.eu-cord.org

European Interagency Security Forum
www.eisf.eu

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

Global Logistics Cluster
www.logcluster.org

Global Shelter Cluster
www.sheltercluster.org

Global WASH Cluster
www.washcluster.net

Humanitarian University
www.humanitarianu.com

InsideNGO
www.insidengo.org

Integral
www.integralalliance.org

Interaction, CH
www.interaction-schweiz.ch

International Dual Career Network, CH
www.idcn.info

LINGOs
www.lingos.org

NetHope
www.nethope.org



ProFonds, CH
www.profonds.org

QUAMED
www.quamed.org

Reseau Logistique Humanitaire

Swiss NGO DRR Platform
www.drrplatform.org

VOICE
www.ngovoice.org



PRINCIPLES AND STANDARDS

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

Initiative Transparente Zivilgesellschaft, DE
www.transparency.de

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

Sphere Project
www.sphereproject.org



Medair
Ecublens, Switzerland

AUDITED CONSOLIDATED FINANCIAL STATEMENTS 2016

as of 31 December 2016
in US dollars (USD)

REPORT 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 insecure 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 insecure and remote places is costly and has an impact on Medair's fiscal 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, insecure, 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 47.2 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 serve as reserves are extremely low. Restoring these fund balances to healthy levels is a top priority.

Furthermore, we experienced a foreign exchange loss of almost USD 800,000. A substantial part of this amount was due to the correction of an undervaluation of "End-of-Contract Benefits" for field staff in 2015.

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. Together, these two programmes accounted for 66 percent of the 2016 portfolio.

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.



Torsten de Santos
Treasurer



LEADERSHIP OF MEDAIR

The International Board of Trustees is elected from the membership of the Medair Association. There must be a minimum of five Board members, who serve for three-year terms. The Chief Executive Officer (CEO) is appointed by and responsible to the Board for the management and operation of the organisation. The Executive Leadership Team assists him in this responsibility. International Board of Trustees and Executive Leadership Team members as of 31 December 2016 are presented below.

International Board of Trustees

Christina Bregy	Chair Member since 2009 Chair since 2011 Term expires October 2018
Chris Lukkien	Vice Chair Member since 2010 Stepped down in 2017
Torsten de Santos	Treasurer Member since 2010 Term expires May 2019
Arno IJmker	Secretary Member since 2011 Term expires June 2020

Eleanor Dougoud	Member since 2011 Term expires June 2020
Klaas van Mill	Member since 2011 Term expires June 2020
Jacques Demaurex	Member since 2013 Term expires June 2022
Peter Wilson	Member since 2015 Term expires June 2024
Samson Kambarami	Member since 2016 Term expires June 2025

