



2018

ANNUAL REPORT

1-48

CONTENTS

4	Chairman and General Secretary
5	Our core values
6	Läkarmissionen's development chain
8	Humanitarian aid
12	Goals and follow-up
14	Human rights-based approach
16	Sustainable development
17	Sustainable development co-operation
18	Selected projects in brief
22	Nobel Peace Prize
24	IAS part of Läkarmissionen
25	Project Department
26	Information and fundraising
28	New General Secretary at Läkarmissionen
29	Management Report
36	Income Statement
37	Balance Sheet
38	Cash Flow Statement
39	Notes to Financial Statements
44	Auditor's Report
46	Board of Directors

Läkarmissionen is an aid organisation that promotes sustainable poverty reduction from a human-rights perspective. A primary target group of Läkarmissionen's aid efforts is vulnerable women and children. With effect from 1st January 2019, International Aid Services, whose focus is on water and sanitation, has become part of Läkarmissionen. The joint work will be led from Läkarmissionen's head office in Vällingby. Aid efforts are mainly conducted in Africa, but also in Latin America, Asia and Eastern Europe. Operations are largely financed by funds raised from the public in Sweden and institutional grants.

COVER: BURAUENSE VILLAGE IN NORTHERN NEPAL.
PHOTO: TOMAS OHLSSON



2018

ANNUAL REPORT

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

AID MAKES A DIFFERENCE

Läkarmissionen and our donors can be particularly proud of 2018, the year that Denis Mukwege was awarded the Nobel Peace Prize, one of the most prestigious awards anyone can receive. Läkarmissionen has supported his work at the Panzi Hospital since the start and pays Medical Director Mukwege's salary. Thanks to the commitment of our donors, women who have been subjected to brutal rapes receive physical and psychiatric care as well as legal assistance at the hospital. We see the Nobel Peace Prize as recognition of the quality of our work.

The world has changed rapidly since Läkarmissionen was founded over 60 years ago. Poverty has declined but it is still widespread in the world's growing population. Respect for human rights and democracy has diminished in recent years. Women's access to human rights is limited and women are discriminated against all over the world. In the areas of environment and climate change, major new challenges have emerged. The human-rights perspective is important to us and crucial for people's freedom and power over their own lives. The child-rights perspective is especially important. By 2020, the Convention on the Rights of the Child will have been adopted into Swedish law and we are committed to ensuring that the child-rights perspective is integral in our projects.

Of course, it is wonderful to be able to participate in changing and improving the world. We are very pleased with the concrete results of the aid efforts that Läkarmissionen has engaged in during 2018. Altogether, 340 000 individuals have been directly impacted by our development aid during the year and an additional 1.3 million individuals indirectly. Nevertheless, long-term results are the key consideration: through our development chain, vulnerable individuals are empowered to create a stable improvement and a more secure life for themselves.

Access to clean drinking water solves numerous problems, which is why water well drilling is included in several of Läkarmissionen's projects. By tradition,



PHOTO: HAKAN FLANK

the time-consuming and risky task of collecting water often falls on women and girls. Clean water in a village reduces disease, enables cultivation, and allows girls and women time for education. During 2018, Läkarmissionen has provided several villages with water through 90 boreholes. In total, it is estimated that they provide 60,000 people with access to clean water.

Good health is frequently a prerequisite for the ability to improve one's life circumstances. Läkarmissionen supports health care and emergency care through hospitals and health centres, as well as important initiatives to combat malnutrition. Very many women can now read and write as a result of Läkarmissionen's literacy projects. By participating in courses and saving groups, the women acquire new knowledge, which leads to greater influence and more equality in local communities, as well as better conditions that enable the women to claim their democratic rights.

Major changes have been implemented and initiated at Läkarmissionen during 2018. A great deal of work has been put into strengthening the Läkarmissionen brand and reaching new donors and sponsors, for example the Mammagala that was broadcast on TV on Mother's Day. Läkarmissionen was also the aid organisation that had the largest increase in brand awareness during 2018. During the year, preparations were made for the merger of International Aid Services (IAS) into Läkarmissionen from 2019. IAS focuses on water and sanitation aid, with operations in 10 African countries. In addition, Läkarmissionen's new General Secretary took up his position in September.

The work to combat poverty and to create a better, sustainable future for vulnerable individuals is far from complete. With our aid partners in the field and our dedicated donors and sponsors, the work can continue. We would like to express our sincere gratitude for all your support during 2018, and we are counting on your continued commitment and participation in changing and improving the world in 2019.

Bo Guldstrand, Chairman

Lars Arrhenius, General Secretary

CORE VALUES

OUR CORE VALUES are the values that form the basis of our work to empower people to a better future.

HUMAN RIGHTS PERSPECTIVE

Every human has equal and inalienable rights. When these rights are respected, individuals are empowered, depending on 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, when these rights are violated, it reinforces poverty and vulnerability, which in turn perpetuates the root causes of poverty.

FIGHTING POVERTY

The basis of our development work is the fight against poverty. Poverty has many causes, which can be summarised as a lack of freedom, a lack of power and a lack of opportunities for individuals to impact their own life circumstances positively. This may be a matter of inadequate financial resources, a lack of security, education and healthcare, or involve hunger, a lack of clean water or homelessness.

SUSTAINABLE DEVELOPMENT

We see individuals as part of a wider context that encompasses community, responsibility and dependence. Family, civil society, the marketplace and the state influence individual choices, opportunities and life circumstances. We are committed to social, economic and ecological development that involves good management of both human and natural resources.

HOLISTIC VIEW

Läkarmissionen's aid work is based on a foundation of Christian values. Our guiding principles are the equality of all humans, respect for the inherent dignity, common sense and ability of each individual, and the right of all humans to life, liberty and sustainable development.

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

HEALTH

Good health, or the best possible health, is a fundamental prerequisite for the ability of individuals to achieve their full potential and contribute to the development of society. Investments in human health can therefore be considered as actions that develop society as a whole. The health perspective is closely linked to poverty reduction, because sustainable poverty reduction requires good health. In addition, the best possible health, including the necessary healthcare, food, water, clean air, sanitation, hygiene and medicine, is a fundamental human right. Läkarmissionen focuses primarily on preventative health efforts. In humanitarian aid, health can be a completely autonomous effort.



PHOTO: HANS-JÖRGEN RAMSTEDT

In many places, traditional instruments are still used to listen to funic souffle. Not as good as ultrasound possibly, but they work.

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.

LÄKARMISSIONEN'S DEVELOPMENT CHAIN

LÄKARMISSIONEN'S GOAL IS to empower vulnerable individuals from dependency to independence. We have faith in the willpower and ability of individuals, and we believe that it is by enabling them with the right tools and opportunities that sustainable change can be achieved. Sometimes a single action can change an individual life, but it often requires a chain of several components to provide new opportunities for people and their families. Even though our different priority areas have been developed as individual methods, the strength of our approach lies in how we link the various components into a chain. We call this Läkarmissionen's development chain.

The cornerstone of our work is well-designed aid projects in our three main priority areas: social care, training & education, and self-sufficiency. Some of our projects still focus on a single priority area, but our aim is to combine different types of aid to an increasing degree. In collaboration with our partners, we link the various aid elements into a chain of integrated projects, and we encourage a wide range of organisations to collaborate with each other as well as with government agencies to ensure optimum quality in the various elements and achieve genuine, lasting change.

The development chain often begins with social care aid. If vulnerable individuals are to make use of their own abilities and create a better life for themselves, they need to be relatively healthy, have a safe place in life, and access to food and clean water. We focus primarily on children and their needs, for example we place orphans with a new family or support girls in avoiding female genital mutilation. However, adults can also be beneficiaries, for example we can provide access to health care if they cannot afford to pay for it themselves.

The next link in the chain is often training & education. Individuals who are unable to read, write and count have limited opportunities to change their own life

situations, participate in ordinary community activities, or know their own rights. If children are able to attend school, young people can receive vocational training, and adults can receive training in entrepreneurship, it can break a family's poverty spiral, provide individuals with opportunities to influence their own lives, and lay the foundation for a brighter future.

The final step to independence is self-sufficiency. The ability to support one's own family, to have the means to send one's children to school and to buy food for the day enables control and a chance to plan for the future that is essential



Läkarmissionen's core values are included when our priority areas form the chain that empowers vulnerable individuals from dependency to independence: Läkarmissionen's development chain.



PHOTO: ANNA LEDIN WIREN

In Addis Ababa, it is estimated that there are hundreds of thousands of street children. Läkarmissionen supports vulnerable families so that the children can live at home and stay in school.

for self-confidence. Self-sufficiency aid combines training in basic business planning, economics and marketing, and includes financial support in the form of loans through savings groups or microcredit programmes – with outstanding results.

In addition to the development aid projects in our priority areas, we also provide humanitarian and material aid in collaboration with our partners. Humanitarian aid operations are conducted in both emergency and longer-term disaster situations. This may involve for example distributing emergency kits consisting of water purification tablets, tarpaulins and hygiene items after an earthquake or a flood, or helping people who are stranded in refugee camps by providing

winter insulation for their tents and access to toilet facilities. Several of our aid interventions have involved saving the lives of malnourished children, both in disaster situations and in areas of extreme poverty.

