

# 2015

ANNUAL REPORT

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*Läkarmissionen is a Swedish aid organisation founded in 1958. Our initial efforts focused on mission healthcare in South Africa and India. Today our focus lies in empowering individuals to help change their own living conditions in three main priority areas: **social care, training & education** and **self-sufficiency**. We also engage in **humanitarian aid**. We collaborate closely with local partners in approximately forty countries in Africa, Latin America, Asia and Eastern Europe.*

MEXICO

GUATEMALA PAGE 18

HAITI

HONDURAS

EL SALVADOR

NICARAGUA

PANAMA

ECUADOR

BRAZIL PAGE 15

PARAGUAY

ARGENTINA

RUSSIA

*The countries identified on the map indicate where Läkarmissionen is active.*

UKRAINE

MOLDOVA

HUNGARY

ROMANIA

SERBIA

GREECE

LEBANON

**SYRIA PAGE 25**

ISRAEL/PALESTINE

IRAQ

AFGHANISTAN

PAKISTAN

**NEPAL PAGE 24**

BANGLADESH

MAURETANIA

NIGER

SENEGAL

CHAD

SUDAN

**INDIA PAGE 10**

BURKINA FASO

**SOUTH SUDAN PAGE 21**

SIERRA LEONE

ETHIOPIA

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DR CONGO

**KENYA PAGE 14**

RWANDA

BURUNDI

TANZANIA

MOZAMBIQUE

**SOUTH AFRICA PAGE 11**

# 2015 ANNUAL REPORT

## **Vision:**

*We shall, through developing and effective methods, support the desire and ability of vulnerable people to change their living conditions.*

## **Mission:**

*We shall fight poverty from a human rights perspective and contribute to sustainable development within our prioritised areas. We shall also, through the provision of information, encourage others to adopt the vision of Läkarmissionen.*



*“Finally something good is happening here in the village,” says 33-year-old Aliona Rimbu. She’s on her way to the mobile clinic that is serving the village of Pogonesti in Moldova today. Her one-year-old son Anatol has a lung problem and she’d like a doctor to take a look at it. Her twelve-year-old daughter Juliana is looking forward to a complete medical examination.*

## Core Values

### **Fighting poverty**

The basis of our development work is the fight against poverty. Poverty has many causes, which together can be expressed as a lack of freedom, a lack of power and a lack of opportunities for people to positively affect their life situation. This may involve inadequate financial resources, a lack of security, education and healthcare, or it can mean hunger, a lack of clean water or homelessness.

### **Human rights perspective**

Every human being has equal and inalienable rights. When these rights are respected, individuals are empowered, depending on their desire and ability, to contribute to their own development and to that of their families. The inability of nations to respect, protect and fulfil these rights causes a lack of freedom and deprives individuals of the chance to control their own life situation. Hence violation of these rights reinforces poverty and vulnerability, which in turn helps to ensure that the causes of poverty endure.

### **Sustainable development**

We see the individual as part of a larger context which encompasses community, responsibility and dependence. Family, civil society, the marketplace and the state all influence the individual’s choices, possibilities and living conditions. We are committed to social, economic and ecological development which means good management of both human and natural resources.

### **Holistic view**

Läkarmissionen’s operation is based upon a foundation of Christian values. Our guiding principles are the equality of all people, respect for the individual’s inherent dignity, common sense and ability and every human being’s right to life, liberty and sustainable development.

## Word from the President & CEO

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# A DRAMATIC YEAR

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Every year is unique, but 2015 has been one of the most challenging ever. The flow of refugees has increased, and the earthquake in Nepal has made hundreds of thousands of people homeless, to mention just two examples.

In addition to our major humanitarian efforts, Läkarmissionen has also had a record commitment through our development projects, which have increased by almost 30 percent in the past five years. This is something for which we are humbly grateful. Läkarmissionen can confirm that a strong network of competent collaborative partners enables the conditions for efficient and relevant development aid.

Our primary task is always to remain loyal to the vision and mission that we have established, and to ensure the maximum quality in all the long-term development projects that we undertake. At the same time, we must act quickly when vulnerable individuals are afflicted by various types of disasters. Läkarmissionen has actively chosen to collaborate with local partners that are familiar with the context and challenges on site, which ensures that our efforts are more efficient and rational. The cornerstone is to provide vulnerable individuals, based on a human rights perspective, with the tools that will empower them to change their own living conditions. The key to tackling poverty in a serious way and to creating sustainable conditions is the principle that, after aid has been received, beneficiaries will be able to support themselves and realise some of their life dreams.

In our aim to create the conditions for continued expansion, we are building up expert support in more and more places around the world in the form of Läkarmissionen's regional centres. This aim is multifaceted. We have identified a need to monitor projects more closely in order to contribute to skills reinforcement and capacity support, and at the same time ensure that we are a relevant partner for institutional donors.

An annual report is an opportunity to highlight some of the projects that are presented in the management report. Our hope is that the examples we have chosen will clarify Läkarmissionen's mission to empower individuals to transition from dependency to independence. By linking various project components together, we are creating the prerequisites for sustainable development.

During 2015, the UN has established new global targets for the period up to and including 2030. Läkarmissionen intends to contribute actively to the achievement of these sustainability goals, and we strongly believe that increased collaboration with a wide range of stakeholders is the way to achieve a better world in the long term.

We would like to thank all our supporters for their great trust in us and look forward with confidence to an interesting 2016.

**Bo Guldstrand**, *President of the Board*  
**Johan Lilja**, *Chief Executive Officer*

*“Our goal is to enable individuals to transition from dependency to independence and realise their dreams.”*



# THE VALUE-DEVELOPMENT CHAIN

Läkarmissionen's largest and most important operational area is our development aid projects. We are currently involved in projects in approximately 40 countries on four continents with an emphasis on Africa. The projects are predominantly funded by donations from private individuals in Sweden.

Läkarmissionen focuses on enabling individuals to transform their own living conditions. We do this in close collaboration with local partners through various aid projects in three main priority areas: social care, health & education and self-sufficiency. Some projects focus entirely on one of these areas, while others combine several priority areas to even greater effect, so that individuals in a value-development chain, can transition from dependency to independence. We also contribute to humanitarian aid in disaster situations.

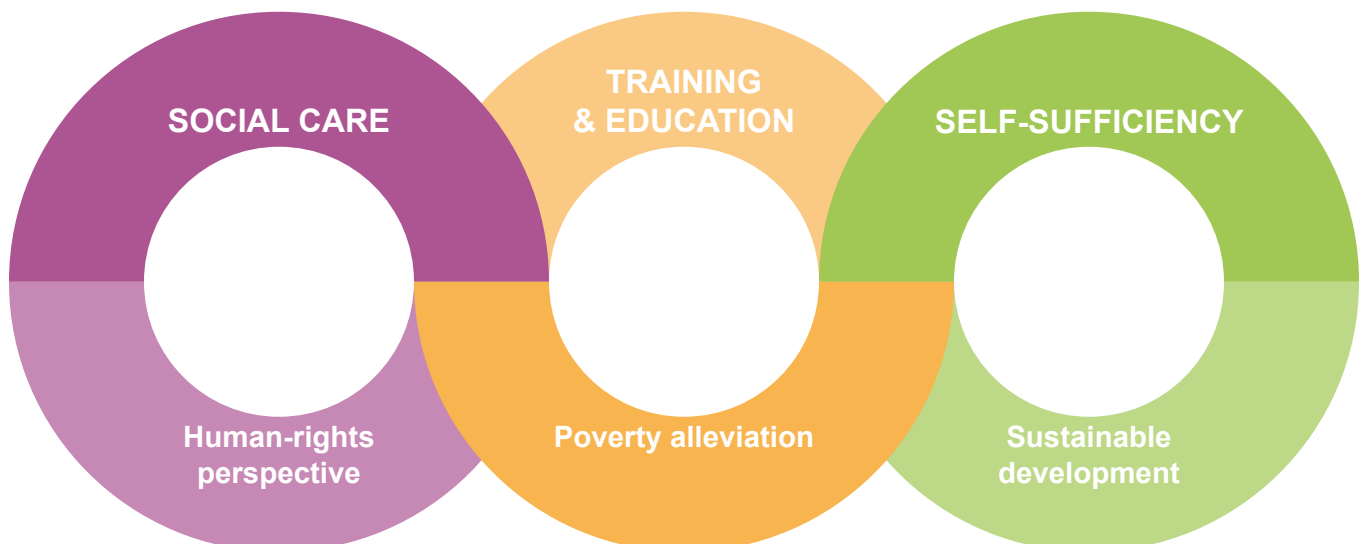
Läkarmissionen exists to help vulnerable individuals through international development aid projects, hence our commitment to development cooperation is the cornerstone of our entire organisation and closely linked to our core values. The goal of our efforts is to support individuals so that they by their own power and desire can change their situations for the better.

Although Läkarmissionen's various priority areas have been developed as separate methods, the benefit of our approach is that we can interconnect the various components into a chain of aid efforts. We call this approach Läkarmissionen's value-development chain.

Our work is based on the effective development projects within our three main priority areas. Our aim is gradually to combine different components into **integrated projects** to achieve real and lasting change.

1. In short, we often begin with social care aid. If vulnerable individuals are to make use of their own abilities to create a better life, they need to be motivated to change and to live in a safe environment as well as have access to food and clean water.
2. The next step is usually training and education. Individuals who are not able read, write and count have very little power to change their own life situations – or even to impact their everyday lives, to participate in ordinary community functions or to be aware of their own civil rights.
3. The final step to independence is self-sufficiency. The self-sufficiency step combines training in rudimentary business planning, economics and marketing with financial support in the form of loans through savings groups or microcredit programmes – with excellent results. In order to enhance the ability of an individual to achieve lasting and positive development, we include our core values as a theme throughout our projects: human rights, poverty alleviation and sustainable development. We have faith in individuals willingness and ability, and we believe that it is by facilitating the right tools and opportunities that sustainable change can take place.

*Read more about integrated projects on page 20.*



*The Zapotec people live in inaccessible mountains in the state of Oaxaca in Mexico. This is one of the reasons that so many of them are illiterate.*









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# 1

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# SOCIAL CARE

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## Children in focus

Läkarmissionen's development projects in the social care area prioritise children. A large proportion of our resources are devoted to working with socially vulnerable children and young people, and ensuring that they have a solid foundation. A secure childhood contributes to a better civil society in the long term, because the children and young people of today are the decision makers and community stakeholders of the future.

During 2015, social care accounted for approximately 33 percent of Läkarmissionen's total aid efforts. Approximately MSEK 30.4 was allocated to caring for street children and abandoned children and finding new families for them, as well as to health care projects and aid to victims of trafficking and abuse.

Our driving force is the conviction that all individuals are created equal and that we all have the same universal human rights. Of course, people are influenced by the social structures and traditions in their respective countries, and this obviously impacts our various aid projects. Nevertheless, Läkarmissionen's mission is based upon individuals and their individual circumstances. For example, children are not only entitled to survive, they also have the right to personal growth, to have parents and to enjoy a secure childhood. We are committed to ensuring that this happens. We believe that the restoration of relationships and that healing from traumatic experiences are essential to a child's chances of a more harmonious upbringing and a successful adult life. With the right help and support, this can be achieved.

Läkarmissionen also believes that the best foundation for any child is a functional family. This is why we aim to find family solutions for vulnerable children wherever possible, either with relatives or with other foster families. We consider family units rather than institutions as the optimum long-term, sustainable solution, as well as the best option from a socio-economic perspective. Läkarmissionen's work that prioritises children takes into account their overall needs, which includes their material and physical needs as well as their emotional and psychological needs.

Another important element of social care is health. Illnesses are an obstacle that individuals must overcome in order to survive and remain self-sufficient. One particularly vulnerable group that is often at serious risk during pregnancy and childbirth is women with dependents. Läkarmissionen's commitment to good health is primarily focused on general health care, with an emphasis on women and children. Preventive health intervention is also an essential component. Läkarmissionen aims to participate in disseminating basic knowledge in good hygiene and health, as well as information on how relatively simple precautions can prevent a wide range of diseases.

## INDIA

### Hope for families in the slums of West Delhi

There are slums in India's capital New Delhi that lack any kind of infrastructure and public service, where Läkarmissionen is actively helping to improve living conditions. The Krishna Colony and Indira Camp slums in West Delhi are home to about 15,000 people, but there is no water or wastewater system and there are no real streets or schools. All the homes are "informal" and the residents themselves have to manage, for example, refuse collection and sanitation, because the existence of these slums has not been sanctioned by the authorities.

Many of the residents also lack the required identification documents to receive government support and service. Social problems are extensive, and include a high school-dropout rate, unemployment and inadequate sanitation.

The projects that Läkarmissionen supports are run by the local organisation EFICOR. Families participate in self-help and savings groups, receive vocational training and support that enables them to generate an income, and children receive help in returning to school. An additional goal is to mobilize the residents' own ability to cope with shared issues such as water and sanitation.