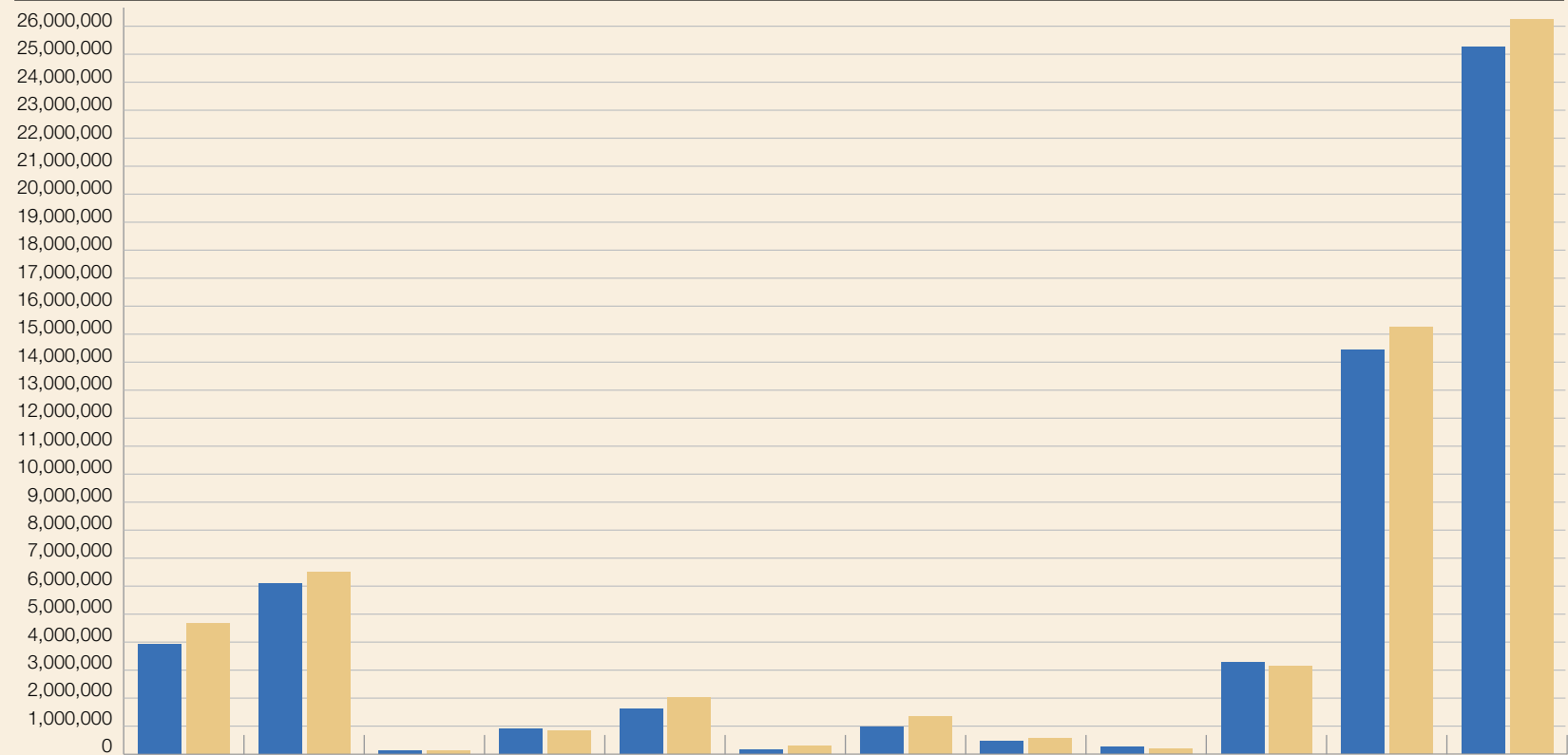
Executive Leadership Team

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

Photo of International Board of Trustees
Left to right: Jacques Demaurex, Christine Bregy,
Klaas van Mill, Eleanor Dougoud, Arno IJmker,
Samson Kambarami, Chris Lukkien, Torsten de Santos.

FINANCIAL REVIEW

PROGRAMME INCOME AND EXPENSE 2016 (USD)

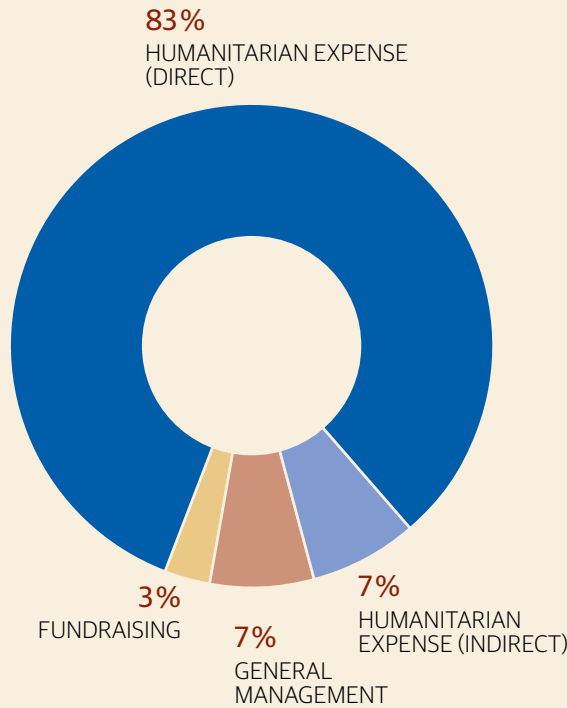


INCOME	3,899,380	6,096,215	134,829	904,467	1,615,921	158,578	993,460	456,854	247,590	3,259,533	14,437,184	25,245,890
EXPENSE	4,655,979	6,490,722	119,452	828,464	2,012,547	294,750	1,337,364	564,656	174,919	3,150,647	15,232,453	26,226,375