Our core values run like a thread through all our projects: equal rights, poverty reduction, health, sustainable development and a holistic view of the individual. After taking part in one of our aid efforts, the participants should have better life prospects and opportunities to fend for themselves. Our vision emphasises that it is not Läkarmissionen or our partners who do the work, but the individuals themselves who, with the right support, escape from their own vulnerable situations.

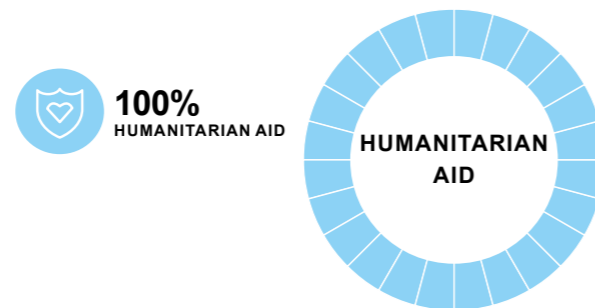
HUMANITARIAN AID

HUMANITARIAN AID concerns disasters and emergency situations. Some occur suddenly such as earthquakes or Ebola outbreaks. In these cases, Läkarmissionen can arrive at the scene quickly with life-saving relief. But relief efforts can also be of a longer-term nature, for example in the event of a drought or a conflict. When a humanitarian disaster stretches over a long period of time, we can contribute to enhanced security and provide the necessities until the situation improves.

In a tweet on 24 July 2018 that began with the words “Great News!” the World Health Organization declared that the most recent Ebola outbreak to hit the western part of DR Congo had ended. Within days, there were warning signs of new suspected cases in eastern DR Congo near the town of Beni in North Kivu. Suspicions of a tenth outbreak of the extremely deadly disease in the country were soon confirmed.

The outbreak is the most extensive in the country’s history and has continued to spread across the provinces of North Kivu and Ituri. There was great concern that it would spread into surrounding provinces or neighbouring countries. The epicentre of the outbreak area is located in a region where the security situation is very poor, with grave acts of violence between various rebel groups and government forces that have resulted in terrible suffering in the civilian population, many of which have been repeatedly forced to flee for their lives. Due to the poor security situation, there is an atmosphere of deep distrust between people as well as towards healthcare professionals and field workers, which further complicates the work. Furthermore, the area is an important hub for local and regional trade located in a border region with trade routes into several neighbouring countries, which increases the risk of uncontrolled disease transmission. Towards the end of the year, preparedness was gradually expanded and vaccination of health professionals in the provincial capital Goma and in Uganda was initiated.

Läkarmissionen’s partner CEPAC has been providing longer-term development aid in the area for many years, as well as extensive humanitarian aid. Due to the recurring



disasters that have hit the area, both the UN and the international and national humanitarian aid networks are already on the ground. CEPAC participates in these networks and is now also part of the Ebola network that has been established in the past year. CEPAC’s aid operations have focused both on disseminating information and knowledge about the disease and on installing hand washing stations in various public places (restaurants, schools, taxi ranks, marketplaces, etc.). Information dissemination is an essential component of the aid operation.

Through information, knowledge of the disease and its dangers, how the disease infects people, how one can best protect oneself and others, and how to contribute to reducing its spread can be disseminated quickly. CEPAC has many years of experience in conducting humanitarian aid efforts in this conflict and disaster-afflicted area and is very accustomed to participating in contexts that require external co-ordination. As an organisation with a church affiliation and a large network of congregations, CEPAC can reach out to large numbers of people and consequently it plays an essential role in the campaigns.



Thanks to our partner on the ground in Beni, we were able to respond rapidly to the major Ebola outbreak that affected this part of north-eastern DR Congo – and where, sadly, new cases are still being reported.



WE ARE SUPPORTING A CULTIVATION PROJECT IN TOLONDI VILLAGE IN SOUTHWESTERN NIGER. PHOTO: TORLEIF SVENSSON



A new hand pump has been installed in Laouré Blabrim village in Niger and the first villagers are able to access clean drinking water.

NEW WATER PROJECT IN DIFFA, NIGER

The area around Lake Chad, where nearly 11 million people are considered to be in urgent need of humanitarian aid and over 2 million have been forced to flee their homes due to conflict or lack of food, is one of the world's poorest. The terror group Boko Haram, notorious for kidnapping young girls amongst other atrocities, has for many years spread fear and death in the region around the lake. The Diffa region in Niger has been impacted by the crisis and has taken in over 250,000 refugees since 2015. International Aid Services

has been on the ground in Diffa since April 2016, providing clean water and better hygiene and sanitation conditions both for the refugees and for the resident population.

In April 2018, IAS and Läkarmissonen launched a new project in Diffa funded by the Swedish Mission Council/Sida that will supply water to 10,000 people from 15 new boreholes with borehole pumps. The first of these boreholes is already operational.

LÄKARMISSIONEN'S HUMANITARIAN INTERVENTIONS DURING 2018

THE PHILIPPINES

Humanitarian intervention – Medair

Typhoon Mangkhut hit the Philippines on 14 September. Läkarmissonen's partner Medair had staff on the ground. Backed up by a team of experts, an initial emergency intervention was conducted that paved the way for relief efforts in some of the hardest hit areas around Cagayan province in the north-eastern corner of Luzon, the main island.

ETHIOPIA

Long-term humanitarian intervention – IAS with support from the SMC

This intervention is aimed at vulnerable individuals in the Borena Zone in the Oromia region of southern Ethiopia, an area that is regularly impacted by drought and water scarcity.

Main activities:

- Water well drilling.
- Installation of hand pumps as well as maintenance of the pumps.
- Hygiene and sanitation training, as well as mobilisation of the population to raise the sanitary standards in households and society (latrines, hand washing facilities, etc).

NIGER

Long-term humanitarian intervention – IAS with support from the SMC

See article opposite.

SOUTH SUDAN

Long-term humanitarian intervention – IAS with support from the SMC

This intervention is taking place in three states and consists of provision of drinking water, improved sanitation and better nutrition:

- Drilling and renovation of water wells and water sources.
- Installation of hand pumps or solar-powered water reservoirs.
- Hygiene campaigns and mobilisation of local communities to improve the sanitation in and around their own households. Latrine digging, manufacture of hand washing facilities, etc.
- Training in maintaining solar-powered pumps.
- Education in nutrition to reduce malnutrition.

Humanitarian intervention – Medair

This intervention focused on people who were suffering from starvation, with an emphasis on malnourished children, mothers and pregnant women. It was conducted in a number of areas as well as with a mobile emergency team in different locations.

Main activities:

- Nutrition, health care, water and sanitation.

SUDAN

Long-term humanitarian intervention – IAS with support from the SMC

This intervention is taking place in four different states in Sudan. The target groups are IDPs, returning refugees, and vulnerable groups from the local communities around the refugee camps.

Main activities:

- Drilling of boreholes or maintenance of water sources and installation of hand pumps.
- Training in water source maintenance.
- Training in hygiene and sanitation.

UGANDA

Long-term humanitarian intervention – IAS with support from the SMC

This intervention is taking place in northern and north-western Uganda and is aimed at refugees from South Sudan as well as the local population in the areas around the refugee camps.

Main activities:

- Provision of drinking water through water well drilling.
- Hygiene and sanitation activities, i.e. education in schools and information in public places, training in how to dig and build simple latrines, as well as materials for these.
- Training and support in starting up savings groups.
- Training in income-generating activities.
- Accommodation for unaccompanied refugee children.

DR CONGO

Combating Ebola

CEPAC Beni is participating in the effort to combat the latest outbreak of Ebola (started on 1 August 2018). Main activities are the dissemination of information and the installation of hand washing stations in public places (see page 8).

**IDPs*

Partner CEPAC Beni (supported by Swedish Music Aid/Radio Aid)

*RWANDA

School support for refugee children – partner Garuka (supported by Swedish Music Aid/Radio Aid)

*BANGLADESH

Humanitarian aid to Rohingya refugees – ADRA
Humanitarian aid to flood victims – ADRA Bangladesh, Koinonia

***An intervention continued from 2017**

GOALS AND FOLLOW-UP

EVERYTHING EXISTS IN A CONTEXT, and the same applies to Läkarmissionen. As an aid organisation with projects in approximately 30 countries on four continents, it is no exaggeration to describe us as international. Yet we also have a local presence, partly through our regional resource centres in East Africa, Latin America and Asia, and partly via our local partners, who run the actual projects in close collaboration both with us and with the project participants.

With so many people involved in such a significant organisation, the way we govern our work is especially important to us. In order to ensure that our projects are as efficient and effective as possible so that we can maximise the value of the donations we receive and the impact of our aid, we need tools such as goals, strategies, plans and metrics.

SUSTAINABLE SOCIETY WITH THE HELP OF THE SUSTAINABLE DEVELOPMENT GOALS

On an overall level, we adhere to the 17 global Sustainable Development Goals. These aim to eradicate extreme poverty, reduce inequality and injustice in the world, and solve the climate crisis – all before 2030. Läkarmissionen's Strategic Plan for 2015-2020 sets out our aim and our goal of contributing to the fulfilment of the Sustainable Development Goals by 2030.