Läkarmissionen visited the slums in November, accompanied by our business partner Strong As Life, which is also supporting the project. As we wandered around in the heat and dust of the slum, we understood what a challenging environment it is. The stench, the flies, the blocked drains full of stagnant water, the small ramshackle houses, and the ladders that residents use to climb in and out of their houses was a mere insight into the poverty level in these slums. Seeing the project first-hand and getting involved in the work taking place amongst the children, teenagers and mothers was remarkable. We were moved by the commitment of the team of field workers to these vulnerable individuals, as well as their strong conviction in the right

of every individual to a dignified life, even if it is a life in a slum. When the beneficiaries shared their stories, we heard how their lives had changed and how grateful they were for the aid efforts they were benefitting from. We spent the final day with the young people who had grown up in the slum and who now worked as volunteers in the project. We played a wonderful game of cricket, during which the Swedish cricketing technique caused a great deal of amusement amongst the locals.



*When Gustav Pettersson from Strong As Life came to visit, six-year-old Pretty told him she loves learning the alphabet and dreams of becoming a police officer.*

# SOUTH AFRICA

## Give a Child a Family

During 2015, Läkarmissionen's long-time South African partner Give a Child a Family, GCF, has continued to promote its successful model for foster care, both nationally and internationally. The "Children in Secure Families" vision advocates finding new families for vulnerable and abandoned children so that they avoid growing up in institutions. Foster families are carefully selected, trained and supported, and children receive rehabilitation at the centre and preparation for their new families.

During the spring, GCF was approved as a Child Protection Organisation in South Africa, which entitles the organisation to make certain decisions independently and enables it to take action more quickly. GCF has also established local preventive "Child Watch Committees" to help safeguard vulnerable children in their local environments. A further result of the certification is that GCF has become an adoption agent in the Ugu District of KwaZulu Natal.

In June, GCF was the main organiser of the major international conference "Implementing Family Care", which was held in Johannesburg. The conference was greatly appreciated by delegates and con-

solidated GCF's position in South Africa. The organisation is now planning to expand its activities to other parts of the country and register as a national organisation, which will unlock opportunities for national funding.

The GCF concept is an important element in Läkarmissionen's social care priority area. The method is relevant in achieving long-term solutions for vulnerable children and fully compliant with the UN Guidelines for the Alternative Care of Children. In recent years, GCF has also become a key Läkarmissionen partner in skills development by enhancing the capacity of other partners in this area.

Monica Woodhouse, founder of Give a Child a Family, has through her close links with Sweden become a popular speaker also in this country. Her message on the downsides of institutional care for children generates considerable sympathy in our context as well.

*The Give a Child a Family Centre in Margate has room for sixty children. The photo shows founder Monica Woodhouse with some of the youngest children. The goal is for the children to move to a family as soon as possible.*








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# 2

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## TRAINING & EDUCATION

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### Knowledge lays the foundation

Training and education is an essential element of empowering vulnerable individuals to achieve a dignified and full life, and one of Läkarmissionen's priority areas. Literacy is not only a basic human right, it is also crucial to poverty alleviation. Learning to read, write and count provides practical tools that facilitate long-term change in individual life situations; hence the majority of Läkarmissionen's projects include an educational component. Läkarmissionen supports educational projects in the form of initial basic literacy skills, as well as vocational training and education.

Läkarmissionen is actively committed to integrating its priority areas of social care, training and education, and self-sufficiency. In collaboration with our local partners, we work to ensure that these subcomponents support each other in achieving sustainable outcomes. The literacy component of Läkarmissionen's project activities is no longer conducted in individual projects. In Latin America, literacy has been linked to savings groups and other components of microfinance aid. In the partnerships with Hand in Hand in India and Kenya, and with Stromme Foundation in Uganda, Niger and South Sudan, Läkarmissionen's literacy courses during 2015 have formed a component in a strong programme commitment that includes microfinance and training primarily targeted at women. This synergy characterises Läkarmissionen's aim to develop a robust approach to poverty alleviation. Programmes with a multi-component perspective generate better opportunities for organisations to become strong local change agents.

Many of Läkarmissionen's projects include vocational training of various kinds, but we also run a number of dedicated vocational training and education projects that facilitate self-sufficiency and contribute significantly to the local community, for example the vocational training project for barefoot doctors in Bangladesh.

In our commitment to designing effective and stimulating methods, Läkarmissionen has as a first step developed guidelines within its priority areas. The next step will be to systematise experiences and lessons learned, and compile them into manuals. These manuals will serve as a support for our local partners when planning new projects, as well as a basis for discussions with partners concerning how existing projects can be strengthened.

During 2015, Läkarmissionen has continued its own learning and development, for example through our new regional resource centre in Uganda. With local employees on site, we are now closer and more able to monitor and quality assure projects in East and West Africa. Läkarmissionen already operates a regional resource centre in Miami for projects in Latin America. Our resource centres allow us to develop relationships with our local partners to jointly ensure the quality and development of individual projects and programmes.

## KENYA

### The Maasai warrior who changed – literally

Twenty-year-old Sairas Sadera is a proud Maasai warrior who lives just outside the Kenyan city of Rombo, near the border with Tanzania. He had never been to school before.

“My dad didn’t want me to get ‘Western ideas’ so he refused to let me go to school. But now even he realises the importance of education,” says Sairas, when we met just before his literacy course was about to start. It was a male acquaintance who persuaded him to enrol.

“It was important that he came as well. If it had just been a group of women, I would never have started,” he admits. Now he is really enjoying it and thinks it has been surprisingly easy to learn to read, write and count.

Parallel to his literacy course, Sairas is also attending a self-sufficiency course, where participants are encouraged to find appropriate ways of earning money.

“That’s where I got the idea to start rearing goats,” he explains. Sairas has worked as a cow and goat herder for many years, so he is used to dealing with animals.

“On the other hand, the selling part can be a bit tricky,” he admits. Sometimes business is good, sometimes not very good. Prices can vary a lot depending on the supply in the market on the day. But if he had not been taught to read, write and count, he would never have dared start his own business.

“I’m on a completely different level now. In the market, I can read what it says on the signs and calculate if the price is good or

bad,” he says. Several of Sairas’ Maasai warrior peers are also planning to join a literacy course after he managed to convince them what a good idea it was.

“And when I get married and have kids, my kids are going to normal school,” he adds.



“It was easier than I thought to learn to read, write and count,” says 20-year-old Maasai warrior Sairas Sadera.

### A few facts about adult literacy and entrepreneurship in Kenya

*75–80 percent of Kenya’s 35 million inhabitants live in rural areas and despite the country’s economic success the vast majority of the population is still excluded and living in poverty.*

*In July 2013, Läkarmissionen began a collaboration with Hand in Hand Eastern Africa regarding “integrated literacy and entrepreneurship” in southern and south-western Kenya. The aim has been to combine self-sufficiency with adult literacy for more effective poverty alleviation. The project is being conducted*

*amongst vulnerable communities in Kajiado and Makeni counties. The target group consists of about 11,000 people, 80 percent of whom are women. The indications are that the project is meeting a real need in the target group, who are very keen to learn to read, write and count. By December 2015, approximately 12,000 people had been taught to read, write and count, and trained in entrepreneurship. Many of them have also started small businesses and other income-generating activities.*

# BRAZIL

## Vocational training in Rio de Janeiro

There is a significant risk that people who grow up in the notorious favelas of Rio de Janeiro will be drawn into the widespread criminality such as drug trafficking and prostitution that takes place there.

Their salvation could well be Escola de Talentos, the vocational school that has already helped hundreds of people to an orderly lifestyle.

Since 2014, the school has been run by Läkarmissionen's partner Agência Social de Talentos, AST, and recruits the majority of its students from the notorious Complejo El Alemão, a collective name for a group of 13 favelas with about 130,000 inhabitants. The school's long-term goal is to enable vulnerable individuals to support themselves through vocational training in fields such as gastronomy, tele-

marketing and IT, as the demand for trained personnel in these fields is large. The project is based on the participants' own willingness and ability to create a positive future, both for themselves and for their families.

More than 75% of the students are women aged 16–30, and the courses also include training in management, finance and communication, practical skills that will help if, for example, they want to run their own café. Experience so far is that most of the participants succeed in finding a job or starting their own business after completing the course.

*“Look at all the tasty treats that we've learned how to make!” Almost all the students at the Escola de Talentos chef school in Rio de Janeiro manage to find a job after graduation.*



### *Trainee female chefs from Rio's favelas*

Students from some of Rio de Janeiro's most notorious favelas enrol at the Escola de Talentos.

“I came running to sign up for the courses,” says Keila Lúcia Santos, who is planning to start her own business. Keila is attending the canapé course. She has also signed up for an administration course.

“I've always wanted to start my own business. I'm thinking of starting from home and then expanding,” explains Keila. “These courses will give me the skills that I need.”

During our visit, the nine women gather with their teacher in an ultra-modern kitchen. Work tasks are quickly allocated to each student. Some cut out circular pieces of bread, another chops vegetables, several others help to mix a bean purée.

After an hour in the kitchen, the various ingredients have been prepared into bite-sized canapés, neatly presented on trays. We asked Keila Lúcia Dos Santos what she enjoyed most about the course:

“Honestly? Tasting everything afterwards,” she laughs. “It's nice to taste what you've created, every detail, the flavours, if you've used the right amount of spices, and so on. When I taste it, I can decide what improvements are needed,” says Keila.

The canapés that the women are learning to make are often served during baptisms, weddings and other celebrations.

“Where I live, we've got everything already, even sushi and sashimi restaurants. But nobody sells canapés! You have to come up with a new idea to succeed,” says Keila.







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# 3

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## SELF – SUFFICIENCY

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### From dependency to independence

The purpose of self-sufficiency aid is to equip individuals with tools that will allow them to improve their own lives. With a view to poverty alleviation, they should be enabled to transition from a state of dependency to one of financial independence. They should be provided with opportunities for greater financial security, but also develop a better understanding of their own environment. Läkarmissionen's self-sufficiency programmes frequently follow up some form of training and education programme such as literacy, civil rights or vocational training.

Läkarmissionen supports a wide range of self-sufficiency projects all over the world. For a while, our focus was on developing self-sufficiency in Latin America. Now we have intensified our efforts in Asia and our operations have also increased on the African continent.

For people who are too poor to become bank customers, micro-credit and savings groups represent an opportunity for them to establish income-generating occupations against all odds, which is why Läkarmissionen is committed to microfinance support: savings groups and microcredit projects. Savings groups focus on development and savings within their own group. Short-term loans are limited to the resources that the group can generate itself through its savings. One key subgoal is to support the establishment of a savings culture, which is especially challenging in environments with overwhelming day-to-day survival needs.

Microcredit projects can be designed as individual loans or as loans to self-help groups or solidarity groups, where external loans are linked to and dependent upon the group's own savings. Läkarmissionen's microcredit projects are targeted at both women and men, although the majority of the beneficiaries are women. The projects require a certain degree of stability and are ineffective in acute humanitarian situations as the target group is too vulnerable, and because rudimentary public services, which are a prerequisite for project success, can be non-functional.

A revised manual for microcredit and savings groups was approved by the Board of Läkarmissionen in 2013. During 2014, Läkarmissionen conducted discussions with local partners in Latin America and Africa concerning the design of self-sufficiency programmes based on local conditions and how to adapt the manuals to local conditions.

The regional resource centres in Miami and Kampala actively support the development of partner organisations. One specific priority area is to support the transition from individual projects to more integrated collaboration between the various components in a coherent programme structure. This especially applies to the connection between literacy and microcredit programmes. Läkarmissionen's integrated programmes with literacy, savings groups, civil rights and microcredit components for a common target group have now taken shape.

The security situation in several of the countries in which Läkarmissionen supports microcredit and savings groups is strained, which is why the manual also emphasises the need for implementing organisations to conduct continuous safety assessments for participants, employees and the organisation itself.

## GUATEMALA

### Self-sufficiency programme in Guatemala

Läkarmissionen's partner in Guatemala, Alfagat, has a longstanding commitment to reducing illiteracy in the 17 percent of the country's 15 million inhabitants who cannot read and write. In some sections of the indigenous population, the proportion is 30 percent. During 2015, Alfagat has reached 11,750 people through eleven different initiatives linked together into one programme. The primary component consists of basic literacy and numeracy skills, after which participants can continue their studies in a primary school programme.

1,816 of the above beneficiaries have participated in savings groups and received microloans that enabled them to start a small business. 1,700 have participated in vocational training courses that included electrical installation, cookery and production of simple jewellery. The components in the programme interact and reinforce each other. During the first half of 2015, Alfagat also conducted a humanitarian intervention on behalf of 2,600 people in two villages. The villagers received aid in the form of food and seed for sowing after the extreme drought that affected parts of Central America.

*A small market stall selling jeans was their way of starting their own business. In Guatemala both men and women participate in Alfagat's self-sufficiency programme.*



# UGANDA

## Self-help groups in Uganda

Combining self-help groups with vocational training is an effective way of helping people escape poverty and vulnerability. Since 2007, Läkarmissionen has collaborated with the Norwegian development organisation Stromme Foundation, which has extensive experience of working with self-help groups in Uganda. The focus of the Ugandan initiative is on microfinance and self-help groups for vulnerable women in rural areas, but for the past few years additional components have been added to ensure that the projects are even more efficient.

The women receive training in planning their household finances and running a small business, as well as the opportunity to save and borrow money in a self-help group. They are also offered other courses where, for example, they can learn to read, write and count, or receive preventive information on diseases such as HIV/AIDS and malaria.

One component is known as “Bonga” (dialogue), which aims to strengthen the self-esteem and independence of teenage girls and encourage their active participation in society. The girls get to discuss and learn about their civil rights as well as issues that will play a major role in their future lives. Typical topics covered are early marriage, parenting, family planning and basic health care. The teenagers receive a similar education to the women, and can catch up on lost schooling. A support group of adults acts as their safety net until they can join a self-help group.