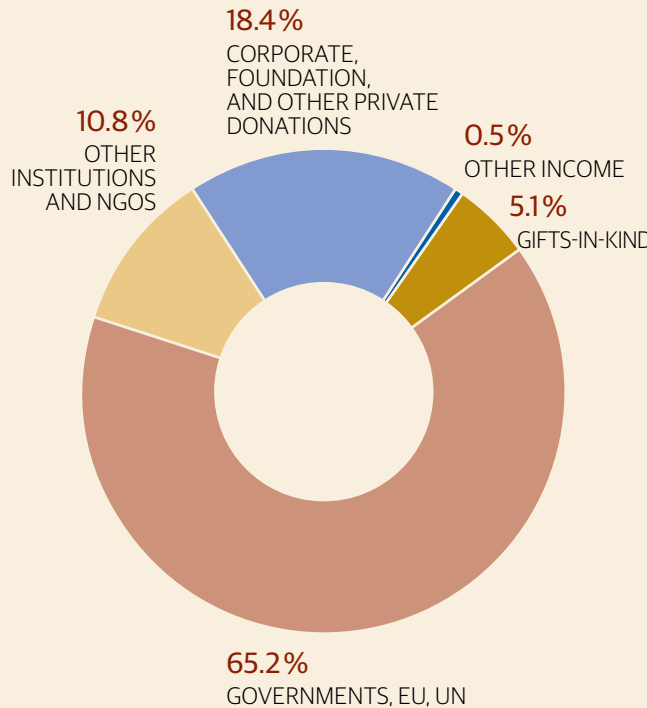


South Sudan

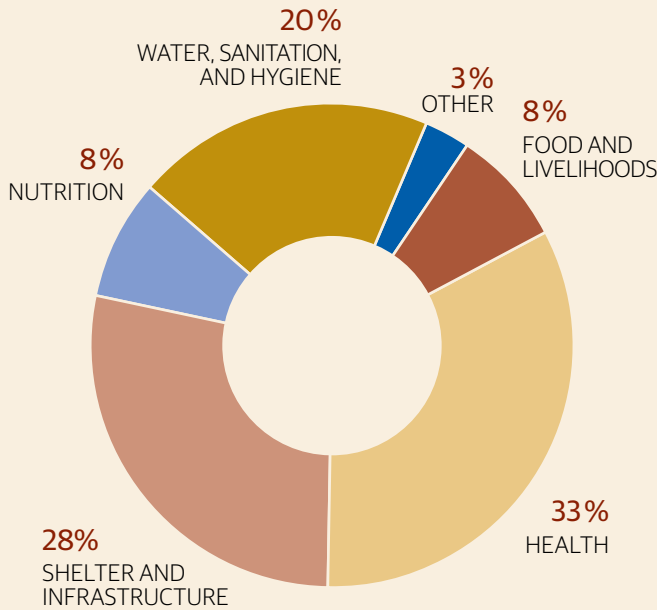
OPERATING EXPENSE 2016



OPERATING INCOME 2016



BENEFICIARY EXPENSE BY SECTOR 2016





Ernst & Young Ltd
Avenue de la Gare 39a
P.O. Box
CH-1002 Lausanne

Phone +41 58 286 51 11
Fax +41 58 286 51 01
www.ey.com/ch

To the Board of Trustees of
Medair, Ecublens

Lausanne, 2 June 2017
isg/3.3

Report of the independent auditor on the consolidated financial statements

As independent auditor, we have audited the accompanying consolidated financial statements of Medair, which comprise the consolidated balance sheet, consolidated income statement, consolidated cash flow statement, consolidated statement of changes in capital and funds and notes 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 are responsible for the preparation and fair presentation of the consolidated financial statements in accordance with Swiss GAAP FER 21. This responsibility includes designing, implementing and maintaining an internal control system relevant to the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error. The Board of trustees is further responsible for selecting and applying appropriate accounting policies and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers the internal control system relevant to the entity's preparation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control system. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements for the year ended 31 December 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
Licensed audit expert
(Auditor in charge)

Pierre Delaloye
Licensed audit expert

CONSOLIDATED BALANCE SHEET AS OF 31 DECEMBER 2016

All figures shown are in USD

		31.12.2016	31.12.2015
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	6	9,697,509	11,015,661
Donor receivables	7	6,706,810	8,248,816
Other receivables		433,144	82,312
Inventory		64,561	96,865
Prepayments		1,103,062	605,145
		18,005,087	20,048,799
LONG-TERM ASSETS			
Financial assets		433,051	235,421
Capital assets	9	1,484,850	937,495
		1,917,901	1,172,916
TOTAL ASSETS		19,922,987	21,221,715
LIABILITIES, FUNDS, AND CAPITAL			
CURRENT LIABILITIES			
Accounts payable		1,453,509	829,860
Donor payables		114,970	1,011,052
Short-term debt		981,817	0
Accrued liabilities		883,668	445,234
Deferred revenue	10	5,603,307	5,601,768
Provisions	11	935,119	37,766
End-of-contract benefits	13	334,494	46,925
		10,306,884	7,972,605
LONG-TERM LIABILITIES			
Long-term debt	12	98,182	50,464
End-of-contract benefits	13	780,486	109,491
		878,668	159,955
TOTAL LIABILITIES		11,185,552	8,132,560
RESTRICTED FUNDS			
Restricted income funds	2.15	588,450	585,415
Restricted programme funds		-100,561	3,593,499
		487,889	4,178,914
CAPITAL / UNRESTRICTED FUNDS			
Unrestricted capital	2.16	1,234,507	1,505,864
Allocated capital		7,015,039	7,404,377
		8,249,546	8,910,240
TOTAL FUNDS AND CAPITAL		8,737,435	13,089,155
TOTAL LIABILITIES, FUNDS, AND CAPITAL		19,922,987	21,221,715

CONSOLIDATED
INCOME
STATEMENT

2016

All figures shown are in USD

		2016		2015	
	Note	Unrestricted	Restricted	Total	Total
OPERATING INCOME					
Grants		0	47,223,150	47,223,150	47,846,751
Donations		6,572,094	4,596,399	11,168,493	12,351,008
Gifts-in-kind	16	128,065	3,127,388	3,255,453	3,857,140
Other income	17	197,973	81,612	279,585	216,395
	15	6,898,132	55,028,549	61,926,681	64,271,294
OPERATING EXPENSE					
Humanitarian expense	18	-57,842,550	0	-57,842,550	-55,917,327
Administrative expense	19	-7,469,838	0	-7,469,838	-7,284,877
	20	-65,312,388	0	-65,312,388	-63,202,204
OPERATING RESULT		-58,414,255	55,028,549	-3,385,706	1,069,090
FINANCIAL RESULT					
Financial income		86,126	28,037	114,163	9,333
Financial expense		-42,248	0	-42,248	-106,999
Realised loss on exchange		-1,268,715	0	-1,268,715	-421,759
Unrealised gain on exchange		418,123	0	418,123	981,365
		-806,714	28,037	-778,677	461,940
RESULT BEFORE CHANGE IN FUNDS		-59,220,969	55,056,586	-4,164,383	1,531,030
CHANGE IN FUNDS					
Release of restriction		58,747,610	-58,747,610	0	0
Withdrawal from / (allocated to) restricted funds		0	3,691,024	3,691,024	-947,971
ANNUAL RESULT BEFORE ALLOCATION TO CAPITAL		-473,359	0	-473,359	583,059
Withdrawal from / (allocated to) unrestricted funds		473,359	0	473,359	-583,059
RESULT AFTER ALLOCATION		0	0	0	0

CONSOLIDATED
CASH FLOW
STATEMENT

2016

All figures shown are in USD

	2016	2015
CASH FLOW FROM OPERATIONS		
Result before change in funds	-4,164,383	1,116,502
Depreciation	612,640	478,880
Currency translation	-191,399	-53,613
(Increase) / decrease in donor receivables	1,542,006	-564,299
(Increase) / decrease in other receivables	-350,832	137,871
(Increase) / decrease in inventory	32,304	6,813
(Increase) / decrease in prepayments	-497,917	-188,696
Increase / (decrease) in deferred revenue	1,539	340,967
Increase / (decrease) in donor payables	-896,082	972,299
Increase / (decrease) in accounts payable	623,649	-9,248
Increase / (decrease) in accrued liabilities	438,434	-29,414
Increase / (decrease) in end-of-contract benefits	958,564	-445,549
Increase / (decrease) in provisions	897,353	-228,256
	-994,124	1,948,785
CASH FLOW FROM INVESTING ACTIVITIES		
(Investments) / disposals in financial assets	-197,630	133,488
(Investments) in capital assets	-1,265,835	-581,022
Disposals in fixed assets	109,903	3,983
	-1,353,562	-443,551
CASH FLOW FROM FINANCING ACTIVITIES		
Increase / (decrease) in short-term debt	981,817	0
Increase / (decrease) in long-term debt	47,718	-72
	1,029,535	-72
CHANGES IN CASH	-1,318,152	1,505,162
CHANGE IN CASH BALANCES		
Opening balance	11,015,661	9,510,499
Closing balance	9,697,509	11,015,661
CHANGES IN CASH	-1,318,152	1,505,162