Within Läkarmissionen's organisation, we have linked the Sustainable Development Goals to our priority areas, our core values and our development chain. The goals are consistent with our own working methods, which encompass ecological, economic and social sustainability, but we are still committed to continuously improving our work. We work in collaboration with our partners to define our projects clearly on the basis of the Sustainable Development Goals.

We have several different tools that we use to monitor and follow up the outcome of our aid projects. We measure results based on individual projects and their efficiency as well as the long-term impacts they have had on the target group. The project applications of our partners describe the desired project goals and the indicators with which the goals should be measured. Before a new project is initiated, a baseline



The 17 Sustainable Development Goals that world leaders have agreed upon as stipulated at the UN General Assembly.



PHOTO: HAKAN FLANK

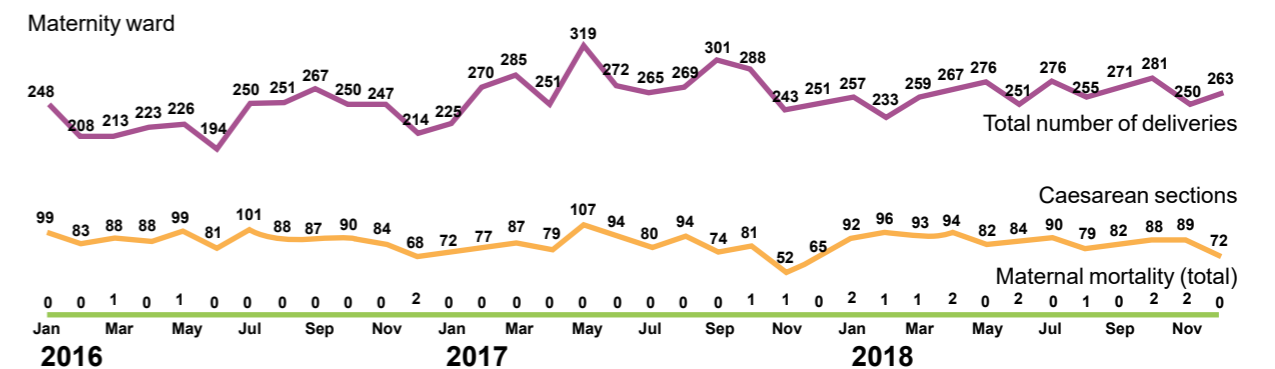
With the help of a special tape measure, one can easily determine how malnourished a child is. In this case (from the Panzi Hospital's nutritional work) the child has recovered.

study is conducted to establish a starting point that can be compared with the outcome when the project is completed. Examples of results that are measured are how many children have been born safely; the number of illiterates who have learned to read and write as a result of a course; student attendance levels; whether the children of participants have attended school; the income of participating households and the housing situation. As regards nutritional aid for malnourished children, we measure how much weight the child has gained by, for example, measuring the circumference of the child's upper arm, in line with established international guidelines.

One of the countries in the world with a very high maternal and infant mortality rate is DR Congo. Statistics from the UNDP (Human Development Report 2016) show that

maternal mortality is 693/100,000 (cf. Sweden 4/100,000) and mortality for children under 5 years of age is 94.3/1000 (cf. Sweden 2.9). One of the reasons for this is the lack of maternity and child care. Läkarmissionen supports the Panzi Hospital in the eastern part of DR Congo with the overall goal of reducing maternal and child mortality by ensuring that the population has access to qualitative care during childbirth as well as neonatology, nutrition and family planning. Survival amongst premature babies is significantly higher if the mother gives birth at the hospital. By providing vulnerable women with the opportunity to give birth safely, the survival rate for their children also increases radically. Neonatal care also increases the survival chances of the most vulnerable children. The Panzi Hospital is able to save the lives of children born as early as week 27, which is unique in the challenging context in which the hospital operates.

PANZI HOSPITAL IN BUKAVU IN DR CONGO



As many women in DR Congo cannot afford to give birth in hospital, the risk of maternal mortality is one of the highest in the world. This is also noticeable at the Panzi Hospital, where some mothers who begin giving birth at home come to the hospital when it is too late to save their lives. The staff at the Panzi feel that poverty in the area has increased, as well as the difficulty of getting to hospital due to the unrest, which has led to more birthing mothers dying.

HUMAN RIGHTS-BASED APPROACH

ANOTHER IMPORTANT FACTOR IN OUR AID WORK is the practice for international development co-operation known as a human rights-based approach, the key concepts of which are rights holders and duty bearers.

Rights holders are the people that comprise the target group, in other words the people whose situation the aid is intended to change. Duty bearers are the people whose duty it is to ensure that rights holders receive their rights. The state at every level, local, regional and national, is the primary duty bearer. In addition to legal duty bearers, there are also moral duty bearers such as parents, church leaders, companies or traditional local leaders.

Power and lack of power are important and complex elements of a human rights-based approach. Different interests and power structures frequently clash with each other. Applying a human rights-based approach involves active civil engagement, highlighting conflicts and inequality, and seeking constructive relationships between rights holders and duty bearers to enable long-term solutions. More information on human rights-based aid can be found on page 17.

The aid work that Läkarmissionen and other stakeholders are currently engaged in is based on four key principles that summarise this human rights-based approach:

NON-DISCRIMINATION

No individual may be discriminated against in development co-operation. Projects must be designed to include as many people as possible regardless of their gender, age, sexual orientation, religion, functional impairment, health status, etc. Priority must be given to the most vulnerable and marginalised groups.

INCLUSION

Individuals are considered to be rights holders, and vulnerable individuals need a stronger and clearer voice in civil society in order to change their own life circumstances in the long term. As far as possible, rights holders must be included in planning, implementing, monitoring and evaluating aid.



PHOTO: ERIKA STENLUND

Pierre Schori, Anders Aborelius and Claudette Kigeme participated in Läkarmissionen's seminar 2018. The theme was: "How should the church and civil organisations relate to power?"

RESPONSIBILITY – ACCOUNTABILITY

For individuals to be able to claim their rights, the duty bearers of society (for example political and religious leaders) must be held to account. Development co-operation must therefore aim to increase accountability amongst legal and moral duty bearers at different levels. This can be achieved by involving, interacting with and communicating new knowledge to the duty bearers.

TRANSPARENCY

Openness and transparency are essential in order to review aid operations and combat corruption. Hence all development co-operation should advocate greater transparency at the various levels of government as well as in the aid organisations and local organisations themselves.



PHOTO: TORLEIF SVENSSON

Läkarmissionen supports a centre that helps malnourished children in a famine-stricken part of South Sudan.

CODE OF CONDUCT

Basing our aid operations on a human rights-based approach also influences how we govern and follow up our co-operation with partners. Läkarmissionen applies a Code of Conduct at our project partners that encompasses everything from management and organisation to environmental considerations and gender equality. The code enables our partners to ensure as far as possible that aid operations conducted in co-operation with Läkarmissionen are based on a human rights-based approach and follow ethical guidelines. It is crucial that we do not contribute to new problems when we are attempting to resolve specific issues.

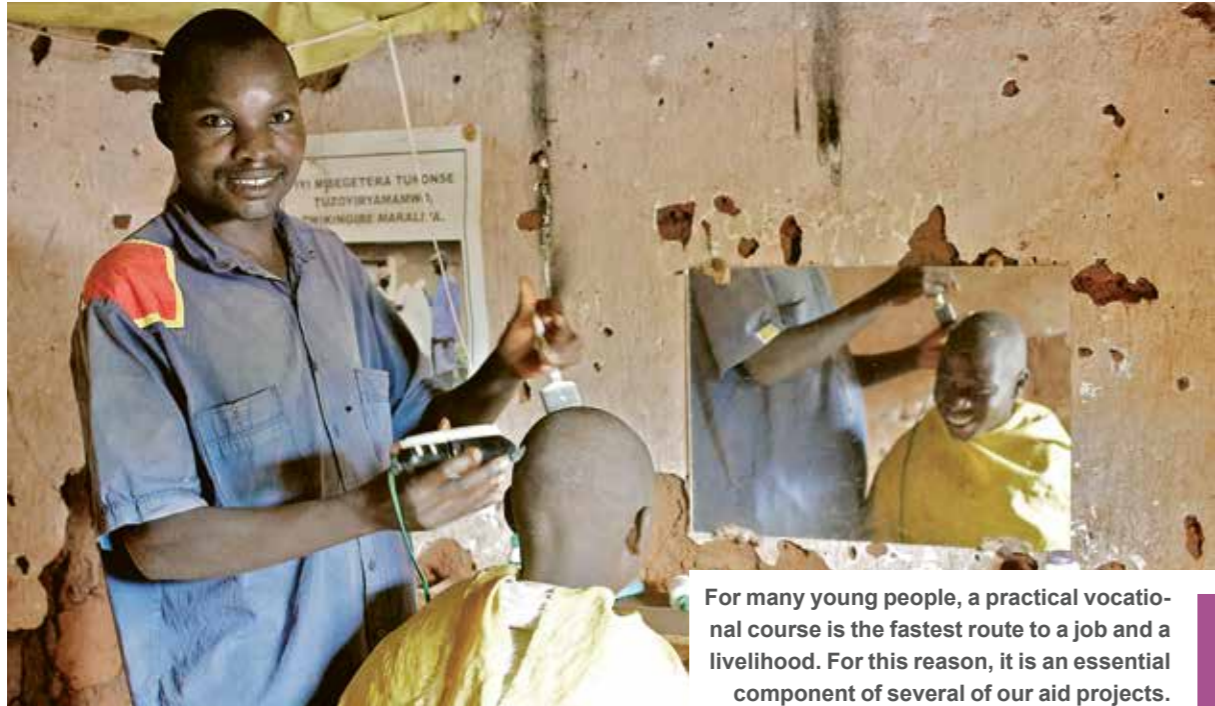


PHOTO: TORLEIF SVENSSON

For many young people, a practical vocational course is the fastest route to a job and a livelihood. For this reason, it is an essential component of several of our aid projects.