A third component of the initiative provides vocational training for vulnerable young people. The programme increases the chances of the young people finding meaningful employment, while at the same time enabling them to contribute to the family’s household finances.

*“One day I bake and the next day I sell my deep-fried muffins. It’s going so well that I’m thinking of opening my own shop,” says Hope Kwagala.*



## *Muffin party!*

Two years ago, 19-year-old Hope Kwagala attended one of our groups for young girls in eastern Uganda, near the border with Kenya.

“I was forced to quit school early as my parents couldn’t pay the school fees. When a group started in our village I signed up straight away, because there’s so much that I don’t know,” she explains.

Now Hope is a member of a self-help group.

“Thanks to the savings group and the special course that I did, I now own a small business that allows me to earn money,” she says proudly.

Every second day she bakes a special type of deep-fried muffin that is popular with both adults and children. The following day she loads her bike and cycles to a nearby town, where she sells what she has baked, mainly to various shops.

“I earn about 40,000 shillings a week (about SEK 100) from my business. It’s going so well that I’m thinking of opening my own shop,” says Hope.

## 4

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# INTEGRATED PROJECTS

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Although Läkarmissionen's various priority areas have been developed as individual methods, the strength of our system is that we can connect the various components into a chain of aid efforts. We call this Läkarmissionen's value-development chain, which is described on page six.

It sometimes only requires a single component to transform the life of an individual, but it may also need a value-development chain of several components, such as training and education and start-up support, to empower individuals and their families. Läkarmissionen is usually responsible for all the components in these integrated projects, but in some cases we collaborate with other organisations for optimum results.

### *An example of how it works*

We drill a well in a village in collaboration with our partner IAS, which specialises in water projects. This eliminates the need for the

village women and children to walk long, dangerous distances to fetch water, which usually saves them many hours every day. They also avoid being put at risk, and the clean water means that both adults and children avoid many of the diseases carried by dirty water.

The time that the women and children save in not having to fetch water can instead be used to learn to read, write and count in one of Läkarmissionen's literacy projects. In addition to the useful skills that they learn, this also boosts their self-esteem and status in the community, which improves their overall situation.

The village women can also join a savings group and save money together with other women. The savings capital can then be used for microloans, which combined with their new skills and newfound confidence in their own abilities can become the basis for a small business. In a nutshell, the act of drilling a new well can fundamentally transform an entire local community.

# SOUTH SUDAN

## Clean water – right smack in the village

“Thank God I’ve lived to see this day,” shouts nearly 70-year-old Rebecka as the village of Pagok’s first water well is inaugurated. Since she was a child, she has had to walk almost five kilometres every day to fetch water from the river and then carry the heavy containers back on her head.

For the women in particular, as it is the women who are responsible for fetching water in this part of the world, it is a big deal that they no longer have to make the long trek to the river when they have the well in the middle of the village.

“Now I can fetch water easily whenever I need it,” Rebecka says happily. The village will continue using the river water for their vegetable gardens, but they no longer need to suffer diarrhea or contract the dangerous eye disease trachoma from drinking the dirty water.

“We’ve seen how people come from the city with clean water in bottles. Now we also have our own clean water,” says the village chief proudly.

The village of Pagok, in the province of Jonglei in South Sudan, is home to about 300 families. This means that almost two thousand people can now enjoy a dramatic improvement in their daily lives and health thanks to this gift from Läkarmissionen’s donors. The villagers will also receive training in how to manage the pump for optimum durability. In collaboration with our partner IAS, Läkarmissionen has for many years equipped a large number of villages in South Sudan’s poorest province Jonglei with reliable wells. When a community has its own supply of water, there is a good foundation for education and self-sufficiency interventions.

*It was a great day for South Sudanese Pagok when the first water well in the village was inaugurated, especially for the women.*





## 5

# HUMANITARIAN AID

## When lives are at stake

Rapid action that saves lives and alleviates suffering wherever possible is key to Läkarmissionen's approach to disaster and emergency relief operations. We usually contribute to two main types of intervention.

The first type takes place in response to major events such as natural disasters or widespread armed conflicts that impact a large number of people. This kind of disaster frequently receives extensive media attention, which means that many of our donors are keen to contribute through Läkarmissionen. We then organise a fundraising campaign and collaborate on site through the aid organisations that are part of our network.

The other type of humanitarian intervention involves minor emergency relief operations or more limited disasters that have occurred in areas where our local partners are active. Their proximity to the disaster location, their contact network and their knowledge of local conditions facilitates rapid, life-saving aid to individuals in distress. At the end of 2015, a devastating fire engulfed a township near Margate, South Africa, where our partner Give a Child a Family was able to provide emergency relief to the homeless with support from Läkarmissionen. Alfagwat in Guatemala aided residents suffering from a drought. These geographically limited disasters rarely receive much attention in the media, but Läkarmissionen usually makes a few smaller appeals, for example through the website or social media, where we inform our donors about the situation and offer them the chance to help.

Läkarmissionen's guidelines and the manual for our humanitarian interventions emphasise the ability to provide rapid, life-saving aid. We have a special collaboration in disaster preparedness with several local partners to ensure that they are ready to provide direct aid if a disaster hits their area. In November 2015, we arranged a special training seminar on this issue in Kampala, Uganda, for thirteen African partner organisations. We have continued the process of enhancing the skills and readiness of our local aid partners, while at the same time developing our partnerships in disaster relief. Our goal is to further reduce the lead time between the onset of a disaster and the moment that aid reaches the disaster site. At the same time, we are deepening our international collaboration in disaster response, where we work specifically with Swiss Medair. In 2015, Medair was our main partner in the humanitarian aid efforts for Syrian refugees and earthquake victims in Nepal.



## Humanitarian interventions during 2015. In chronological order by operation start-up.

**Syria/Lebanon.** Relief aid to Syrian war refugees including temporary housing, winter shelters, hygiene articles, access to clean water and sanitary facilities, etc. Relief aid to internally displaced persons (IDPs) in Syria including access to clean water and improved sanitation.

**Liberia.** Aid to Foya-Borma Hospital for Ebola treatment and aftercare, aid to homeless orphans, and preventive measures to avert new outbreaks.

**Sierra Leone.** Containment and long-term prevention of Ebola, for example by reinforcing community mobilisation, contact tracing, isolation of infected individuals, and psychosocial support for victims.

**Guatemala.** Distribution of food parcels and seed for sowing to the victims of the severe drought in Quiché has continued during 2015.

**DR Congo.** Distribution of aid including blankets, hygiene articles and medicine to 3,000 IDPs in the Beni area.

**Nepal.** Emergency relief after the earthquake to rescue survivors, remove rubble, and distribute equipment and medicine to medical teams as well as tents, hygiene articles and water purification tablets to victims, and repair damaged water sources and latrines. Aid to Lalitpur Nursing Campus to help reconstruct their facilities.

**Europe.** Foodstuffs, blankets, mattresses and hygiene articles etc. were delivered in Greece, Serbia and Hungary to refugees fleeing from war.

**South Africa.** After a fire in the township of Masinenge, where Give a Child a Family is active, 35 family homes were totally destroyed. Läkarmissionen contributed construction materials, amongst other aid.

## NEPAL

### Earthquake in Nepal

In the early morning of April 25, Nepal was hit by an earthquake measuring 7.8 on the Richter scale with an epicentre about 8 kilometres northwest of the capital Kathmandu. The quake was soon followed by a series of aftershocks and a total of nearly 9,000 people were killed and over 22,000 seriously injured. The material devastation was enormous.



*Nobody dared stay indoors in the first few days after the big quake.*

Läkarmissionen quickly arrived on the scene with disaster relief. In collaboration with our partner Mission East, which has operated in Nepal for many years, and Medair, the experienced Swiss emergency relief organisation, we concentrated our response in two severely affected districts, Sindhupalchowk and Dhading, where up to 90 per cent of the dwellings had been destroyed and many people had lost everything they owned.

#### **The emergency relief focused on:**

- establishing temporary housing
- distributing much-needed household and hygiene articles
- repairing damaged water sources and providing clean water
- repairing damaged latrines and building new ones to prevent the spread of disease
- distributing rubble removal equipment

This was made possible thanks to the just over MSEK 7.3 that Läkarmissionen donors contributed during a special emergency fundraising appeal. The reconstruction work will take a long time and Läkarmissionen will continue to provide support through its partners.

#### **Nursing campus hit**

For many years, Läkarmissionen has supported national nursing training at Lalitpur Nursing Campus (LNC) in Lalitpur, south of Kathmandu. Fortunately, very few of the 300 students were present in the facility when the earthquake occurred as it was a Saturday, but the material damage was extensive. Two buildings were completely destroyed, while others were damaged to varying degrees, and the water supply was also destroyed. Läkarmissionen is currently supporting LNC in the work of reconstructing dormitories, classrooms and laboratories and the nursing training has now resumed.



# SYRIA

## Emergency relief for Syrian refugees

Due to the civil war in Syria, millions of its citizens have been displaced, both within and outside Syria. For many years, Läkarmissionen has provided emergency relief in the enormous tent camps in Lebanon, where many poor Syrian families live. During 2015, we also provided emergency relief inside Syria itself, as well as to the refugees who have made their escape to Europe.

### *Lebanon*

2015 has been the fourth year of displacement for many of the families that crossed the border into the Bekaa Valley in Lebanon. Life in the informal tent camps is extremely demanding. To begin with, there is the serious risk of suffering floods, snowstorms and fires. In addition, the overall lack of resources and income has resulted in rising tension between the refugees and the local population. Läkarmissionen is currently supporting Swiss Medair's efforts to improve the refugees' temporary housing, water supply and wastewater treatment. The families have also received help to install latrines and reduce the problem of flooding in the camps.

### *Europe*

The streams of refugees into Europe are constantly seeking new routes, and in many places the situation has been very difficult during the year. In collaboration with Swedish Human Bridge and Erikshjälpen, we have sent containers of blankets, clothing, shoes and medical supplies to local aid groups on the ground in countries such as Greece, Hungary and Serbia.

### *Syria*

Even inside Syria itself, many refugees have sought refuge in temporarily safer areas, or been displaced from their homes and tried to find a safe haven to survive. During the autumn, Läkarmissionen has supported ADRA's efforts to increase the availability of water and improve sanitation in vulnerable areas.

*Hajar and Amina's makeshift home will finally get a roof and walls covered in thick vinyl and an insulating carpet instead of a dirt floor. It is difficult to survive without them when the snow and cold weather hit the Bekaa Valley in eastern Lebanon.*



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# AFTER EBOLA – A LETTER FROM LIBERIA

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## *Dear friends,*

When we look back over the numerous challenges and outcomes that we experienced during 2015, we can proudly say that our joint efforts were the gateway to the fulfilment of our respective goals.

In May 2015, I and John Lendor from the Board of the Foya-Borma Hospital, visited Stockholm. We were invited to Sweden by Läkarmissionen to participate at the seminar held in conjunction with the Läkarmissionen Annual Meeting.

The purpose of our contribution to the seminar was to provide basic information about the Ebola epidemic in Liberia, which has resulted in the tragic loss of so many Liberian lives, including healthcare professionals. Läkarmissionen played a key role in stemming the tide of Ebola in Liberia through its financial support to the Foya-Borma Hospital, which amounted to over 100,000 USD.



- **Information and collaboration.** When the Ebola epidemic broke out, the importance of collaboration and of conveying real knowledge became evident at a very early stage. Ebola was a hitherto unknown disease in Liberia and many Liberians are illiterate. For this reason, we launched an intensive information campaign through every available channel, both nationally and locally. At the same time, we established partnerships with local authorities and NGOs to maximize the impact of our campaign.

- **Training and improved hygiene.** It quickly became clear that poor hygiene, denial and traditional beliefs were contributing strongly to the rapid spread of the disease in Liberia. With this in mind, we invested

heavily in training and in improving hygiene procedures, which proved crucial to our success in the fight against Ebola.

We came to Sweden to spread basic knowledge about the Ebola outbreak in Liberia, but during our time here, we could not help but notice a few things that caused us to reflect on longer-term consequences, both for Europe and for Sweden.

From the perspective of our own cultural background, it was our impression that the use of smart phones and tablets was gradually replacing the traditional (human) way of communicating. Many people appeared to have replaced genuine relationships and face-to-face meetings with texting, Facebook and other digital channels. People felt busier than they actually were. While digital devices are extremely useful, they also appear to be having a negative impact on our natural human relationships.

Even if we are blessed with the highest material standards, we need the companionship of others. During our admittedly brief visit, we noticed that many people seemed very lonely. We were told that it was normal in Sweden to live together in the same building without even knowing the names of our neighbours. From my Liberian perspective, this seemed a sad way to live life. We need to use our time on this earth well before we go to our graves.

Something else that surprised us very much was the amount of food thrown away by stores and restaurants. Countless orphans and vulnerable children in Liberia would have benefitted from that discarded food. It felt like a terrible waste.

No matter how knowledgeable we are or where we live our lives: let us make sure that our mobile phones do not prevent us from personal meetings with our friends and relatives. Lonely people need someone by their side. And please let us make sure that we do not discard what could prove beneficial to people who are suffering and in need. I wish you all a happy 2016!