CONSOLIDATED
STATEMENT
OF CHANGES
IN CAPITAL
AND FUNDS

2016

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

All figures shown are in USD	Note	Opening balance	Adjustment	Adjusted balance	Unrestricted income	Restricted income	Operating expense	Financial gain / (loss)	Fund transfers	Currency translation	Closing balance
RESTRICTED FUNDS	2,15										
Restricted income funds											
Disaster risk management fund		0	0	0	0	0	0	0	0		0
Emergency response fund		399,025	0	399,025	0	0	0	0	0		399,025
Forgotten victims fund		0	0	0	0	0	0	0	0		0
Health & nutrition fund		959	0	959	0	105,142	-166,657	0	60,587		31
MIAF staff care capital fund		172,380	0	172,380	0	0	0	3,657	0		176,037
Shelter & infrastructure fund		1,015	0	1,015	0	499	0	0	0		1,514
WASH fund		12,386	0	12,386	0	4,389	0	0	0		16,775
Cumulative currency translation		-351		-351						-4,583	-4,934
		585,415	0	585,414	0	110,031	-166,657	3,657	60,587	-4,583	588,450
Restricted programme funds											
Afghanistan		17,546	0	17,546	0	3,148,946	-4,655,979	0	750,434		-739,053
Chad		10	0	10	0	86	0	0	0		96
DR Congo		52,753	0	52,753	0	5,193,425	-6,490,722	4,944	902,791		-336,810
Ecuador		0	0	0	0	134,829	-119,452	0	0		15,377
Haiti		15,746	0	15,746	0	902,192	-828,464	0	2,275		91,749
Madagascar		8,479	0	8,479	0	1,615,921	-2,012,547	-492	0		-388,639
Myanmar		1,949	0	1,949	0	158,578	-294,750	0	0		-134,223
Nepal		1,136,740	0	1,136,740	0	993,496	-1,337,364	158	-37		792,994
Philippines		269,542	0	269,542	0	456,854	-564,656	163	0		161,903
Sierra Leone		77,072	0	77,072	0	247,618	-174,919	-6,472	-28		143,271
Somalia		246,121	0	246,121	0	3,259,622	-3,150,647	3,933	-89		358,940
South Sudan		303,932	0	303,932	0	13,570,710	-15,232,453	0	866,473		-491,337
Sudan		26,230	0	26,230	0	6,290	-15,352	0	0		17,168
Middle East Regional Programme		1,503,377	0	1,503,377	0	25,212,716	-26,226,375	247	33,174		523,139
Vanuatu		9,261	0	9,261	0	0	0	0	0		9,261
Zimbabwe		11	0	11	0	2,880	-29,646	0	26,766		11
Cumulative currency translation		-75,270		-75,270						-49,137	-124,407
		3,593,499	0	3,593,499	0	54,904,163	-61,133,326	2,481	2,581,760	-49,137	-100,561
TOTAL RESTRICTED FUNDS		4,178,914	0	4,178,913	0	55,014,193	-61,299,983	6,138	2,642,347	-53,720	487,889
CAPITAL / UNRESTRICTED FUNDS 2,16											
Unrestricted capital											
Undesignated funds		1,557,411	-2,782	1,554,629	6,658,751	0	0	897	-6,872,671	0	1,341,606
Cumulative currency translation		-51,547		-51,547						-55,552	-107,099
		1,505,864	-2,782	1,503,082	6,658,751	0	0	897	-6,872,671	-55,552	1,234,507
Allocated capital											
Administrative fund		1,282,320	0	1,282,320	225,462	14,354	-4,264,260 a)	-18,305	3,896,061	0	1,135,630
Affiliate reserve funds		173,915	0	173,915	0	0	0	0	5,549	0	179,464
Capital equipment fund		937,850	0	937,850	0	0	-53,680	249	430,478	0	1,314,897
Foreign exchange fund		2,005,381	0	2,005,381	0	0	0	-843,533	-281	0	1,161,568
MSAF fund		688,881	-82,155	606,726	13,920	0	306,683	75,876	-101,483	0	901,722
Operations fund		2,278,138	0	2,278,138	0	0	0	0	0	0	2,278,138
Training fund		46,268	0	46,268	0	0	-1,146	0	0	0	45,122
Cumulative currency translation		-8,376		-8,376						6,874	-1,502
		7,404,377	-82,155	7,322,222	239,382	14,354	-4,012,403	-785,713	4,230,324	6,874	7,015,039
TOTAL CAPITAL / UNRESTRICTED FUNDS		8,910,241	-84,937	8,825,304	6,898,132	14,354	-4,012,403	-784,816	-2,642,347	-48,677	8,249,546
TOTAL CHANGES IN CAPITAL AND FUNDS											
		13,089,155	-84,937	13,004,217	6,898,132	55,028,547	-65,312,386	-778,677	0	-102,398	8,737,435

CONSOLIDATED
STATEMENT
OF CHANGES
IN CAPITAL
AND FUNDS

2015

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

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

NOTES TO AUDITED CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2016

1. PRESENTATION

Medair helps people who are suffering in remote and devastated communities around the world survive crises, recover with dignity, and develop the skills they need to build a better future. Medair was founded in 1989 and is established as an association under article 60 et seq. of the Swiss Civil Code. Medair is independent of any political, economic, social, or religious authority.

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

Medair
Chemin du Croset 9
1024 Ecublens
Switzerland

These consolidated financial statements for the year ended 31 December 2016 were authorised for public release in accordance with a resolution of the International Board of Trustees on 2 June 2017.