SUSTAINABLE DEVELOPMENT

WE SEE INDIVIDUALS AS PART of a wider context that encompasses community, responsibility and dependence. Family, civil society, the marketplace and the state influence individual choices, opportunities and life circumstances. We see that there is a strong accountability to be demanded of states and other stakeholders with external influence, but individual choices are also important to a sustainable society.

Läkarmissionen believes that social sustainability is always linked to economic and ecological sustainability. To be classified as sustainable, a development project must take into account good management of both human and natural resources.

ECOLOGICAL SUSTAINABILITY

The environment must be protected, which means, inter alia, that emissions must not harm humans and natural ecological cycles must be safeguarded. Läkarmissionen must contribute to the efficient use of finite resources. This also means that we should encourage our partners to be resource efficient.

ECONOMIC SUSTAINABILITY

Simply put, economic sustainability is a matter of balancing the books. Programmes must be able to survive in the future

without external financial support, and individuals must be able to manage their own livelihoods with improved resistance to external stresses.

SOCIAL SUSTAINABILITY

Social sustainability focuses on individuals and soft values such as democracy, justice, human rights, lifestyle, public health, culture, security, spirituality, quality of life and gender equality. These are expressions of social sustainability and the social environment. Our aim is for our aid efforts to encompass individuals as a whole, from a physical, psychological, social and existential perspective.

Läkarmissionen collaborates closely with Human Bridge in the re-use of, for example, healthcare materials. Read more on page 25.

SUSTAINABLE DEVELOPMENT CO-OPERATION

IT IS IMPORTANT TO CLARIFY the way in which Läkarmissionen co-operates with our partners and the directions in which we steer the work. We regulate this in various policy documents.

Läkarmissionen's Partnership Policy describes the process of our evolution from a donor role to that of active partner with our partner organisations. It clarifies and describes Läkarmissionen's aim and objectives for partner relations with organisations in development co-operation, humanitarian work and method development.

Up until 2019, Läkarmissionen has not deployed its own field staff, but has operated almost exclusively through direct partners, the majority of which are local organisations with sound knowledge of their own context and the ability to operate within it. The basic prerequisites for a partnership are that the aid work contributes to fulfilling Läkarmissionen's vision and mission. In summary, we can say that the aid efforts that Läkarmissionen supports must combat poverty and aim to ensure that the rights of vulnerable individuals and groups are respected and fulfilled.

It is equally important that our partners share the core values that Läkarmissionen represents. Läkarmissionen's work is based on a foundation of Christian values with guiding principles such as the equality of all humans, respect for the inherent dignity, common sense and ability of each individual, and the right of all humans to life, liberty and sustainable development. Two key concepts are non-discrimination and the philosophy of Christian Stewardship. In practice, this means that no discrimination against the target group may occur and that all project commitments must clearly promote social, economic and ecological sustainability for present and future generations.

The policy also describes Läkarmissionen's Development Chain, a comprehensive approach aimed at achieving a longer-term impact and improvement for the beneficiaries

of the various projects (see page 6). Sometimes a single aid effort can transform an individual life and sometimes this can be enabled by linking together several components into a development chain. Läkarmissionen is also committed to incorporating the Sustainable Development Goals.

Our work includes reinforcing aid operations as well as our partners by means of method, programme and organisational development, for example by spreading good examples and working methods. Läkarmissionen takes a long-term approach to aid and we have often supported co-operation with our project partners in the long term. One example is Dr. Denis Mukwege, who this year was awarded the Nobel Peace Prize. Thanks to the donations of our donors, Läkarmissionen has been able to support the Panzi Hospital in DR Congo with a total of SEK 65 million since the hospital's inauguration in 1999, including Dr. Mukwegi's salary. We have watched as aid to women and children has been developed based on a holistic approach.

Läkarmissionen's Policy for Human Rights-Based Aid deals with the organisational evolution from needs-based charity work with a focus on symptoms to a human rights-based approach where the root causes of poverty and oppression are identified, and then various methods are applied to combat the root of the evil. The approach is based on four key elements: non-discrimination, inclusion, accountability and transparency, as described on page 14.

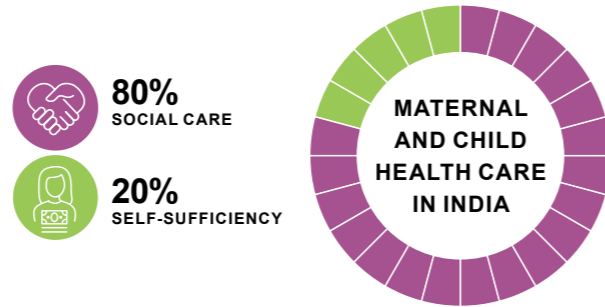
A human rights-based approach is founded upon the United Nations Universal Declaration of Human Rights, which in turn is based on respect for all humans, both as individuals and as part of a society, for their unique value and for their inalienable human dignity. The declaration establishes that all humans are born free and equal in value and rights. Human rights are universal. They apply all over the world, regardless of country, culture or context. They also govern the relationship between the power of the state and the individual. They constitute a limitation on the state's power over the individual and at the same time establish certain obligations for the state towards the individual. States are obliged to respect international law. Each country is accountable for transposing its human rights commitments into national law.

MATERNAL AND CHILD HEALTH CARE IN INDIA

The Satna district in Madhya Pradesh state in central India has one of the highest maternal and child mortality rates in the country. The underlying causes are widespread poverty, poor health literacy, a lack of access to local health care, and the generally low status of women in society.

A large group of the marginalised indigenous Mawasi people live in Satna. Availability of food is low and malnutrition is very common. In collaboration with our partner Eficor, Läkarmissionen is committed to providing more residents with better access to health care and reducing child and maternal mortality in the area. The aid focuses on teaching both adults and young people about general health-related issues and particularly about issues related to nutrition and malnutrition. Another goal is to equip the target group with tools that will enable them to better manage their own livelihoods.

In order to achieve these goals, health workers are first trained and then work closely with the local population. Beneficiaries not only receive health care but also general health counselling, above all on the issue of child marriages, which is a widespread problem in the region that has a major negative impact on women's health. Self-help groups for women, men and young people are also organised, with a specific curriculum for each group. The development aid in-



cludes literacy courses, basic health and nutritional science, courses in a range of self-sufficiency methods, and training in appropriate agricultural and cultivation techniques. Human rights and what they mean in practice are a common theme that connects all training and education.

The target group for the health component consists of women and children as well as local female health care workers. The project's self-sufficiency and self-help group work is conducted amongst women and men in 30 villages. Several positive impacts are now being observed, such as an increase in self-confidence among the women and a sense of unity and trust within the groups that strengthens solidarity and the willingness to help one other. Another positive effect is that many participants are now free from dependence on money lenders.



Health worker Rani Pande explains the importance of clean water to new mum Ram Bai in Chorkary village in the Indian state of Madhya Pradesh.

PHOTO: HANS-JØRGEN RAMSTEDT



In some countries teacher absence is a common problem. The causes vary, but for the students it is always very concerning.

PHOTO: HAKAN FLANK

SOCIAL AUDITING IN GUATEMALA



In 2018, Läkarmissionen initiated a new working method known as social auditing. Put simply, social auditing involves ordinary citizens investigating whether, and if so to what extent, the state is providing the basic services to which the residents are entitled. The model is now being implemented in collaboration with Läkarmissionen's partner Alfagat in the Alta Verapaz, Totonicapan and Suchitepequez districts of Guatemala, where the inhabitants mainly comprise the Kekchi and Quiche ethnic groups. The standard of education in these groups is generally low, while social inequality and the level of vulnerability are high.

The above districts are characterised by widespread poverty and official neglect as well as a lack of basic school education and general health care. Many of the residents are barely aware of their civil rights and women in particular are oppressed. For many years, Läkarmissionen has been committed to increasing people's knowledge and understanding of their human rights and enhancing local empowerment. The route to achieving this has been to teach people basic literacy skills as a starting point for supplementary school education. The courses also include components such as vocational training, health and citizenship. This development

aid enables people who for various reasons did not have the opportunity to attend school as children to return as adults and acquire new, valuable knowledge. The model has a very strong rights-based focus and provides participants with a concrete understanding of their human rights and what this mean in practice.