Best regards,

**Francis T Forndia**  
Administrator at Foya-Borma  
Hospital in Liberia



*“Although the outbreak of Ebola was a terrible, horrifying disaster, we learned important lessons from the various operational phases,” said Francis Forndia, the administrator at Foya-Borma Hospital in northern Liberia, when he visited Sweden as one of the main speakers at Läkarmissionen’s seminar.*

## Material aid

Through its close partnership with Human Bridge, Läkarmissionen supports humanitarian shipments of material aid to countries in Africa, Eastern Europe and the Middle East, where hospitals and organisations benefit from surplus healthcare supplies from Sweden. In addition to the medical supplies, clothing, shoes and other necessities are delivered to refugees and other individuals living in vulnerable situations. During autumn 2015, a total of 23 such shipments were delivered to refugees.

Existing partner organisations in Syria, Iraq and Serbia received the material aid, and new contacts were also established with organisations and churches in Greece and Hungary. These efforts took place in collaboration between Läkarmissionen, Human Bridge and Erikshjälpen. Several companies donated products such as foodstuffs, blankets, mattresses and hygiene articles. Transportation was also donated for the benefit of these shipments.

Other notable efforts during the year have been the aid shipments to Ukraine. Human Bridge has delivered material aid to five different organisations working for vulnerable individuals affected by the country's internal conflict. This includes deliveries of clothing and shoes to the conflict area and to refugees who have fled to western Ukraine, mobile clinics that provide health care to vulnerable individuals in rural areas, and support for families still affected by the aftermath of the Chernobyl nuclear disaster.

2,223 tonnes of medical supplies, clothing, shoes and other necessities divided into 212 consignments (one consignment corresponds to a trailer) have left Human Bridge during the year. This material aid makes a significant difference both for vulnerable individuals and the environment.



*The Christian Medical Association operates a mobile clinic in Ukraine that provides rudimentary health care to people in rural areas.*

## Networks for more institutional funding

In 2014, Läkarmissionen was approved as a member of an important network of aid organisations, the Swedish Mission Council (SMR). SMR is an important forum for Swedish organisations with Christian values that currently includes 35 organisations under its umbrella. SMR distributes Sida funds to aid projects, and approximately MSEK 130 annually is channelled to its member organisations for projects in around 50 countries. In September 2015, Läkarmissionen was granted funds for the first time by SMR for a three-year project in Honduras focusing on children's rights. Läkarmissionen also participates actively in the meeting places and learning platforms that SMR provides, for example in the fields of conflict analysis and humanitarian operations.

Läkarmissionen is also a member of two other networks that focus on development co-operation and aid funding from the EU; EU-CORD and CONCORD Sweden. The goal of these networks is to advocate foreign aid policy issues in an EU context, as well as to strengthen the knowledge of member organisations and their ability to apply for grants from the EU. CONCORD Sweden also monitors Swedish policies in this field with a view to ensuring that they become more coherent and contribute to global development and poverty alleviation.

As a member of CONCORD, Läkarmissionen has participated in discussions concerning the new global goals for sustainable development that from 2016 will replace the previous Millennium Development Goals.

## From a human rights perspective

The work of Läkarmissionen is based on a human rights perspective, which means that we focus on the rights of individuals and their ability and power to change their own life situations. It also means that we try to identify and address the root causes of poverty and vulnerability. In a human rights-based approach, lobbying government officials on both a local and a national level is essential. It is very often an official inability to protect, respect and fulfil the human rights that creates the difficult situations that Läkarmissionen's partner organisations around the world are committed to improving.

During 2015, Läkarmissionen has strengthened its human rights-based approach both internally and at our partner organisations. By means of seminars and workshops, we have developed new tools and methods for efficient human rights-based aid. In Sweden, this has taken place in dialogue with the Swedish Mission Council and the Salvation Army, where we learned from each other. In our partnership seminars in Latin America and Africa, we have trained our partner organisations in the practical aspects of the human rights-based approach. Partner organisations have also had the opportunity to exchange experiences and learn from each other, for example regarding local advocacy.

### Historic network meeting in Nicaragua

Läkarmissionen's Resource Centre in Miami organised a seminar in Nicaragua on 15–18 September 2015, during which 15 of Läkarmissionen's partner organisations in Latin America from a total of 11 different countries participated. Our partners meet regularly for talks about further education and the deepening of our collaboration, but this was the first time that all collaborative partners had gathered for a joint meeting.

The meeting had four main agenda items: the introduction of Läkarmissionen's new templates and tools, the practical application of human rights-based approaches, microcredit and literacy. Sessions were based on Läkarmissionen's manual for micro-credit and savings groups, but also on the participants' own experiences.

In addition, each organization was able to present its own development challenges and successes in recent years. Regional partnership seminars are one of Läkarmissionen's tools to ensure the quality of project activities and strengthen the capacity of partner organizations. The seminars also fulfil an important networking role, as shared learning is essential and a prioritised activity during the gatherings.

### Disaster preparedness

Thirteen of Läkarmissionen's African partners gathered in Uganda for a Disaster Preparedness Seminar on 3–6 November, 2015. The purpose of the seminar was to educate and prepare partners to act rapidly in the event of local small-scale disasters.

In order to be well prepared when a disaster strikes, it requires sound knowledge of the laws, rules and structures in a society, an awareness of who is responsible for what, and a contact list of key individuals. Knowledge of how to interpret signals from warning systems is also necessary. The seminar was the second of its kind, and Läkarmissionen is planning to develop similar collaborations with partners in Asia and Latin America.



*Participants worked with problem tree analysis to identify the root causes of disasters.*



*One of the speakers in Johannesburg was Snenhlanhla Shangase, the first child ever rescued by Give a Child a Family.*

### Conference in Johannesburg

In mid-June 2015, Läkarmissionen's South African partner Give a Child a Family arranged the Implementing Family Care in Africa conference in Johannesburg, where the emphasis was on the practical application of the laws, regulations and guidelines for the alternative care of children.

Unfortunately, a month before the conference was scheduled to take place, South Africa was hit by disturbances and violence against foreign nationals, and some delegates decided not to attend. Nevertheless, the conference was eventually attended by 250 delegates from 34 countries. The event was described as “multi-national, multi-cultural and multi-faith”, with participants from the authorities as well as donor and implementing organisations.

During the conference, research was presented which showed that children, from both a physiological and psychological perspective, do not flourish when growing up in institutions, and that the younger the child, the greater the damage suffered. However, not all families can guarantee a safe environment, and various forms of support for the families is therefore essential.

Läkarmissionen, which was one of the conference sponsors, participated along with a number of its African partners. The conference was characterised by interactivity, where each participant was given a number of opportunities to reflect, discuss and share their experiences with others. After the conference, the conference management set up a digital network that enabled the conference delegates to continue the exchange of information online.



# 2015

## FUNDRAISING & INFORMATION

The main challenge during the year was to broaden our scope and reach out to new donors. In order to reach larger groups, we have increased our investment in mainstream media channels such as TV, radio and outdoor advertising. During the summer, we ran a TV campaign in which the film was designed to elicit an immediate response from viewers. In September we ran a campaign in the Stockholm Metro system, and in our Christmas campaign we advertised on bus shelters and outdoor billboards.

### *The “MånadsBladet” newsletter*

The monthly mailing of Läkarmissionen’s the “MånadsBladet” newsletter remains the backbone of our fundraising operation. Every month we feature a selected project in the newsletter to keep our loyal donors updated on our work. The newsletter also contains small items about ongoing activities. Every issue includes a payment slip for spontaneous donations to current appeals and other projects. MånadsBladet is also available in digital form with an e-invoice for donations.

### *Monthly donors*

The number of donors that opted to donate by direct debit has increased significantly during 2015 to a total of 14,000. Our goal is for more people to donate this way, as it saves the cost of postage and printing. Donors who donate by direct debit receive the “Svenska Journalen” magazine six times a year, but not MånadsBladet (unless they specifically request it).

### *Commemorative Certificate and Giftogram*

Many people choose to commemorate a departed loved one or to celebrate an anniversary by donating with a so-called Commemorative Certificate or a Giftogram. Traditionally these services have been available by phone from our donation service, but an increasing number of donors are now ordering them online from our website at [www.lakarmissionen.se](http://www.lakarmissionen.se).

### *New website and donation management system*

The project to simplify and improve methods of online donation is still ongoing. In November our new website was launched, which is more informative and facilitates donations to our projects around the world. At the same time, Webaid, our online gift shop, was re-branded as “The Läkarmissionen Gift Shop”. It has continued to play a significant role as a fundraising channel, and although the highest visit frequency occurred just before Christmas, as always, the importance of our online operations is growing steadily in conjunction with all types of campaigns. During natural disasters especially, our

digital channels represent an increasingly important resource, both to expedite donations and to communicate up-to-date information.

We are also delighted that at the end of the year we were able to launch a brand-new donor management system with better opportunities for customer care and follow-up. Our digital investment has also resulted in more donors and a higher level of engagement in social media.

### *Disaster relief*

During 2015, the devastating earthquake in Nepal and the refugee crisis caused by the war in Syria received enormous media attention. Läkarmissionen conducted specific campaigns to raise funds for the victims of these disasters. The results were outstanding, with MSEK 7.3 raised for disaster relief in Nepal and a further MSEK 7.6 donated to the relief effort for Syrian refugees. Most of these gifts came from existing donors, but many people made their first donation to Läkarmissionen in conjunction with these campaigns.

### *Moving forward*

During 2015, several initiatives have been launched on the fundraising side. We have enhanced the department with expertise in production management, project management, campaign planning and social media. A specific initiative to develop corporate donors has begun. Our expanded telemarketing drive to recruit monthly donors has performed well.

Donations from companies and partnerships have grown slightly and the collaboration with Mäklarringen and Adresslotteriet has continued. New partnerships, such as those with Strong As Life and A Better Home, with Filadelfia Stockholm as partner, have not only contributed financially but also widened our network.

We also need a strong network of partner companies involved in Läkarmissionen’s communications. During 2015, efforts have been made to build such relationships and in the autumn we held our first partner meeting with the companies involved in our campaigns. We then had our field partner IAS on site and Lotta Gray, one of our ambassadors, shared her impressions from her travels in the field.

During 2015, we developed our plan for marketing communications and are now well equipped to face the future with well-integrated strategies and activities. Our online presence has increased and indicates greater responsiveness, engagement and dissemination.

## New website

Läkarmissionen's new website was launched in November with a vision to highlight more of Läkarmissionen's breadth. As before, visitors to the site can make donations, purchase Giftograms and Commemorative Certificates, or start their own fundraisers. All fundraising features have been simplified and given a facelift, and texts have been revised to correspond with Läkarmissionen's goals and visions. Work on the website will continue during spring 2016 until all the changes have been implemented.



## “Friendly Week”

Friendly Week is celebrated in February, the same week as Valentine's Day. Friendly Week was shelved for fifteen years but relaunched in 2014 with good results, and in 2015 it has once again been widely reported in the national media. In addition to the themes that have existed since its inception in 1946, friendliness in traffic, at home and at work, Läkarmissionen chooses a special theme every year. This year the theme was friendliness to a neighbour.

#Vänliga Veckan

## Bequests

Bequests and donations from wills account for a significant proportion of Läkarmissionen's total raised funds. During 2015, we have received approximately MSEK 32.6 in donations from wills. We would like to express our profound gratitude for the trust that private individuals show in the work of Läkarmissionen in this manner.

## Almedalen Week

Läkarmissionen held a seminar during Almedalen Week in collaboration with Hand in Hand. The seminar took place on the Sida stage and the theme was “Female entrepreneurship – the key to effective poverty alleviation”. The speakers were Johan Lilja from Läkarmissionen and Charlotte Bohman, general secretary of Hand in Hand.



## New second-hand shop

On 19 September, Läkarmissionen's new second-hand shop opened for business in Upplands-Bro, outside Stockholm. It is the fourth store in all, together with the other shops in Vällingby, Södertälje and Västerås. Approximately MSEK 1.6 was raised for development aid from sales in the shops during 2015.

A key part of Läkarmissionen's second-hand operation is our loyal volunteers. They help with everything in and around our shops, from washing dishes and pricing donated china to sorting clothes and attending the checkout. Many thanks!

## “Songs For Life”

Songs For Life, Läkarmissionen's major choral event conducted by Mats Backlund, took place for the sixteenth year running. The concert series, featuring Sonja Aldén, Uno Svenningsson and Anders Ekborg, not only spread joy but also helped to attract Guardian Angels in Åmål, Skara, Malmö, Karlskrona, Ärla, Hammer, Stockholm and Gothenburg.

One new event during 2015 was the “Songs For Life – Christmas Special”, a Christmas concert featuring Tina Ahlin and Orsa Spelmän and 500 choristers in Kristinehamn and Sunne.





## “Action Christmas Present”

During Läkarmissionen’s Action Christmas Present 2015 campaign, over 25,000 Christmas presents were distributed to underprivileged children in Eastern Europe (Moldova, Georgia, Ukraine and Romania). The annual campaign is organised by Läkarmissionen in partnership with Human Bridge, and involves children across Sweden wrapping Christmas presents with a predetermined content such as a toothbrush, toothpaste, crayons, a writing pad and a postcard with a personal greeting. The presents are then distributed by Läkarmissionen’s partners to the relevant countries. Schoolchildren are the primary target, but efforts to involve more families and private individuals have continued and a total of about 400 families took part. As in previous years, engagement in Swedish schools and associations was widespread, and about 20 companies also wrapped presents.