1.1 Medair affiliates and foundations

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

Medair Canada Niagara-on-the-Lake, Ontario, Canada (Registered charity)	Stichting Medair Nederland Amersfoort, The Netherlands (Foundation)
Medair e.V. Deutschland Dortmund, Germany (Association)	Medair United Kingdom London, United Kingdom (Registered charity-England and Wales)
Medair France Chabeuil, France (Association)	Medair United States Wheaton, Illinois, United States of America (Not-for-profit corporation)

Two independent Swiss foundations also support the work of Medair. Medair Invest in Aid (MIAF) promotes long-term financial development and endowment income for Medair. Medair Staff Assistance Foundation (MSAF) assists expatriate staff with medical expenses, health insurance, and repatriation on behalf of Medair.

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

2. SIGNIFICANT ACCOUNTING POLICIES

2.1. Basis for preparing the consolidated financial statements

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

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

These financial statements have been prepared using the historical cost convention. The accrual method of accounting is used for all revenue and expenses incurred in Switzerland and the affiliate offices. The accrual method is also used for reporting from field operating locations.

The reporting currency is the US dollar (USD).

Medair uses the fund accounting method in which all revenues and expenses are assigned to a specific fund. Revenues are recorded as restricted or unrestricted, depending on donor designation. All expenses are considered unrestricted. The net result of current year activities is allocated to fund balances at the close of the fiscal year.

2.2. Consolidation principles

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

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

the programmes) is maintained through the international headquarters in Switzerland.

2.3. Treatment of inter-company transactions

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

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

2.4. Foreign currency conversion

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

Foreign currency transactions are recorded in the reporting currency of each entity by applying to the foreign currency amount the exchange rate at the date of the transaction. Exchange-rate differences arising on the settlement of items held in foreign currencies, at rates different from those at which they were initially recorded, are recognised as realised gains / losses in the Income Statement in the period in which they arise. Items on the Balance Sheet that are held in foreign currency are revalued at year end using the closing foreign currency rate. Exchange-rate differences arising from this revaluation are recognised as unrealised gains / losses in the Income Statement.

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

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

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

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

		2016	2015
Closing exchange rate	CHF / USD	0.98182	1.00928
Average exchange rate	CHF / USD	1.01764	1.04026
Closing exchange rate	EUR / USD	1.05252	1.09271
Average exchange rate	EUR / USD	1.10977	1.10889
Closing exchange rate	GBP / USD	1.23461	1.48258
Average exchange rate	GBP / USD	1.37144	1.52882

2.5. Cash and cash equivalents

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

2.6. Accounts receivable

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

2.7. Inventory

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

2.8. Prepayments

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

2.9. Financial assets

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

2.10. Fixed assets

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

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

IT equipment & software	3 years
Communication equipment	3 years
Power equipment	3 years
Other equipment	3 years
Facility and fixtures	3 years
HQ leasehold improvements	5 years
Vehicles	3 years

2.11. Accounts payable

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

2.12. Accrued liabilities

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

2.13. Provisions

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

2.14. Pension plan obligations

Medair's employees in Switzerland are insured against the economic consequences of old age, invalidity, and death, according to the provision of the Federal Law on Occupational Benefit Plans (LPP), by Patrimonia Foundation. According to the defined contribution plan covered by the collective foundation, the employees and the employer pay defined contributions. With this plan, while contributions are defined, final distributions or net returns are not defined and are not guaranteed. Risks are supported by the collective foundation.

The employees of each European affiliate office benefit from the pension plan related to a state insurance company. Medair does not maintain an independent pension plan for the affiliate offices.

End-of-contract benefits

These liabilities consist of end-of-contract benefits for nationally recruited staff in several of our field programmes. These benefits are mandated by local labour

regulations in these countries. They are recognised when Medair has a present obligation and are classified as long-term and short-term liabilities.

2.15. Restricted funds

Restricted funds consist of restricted income funds and restricted programme funds. They are used according to the designation of the donor. In the unlikely event that the International Board of Trustees needs to redirect the funds or change the purpose of a restricted fund, the prior approval of affected donors is sought.

Restricted income funds

Restricted income funds are solicited from private donors for a specific cause. They augment programme funds in certain humanitarian operations. They may also be used for organisational capacity-building, such as training courses and materials, staff workshops, etc. Allocation of these funds to specific programmes is at the discretion of the Executive Leadership Team.

Emergency response fund	Facilitates immediate intervention in the event of a new or developing humanitarian emergency.
Forgotten victims fund	Restricted to programmes that work with vulnerable or displaced persons.
Health & nutrition fund	Restricted to programmes with medical, nutrition, and health-promotion activities.
MIAF staff care capital fund	The interest earned from this fund is allocated to the staff support and development fund. This is a Medair Invest in Aid fund.
Shelter & infrastructure fund	Restricted to programmes with housing and other infrastructure construction activities.
Staff support & development fund	Facilitates individual Medair staff care for special needs and training.
WASH fund	Restricted to programmes related directly to water, sanitation, and hygiene activities.

Restricted programme funds

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

2.16. Capital / unrestricted funds

These funds are the general reserves of Medair. They consist of unrestricted capital and allocated capital that facilitate operational management. Use of these funds is at the discretion of the Executive Leadership Team. Each affiliate office and foundation also maintains a level of unrestricted capital for their operational needs and reserves.

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

2.17. Revenue recognition and financing contracts

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

Grants: Contract revenue is presented as constructively earned according to the percent of completion method (POCM). The portion of a contract constructively earned is determined by calculating actual contract expense to the total contract budget for each donor contract. It is recognised as revenue in respect of the year when the financial expenses are incurred, in order to comply with the principle of correspondence between expenditure and income.