Ultimately, it is the state that is responsible for the residents, but unfortunately the state apparatus is frequently dysfunctional. In order to overcome this, Alfagat has begun an advocacy initiative targeted at the duty-bearers. Social auditing is a cornerstone that allows actual conditions to be demonstrated in order to push for tangible change. It equips people with the tools to demand justice. The goal is to urge the state and the local authorities to fulfil their responsibilities in respect of the rights of their citizens to development, health and education.

Läkarmissionen is currently following the work with great interest to observe the results. Advocacy work is risky in Guatemala, hence Alfagat conducted a thorough risk assessment before the initiative started. Nevertheless, the hope is that this concept will lead to success.

STREET CHILDREN IN KAMPALA

In Uganda, the number of street children has risen in recent years and the primary contributing factor is poverty. Families cannot afford to provide their children with the most basic necessities for a decent childhood. When parents die or families fall apart, the street is often the only remaining option, and many children grow up more or less abandoned by the adult world. Life on the street is tough and dangerous and the children are exposed to drugs, crime and sexual exploitation. The contempt of the society around them and the stigma of living on the street can also cause lifelong trauma for the children.

The best approach in this situation is to work on several fronts. Focusing solely on removing children from the street and placing them in children's homes is not a lasting solution. The answer to the problems of vulnerable children is not institutional care, and this should only be considered a temporary solution. A child needs security and tangible, long-term support from the adult world. Without it, the vicious circle persists.

In Kampala, Läkarmissionen's partner Retrak has been active for many years building trust with the street children. It is a process that requires both time and patience but which has proved successful.

Once the children's trust has been gained, they are offered temporary accommodation in the center "Half-way home", where they are provided with both physical and mental care as well as the schooling that they have missed or never received. Meanwhile, the children's family situation is investigated, their relatives are tracked down, and a process begins to provide the relatives with the necessary help that will enable them to fulfil their role as guardians. The relatives also receive support and practical assistance from the organisation in how to better manage their own livelihoods in order to provide a safe environment for the children.

When the children and their families have recovered from the worst trauma, Retrak guides them through the careful process of finding their way back to each other. The goal is to reunite the families, but at the same time to carefully ensure that the causes that led to the child leaving home in the first place are managed. Hence it is equally important to follow

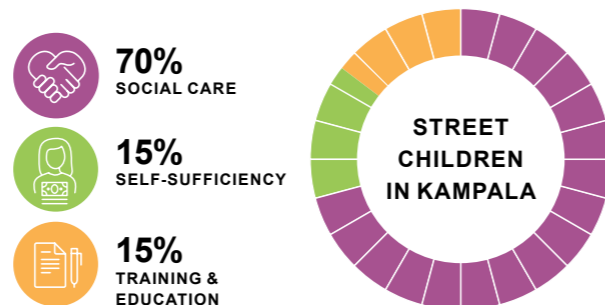


PHOTO: HANS-JÖRGEN RAMSTEDT

In the evenings and nights, many street children in Kampala are drawn to the central parts of the city. The stone steps in front of the closed shops will then be their sleeping place for the night.

up on the family's progress after reunification and ensure that the situation continues to improve and move in the right direction.

In cases where reunification with family or relatives is impossible, the children can be placed with a foster family. Older children in their teens also receive practical support in life skills and practical vocational preparation, either to enable them to contribute more to the housekeeping or to help them support themselves if this is the only option. In these cases, the children also receive help to find an internship that will increase their chances of a stable livelihood.



PHOTO: HAKAN FLANK

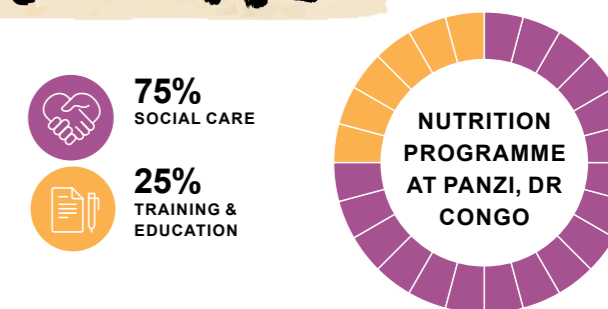
When a malnourished child has become healthy enough to eat normal food, there's no longer anything wrong with her appetite.

NUTRITION PROGRAMME AT PANZI, DR CONGO

During 2018, DR Congo received more publicity than usual in the Swedish media. Both the Nobel Peace Prize and the December general election shone a spotlight on the terrible plight of the population in a country where over 6 million people have died in the deadliest war since World War II, a war that the rest of the world barely mentions. It is a country with enormous resource wealth, where everyone wants to grab as much of the cake as they can without sharing or caring if anyone else gets in the way.

The humanitarian situation is dire, there is continuous fighting mainly in the north-east of the country, and large numbers of refugees are on the move in these areas. In the midst of all this, community services are dysfunctional and the civilian population is struggling to survive. Malnutrition is widespread and particularly affects the small children. As a result of the hostilities, more than half of all the children in the South Kivu region are now suffering from chronic malnutrition.

During 2018, Läkarmissionen has continued its support for the nutrition programme at the Panzi Hospital in Bukavu, South Kivu. The hospital is located in an area with large numbers of IDPs, which is a strain on a population that is already living in extreme poverty. As the security situation is so poor, people are afraid to move around in the area to cultivate the soil. Food prices are rising and malnutrition is increasing. At the same time, due to a reduction in financial support several humanitarian organisations have been forced to leave



the children to their fate and the situation has become increasingly serious during the year.

Remedying this in the best possible way requires a multi-level approach. The most severely malnourished children are admitted to the hospital and receive medical care so that they can survive. On average, children receive care for 20 days before they have reached a sufficient weight and health that they can be discharged. In the meantime, the families receive practical support, both in terms of food and seed and in the form of education in nutrition. By combining these two components, it is possible to counteract malnutrition. When the adults gain better knowledge and understanding of good dietary composition, it increases the chances of more children surviving. Another important element is the follow-up. The employees involved in the programme follow the family up closely once the children have returned home and as a result have succeeded in considerably reducing the number of readmissions.

“EVIL WILL NEVER WIN”

“MY STRATEGY IS TO REPAY HAT-RED with even more love, to show that evil will never win. For me, showing love means caring for the sick and giving them hope. The Panzi Hospital is a place of peace where everyone is welcome and I will continue my work here. I will never stop preaching peace”, says Denis Mukwege, winner of the Nobel Peace Prize 2018.

Denis Mukwege was awarded the Nobel Peace Prize for his work with and for women victims of sexual violence. The first patient with torn private parts was admitted to the Panzi Hospital in 1999. It was the start of an epidemic and the consequence of a war that has not yet ended, a war in which women’s bodies are used as weapons to divide families and communities.

Care for the rape victims at the Panzi Hospital is not only physical, but also psychological and socio-economic. Denis Mukwege always advocates for the women when he meets people in power around the world and says that the peace prize will not mean a thing unless it makes a difference for the women in Congo.

Läkarmissionen and Denis Mukwege share a long common history. When the Panzi Hospital was built, it was as a result of funding from Läkarmissionen, PMU and Sida. But Läkarmissionen also provided aid to the Lamera Hospital, which existed before the Panzi and contributed to the cost of Denis Mukwege’s specialist training in France. Läkarmissionen is currently the Panzi Hospital’s largest Swedish donor.

Läkarmissionen’s money is used to operate the hospital, with a focus on maternity care, neonatology, family planning and nutrition.



PHOTO: JØRGEN ULVSGÅRD

For Dr. Mukwege, it goes without saying to take time out for a chat with the women who are treated at the Panzi.



PHOTO: JØRGEN ULVSGÅRD

PHOTO: HAKAN FLANK



PHOTO: JØRGEN ULVSGÅRD

There is also time for contact with the children admitted.



PHOTO: BERIT ROALD/TT

Dr. Denis Mukwege was awarded the Nobel Peace Prize in 2018 for his many years of struggle against sexual violence in DR Congo. He shared the prize with Nadia Murad.



PHOTO: TORLEIF SVENSSON

In south-western Niger, Läkarmissionen and IAS are conducting a joint aid project that combines literacy with water well drilling. It has had a very positive impact, particularly for the women in the villages included in the project.

IAS HAS BECOME PART OF LÄKARMISSIONEN

LÄKARMISSIONEN AND IAS, International Aid Services, have been collaborating since 1994, above all in various water and sanitation projects. The collaboration has become deeper over the years, and in 2018 a directional decision was made that IAS operations would become part of Läkarmissionen as of 2019.

The two organisations complement each other well. IAS and Läkarmissionen will be stronger together and able to help more people in vulnerable environments. One of the distinctive features of IAS is that it operates in areas where few other aid organisations exist. One of its primary commitments is ensuring that vulnerable individuals have access to clean and environmentally sustainable water. It is also committed to strengthening the ability of local communities to take responsibility for their own development in the fight against poverty. This includes ensuring that children are provided with schooling and that children with functional impairments also have access to education.

Even if its operations are fully incorporated into Läkarmissionen, IAS will retain its own identity, above all through country offices in the recipient countries. The networks and competencies of both organisations will be preserved and developed to enable a high level of quality for joint opera-

tions. The letter of intent was signed in April 2018, after which a due diligence process began. The process was then divided into three categories: securing resources (funding, agreements, networks, staff, etc.), planning the takeover and integration, and planning internal and external information with working groups in order to strengthen togetherness and shared values. The work during 2018 has mainly focused on preparing for IAS to become part of Läkarmissionen as of January 2019.