## Books & Dreams

The partnership with Books & Dreams magazine has continued and Läkarmissionen participated at events in Stockholm and Gothenburg, where we recruited new Guardian Angels. Läkarmissionen also took part for a day at Crimetime Gotland, a new crime fiction festival organised by Books & Dreams, where we talked about our work with victims in DR Congo and Honduras.

## Information campaign

In August, Läkarmissionen conducted the information campaign “Letters from Mama London”. We talked about our project in Bukavu, DR Congo, to help children born as a result of rape and their mothers. The campaign was based on various letters from Mama London that we featured in a wide range of channels, such as outdoor advertising in Stockholm’s public transport network, through various blog and podcast partnerships, and on our website.



## Svenska Journalen

Läkarmissionen originated from the weekly magazine Svenska Journalen. Now it is an essential channel issued six times a year that feeds back to the donors and describes what Läkarmissionen has accomplished in the field. Svenska Journalen aims to be an important magazine, but it also features a mix of entertaining articles, recipes and crosswords. In the December issue of Svenska Journalen, a calendar is included as section two of the magazine.



## Brief summary of concerts and events during 2015

During 2015, 107 concerts and gatherings were held in various churches and other venues. The fifteen concerts featuring Evie & Pelle Karlsson that took place in overcrowded churches across the country were something of a highlight. Other artists we have collaborated with are: Solistkvartetten, Vocalsis, Ingemar Olsson, Roland Lundgren, Richard Niklasson, Terese Fredenwall, Lars Lind-Jaktlund, Da Capo, and The Three Legendaries (Ingamay Hörnberg, Lennart Sjöholm, Hasse Hallström). We also arranged a meetings tour with Basil and Monica Woodhouse from Give a Child a Family, South Africa. In addition to the funds raised through donations (cash, swish and payment terminals), our meetings are a way to recruit new Guardian Angels. Our target for 2015 was achieved by a wide margin, with a total of 450 new Guardian Angels, which is an increase of 45 per cent on 2014.



## Many thanks to our photographers!

Hans-Jörgen Ramstedt: cover, pp. 4, 7, 8, 14, 16, 18, 19, 21, 30, 51

Håkan Flank: pp. 5, 25, 50

Felix Frank: p. 10

Torbjörn Selander: p. 11

Jörgen Ulvsgård: p. 12

Tomas Ohlsson: p. 15

Torleif Svensson: p. 20

Mission East Nepal: pp. 22, 24

Erika Stenlund: pp. 26, 27, 33

Human Bridge: p. 28

Läkarmissionen: p. 29

Noah Agemo: p. 32

Carina Nilsson/Sånger För Livet: p. 32

Patrik Svedberg: p. 33

## MANAGEMENT REPORT 2015

The Board and the CEO of Läkarmissionen – stiftelse för filantropisk verksamhet 802005-9989 hereby submits its report for the period 01-01-2015 to 31-12-2015.

### General Information

#### **Organisation, purpose and goal**

Läkarmissionen is a Swedish foundation with headquarters in Vällingby, Stockholm, whose main purpose, according to its statutes, is to engage in international aid efforts. The foundation fulfils this mission well adjusted to current, existing conditions. The focus of the foundation is on international projects within our established priority areas of social care, training and education, and self-sufficiency.

The goal of Läkarmissionen's development programmes is to create opportunities for vulnerable individuals that will empower them to transform their own lives and benefit from a better future. The aid we provide aims to underpin the inherent strength of individuals to escape their own poverty and achieve lasting change. We strongly believe that a combination of development components within social care, training and education, and self-sufficiency can accomplish the desired transformation, a type of humanitarian value-development chain from dependency to independence. In addition to our extensive development aid efforts, Läkarmissionen's mission is to respond in various forms of humanitarian intervention.

#### **Promotion of goals**

Goals are promoted by conducting international aid efforts, disseminating information about international development challenges, and conducting advocacy.

#### **International aid**

During 2015, Läkarmissionen's development aid efforts have been conducted in approximately 40 countries in Africa, Asia, Latin America and Europe. An increasing proportion of these efforts are conducted in project form, although operational support still exists. In general, Läkarmissionen always collaborates with competent local partners in respective target countries in order to ensure close contacts with the target group and establish relations in the local community, which is a prerequisite for sustainable and effective development aid. To enable a better planning horizon for our partners, Läkarmissionen has in recent years provided long-term project aid, which requires the financial strength of large equity holdings.

#### **Social care**

Social care aid is Läkarmissionen's broadest priority area, and social care projects are aimed at the most socially vulnerable, with children as the primary target group. The purpose of all Läkarmissionen's social care projects is, based on a human rights perspective, to create better conditions that will enable individuals to optimise their own capabilities. A prerequisite for this is that the individuals are healthy, have a secure environment and access to food and clean water.

Social care is frequently the first component in a commitment that will later include both training and education, and self-sufficiency.

It also includes Läkarmissionen's support for a wide range of health projects, many of which are of a preventive nature, such as information about hygiene and sanitation, and diseases such as HIV.

#### **Training & Education**

Läkarmissionen is strongly committed to training and education, as knowledge is a prerequisite for enabling individuals to participate actively in society as well as for creating work opportunities and better living conditions. Literacy is a fundamental component in personal development and therefore essential in Läkarmissionen's training programmes. Our commitment is an integrated element in a value-development chain whereby components such as literacy and vocational training are linked with poverty-alleviating self-sufficiency components such as micro financial aid and support for savings groups.

The largest expansion of Läkarmissionen's educational aid is currently taking place in Africa, but the commitment to training and education in Latin America remains substantial. Literacy is primarily taught using the Laubach "Each one, teach one" literacy method, which is based on interactive education in small groups led by tutors, mostly volunteers. Läkarmissionen has established self-sufficiency projects in several locations as a natural progression after literacy training. Efforts have focused on adding new microfinance components, which ensures good long-term opportunities for programme participants. The ability to read and write is a prerequisite for personal development and a step in empowering individuals to enduring change.

#### **Self-sufficiency**

Self-sufficiency aid comprises the final component in the value-development chain that aims to empower individuals in their desire to support themselves. In general, self-sufficiency aid is heavily linked to training and education of various kinds, primarily literacy and vocational training.

A significant proportion consists of microcredit projects combined with some form of training and education. Most of the participants are women, who receive basic literacy skills and are also provided with the tools to start their own small businesses. Läkarmissionen applies established guidelines that define the tried-and-tested microcredit types. In addition, there is a well-defined code that regulates the relationship with borrowers in microcredit projects, as well as criteria for the implementing organisation's role and the financial prerequisites that ensure correct behaviour towards individual borrowers.

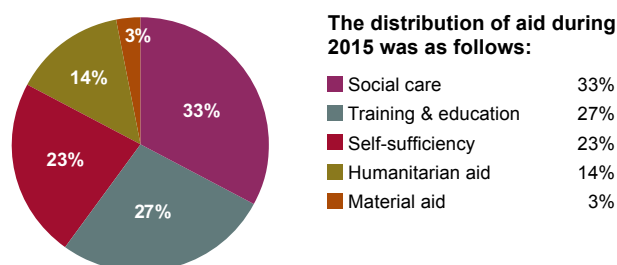
Training and education is also important in the creation of self-help groups. The group members begin with internal savings and loans to each other, before progressing to microcredit loans and greater accountability. Programmes involve entire families in order to strengthen sustainability.

#### **Humanitarian aid**

Humanitarian aid focuses on saving lives in emergency situations. In the event of a major disaster, Läkarmissionen usually organises a spe-

cial fundraising campaign to meet the desire of our donors to get involved and make a difference. In the event of less extensive disasters in regions where Läkarmissionen is involved in ongoing development programmes, we also have a duty to intervene. However in these cases, the disasters may not attract much media attention in Sweden and funds are raised with a small donor appeal.

Läkarmissionen provides material aid through its partner organisation, Human Bridge Foundation, which ships aid such as hospital materials to several African countries. During the year, a number of emergency aid shipments have also been dispatched to refugees fleeing the conflicts in Syria and northern Iraq.



#### Läkarmissionen is active in the following countries:

**Africa:** Burkina Faso, Burundi, Chad, DR Congo, Ethiopia, Kenya, Liberia, Mauretania, Mozambique, Niger, Rwanda, Senegal, Sierra Leone, Sudan, South Africa, South Sudan, Tanzania, Uganda

**Asia:** Afghanistan, Bangladesh, India, Iraq, Israel/Palestine, Lebanon, Nepal, Pakistan, Syria

**Europe:** Moldova, Romania, Russia, Ukraine

**Latin America:** Argentina, Brazil, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay

Läkarmissionen can access a large number of competent partners almost anywhere in the world through the EU-CORD network. These channels enable a rapid response to major humanitarian disasters. During 2015, we mainly collaborated with Medair to provide aid in conjunction with both the major earthquake in Nepal and the refugee crisis related to the conflict in Syria.

#### Information, communication and fundraising

Part of Läkarmissionen's goal is to disseminate information and to conduct advocacy. During 2015, information about completed aid operations and current needs has been featured in twelve issues of MånadsBladet and distributed to active donors. Svenska Journalen, Läkarmissionen's organisation and membership magazine, is also an important channel of information that aims to highlight and disseminate in-depth information about Läkarmissionen's focus and aid efforts.

The information to donors during 2015 has reflected the broad range of activities that Läkarmissionen is involved in. Apart from Svenska Journalen, the website is the primary channel to donors, as well as the public in general. During the year we have invested in a new website, which, along with social media, is becoming an increasingly significant factor in mobilising public engagement in vulnerable individuals and disseminating information about Läkarmissionen's projects quickly. Projects that donors are supporting and how these have transformed the lives of vulnerable individuals are described in concrete terms. More information about this is available at [www.lakarmissionen.se](http://www.lakarmissionen.se).

Through our numerous meetings and concert events, Läkarmissionen comes into contact with a large number of existing donors, recruits new ones, raises funds and communicates information about our various development aid efforts. During the year, a positive reprise of a joint venture took place with vocal duo Evie and Pelle Karlsson. Läkarmissionen also organises a well-established choral and concert concept called "Songs For Life". Meeting with donors at concerts is an important part of communicating information.

#### Significant partnerships

##### Swedish Mission Council (SMR)

Our partnerships within the SMR network are crucial to our aim of being a relevant quality partner for institutional donors. During the year, Läkarmissionen was informed that our first joint project, linked to our human rights work with vulnerable women and children in Honduras, had been granted SIDA funds for 2016–2018.

##### Human Bridge

As one of the founders of Human Bridge, Läkarmissionen is involved in a comprehensive aid programme that provides hospitals in a number of countries, primarily in Africa, with medical supplies. The organisation promotes a combination of development and environmental activities. In order to raise funds for material aid shipments, over 7,000 tonnes of textiles were collected during 2015, which also contributes to a reduced environmental impact in Sweden.

##### EU-Cord

Läkarmissionen participates in the management committee of EU-CORD and contributes to the continuous development and relevance of the network. This network includes a large number of competent collaborative partners that contribute significantly to Läkarmissionen's capacity to respond quickly in the event of humanitarian disasters around the world.

## MANAGEMENT REPORT 2015

### Medair

During autumn 2015, the relationship with a long-standing collaborative partner, Medair, has been strengthened. Medair possesses a substantial capacity for humanitarian disaster relief and is headquartered in Switzerland. Through this partnership, Läkarmissionen can now participate in the initial emergency phase with its own staff. This creates greater relevance for Läkarmissionen in relation to both existing and new partners.

### Second-hand shops

Läkarmissionen benefits from a close partnership with four second-hand shops in Vällingby, Västerås, Bro and Södertälje that sell donated clothes, furniture, household items etc to generate funds for use in our development aid projects. The shop in Bro, which opened in September, has been established in close collaboration with Upplands-Bro Municipality, and is Läkarmissionen's first shop in a commercial shopping centre. In addition to the funds that they raise, the second-hand shops create opportunities for individuals to show a strong sense of personal commitment as volunteers, and they also provide people that are currently outside the labour market with an important function. In terms of turnover, several of our second-hand shops have broken records during 2015, but as the regulations concerning VAT and possible refunds from Swedish Fundraising Control are ambiguous, the financial contribution of the second-hand shops to Läkarmissionen's development aid finished below budget. During the year, the partnership with a shop in Märsta was terminated.

### Swedish Fundraising Control – 90 accounts

Development aid is largely financed by donations from private individuals in Sweden. The main fundraising channel for this is Läkarmissionen's 90 accounts (registered donor accounts), which provides donor security as all revenues are verified by Swedish Fundraising Control (Svensk Insamlingskontroll).

### Radiohjälpen and Världens Barn

During the year, a number of major donations, totalling nearly four million Swedish crowns, were received from Radiohjälpen (Radio Aid) in conjunction with Läkarmissionen's commitment to the Världens Barn campaign (Children of the World). Läkarmissionen appreciates its involvement with Världens Barn, as together with other aid organisations we can contribute to national fundraising. The partnership with Radiohjälpen is important to Läkarmissionen, who is looking to deepen the relationship during 2016.

### Swedish Fundraising Council

Membership of the Swedish Fundraising Council trade organisation (FRII) is important for several reasons. Firstly, the Code of Quality and the impact report are instrumental in maintaining a high level of credibility for fundraising organisations as a whole, but the SFC also offers the opportunity to interact on a number of issues in which a united voice carries more weight. During the year, we have been actively involved in issues concerning VAT for second-hand operations and the right to deduct charitable donations.