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

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

The related budgetary obligations are considered as contingent liabilities.

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

Private donations are recorded as revenue when received and designated to restricted or unrestricted funds, according to donor preference. When the donor designates the gift toward a specific cause, the donation is considered restricted. Restricted funds that have not been used at the end of the year are presented in a separate section of the Balance Sheet as restricted funds.

2.18. Gifts-in-kind

Gifts-in-kind are an integral part of Medair's humanitarian programme. No distinction is made between gifts-in-kind that are provided through donor contracts or non-contractual donations for distribution to beneficiaries of our projects. Medair is fully responsible for the receipt, storage, transportation, accounting, and distribution of these materials. Gifts-in-kind received are recorded as income and expense in Medair accounts. The contributions are valued on the basis of the donation certificate or the contract with the donor.

2.19. Programme expenditures

Expenditures on goods, materials, and services related to programmes are recorded when the costs are incurred. As a result, the inventories stated on the balance sheet do not include goods and materials acquired but still not used for projects by year end.

2.20. Auditors' remuneration

The fees paid to the auditor of these financial statements during 2016 amounted to USD 176,233 (2015: USD 212,387) and relate to the statutory audit of Medair and its consolidated financial statements as well as related assurance reports for grant donors. Other project-specific or grant-specific assurance assignments have been undertaken by other audit firms at the request of other grant donors during the year.

3. TAX EXEMPTION

Medair is exempt from Swiss income tax and capital tax according to a decision from the Department of Finance, Canton of Vaud, dated 19 March 1992.

4. PERFORMANCE REPORT

In accordance with the Swiss GAAP RPC / FER 21, Medair produces a performance report, which has been integrated with the financial statements to create the Medair Annual Report.

5. MANAGEMENT OF FINANCIAL RISKS

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

5.1. Foreign-exchange risk

Medair is exposed to exchange-rate fluctuations, insofar as a significant portion of its income and expenses are in foreign currency or non-US dollars. Medair has no active foreign-exchange risk-hedging policy and tends to convert currencies as and when they are required. Furthermore, Medair established a Foreign Exchange Fund in order to absorb the fluctuations. The reserves are kept mainly in US dollars, euros, and Swiss francs.

5.2. Banking risk

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

5.3. Counterparty risk

The counterparty risk is limited, insofar as governments or governmental agencies issue most of the receivables for amounts owed by third parties. Other asset positions concern the related parties of the Medair group of organisations and are not significant.

5.4. Liquidity risk

Medair's policy is to ensure a sufficient level of liquidity for its operations at all times; consequently funds are kept in liquid form. In order to further mitigate this risk in the short term, Medair contracted a cash-flow loan facility in 2008. The available loan facility is currently USD 981,817. The interest rate on this loan is 1.5% per annum. There is no maturity date on the loan. Medair also has a second cash-flow loan facility with a different creditor. The amount available on this second facility is USD 2,945,450. The interest rate is 3.0%. This loan must be closed annually by year end.

DETAIL ON THE BALANCE SHEET

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

6. CASH AND CASH EQUIVALENTS

USD	31.12.2016	31.12.2015
Field	2,520,497	4,026,660
HQ	4,289,682	3,871,870
Affiliates	1,294,793	1,773,487
Foundations	1,592,537	1,343,644
Total	9,697,509	11,015,661

7. DONOR RECEIVABLES

USD	31.12.2016	31.12.2015
Governmental partners	4,628,822	3,335,308
United Nations, EU, and intergovernmental partners	928,419	2,141,623
Humanitarian partners	1,037,336	2,674,294
Private, public, and corporate organisations	112,234	97,591
Total	6,706,810	8,248,816

8. CONTINGENT ASSETS / DONOR RECEIVABLES

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

There is an unrealised foreign-exchange loss on these contingent assets of USD 690,523 evaluated at closing exchange rates. These contingent assets consist of donor grants in the following currencies:

Currency	31.12.2016	31.12.2015
AUD	0	10,281
CAD	5,105,120	175,527
CHF	1,494,558	3,255,526
CZK	609	0
EUR	3,280,178	7,943,512
GBP	11,813,806	635,431
JOD	85,234	91,436
SEK	0	6,483
USD	10,483,805	12,689,337
Total equivalent in USD	30,657,457	22,900,682

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

USD	31.12.2016	31.12.2015
2016	0	22,834,536
2017	23,814,099	32,813
2018	5,548,608	33,333
2019	1,294,750	0
Total	30,657,457	22,900,682

The related budgetary obligations are considered as contingent liabilities.

9. CAPITAL ASSETS

2016									
USD	Asset Group	IT	Comms	Power	Other	Facility	HQ leasehold	Vehicles	Total
Total	Opening book value	147,123	34,396	26,031	1,585	2,163	-	725,397	936,695
Assets	Closing balance 31.12.15	1,276,372	159,233	125,526	1,585	18,507	234,551	2,399,738	4,215,513
	Currency translation	-141	-	-	-	-17	-	-	-158
	Opening balance 1.1.16	1,276,231	159,233	125,526	1,585	18,490	234,551	2,399,738	4,215,355
	2016 Additions	145,113	52,476	72,991	-	33,412	173,768	690,585	1,168,345
	2016 Disposals	-46,369	-	-1,438	-	-	-	-67,066	-114,872
	Closing balance 31.12.16	1,374,976	211,710	197,079	1,585	51,902	408,319	3,023,257	5,268,827
Accumulated Depreciation	Closing balance 31.12.15	-1,129,246	-124,837	-99,496	-	-16,341	-234,551	-1,674,341	-3,278,811
	Currency translation	137	-	-	-	14	-	-	151
	Opening balance 1.1.16	-1,129,109	-124,837	-99,496	-	-16,327	-234,551	-1,674,341	-3,278,660
	2016 Disposals	42,173	249	1,266	-	-	-	66,597	110,285
	2016 Depreciation	-100,786	-30,295	-22,695	-	-5,987	-3,106	-449,679	-612,549
	Closing balance 31.12.16	-1,187,721	-154,883	-120,925	-	-22,314	-237,657	-2,057,423	-3,780,923
	Currency translation	-936	-	-	-	-592	-	-	-1,528
Total	Closing book value	186,318	56,826	76,154	1,585	28,996	170,662	965,834	1,484,850