The new joint organisation will be managed from the head office in Sweden. Projects will be implemented through our own country offices in 10 African countries, as well as in collaboration with partners in Asia, Africa, Latin America and Europe, often via regional offices. The combined operation will have a turnover of just over SEK 200 million and around 300 employees, almost 90 percent of which will be locally employed field workers.

PROJECTS 2018

PARTNER CONFERENCE IN NEPAL

A few years ago, Läkarmissionen initiated regular regional network conferences for collaborative organisations operating in the same region. These conferences have been highly appreciated and form an essential part of sharing experiences and ideas as well as enhancing knowledge within the project activities taking place in the regions concerned. The conferences have also contributed to bringing Läkarmissionen and our partners closer together and creating an understanding of each party's context.

The partner conference in Kathmandu, Nepal was held in March 2018. The local host of the seminar was Läkarmissionen's partner Mission East, Nepal, and a total of 27 delegates gathered from 14 different partners, including three representatives from Läkarmissionen. All of Läkarmissionen's partners in Asia were present and exchanged experiences, acquired new knowledge, networked and were able to learn more about sustainable development work, Agenda 2030, gender equality, good indicators and how they themselves could work with marketing and fundraising locally. The delegates expressed pleasure and appreciation at being able to participate in the conference.



PHOTO: ANANTA RAJ BAJRACHARYA

All of Läkarmissionen's partners in Asia participated in the partner conference in Nepal in March.

HONOURABLE NOMINATION FOR HUMAN BRIDGE

The issue of how we can live in a more climate-savvy and sustainable way is currently very relevant. The importance of recycling textiles and other materials as well as opportunities for recycling is increasingly emphasised.

During 2018, Läkarmissionen's partner Human Bridge's development aid work was recognised with a nomination for the environmental award "WEEE Initiative of the Year", which is awarded to a company, organisation or other stakeholder that, through a product, service or other initiative, promotes the environmentally sound reuse or recycling of electrical/electronic products.

Human Bridge collects discarded



PHOTO: HUMAN BRIDGE

It is not always the medical equipment that takes up the most space or that weighs the most that is the most beneficial.

hospital equipment and ensures that it receives a new lease of life in vulnerable countries. Technicians and staff with medical backgrounds go through all the equipment that comes in. If

necessary, the equipment is first repaired and supplemented then tested, after which it is returned to service.

In 2018, Human Bridge shipped over 2,302 tonnes of aid to 19 countries in Africa, Eastern Europe and the Middle East. A total of 211 shipments left Sweden with healthcare and disability equipment, clothing and other necessities.

Now more hospitals can provide safer care and more organisations can reach out to needy people with aid and clothing. More children and adults can access better and safer care and have the chance of a more secure everyday life in countries where this is far from the norm.

INFORMATION AND FUNDRAISING 2018



PHOTO: HAKAN FLANK



PHOTO: HAKAN FLANK

Tess Merkel, Pernilla Wahlgren, Sofia Wistam, Hanna Hedlund and Lina Hedlund performed a "mammamedley". A cheque for SEK 500,000 was handed over to Läkarmissionen's then CEO Johan Lilja by Ebba Sang on behalf of the staff of the IT company Atea.

TRIBUTE TO THE MOTHERS OF THE WORLD

On Mother's Day, Sunday 27th May 2018, Läkarmissionen held its first ever "Mammagala" (Mothers' Gala), which was broadcast live on Channel 5. On the same day that we pay tribute to our own mothers, we experienced a unique view of the world where we met mothers and children living in completely different conditions. It was an evening where the mothers of the world were the centre of attention.

In large parts of the world, girls and women have a lower status than boys and men, which impacts their health as well as their opportunities for education and influence. At the same time, Läkarmissionen has seen how mothers play a key role when it comes to sustainable change. When mothers receive an education, the chance to be self-sufficient and information about their rights, they invest in the children and thus in the future as well – a strong, independent mother is the best support a child can have! Investing in the mothers of the world generates tangible results in areas such as education, health and justice – now as well as in the future.

During the gala, viewers had the chance to accompany Sofia Wistam, Lina Hedlund and Roy Fares as they reported on some of Läkarmissionen's projects in South Africa, Tanzania

and Bangladesh. Carola Häggkvist paid a moving tribute to Barbro "Lill-Babs" Svensson by performing her song "Du är publiken". Robin Bengtsson also performed his single Day by Day.

In conjunction with the gala, "The Great Mum Award" was established, and through a campaign in the Expressen newspaper, the Swedish people were encouraged to nominate mothers who deserved the accolade. A large number of nominations were submitted and a jury appointed three winners who were presented at Mammagalan. For the first time, the prize was awarded to mothers whose extraordinary efforts have had a great impact on very many people.

The goal of Mammagalan was to spread awareness of Läkarmissionen's aid operations and attract new monthly donors.

Mother's Day was also the culmination of our Mother's Day campaign. By reaching out on social media, we highlighted the situation for mothers and encouraged the purchase of a safe childbirth in our web shop as a gift to our own mothers.

TRIBUTE GALA FOR DENIS MUKWEGE

In conjunction with Nobel Week, a tribute evening for Dr. Mukwege was organised at Stockholm Waterfront Congress Centre. It was an evening filled with emotion, during which guests, artists and Dr. Mukwege raised the possibility of changing the world and that one individual can actually make a difference. The venue was packed and the highlight was, of course, the interview with Dr. Mukwege himself, but all the artists and speakers had some sort of connection with Congo or Dr. Mukwege.



PHOTO: ANNA LEDIN WIRÉN

The interview with Denis Mukwege was the highlight of the evening.



PHOTO: STINA HJELM



PHOTO: STINA HJELM



PHOTO: ANNA LEDIN



PHOTO: STINA HJELM



PHOTO: STINA HJELM

Everyone wanted to be there to pay tribute to Dr. Mukwege and it was standing room only at Stockholm Waterfront. Among others, Margot Wallström, Timbuktu, Kerstin Åkerman (who worked with Dr. Mukwege for many years), Edo Bumba and Samuel Ljungbladh appeared on stage.

EXAMPLES OF OTHER FUNDRAISING ACTIVITIES

SVENSKA JOURNALEN

Five issues of our magazine Svenska Journalen were published during 2018.

MONTHLY NEWSLETTERS

12 issues of the newsletters Månads-Bladet and Fältrapporten were distributed to active donors during the year.

DIRECT MAIL-OUTS TO POTENTIAL DONORS

We have done five major direct mail-outs with purchased addresses aimed at recruiting new donors.

CHRISTMAS COMPANY CAMPAIGN

The 2018 Christmas campaign aimed at companies was distributed to 16,000 carefully selected companies.

AKTION JULKLAPPEN

In 2018, Aktion Julklappen celebrated its 20th anniversary.

Since the start, we have collected and distributed nearly 560,000 Christmas presents to children in Eastern Europe.

INFLUENCERS

In order to increase awareness of Läkarmissionen, we collaborate with people with large social media networks, so-called influencers. As a result, we have attracted a large number of new monthly donors.

EVERY GIRL

In conjunction with International Women's Day, a campaign is conducted to support the fight against FGM

in Kenya. The campaign is known as Every Girl.

MEETINGS AND CONCERT EVENTS

A large number of concerts were arranged during the year and we were able to attract many new monthly donors during the autumn, both in the smaller churches and through the choir project "Songs for Life", which features choir singers from different choirs singing together with a famous artist.

SECOND-HAND

Sales in all of our second-hand shops have increased. The reasons include longer opening hours and social media marketing.

NEW GENERAL SECRETARY AT LÄKARMISSIONEN

In September, Läkarmissionen appointed a new General Secretary, Lars Arrhenius. He worked half time until the end of the year while he completed an inquiry into independent denominational schools on behalf of the Swedish government. Since 1st January 2019, Lars has worked full time at Läkarmissionen. Lars grew up in a missionary family and spent much of his childhood in Burundi and Rwanda, which sparked his interest in international issues and missionary work. Lars is a qualified lawyer who specialises in human rights and has lengthy experience of working as a lawyer, but he has also worked for children's rights for a long time. Lars was the first to hold the position of child and school student representative in Sweden, and he has previously been chairman of ECPAT Sweden as well as general secretary of the Friends organisation. He has also been vice chairman of Unicef in Sweden. Lars has lectured in children's rights at Stockholm University, participated in several books on children's rights and bullying, and has in the past decade been active in debates concerning children's rights issues. He succeeds Johan Lilja, who has taken up a new leadership role at the Swedish International Center for Local Democracy.

How will your commitment to children's rights issues be evident at Läkarmissionen?

"Läkarmissionen already works from a human rights-based perspective as well as with a large number of projects related to children such as educational projects. It's important that the children's rights perspective is always there. I think I'll be able to contribute to that."

Your parents were missionaries in Rwanda and you grew up as a missionary child. How has that influenced you?

"It's influenced me a great deal. I became aware at an early age that people's circumstances can be very different. There are obvious injustices. And it's affected my life and career choices."

What attracted you to the position of General Secretary at Läkarmissionen?