### Fundraising channels

Donations made in response to the distribution of the monthly newsletter MånadsBladet still account for a large proportion of raised funds. Campaigns and other fundraising activities are primarily aimed at private individuals, although some degree of support is donated by companies, foundations and associations.

Operating revenue, annual comparison				
	2015	2014	2013	2012
Fundraising 90 accounts	103,650	91,900	94,681	85,562*
Bequests	32,597	37,747	26,791	21,313
Website	4,715	3,097	3,619	3,071
Second-hand	1,568	2,113	2,282	1,351
Other	11,724	8,620	7,827	8,301
<b>Total revenues</b>	<b>154,254</b>	<b>143,477</b>	<b>135,200</b>	<b>119,598</b>

\* Includes VAT repayment

Several campaigns have been conducted during the year, both classic direct marketing campaigns and digital ones, which saw an increasing number of donors donating online. We have also noticed a clear and increasing trend of donors opting to make regular donations by direct debit, mainly through Läkarmissionen's Guardian Angel concept. Bequests also represent an important revenue source, which in 2015 raised a total of MSEK 32.6, or approximately 21 percent of our total revenue.

During the year, several fundraising campaigns related to humanitarian disasters have been conducted, during which some direct marketing was targeted at purchased addresses in order to recruit new donors. The impact of social media such as Facebook, Twitter and Instagram as communication and marketing channels for our various recruitment and fundraising efforts is becoming increasingly important. A further revenue source is various types of corporate sponsorship, a good example of which has been the corporate partnership with Mäklarringen during 2015, and several other companies have also made significant donations. A large sum is donated every year by Swedbank/Robur and in 2015 their mutual fund shareholders contributed over TSEK 800 to Läkarmissionen's development programmes.

### Earmarked funds

The fact that private individuals respond by donating and bequeathing to Läkarmissionen implies a great amount of responsibility and trust in our organisation. Donors can opt to earmark their donations for specific projects or they can delegate the responsibility for targeting donations

to Läkarmissionen and ensure that donations are used where they are most needed. During 2015, 71 percent of private donations and an overwhelming majority of bequests were non-earmarked, which shows a tremendous amount of trust in our organisation. As Läkarmissionen seeks institutional support, the proportion of earmarked funds will increase accordingly.

### **External factors that have impacted operations**

During 2015, a number of official and legislative decisions impacted our organisation negatively. Regulations and a lack of clarity concerning VAT and possible income tax liability in Läkarmissionen's second-hand operation have contributed to a decrease in revenues for development aid efforts. The abolition of tax deductibility for charitable donations has indirectly affected potential revenue increases, as the option to increase monthly donations cost-free from 150 to 200 Swedish crowns has now disappeared. Furthermore, the average age of Läkarmissionen's donors is still relatively high, which could cause a decline in the donor base going forward.

### **Significant events during the financial year**

#### ***New President, new rules of procedure and new Board committees***

During the year, Läkarmissionen has taken important steps in developing transparency and openness within the organisation. Under the leadership of the new President, new rules of procedure have been adopted for the Principals, the Nomination Committee, the Board, the President and the newly established Working Committees. The rules of procedure clarify divisions of responsibility within the foundation. The working committees comprise a national committee, which, for example, selects suitable investment advice for the organisation's asset management, and an international committee, whose task it is to deepen its knowledge concerning international project activities and provide quality support for the operational management.

#### **Website and fundraising system**

During 2015, Läkarmissionen has implemented a new fundraising system in order to streamline donor administration and improve the management of revenue streams, and it has also created a website for enhanced user accessibility to Läkarmissionen's overall operations.

### **Qualitative and quantitative targets**

#### **Operational targets**

The organisation has exceeded its 2015 revenue target by 6 percent. The main reason for this has been the consistently high bequest revenues and an increase in raised funds in conjunction with two major humanitarian disasters.

#### **Project targets**

The project organisation has involved a large number of projects in which the aim of the various project targets is to contribute to long-term goals. Läkarmissionen's target for 2015 was for 290,000 vulnerable individuals to be offered the opportunity and the tools to

transform their own lives. During 2015, 300,000 people have participated in our various aid programmes, which is a target fulfilment of 103 percent.

### **Systematic learning and continuous improvement**

In order to systematically ensure that improvements are made, Läkarmissionen applies a quality system in which specific procedures that concern operations, policy documents and role descriptions govern the organisation. When a deviation occurs, a report is submitted to avoid repetition and to ensure procedures are improved. Both the Board and executive management conduct evaluations as an element in the continuous improvement and development of the organisation.

There is a considerable, inherent development potential in sharing the best operational methods and practices amongst our partners and between different countries. Several educational workshops have been conducted in the field, during which some of our partner organisations had the opportunity to enrich each other with their experiences. One good example is Give a Child a Family in South Africa, which in recent years has actively conveyed its successful approach to other countries. Its methods and projects focus on providing abandoned and orphaned children with a new family through support and training. In collaboration with Läkarmissionen, a major conference was organised in South Africa where a large number of countries were represented.

During the year, great emphasis has been placed on developing a comprehensive manual for Läkarmissionen's social care activities, the intention of which is to support continuous development and learning. In Nicaragua, all of Läkarmissionen's Latin American partners gathered for training in human-rights and results-based development aid with a focus on microcredit. Every country had the opportunity to present its work and share its individual experiences. Learning from each other and participating in networks is the cornerstone of constructive development work. Underpinning the programmes with well-documented facts is a prerequisite for good measurement methods and clear indicators.

A large number of partners in Africa gathered for discussions regarding Läkarmissionen's Rapid Emergency Response programme, which aims to create the skills and capacity for a rapid response in the event of a local disaster. The primary task of each partner is to develop its core competencies, but it also has a duty to respond in the event of a disaster. Through joint learning and by encouraging other strong partners such as IAS to participate, the training reinforces the skills at our local partners as well as at Läkarmissionen.

We try to learn lessons from what has worked well and what has been less effective. During any programme, some of the participants may drop out and not everyone can take the final exams. Former street children can have difficulty adjusting to school and permanent accommodation, and be attracted back to homelessness. Where things are not working well, we support our partners in finding solutions that will achieve the goals.

## MANAGEMENT REPORT 2015

### Important milestones on the path to the long-term goals

Millions of beneficiaries have received aid through the years. During 2015, Läkarmissionen has funded, either wholly or partly, about 70 different unique development projects. In most cases, the aims of the various projects have been achieved, and sometimes by a wide margin. Every aid effort impacts tens, hundreds, thousands and even tens of thousands of vulnerable individuals, who have received, or accepted, a chance to transform their own lives. The different projects ensure that the human rights of a range of target groups are respected in various ways. The ability to read and write enhances opportunities to achieve a secure livelihood, to claim one's rights and to participate actively in society. Clean water in a village rescues girls and women from the hard, and often risky, work that fetching water in Africa often entails. At the same time, access to water safeguards the food supply, and in combination with improved sanitation reduces the prevalence of disease.

It is not easy to report the results and impacts of so many different aid efforts collectively, as they are conducted individually or integrated in our three priority areas of social care, training and education, and self-sufficiency, not to mention disaster relief and material aid. The differing aims and circumstances of projects can make them tricky to equate and compare. Beneficiaries who by Läkarmissionen's efforts have received a new future are one type of impact, another is how well the local community develops in relation to its starting point, and a third is the degree of change in official attitudes to individual vulnerable groups. Each project has its own specific objectives and based on these measured every local effort. Each project has its own specific objectives and each local aid activity is assessed on the basis of these objectives. Our strategic plan states that we, over a period of five years, are aiming to involve 1.3 million people in our programmes, but if we include the indirect target group, the impact of Läkarmissionen's aid projects is five times greater. This correlates with the number of participants in 2015, which was more than 300,000. As we are increasingly linking different activities together, we believe that many of those who have participated in our programmes have experienced lasting and significant change.

### Significant events after year-end closing

- **Deductibility of charitable contributions abolished**  
As the government has abolished tax deductibility for charitable contributions from January 2016, there is a risk of a revenue decrease during 2016. We are also concerned that our efforts in recent years to increase the number of monthly donations will not have the same effect without the right of deduction.

- **Operational field correspondent**  
Läkarmissionen is looking for a new qualified correspondent to participate actively in humanitarian aid operations, which may result in increased publicity and increased revenues.

- **MOU with International Aid Services**  
Through a new partnership between Läkarmissionen and International Aid Services (IAS), an annual framework will be allocated to investments in development aid programmes in some of the world's most vulnerable populations. The investment will amount to approximately 10 percent of Läkarmissionen's annual development aid, and aims to impact the lives of vulnerable individuals by combining the strengths of both organisations.

### Financial results and position

#### Clarification of profit development

Revenue growth has continued its healthy trend. The positive results are related to a consistently strong revenue stream from bequests and two major disaster fundraising campaigns, for Nepal after the massive earthquake in the spring, and the current conflict situation in Syria and resultant refugee crisis in the autumn. The organisation has for several years had a sharp profit surplus that to some extent has been regulated by increased project disbursements during 2015. Läkarmissionen's monetary support to aid partners is at its highest level since its inception in 1958.

Revenues and costs are in line with the established budget and there are no significant deviations.

ANNUAL COMPARISON	2015	2014	2013	2012
Total revenues (TSEK)	154,254	143,477	135,200	119,598
Raised funds (TSEK)	146,119	136,496	129,112	112,268
Profit/loss for the year (TSEK)	- 1,656	6,379	7,139	277
Equity (TSEK)	83%	79%	77%	78%
Direct project costs (%)	14%	13%	15%	16%
Fundraising costs (%)	5%	5%	6%	7%
Administrative costs (%)	95,495	97,151	90,772	83,633

## Financial instruments

The management of cash and cash equivalents is governed by an investment policy approved by the Board. This policy includes principles for financial risk that optimise returns within a framework of low and controlled risk, as well as ethical and environmental principles. This must take place without said investments restricting the foundation's ability to make cash available at short notice.

The investment policy sets out the objectives listed below. Läkarmissionen assesses its investments based on a number of objectives such as risk weighting, securities rating, liquidity, issuer spread and how well returns collectively achieve the return target. During 2015, we have exceeded the targets that we set for our investments. The investment policy is available in its entirety on Läkarmissionen's website.

Läkarmissionen takes no currency risk in connection with payments because all decisions are made in SEK. So as not to expose individual projects to financial risk, Läkarmissionen established a framework for currency exchange compensation for 2015.

Real estate and securities received as donations or bequests are disposed of as quickly as possible in accordance with established policy.

## Miscellaneous

The concert events such as "Songs For Life" and the choirs conducted by Kjell Lönnå are, due to their nature, taxable activities.

## Employees

With the aim of creating an agreeable workplace with a positive work environment, regular internal and external anonymous surveys have been conducted to determine whether any corrective action is necessary regarding occupational health or other issues relating to employee health and well-being. For the past two years, we have conducted training in CPR, fire safety and special security for staff travelling to high risk areas. A crisis management plan has been established as part of our efforts to increase security awareness within the organisation. During the year, the organisation has expanded on the marketing side with a new corporate sales representative, a production manager and a communications specialist for social media, while the project department has been strengthened with a project controller and a programme officer. Läkarmissionen employs 47 people in all, 20 of whom have been seconded to three second-hand shops.

## Future development

Läkarmissionen has drawn up a clear strategic plan that points the way forward. Special emphasis has been placed on creating stronger relationships with institutional donors to complement fundraising efforts from private donors, which would enable development aid efforts to be strengthened. The future direction of development programmes is to create the conditions for effective and sustainable poverty alleviation from a human rights perspective and through an increased local presence. Investments in impact assessment and enhanced opportunities to demonstrate results-based project activities will be carried out continuously in the coming years.

## Environmental policy

The Läkarmissionen organisation is governed on the basis of established sustainability guidelines, which are available on the website. We are prudent as regards travelling, purchases and consumption. In addition, Läkarmissionen regulates its activities in the field by means of a Code of Conduct that sets requirements for sustainability and environmental issues.

## Regional resource centres

For many years, Läkarmissionen has operated an office in Miami that answers to Läkarmissionen's project department in Stockholm, and since summer 2014 we also operate an office in Kampala, Uganda. These regional offices act as a support system for local partners and facilitate a closer partnership, as well as quality assuring the projects.

## Management

Members of the Board are elected by the Advisory Board of Läkarmissionen at the Annual Meeting, normally for a period of three years. The Board comprised the following members during 2015:

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**Sten-Gunnar Hedin** (President until the Annual Meeting on 12 May)

**Bo Guldstrand** (President from 12 May)      **Christian Holmgren**

**Per Andelius** (Member until 12 May)      **Erik Kenneth Pålsson**

**Nils Arne Kastberg**      **Ingemar Näslund**

**Agneta Lillqvist Bennstam**      **Amanda Winberg**

**Margareta Arvidsson**      **Maria Wiss**

**Staffan Hellgren**      (Member from 12 May)

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The Board has convened six times during 2015. The Working Committees met on two occasions in the autumn. In addition, the Board and the Advisory Board gathered for a seminar in October 2015. Due to an illness, Sten-Gunnar Hedin tendered his resignation as President of Läkarmissionen at the Annual Meeting in May 2015 and was replaced by Bo Guldstrand, who in his capacity as Vice-President had acted as President of Läkarmissionen since October 2014. Staffan Hellgren was elected Vice-President in May 2015. Johan Lilja is Läkarmissionen's serving CEO and manages day-to-day operations. The CEO and the Board of Directors operate in accordance with rules of procedure that clearly define the division of responsibilities and work.