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



10. DEFERRED REVENUE

USD	2016	2015
Afghanistan	7,388	34,428
DR Congo	492,683	444,623
Haiti	7,123	-
Madagascar	226,235	13,813
Nepal	352,437	264,746
Philippines	338,741	249,829
Somalia	1,086,377	324,984
South Sudan	37,625	66,763
Middle East Regional Programme	3,030,469	4,202,583
Switzerland / Affiliates	24,228	-
Total	5,603,307	5,601,768

11. PROVISIONS

USD	31.12.2016	31.12.2015
Opening balance	37,766	266,022
Additions	935,119	37,766
Utilisations	-37,766	-146,917
Dissolutions	-	-119,105
Closing balance	935,119	37,766

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

12. LONG-TERM DEBT

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

13. END-OF-CONTRACT BENEFITS

These liabilities consist of end-of-contract benefits for nationally recruited staff in several of our field programmes. These benefits are mandated by local labour regulations in these countries. They are classified as long-term liabilities with an expected short-term liability of 30% of the balance. This amounted to USD 334,494 at year end 2016.

14. PENSION PLAN OBLIGATIONS

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

Economic benefit / economic obligation and pension benefit expenses in USD	Surplus / deficit	Economic part of the organisation		Change to prior year period or recognised in the current result of the period respectively	Contributions concerning the business period	Pension benefit expenses within personal expenses	
	31.12.16	31.12.16	31.12.15			2016	2015
Pension institutions without surplus / deficit	-	-	-	-	727,110	727,110	636,319

The insurance is provided by Patrimonia Foundation for all employees at the Swiss headquarters and Swiss expatriates serving in field locations. Other internationally recruited staff do not benefit from the pension plan. During 2016, four Swiss expatriates were covered by the plan, whereas 10 were concerned in 2015.

DETAIL ON THE INCOME STATEMENT

15. INCOME

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

USD	Total Revenue	
	2016	2015
Afghanistan	3,899,380	4,110,516
Chad	86	2,594
DR Congo	6,096,215	5,868,708
Ecuador	134,829	-
Haiti	904,467	2,270,419
Madagascar	1,615,921	1,527,964
Myanmar	158,578	215,011
Nepal	993,460	3,635,088
Philippines	456,854	2,356,327
Sierra Leone	247,590	4,114,644
Somalia	3,259,533	1,999,585
South Sudan	14,437,184	17,314,128
Sri Lanka	-	-70
Sudan	6,290	-5,183
Middle East Regional Programme	25,245,890	16,827,655
Vanuatu	-	27,269
Zimbabwe	29,646	21,669
Switzerland / Affiliates	4,440,759	3,984,970
Total	61,926,681	64,271,294

16. GIFTS-IN-KIND

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

USD	2016	2015
HQ	-	1,120,594
Afghanistan	209,900	1,896
Medair UK	128,065	85,297
Sierra Leone	-	108,715
South Sudan	472,360	525,364
Syrian crisis	2,445,128	2,015,215
Total	3,255,453	3,857,140

Volunteer network

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

Volunteers	2016	2015
Hours served	10,400	4,867
Equivalent days	1,300	608

17. OTHER INCOME

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

18. HUMANITARIAN EXPENSE

Humanitarian expense is the total cost of providing goods and services to Medair's beneficiaries. It includes the costs of implementing these humanitarian programmes, such as project staff, food and living costs, communication and energy equipment, vehicles, transportation and storage of materials, and logistical and financial expenses. It also includes the research, preparation, planning, selection, follow-up and control of these humanitarian programmes provided by the headquarters in Ecublens, Switzerland. Humanitarian expense is shown on the Income Statement in addition to administrative expense.

Programme expense is the total humanitarian cost plus a contribution toward indirect cost. The budget of each humanitarian programme includes a 15% contribution to support the administrative costs of Medair. This cost is not reported with humanitarian expense, but is included in the programme expense in the Statement of Changes in Capital and Funds.

The following table presents only the humanitarian expense by country.

2016	Humanitarian Expense									
USD	Sectors	Personnel	Travel	Admin	Maintenance	Depreciation	Other expense	Total	Support expense	Total
Afghanistan	946,348	2,119,120	146,864	45,654	46,389	46,563	660,428	4,011,367	329,897	4,341,264
DR Congo	1,979,944	2,158,081	146,553	236,624	113,686	144,600	975,656	5,755,146	473,307	6,228,453
Ecuador	34,007	40,995	19,291	1,164	413	-	9,907	105,777	8,699	114,476
Haiti	244,286	315,376	57,326	-	3,366	62	99,362	719,778	59,195	778,973
Madagascar	640,402	794,009	80,568	16,600	32,895	1,181	194,232	1,759,887	144,734	1,904,621
Middle East Region	12,933,842	7,042,133	251,259	471,389	70,996	165,252	2,323,875	23,258,744	1,912,814	25,171,558
Myanmar	116,789	99,174	12,649	3,872	590	297	26,278	259,649	21,354	281,003
Nepal	596,256	422,647	25,070	10,836	852	372	62,684	1,118,717	92,004	1,210,721
Philippines	271,198	154,472	5,476	13,152	1,059	2,467	57,826	505,650	41,585	547,235
Sierra Leone	16,993	79,195	6,839	17,352	1,893	-	15,841	138,114	11,359	149,473
Somalia	1,383,171	719,566	39,014	111,579	4,884	10,980	437,049	2,706,242	222,563	2,928,805
South Sudan	3,520,016	6,196,595	762,708	125,439	218,399	193,739	2,061,419	13,078,314	1,075,569	14,153,883
Zimbabwe	-	-	-	-	-	-	29,646	29,646	2,438	32,084
Total	22,683,252	20,141,362	1,553,618	1,053,661	495,423	565,514	6,954,202	53,447,032	4,395,518	57,842,550