"My background and my upbringing meant that I developed a special feeling for developing countries, first and foremost because I grew up in Rwanda and Burundi. Making a dif-



PHOTO: HÅKAN FLANK

ference to people is important to me but so far I've mostly worked for organisations that were focused on Sweden. It feels fantastic to experience an international perspective through the job at Läkarmissionen! Läkarmissionen has an advantage in that it works directly with local organisations, which makes it easier to ensure that the money our donors give us really makes a difference. The opportunity to lead Läkarmissionen feels like a dream job!"

What opportunities do you see for Läkarmissionen going forward, and which commitments are important to you?

"The combination of strong private fundraising and the possibility of obtaining institutional funds combined with the closeness to our projects mean that we have very good prospects of becoming a strong global aid organisation. The human rights perspective is important to me personally, and especially the rights of the child. The child's voice must always be taken into consideration in our projects."

MANAGEMENT REPORT 2018

The Board and the General Secretary of Läkarmissionen – stiftelse för filantropisk verksamhet 802005-9989 hereby submits its report for the period 01-01-2018 to 31-12-2018.

GENERAL INFORMATION

Organisation

Läkarmissionen is a foundation with headquarters in Stockholm. Management of the Foundation is the responsibility of a board of directors. The Board, the auditors and the Nomination Committee are appointed by a council, which since the Annual Meeting in 2018 has consisted of 40 principals. Board members and principals are usually appointed for a period of three years.

Läkarmissionen's vision and mission concern the development of effective methods of supporting the willingness and ability of vulnerable individuals to change their own life circumstances. Läkarmissionen fights poverty and contributes to sustainable development from a human rights perspective. Läkarmissionen is politically and religiously independent.

Goal and purpose

Läkarmissionen's main purpose according to its statutes is to engage in international aid efforts. The focus of the organisation is on international development projects within its established priority areas of social care, health, training and education, and self-sufficiency as well as humanitarian aid. Läkarmissionen also supports aid efforts with material aid.

During 2018, Läkarmissionen's development aid efforts have been conducted in 35 countries in Africa, Asia, Latin America and Europe. As a rule, Läkarmissionen collaborates with a local partner in the relevant recipient country. A competent local partner has the benefit of close contacts with the target group and well-established relations within the local community, which ensures optimum conditions for sustainable, effective development aid.

The purpose of Läkarmissionen's development programmes is to combat poverty by creating sustainable conditions in which vulnerable individuals can transform their own life circumstances in order to achieve a better future. With the right tools they can be empowered to escape their own poverty. The goal is to transform people's lives in an enduring way. Over the years, a change model has been developed, known as Läkarmissionen's development chain, in which a combination of components within social care, health, training and education, and self-sufficiency enables the transition from dependency to independence. The aim is for our priority areas to be increasingly applied in combinations.

Social care

Social care aid, which provides aid to the socially vulnerable, is the project department's broadest priority area. The primary target group is women and children in various states of vulnerability. The aim of all of Läkarmissionen's social aid is to create better conditions for vulnerable individuals that will allow them to tap into their own abilities. A prerequisite for this is that the individuals are healthy, exist in a secure environment, and have access to food and clean water. The primary purpose of Läkarmissionen's social care projects is to save lives, create secure home environments and empower vulnerable individuals to build better lives for themselves.

Health

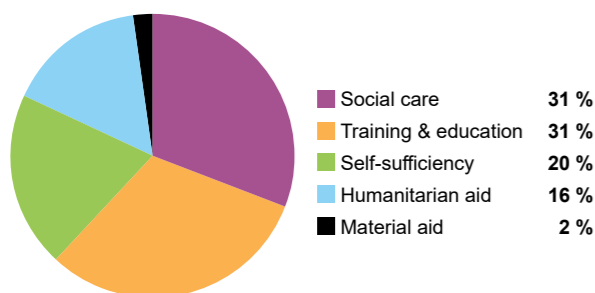
Health aid is a concept that is very compatible with Läkarmissionen's name, and it has been included as one of Läkarmissionen's core values since spring 2017. Health aid is increasingly linked to resilience, with preventive health initiatives such as preventive HIV information, vaccination programmes and information related to hygiene and sanitation integrated into each project.

Training & Education

Knowledge is a prerequisite for individuals to become active members of society with an awareness of and the ability to take advantage of their democratic and human rights. Education is a prerequisite for creating an equal and balanced society, increasing work opportunities and improving living conditions. Läkarmissionen's educational aid is to a great extent an integrated element in a development chain in which components such as literacy and vocational training are linked to poverty reduction measures such as microfinance and support for savings groups.

The largest expansion of Läkarmissionen's educational aid is currently taking place in Africa, but our educational aid efforts in Latin America remain substantial. Literacy is a key element in Läkarmissionen's commitment to training and education. Läkarmissionen provides different types of literacy aid based on a human-rights perspective, during which the Laubach "Each one, teach one" literacy method is preferred. Teaching takes the form of interactive education in small groups led by tutors, usually volunteers. There are currently good long-term prospects for participants that complete the literacy programmes, as these are linked both to self-sufficiency programmes and to vocational training.

DISTRIBUTION OF AID



The ability to read and write in one's national language is a prerequisite for achieving enduring change.

Self-sufficiency

Self-sufficiency aid forms the final component in the development chain that aims to empower individuals in their struggle to develop tangible livelihood opportunities without the need for long-term financial support. Our activities with savings groups and microfinance are to a large extent linked to training and education, primarily literacy and vocational training.

An integral element in the self-help groups is that members begin with their own savings and are taught how to manage money so that they can establish a joint capital that allows them to borrow from each other. In the long term, this can lead to members progressing to microcredit loans and greater accountability.

Läkarmissionen's microcredit projects follow established guidelines that define prioritised forms of microcredit. A fundamental requirement is that all microcredit projects must include various types of training and education. There is also a well-defined code that regulates the relationship with borrowers in microcredit projects as well as criteria for the role of implementing organisations and the financial prerequisites to ensure correct treatment of individual borrowers. The largest target group is women, who are not only taught basic literacy skills but also receive the tools to start their own small businesses.

Humanitarian aid

Humanitarian aid focuses on saving lives in emergency situations. In the event of a major natural disaster, Läkarmissionen's donors expect to be involved and to make a difference. Läkarmissionen also organises special fundraising campaigns for this type of humanitarian intervention. In the event of less severe disasters in regions where Läkarmissionen is already engaged in development programmes, we consider it our duty to act. This type of disaster does not usually attract much media attention in Sweden and operations are conducted without a special donor appeal. Through the EU-Cord network, Läkarmissionen can access a large number of competent aid partners almost anywhere in the world.

These channels enable a rapid response in the event of major humanitarian disasters.

Material aid

Läkarmissionen provides material aid through its partner organisation, the Human Bridge Foundation, which, for example, ships hospital supplies to several African countries such as Tanzania and DRC. Human Bridge collects and reconditions hospital materials, and it also collects and sorts textiles. The purpose of the textile collection is to enable the provision of clothing in different humanitarian situations and to finance material aid to hospitals in a number of countries, with Ethiopia the largest beneficiary.

Communication, advocacy and fundraising

Part of the purpose in the statutes is to disseminate information and conduct advocacy.

During 2018, twelve issues of *MånadsBladet* containing information about completed aid projects and current needs were published and distributed to active donors. Regular donors receive information about projects that characterise Läkarmissionen's aid efforts around the world. Along with *Svenska Journalen*, *MånadsBladet* is the most important channel for disseminating information to our regular donors and the most important medium for updating donors on Läkarmissionen's ongoing aid commitments in recipient countries. The aim of *Svenska Journalen* is to highlight and disseminate information about Läkarmissionen's priority areas and operations on a more detailed level. The website and social media are also important channels, both for information and for fundraising.

Läkarmissionen has chosen to play an active part in the fight against genital mutilation, and we highlight the "Every Girl" campaign, which supports girls in Kenya who resist the procedure, both in our own channels and through collaborations with influencers, podcasters and events.

The theme of Läkarmissionen's annual seminar was how aid can be conducted in countries with a weak democracy. Pierre Schori and Cardinal Anders Arborelius took part in the seminar along with Claudette Kigeme from Mothers' Union in Burundi. The work with savings groups that Mothers' Union engages in with the support of Läkarmissionen also attracted the attention of the Swedish media.

One issue that is becoming increasingly important to Läkarmissionen is the situation of mothers around the world, which is why the Mammagala on Channel 5 was also held on Mother's Day. Sexual and reproductive health and rights (SRHR) were also highlighted in Almedalen, where Läkarmissionen co-organised the "Faith, Hope and Condoms" seminar featuring Dr. Denis Mukwege as speaker, along with Hans Linde from the Swedish Association for Sexuality

Education and Carin Jämtin from the Swedish International Development Cooperation Agency.

The autumn was obviously characterised by the exciting announcement that Denis Mukwege had been awarded the Nobel Peace Prize. Various fundraising campaigns and celebrations were arranged both around the time of the announcement and during Nobel Week, with the event at Stockholm Waterfront in December as the grand "finale". Thousands of people were eager to attend to pay tribute to Dr. Mukwege and the work at the Panzi Hospital that Läkarmissionen has supported since its inception.