During the year, Läkarmissionen has changed its auditor. Until the Annual Meeting on 12 May, the audit was conducted by Mazars SET Revisionsbyrå under the direction of Åsa Thelin. During the Annual Meeting, Pernilla Varverud, Authorised Public Accountant from Grant Thornton, was chosen. The foundation is registered at the County Administrative Board of Stockholm County with the foundation number 1000132.

## Other information

Läkarmissionen has several 90 accounts (registered donor accounts), which are as follows:

PG 900021-7, PG 901718-7

BG 900-0217, BG 901-7187

Swish 9000217

## INCOME STATEMENT

<i>Amounts in TSEK</i>	<b>Note</b>	<b>2015</b>	<b>2014</b>
<b>Operating revenue</b>			
– Donations	3	142 256	132 996
– Grants	3	7 644	6 372
– Other revenues		4 354	4 109
Total operating revenue		154 254	143 477
<b>Operating costs</b>	4, 5, 6		
– Direct project costs	7	-128 665	-113 003
– Fundraising costs		-20 946	-18 904
– Administrative costs		-7 557	-7 299
Total operating costs		-157 168	-139 206
<b>Operating income</b>		<b>-2 914</b>	<b>4 271</b>
<b>Income from financial investments</b>			
– Income from other securities and receivables held as fixed assets	8	972	1 850
– Other interest income and similar profit/loss items	9	286	258
Total profit/loss from financial investments		1 258	2 108
<b>Profit/loss after financial items</b>		<b>-1 656</b>	<b>6 379</b>
<b>Profit/loss for the year</b>		<b>-1 656</b>	<b>6 379</b>



## BALANCE SHEET

<i>Amounts in TSEK</i>	<b>Note</b>	<b>31.12.2015</b>	<b>31.12.2014</b>
<b>ASSETS</b>			
<b>Fixed assets</b>			
<b>Tangible and intangible fixed assets</b>			
Capitalised expenditure	10	4 374	-
Expenditure on leased property	11	3 041	3 475
Equipment	12	2 003	2 095
		<u>9 418</u>	<u>5 570</u>
<b>Financial fixed assets</b>			
Long-term investments held as fixed assets	13	40 458	26 160
Other long-term receivables	14	10 000	10 000
		<u>50 458</u>	<u>36 160</u>
<b>Total fixed assets</b>		<b>59 876</b>	<b>41 730</b>
<b>Current assets</b>			
<b>Inventories</b>			
Goods for resale		-	11
<b>Current receivables</b>			
Other receivables		6 659	6 104
Prepaid expenses and accrued income	15	2 420	843
		<u>9 079</u>	<u>6 947</u>
<b>Current investments</b>	16	308	85
<b>Cash and bank</b>		33 513	62 905
<b>Total current assets</b>		<b>42 900</b>	<b>69 948</b>
<b>Total assets</b>		<b>102 776</b>	<b>111 678</b>
<b>EQUITY AND LIABILITIES</b>			
<b>Equity</b>			
Earmarked project funds	17	77 168	64 755
Profit/loss brought forward		19 983	26 017
Profit/loss for the year		-1 656	6 379
		<u>95 495</u>	<u>97 151</u>
<b>Current liabilities</b>			
Accounts payable		2 804	2 422
Other liabilities		497	348
Accrued expenses and deferred income	15	3 980	11 757
		<u>7 281</u>	<u>14 527</u>
<b>Total equity and liabilities</b>		<b>102 776</b>	<b>111 678</b>
<b>Pledged assets</b>		None	None
<b>Contingent liabilities</b>		None	None

## CASH FLOW STATEMENT

<i>Amounts in TSEK</i>	<b>Note</b>	<b>2015</b>	<b>2014</b>
<b>OPERATING ACTIVITIES</b>			
Operating profit/loss		-2 914	4 271
Adjustment for non-cash flow items			
– Amortisation and impairment		731	719
– Profit/loss from disposal of financial fixed assets		202	967
Interest received		1 031	1 111
Dividends received		26	30
<b>Cash flow from operating activities before changes in working capital</b>		<b>-924</b>	<b>7 098</b>
Changes in working capital:			
Change in inventories		11	17
Change in current receivables		-2 134	391
Change in current investments		-223	2 134
Change in current liabilities		-7 246	9 012
<b>Cash flow from operating activities</b>		<b>-10 516</b>	<b>18 652</b>
<b>INVESTING ACTIVITIES</b>			
Acquisition of tangible and intangible fixed assets		-4 578	-238
Net change in financial fixed assets		-14 298	4 176
<b>Cash flow from investing activities</b>		<b>-18 876</b>	<b>3 938</b>
<b>Change in cash and cash items</b>		<b>-29 392</b>	<b>22 590</b>
<b>Cash and cash equivalents at beginning of year</b>		<b>62 905</b>	<b>40 315</b>
<b>Cash and cash equivalents at end of year</b>	18	<b>33 513</b>	<b>62 905</b>

## NOTES TO FINANCIAL STATEMENTS

### Note 1 Accounting and valuation principles

The accounting and valuation principles applied in these financial statements are in compliance with the Swedish Annual Accounts Act, BFAR 2012:1 (K3) and the governing guidelines of the Swedish Fundraising Council for annual reports.

#### Operating revenue

Revenue has been recognised at fair value of the consideration received. As a main rule, revenue in the form of donations or grants is recognised when the related transaction has been legally completed. The term "donation" refers primarily to funds raised from private individuals and companies. The term "grant" refers primarily to funds raised from external donors after application. Conditional donations are considered to be grants. Grants received from Världens barn/Radiohjälpen have been disbursed to overseas recipients. Other revenues refer to ticket sales and choir performance fees as well as invoiced costs related to the second-hand shops.

#### Direct project costs

Direct project costs are defined as costs directly incurred while fulfilling the purpose of the organisation and/or its statutes. Direct project costs comprise funds from the public allocated to projects. This also includes costs for Svenska Journalen, information and advocacy in accordance with the purpose, such as all costs for staff, travel, auditing, etc. that are directly related to the purpose. Direct project costs also include joint costs allocated as direct project costs.

#### Fundraising costs

Fundraising costs are the costs incurred while generating external revenue. This includes all costs incurred during fundraising activities with the general public, companies and organisations. It includes costs for campaigns, printed materials, postage salaries, social security contributions, etc. It also includes joint costs allocated as fundraising costs.

#### Administrative costs

Administrative costs are costs incurred while administering the organisation. This includes costs for the Board, salaries and social security contributions for the administrative staff as well as joint costs allocated as administrative costs.

#### Tangible and intangible fixed assets

Tangible and intangible fixed assets have been valued at acquisition cost less depreciation according to plan.

#### Financial fixed assets

On acquisition date, financial fixed assets have been valued at acquisition cost plus direct transaction expenses. Long-term investments have been valued in these financial statements at acquisition value or fair value (market value), whichever is lower. If the value of the investment depreciates, testing is conducted on the value depreciation if this is considered permanent. If fair value has decreased, a value adjustment is made.

#### Other assets

Receivables have been recognised, after individual assessment, at the estimated amount that will be received. Receivables in foreign currencies have been reported at closing day rate. Other assets have been reported at acquisition value unless otherwise stated below.

#### Provisions and liabilities

Unless otherwise stated below, liabilities have been recognised at acquisition value with customary provisions for accrued expenses.

#### Equity

Earmarked project funds refer to project funds that have been adopted by the Board and that will be disbursed within one year.

## NOTES TO FINANCIAL STATEMENTS

Amounts in TSEK

### Note 2 Accounting judgements and estimates

#### Donated assets

Assets, above all property, shares and other securities, donated to the fundraising organisation have been reported in Other Raised Funds in conjunction with asset disposal, and all unlisted securities and property for which the sale price can be accurately estimated have been reported in the financial statements.

### Note 3 Operating revenues

#### Donations reported in the balance sheet

	2015	2014
<i>Raised funds</i>		
General public	108 090	93 136
Bequests	32 597	37 747
Donations from second-hand shops	1 569	2 113
<b>Total</b>	<b>142 256</b>	<b>132 996</b>

#### Grants reported as revenue

*Grants are distributed as follows*

Radiohjälpen	3 864	3 500
Wage subsidies	3 780	2 872
<b>Total</b>	<b>7 644</b>	<b>6 372</b>

### Note 4 Average number of employees, personnel costs and remuneration to the Board

#### Average number of employees

	2015	2015	2014	2014
	Total employees	Number of men	Total employees	Number of men
Sweden	45	21	39	19
USA	2	2	2	2
<b>Total</b>	<b>47</b>	<b>23</b>	<b>41</b>	<b>21</b>

#### Gender distribution in the Board and executive management

	2015	2014
<i>Percentage of women</i>		
Board of Directors	36 %	27%
Other senior executives	38 %	38%

#### Salaries, other remuneration and social security contributions

	2015	2014
Board and CEO	622	700
Other employees	16 310	14 078
Total salaries and remuneration	<b>16 932</b>	<b>14 778</b>
Social security contributions (of which pension costs)	6 727 (1 385)	5 748 (1 175)

## NOTES TO FINANCIAL STATEMENTS

Amounts in TSEK

	<b>2015</b>	<b>2014</b>
<b>Salaries and other remuneration distributed by country</b>		
Sweden	16 011	14 023
USA	921	755
Total salaries and remuneration	<b>16 932</b>	<b>14 778</b>

No commission-based remuneration has been issued TSEK 124 (TSEK 111) of pensions costs regard the CEO. The notice period on the part of Läkarmissionen as well as the CEO is six months. Agreed remuneration regarding salary and pension is payable during the notice period.

### Note 5 Leasing

Leasing consists primarily of office space and office equipment. Leasing fees carried as expenses amount to 963 (899).

Future leasing fees in TSEK are due as follows:

	<b>2015</b>	<b>2014</b>
Within 1 year	970	900
1–5 years	2 750	2 900
After 5 years	550	1 000

The contract for rented premises extends to 2022.

### Note 6 Depreciation/Amortisation

Tangible fixed assets are systematically depreciated across the estimated financial life of the asset.

The following depreciation/amortisation periods apply:

Land and buildings	10 years
Equipment acquired from and including 2013	10 years
Equipment acquired before 2013	5 years

	<b>2015</b>	<b>2014</b>
Operating costs include depreciation/amortisation of:	731	719

### Note 7 Direct project costs

	<b>2015</b>	<b>2014</b>
Development projects	98 835	89 187
Material aid	2 000	1 500
Information and advocacy in Sweden	9 703	6 922
Meetings/social activities	4 229	3 531
Svenska Journalen	5 485	5 385
Social care in Sweden	7 835	5 851
Miscellaneous	578	627
<b>Total</b>	<b>128 665</b>	<b>113 003</b>

## NOTES TO FINANCIAL STATEMENTS

Amounts in TSEK

### Note 8 Income from other securities and receivables held as fixed assets

	2015	2014
Dividends	26	30
Interest	744	853
Profit/loss for disposal of shares	202	967
<b>Total</b>	<b>972</b>	<b>1 850</b>

### Note 9 Other interest income and similar profit/loss items

	2015	2014
Interest	286	258
<b>Total</b>	<b>286</b>	<b>258</b>

### Note 10 Capitalised expenditure

	2015	2014
Purchases	4 374	-
<b>Closing accumulated acquisition value</b>	<b>4 374</b>	<b>-</b>
<b>Closing residual value according to plan</b>	<b>4 374</b>	<b>-</b>

### Note 11 Expenditure on leased property

	2015	2014
Opening acquisition value	4 344	4 344
<b>Closing accumulated acquisition value</b>	<b>4 344</b>	<b>4 344</b>
Opening amortisation/depreciation	-869	-435
Amortisation/Depreciation for the year	-434	-434
<b>Closing accumulated amortisation/depreciation</b>	<b>-1303</b>	<b>-869</b>
<b>Closing residual value according to plan</b>	<b>3 041</b>	<b>3 475</b>

### Note 12 Equipment

	2015	2014
Opening acquisition value	2 788	5 912
Purchases	204	238
Disposals	-	-3 362
<b>Closing accumulated acquisition value</b>	<b>2 992</b>	<b>2 788</b>
Opening amortisation/depreciation	-692	-3 770
Disposals	-	3 362
Amortisation/Depreciation for the year	-297	-285
<b>Closing accumulated amortisation/depreciation</b>	<b>-989</b>	<b>-693</b>
<b>Closing residual value according to plan</b>	<b>2 003</b>	<b>2 095</b>

## NOTES TO FINANCIAL STATEMENTS

Amounts in TSEK

### Note 13 Long-term investments held as fixed assets

	2015	2014
Opening acquisition value	26 160	30 336
To be added	21 996	906
Outgoing	-7 698	-5 082
<b>Closing accumulated acquisition value</b>	<b>40 458</b>	<b>26 160</b>
<b>Book value</b>	<b>40 458</b>	<b>26 160</b>
<b>Market value</b>	<b>38 440</b>	<b>26 246</b>

### Specification of long-term investments

Mutual funds	205	311
Fixed income funds	7 003	6 144
Structured products	33 250	19 705
<b>Total</b>	<b>40 458</b>	<b>26 160</b>

Investments have been placed in accordance with the distribution and risk profile specified in the Foundation's investment policy and designated with a 2.6 (1.7) rating on a 7-point scale in which 1 is the lowest risk level and 7 the highest. Valuation has been based on acquisition value. Securities that mature within one year have been individually assessed and, wherever necessary, their value has been written down. As of 31/12/2015, the book value of the investment is less than its market value. No value adjustment has been recognised as the depreciation in value has not been deemed permanent.