2015	Humanitarian Expense									
USD	Sectors	Personnel	Travel	Admin	Maintenance	Depreciation	Other expense	Total	Support expense	Total
Afghanistan	676,922	1,734,556	218,751	392,572	47,076	65,544	368,641	3,504,062	263,937	3,767,999
DR Congo	2,259,669	1,602,300	232,283	487,905	86,489	100,782	287,230	5,056,658	380,883	5,437,541
Haiti	835,823	943,961	76,934	138,243	23,274	681	192,231	2,211,146	166,550	2,377,697
Madagascar	363,314	718,565	100,709	83,638	18,118	547	86,308	1,371,198	103,283	1,474,481
Middle East Region	7,801,530	4,532,226	449,887	797,010	24,005	24,903	1,017,603	14,647,161	1,103,269	15,750,431
Myanmar	-	100,837	26,236	49,066	320	-	2,880	179,340	13,508	192,848
Nepal	1,480,024	427,526	113,642	89,453	3,950	-	88,246	2,202,841	165,925	2,368,766
Philippines	1,400,329	860,358	58,878	90,064	1,095	9,535	175,360	2,595,620	195,510	2,791,130
Sierra Leone	1,311,014	1,069,927	237,416	410,447	24,135	3,702	499,902	3,556,544	267,890	3,824,434
Somalia	835,724	540,529	63,576	176,893	3,871	242	208,158	1,828,993	137,765	1,966,758
South Sudan	4,936,857	5,301,525	1,585,534	1,842,762	180,681	247,168	724,783	14,819,312	1,116,236	15,935,547
Sudan	-	-	-	21	-	-	-	21	2	22
Vanuatu	-	6,836	5,980	1,221	-	-	210	14,247	1,073	15,320
Zimbabwe	-	367	1,996	10,983	-	-	-	13,346	1,005	14,352
Total	21,901,205	17,839,514	3,171,824	4,570,277	413,013	453,106	3,651,552	52,000,491	3,916,836	55,917,327

19. ADMINISTRATIVE EXPENSE

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

20. OPERATING EXPENSE

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

2016	Humanitarian		Administration		Total operating expense
USD	Direct	Support	General management	Fundraising	
Sectors	22,683,252	1,907	-	-	22,685,159
Personnel	20,141,362	3,965,635	2,384,907	1,597,369	28,089,273
Travel & representation	1,553,618	222,550	164,420	103,591	2,044,179
Admin	1,053,661	163,773	1,557,399	79,242	2,854,075
Maintenance	495,423	-	35,021	32,332	562,776
Depreciation	565,514	461	46,010	529	612,514
Other	6,954,202	107	249,301	76,516	7,280,126
Fundraising direct	-	41,085	-	1,143,201	1,184,286
Total	53,447,032	4,395,518	4,437,058	3,032,780	65,312,388
Grand Total	57,842,550		7,469,838		65,312,388

2015	Humanitarian		Administration		Total operating expense
USD	Direct	Support	General management	Fundraising	
Sectors	21,901,205	-	-	-	21,901,205
Personnel	17,839,514	3,427,038	2,164,543	1,136,666	24,567,760
Travel & representation	3,171,824	275,127	244,095	63,198	3,754,244
Admin	4,570,277	214,671	989,753	55,532	5,830,233
Maintenance	413,013	-	-33	-	412,980
Depreciation	453,106	-	29,959	-	483,065
Other	3,651,552	-	192,157	-	3,843,709
Fundraising direct	-	-	1,120,594	1,288,414	2,409,008
Total	52,000,491	3,916,836	4,741,066	2,543,810	
Grand Total	55,917,327		7,284,877		63,202,204

21. REMUNERATION OF THE BOARD OF TRUSTEES

Members of the International 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 in 2016 amounted to USD 8,517 (2015: USD 1,876). The Board Chair received no reimbursement in 2016 or 2015.

22. CONTINGENT LIABILITIES

During the normal course of its activities, Medair is exposed to potential claims. As of 31 December 2016, the Executive Leadership Team had not identified potential claims which could lead to an exposure greater than USD 400,000 in total.

CREDITS

Editor-in-chief: Jim Ingram, CEO

Managing editors: Lynn Denton, Mark Wallace

Copywriter: Mark Wallace

Image editor: Lynn Denton

Contributors: Medair staff around the world

Graphic design concept: Sherry Matthews Advocacy Marketing, USA

Graphic design execution: Brain4You, Belgium

Printer: Defero Success by Design, The Netherlands

Names of people and places in articles were sometimes changed when deemed necessary to protect the identity of beneficiaries or Medair staff. Institutional / organisational donors were only listed if donations were USD 20,000 or more, due to space constraints.

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Haiti

MEDAIR INTERNATIONAL HQ

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

SWISS FRENCH OFFICE, ECUBLENS

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

SWISS GERMAN OFFICE, ZURICH

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

MEDAIR CANADA

19 Topham Rd.
Toronto ON M4B 3K3
Canada
Tel: +1 (416) 889 7485
canada@medair.org

MEDAIR FRANCE

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

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

MEDAIR GERMANY

Grävinghoffweg 36
44339 Dortmund
Germany
Tel: +49 (0) 231 15050566
deutschland@medair.org

MEDAIR NETHERLANDS

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

MEDAIR UK

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

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

MEDAIR US

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

Published in June 2017



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