### Note 14 Other long-term receivables

	2015	2014
Opening acquisition value	10 000	10 000
<b>Closing accumulated acquisition value</b>	<b>10 000</b>	<b>10 000</b>
<b>Book value</b>	<b>10 000</b>	<b>10 000</b>

The entire receivable is due in 2022.

### Note 15 Accruals

	2015	2014
<b>Prepaid expenses and accrued income</b>		
Prepaid expenses	819	314
Accrued income	1 601	529
<b>Total</b>	<b>2 420</b>	<b>843</b>
<b>Accrued expenses and deferred income</b>		
Holiday provision	3 020	2 530
Accrued social security contributions	464	399
Other items	496	8 828
<b>Total</b>	<b>3 980</b>	<b>11 757</b>

Other items 2014 includes a provision of 8 500 based on the precautionary principle.

## NOTES TO FINANCIAL STATEMENTS

Amounts in TSEK

### Note 16 Current investments

	2015	2014
Opening acquisition value	85	2 219
To be added	308	-
Outgoing	-85	-2 134
<b>Closing accumulated acquisition value</b>	<b>308</b>	<b>85</b>

**Book value**

**308**

**85**

**Market value**

**343**

**122**

### Note 17 Equity

	Earmarked project	Profit/loss brought forward	Total equity
Opening balance	64 755	32 396	97 151
Earmarked by the Board for specific projects	77 168	-77 168	-
Utilisation	-64 755	64 755	-
Profit/loss for the year	-	-1 656	-1 656
<b>Closing balance</b>	<b>77 168</b>	<b>18 327</b>	<b>95 495</b>

During 2015, 39 697 has been earmarked by donors. These gifts have been fully disbursed in the areas that were earmarked by the donors.

### Note 18 Cash and cash equivalents at end of year

The following components have been included in cash and cash equivalents:

	2015	2014
Bank balance	33 513	47 905
Current investments, equivalent to cash	-	15 000
<b>Total</b>	<b>33 513</b>	<b>62 905</b>

Stockholm 4th April, 2016.



**Bo Guldstrand, President**



**Sten-Gunnar Hedin**



**Nils Arne Kastberg**



**Amanda Winberg**



**Margareta Arvidsson**



**Staffan Hellgren**



**Ingemar Näslund**



**Maria Wiss**



**Agneta Lillqvist Bennstam**



**Christian Holmgren**



**Erik Kennet Pålsson**



**Johan Lilja, Chief Executive Officer**

My audit report has been submitted on 4th April, 2016.



**Pernilla Varverud**

Authorised Public Accountant

Grant Thornton Sweden AB



## AUDITOR'S REPORT

To the Board of Läkarmissionen stiftelse för filantropisk verksamhet  
Org.nr. 802005-9989

### Report on the Annual Accounts

I have conducted an audit of the Annual Accounts of Läkarmissionen stiftelse för filantropisk verksamhet for 2015. The Annual Accounts of the Foundation are included in the printed version of this document on pages 34–48.

#### Statement of Directors' responsibility

The Board of Directors is responsible for preparing annual accounts that provide a true and fair view in compliance with the Annual Accounts Act, and for such internal control as the Board deems necessary to prepare annual accounts that are free of material misstatement, whether due to fraud or error.

#### Statement of Auditor's responsibility

My responsibility is to express an opinion on these Annual Accounts based on my audit. I have conducted my audit in compliance with International Standards on Auditing and generally accepted auditing standards in Sweden. These standards require that I comply with ethical requirements, and plan and perform the audit to obtain reasonable assurance that the annual accounts do not contain material misstatements.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the annual accounts. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement in the annual accounts, whether due to fraud or error. In making these risk assessments, the auditor considers internal control relevant to the Foundation's preparation of its annual accounts that provides a true and fair view 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 Foundation's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Directors, as well as evaluating the overall presentation of the annual accounts.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

#### Opinion of the Auditor

In my opinion, these Annual Accounts have been prepared in compliance with the Annual Accounts Act and provide, in all material

respects, a true and fair view of the Foundation's financial position as of December 31, 2015, and of the Foundation's financial performance for the year in compliance with the Annual Accounts Act.

#### Additional information

In addition to my audit of the Annual Accounts, I have also conducted an audit of the management of the Board of Directors of Läkarmissionen stiftelse för filantropisk verksamhet for 2015.

### Report on other legal and regulatory requirements

In addition to my audit of the Annual Accounts, I have also conducted an audit of the management of the Board of Directors of Läkarmissionen stiftelse för filantropisk verksamhet for 2015.

#### Statement of Directors' responsibility

My responsibility is to express an opinion with reasonable assurance on the management of the Foundation based on my audit. I have conducted my audit in compliance with generally accepted auditing standards in Sweden.

As a basis for my opinion on the management of the Foundation, I have, in addition to my audit of these Annual Accounts, examined significant decisions, actions taken and the circumstances of the Foundation in order to assess whether any of the Directors are liable to the Foundation or if there are any grounds for dismissal.

I have also examined whether any member of the Board of Directors has otherwise acted in contravention of the Swedish Foundations Act, the Regulations on Foundations, or the Annual Accounts Act.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

#### Opinion of the Auditor

In my opinion no members of the Board of Directors have acted in contravention of the Swedish Foundations Act, the Regulations on Foundations, or the Annual Accounts Act.

**Stockholm, 4th April 2016.**



**Pernilla Varverud**  
Authorised Public Accountant

## THE BOARD OF DIRECTORS



*The members of the Board, from left to right:*

### **Erik Kennet Pålsson**

*Member of the Board since 2014. Deacon in the Catholic Church, Tyresö. Prioritises aid programmes in literacy. Church planter and deacon engaged in the Catholic Diocese of Stockholm and ecumenism. Author. Member of the Board of the Swedish Soldiers Homes Association.*

### **Agneta Lillqvist Bennstam**

*Member of the Board since 2005. Doctor, Ludvika. Mainly interested in healthcare and development issues in Africa. Works in insurance medicine. Member of the Uniting Church in Sweden's reference group for health and medical care. 17 years of experience as a missionary in DR Congo and as a company doctor.*

### **Staffan Hellgren**

*Vice-President. Member of the Board since 2009. Vicar/Area Dean, Church of Sweden, Danderyd. Special interest in microcredits as a development tool. Previous assignments/appointments: Director of Ersta Diakoni, Director of Stockholms Stadsmission, Port Chaplain in Egypt.*

### **Ingemar Näslund**

*Member of the Board since 1986. Associate Professor of Oncology, Huddinge. Committed to aid in health care, literacy and microcredit. Inventor and entrepreneur in cancer treatments. Retired Chief Physician at Radiumhemmet, The Karolinska University Hospital.*

### **Amanda Winberg**

*Member of the Board since 2015. Lawyer, Gothenburg. Committed to training & education and microcredits as aid vehicles. Works with commercial law at the Vinge law firm. Mentor at Mitt Liv. Previously served as a law clerk in the Gothenburg District Court. Experience of project work in Uganda and China, and studied the developing countries at folk high school.*

### **Maria Wiss**

*Member of the Board since 2014. Deacon in the Church of Sweden, Jönköping. Passionate about training & education and self-sufficiency issues. 25 years as a CEO and corporate executive in the hotel and restaurant industry. Experience of and commitment to development aid in India.*

### **Bo Guldstrand**

*President. Member of the Board since 1995. Entrepreneur, Stockholm. Engaged in Läkarmissionen's literacy programmes and projects in Eastern Europe. President of Human Bridge. Previous assignments/appointments: corporate executive, various directorships.*

### **Sten-Gunnar Hedin**

*Member of the Board since 2014. Pastor, Solna. Highly committed to social justice. Previous assignments/appointments: Pentecosta Director, President of RPG.*

### **Christian Holmgren**

*Member of the Board since 2014. Engineer, Stockholm. Special interest in Southeast Asia, education and support for children and children with special needs. Consultant in corporate and project management. Previous assignments/appointments: Humanitarian and missionary work in Bangladesh, Head of Administration at PMU, Pentecostal Director, Vice-President of Dagengruppen.*

### **Margareta Arvidsson**

*Member of the Board since 2008. Teacher, Vrigstad. Committed to social aid, literacy, training & education and leadership issues. Previous assignments/appointments: 36 years as a missionary and 23 years as Swedish Vice Consul in Bolivia.*

### **Nils Arne Kastberg (not in the photo)**

*Member of the Board since 2007. Consultant in humanitarian aid, Örebro and Miami. Committed to children and children's rights. Previous assignments/appointments: More than 40 years of management experience at the UN, for example as Head of UNICEF in Sudan.*

**MANY THANKS TO OUR LOCAL PARTNERS FOR A FRUITFUL COLLABORATION  
AND AN ENRICHING EXPERIENCE DURING 2015!**



**Afghanistan**

International Assistance Mission Afghanistan (IAM)  
Operation Mercy Afghanistan

**Argentina**

Fundación Nueva Esperanza

**Bangladesh**

Adventist Development and Relief Agency Bangladesh (ADRA)  
Koinonia

**Brazil**

Agência Social de Talentos (AST)  
Instituto Brasileiro de Educação e Meio Ambiente (IBRAEMA)

**Burkina Faso**

Assemblée de Dieu du Burkina Faso  
Centre d'Accueil et de rééducation de Salbisgo

**Burundi**

Mothers' Union Burundi  
Five Talents

**Chad**

International Aid Services Chad (IAS)

**DR Congo**

Communauté des Eglises de Pentecôte en Afrique Centrale (CEPAC)  
Hôpital de Panzi  
Organisation pour le Développement Durable de Mai-Ndombe

**Ecuador**

Alfalit Ecuatoriano

**El Salvador**

Alfalisal

**Ethiopia**

Ethiopia Hivot Berhan Church Development  
Hope for Children in Ethiopia Relief and Development Association  
Win Souls for God Evangelical Ministries (WSG)  
Yehiwot Berhan Church of Ethiopia  
Development Organisation (YBCEDO)

**Greece**

Human Bridge

**Guatemala**

Alfaguat

**Haiti**

Société Biblique Haïtienne

**Honduras**

Alfasic de Honduras  
Asociación para una Sociedad más Justa (ASJ)

**Hungary**

Human Bridge

**India**

Calcutta Emmanuel School  
The Evangelical Fellowship of India Commission on Relief (EFICOR)  
Hand in Hand India

**Iraq**

Human Bridge

**Kenya**

Adventist Development and Relief Agency Kenya (ADRA)  
Hand in Hand Eastern Africa

**Lebanon**

Medair

**Liberia**

Foya-Borma Hospital  
ZOA Liberia

**Mauretania**

Association Nature, Développement et Lutte contre la Pauvreté (ANDLP)  
Communauté Doulos

**Mexico**

Contrato Social para la Educación y la Transformación A.C (CoSoET)

**Moldova**

Adventist Development and Relief Agency Moldova (ADRA)  
International Organisation for Migration (IOM)  
Life&Light Foundation  
Salvation Army Moldova

**Mozambique**

Associação Comunitária Matsatse  
Alfalit Moçambique  
Church Mission Action (CMA)

**Nepal**

International Nepal Fellowship (INF)  
Lalitpur Nursing Campus (LNC)  
Mission East Nepal

**Nicaragua**

Alfanic

**Niger**

International Aid Services Niger (IAS)  
Stromme Foundation West Africa

**Pakistan**

Salamat-e-Hazara  
TEAM Pakistan

**Palestine/Israel**

Swedish International Relief Association (SIRA)

**Panama**

Asociación Pan Alfalit

**Paraguay**

Alfalit del Paraguay

**Romania**

Life & Light Foundation

**Russia**

Priut Masha

**Rwanda**

L'Association Garuka

**Senegal**

Case des Jeunes Femmes

**Serbia**

Human Bridge

**Sierra Leone**

Medair

**South Africa**

Give a Child a Family/Place of Restoration Trust  
Siyavuna Abalimi Development Centre

**South Sudan**

International Aid Services South Sudan (IAS)  
Stromme Foundation East Africa  
Sudan Development and Relief Organisation

**Sudan**

International Aid Services Sudan (IAS)

**Sweden**

ADRA Sverige  
Erikshjälpen  
Evangeliska Frikyrkan/InterAct  
Filadelfia Stockholm  
Hand in Hand Sverige  
Human Bridge  
Operation Mercy Sverige  
Pingstkyrkan Eskilstuna  
Pingstmissionens utvecklingssamarbete (PMU)  
Södertälje Pingstförsamling

**Syria**

ADRA Syrien  
Human Bridge

**Tanzania**

Free Pentecostal Churches of Tanzania (FPCT)  
Muhange Children's Home  
Nkinga Hospital

**Uganda**

International Aid Services Uganda (IAS)  
Stromme Foundation East Africa  
RETRAK

**Ukraine**

Blahodat Grace  
Lviv Children Care Center

**USA**

Five Talents