Through our extensive programme of meetings and concert events, Läkarmissionen connects with very many existing donors, recruits new donors and raises funds for the organisation. Läkarmissionen also arranges a well-established concept known as "Songs for Life", during which choir singers perform with well-known artists such as Sofia Källgren and Anna Stadling, who were the guest artists in 2018. Meeting with donors through music and concerts is an important part of communicating information about our organisation.

SIFO conducts an annual survey among the various aid organisations regarding public awareness and how significant different organisations appear to the public. Läkarmissionen was the aid organisation that had the highest increase in public awareness during 2018.

Significant partnerships*International Aid Services (IAS)*

Läkarmissionen's collaboration with International Aid Services (IAS) was established back in 1994, and mainly concerned various water and sanitation projects. Over the years, the partnership has deepened and it intensified in 2018 following a joint policy decision that the IAS organisation would become part of Läkarmissionen, with integration beginning in 2018 and the formal takeover taking place on 1st January 2019 and. During 2018, funds from the Swedish Mission Council have already passed via Läkarmissionen to some IAS projects.

Swedish Mission Council (SMR)

Our partnerships within the Swedish Mission Council network are essential to our aim of remaining a relevant quality partner for institutional donors. The Council is a SIDA-funded ecumenical umbrella organisation for missionary and development aid organisations. During 2018, Läkarmissionen managed two Council-funded projects with local partners in Honduras and Guatemala that work for the rights of vulnerable women and children. A further five projects in partnership with IAS received funding from the Council. In total, Läkarmissionen received MSEK 16 from the Council during 2018. Läkarmissionen has a representative on the

Council board and our collaboration with the Council has continued to develop positively.

Human Bridge

Läkarmissionen is one of the founders of Human Bridge, whose operations are a combination of aid, environmental promotion and social activity. During 2018, Human Bridge shipped over 2,302 tonnes of material aid to 19 countries in Africa, Eastern Europe and the Middle East. In order to raise funds for the shipments, over 11,000 tons of textiles were collected during the year, which also contributes to a better economy and less impact on the environment.

EU-Cord

During the year, Läkarmissionen has participated in the EU-Cord management committee and contributed to the continuous development and relevance of the network. The network allows Läkarmissionen access to aid partners that can provide strong support in terms of our capacity to respond rapidly to humanitarian disasters around the world. In recent years, EU-Cord has reinforced its expertise in advocacy issues and participates extensively in various networks and conferences in order to raise awareness amongst various stakeholders for an inclusive approach to human rights.

Medair

Medair is a primary partner for Läkarmissionen during disaster responses. Humanitarian aid efforts have been conducted in partnership with Medair during conflicts and natural disasters. Läkarmissionen's aim is also to have a representative participating on the ground in Medair's team at a humanitarian disaster.

Second-hand shops

Läkarmissionen has a close partnership with four second-hand shops that sell donated clothes, furniture, household items etc. to generate funds for our aid efforts. In addition to the financial income, the second-hand shops are also an opportunity for individuals to demonstrate their strong personal commitment as volunteers. The second-hand shops are located in Vällingby, Västerås, Bro and Södertälje.

Swedish Fundraising Control – 90 accounts

Development aid is largely funded by donations from private individuals in Sweden. The most important channel for this is Läkarmissionen's 90 accounts (registered donor accounts), which ensure donor security as the 90 accounts are required to be verified by Swedish Fundraising Control (Svensk Insamlingskontroll).

Radiohjälpen and Världens Barn

The partnership with Radiohjälpen is very important to Läkarmissionen. During the year, a number of major donations totalling approximately MSEK 3 have been received from Radiohjälpen (Radio Aid), partly in conjunction

with Läkarmissionen’s commitment to the Världens Barn campaign (Children of the World), and partly due to a deeper collaboration regarding humanitarian aid efforts. During this year’s Världens Barn gala, Läkarmissionen’s collaboration with Nobel Peace Prize laureate Dr. Denis Mukwege and the Panzi Hospital was highlighted.

Swedish Fundraising Council (FRII)

Membership of the Swedish Fundraising Council trade organisation (FRII) is important for several reasons. The Code of Quality is an instrument that maintains a high level of credibility for fundraising organisations as a whole. The Council also enables Läkarmissionen to interact on a range of issues, and a common voice carries profoundly more weight.

Concord (Sweden)

Concord Sweden and Concord Europe work with policy and impact in order to hold the EU and its member states accountable for fulfilling their promises regarding the quantity and quality of EU aid. Concord Sweden also monitors Swedish policies with the aim of advocating for more harmony, promoting global development and contributing to poverty reduction around the world.

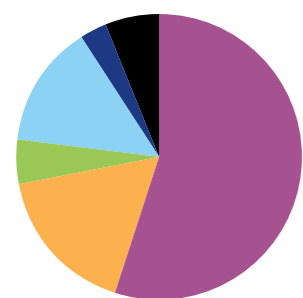
Fundraising channels

As in previous years, the most important revenue sources for Läkarmissionen have been monthly donations by direct debit, monthly donations by paying-in slip, donations in response to MånadsBladet campaigns, and bequests.

Significant revenue has also been generated by various campaigns and partnerships such as the Mother’s Day campaign and live Mammagala on Channel 5, and the collaboration with influencers, who attract significant numbers of new monthly donors. The reports on the anti-FGM project in Kenya by social media influences reached a wide audience and touched many people, which also yielded fundraising results.

Dr. Mukwege’s Nobel Prize was also a boost to fundraising efforts. The fundraising letter about his important work attracted by far the most new donors during 2018 and many people donated to the work at the Panzi Hospital, for example during the tribute evening to Dr. Mukwege.

DONATIONS AND GRANTS



Donations from the public:

Monthly donors, donations via 90-accounts	55 %
Bequests	17 %
Other donations	5 %
Total	77 %

Grants and other revenues:

Institutional grants	14 %
Other grants	3 %
Other revenues	6 %
Total	23 %

Just before Christmas, a major initiative was launched to attract corporate donors, which produced good results compared to the corporate campaigns of previous years and a sharp increase in both the number of donations and their size.

Läkarmissionen’s extensive meeting and concert event programme provides opportunities to meet many loyal donors, and a drive to recruit new monthly donors at these events yielded successful results.

Earmarked donations

According to Läkarmissionen’s statutes, raised funds accrued by the Foundation that have not been earmarked for special purposes must be used for international aid efforts. If funds are to be earmarked for other possible purposes in the statutes, the clear intentions of the fundraising or donor that the funds are earmarked for these purposes must exist.

During 2018, available funds were only used for international aid efforts in the form of activities and efforts for international development aid. The response of private individuals in the form of donations or bequests to Läkarmissionen entails a great deal of trust and responsibility. The majority of the funds received can be used where they are most needed as no particular purpose is specified. Bequests are rarely earmarked for special purposes. During 2018, only 29 percent of other donations were earmarked for specific projects or aid efforts.

SIGNIFICANT EVENTS DURING THE FINANCIAL YEAR

Significant operational changes

During 2018, Läkarmissionen’s Board of Directors approved the takeover of the aid organisation IAS, International Aid Services, which has long been a close partner to Läkarmissionen. The takeover was formally implemented on 1st January 2019. A great deal of work has been done during the year to prepare for IAS takeover, for example a due diligence process was conducted to analyse the organisation.

During the spring, Läkarmissionen established a new regional resource centre for Asia in Chiang Mai, Thailand with

one employee. Lars Arrhenius took over as the new General Secretary during the autumn. He succeeds Johan Lilja.

Fresh efforts were made to market the live Mammagala on Channel 5 on Mother’s Day. The purpose was to recruit monthly donors and to increase awareness of Läkarmissionen as well as the work that we do.

Systematic learning and continuous improvement

In order to ensure the systematic implementation of improvements, Läkarmissionen applies a quality system of governing documents, procedures, policies and functional descriptions that are continuously updated and include systems for reporting incidents and suspected irregularities. Training seminars are also conducted in the field, during which different collaborative organisations have the opportunity to enrich each other with their experiences. There is considerable potential for development in disseminating good ideas and methods amongst our partners and different countries.

Läkarmissionen tries to learn both from what works well and from what works less well. When things are working less well, we support our local partner in finding solutions that will achieve the goals. Sometimes a solution can be simple, while in other cases we may eventually have to terminate the collaboration and can then try to support programme beneficiaries via a new partner organisation.

Achievement of objectives

Since 1958, Läkarmissionen has changed the future for millions of vulnerable individuals. In the majority of cases, the objectives of the various aid efforts have been achieved and sometimes by a wide margin. Every single project involves tens, hundreds, thousands, or even tens of thousands of people that have been offered, and taken, an opportunity that can transform their lives. The various programmes help different target groups to claim their rights in different ways. The aid efforts are important for the development of local communities in terms of increased gender equality, participation and democracy because Läkarmissionen’s programmes are largely targeted at women. Women are made aware of their rights and are strengthened by knowledge and new opportunities. The ability to read and write increases opportunities for a secure livelihood, to claim one’s rights and to become an active participant in society. Vulnerable individuals who, through a savings group or a microloan, have been able to start a small business and can support themselves and their families not only avoid everyday worries, they can often afford to let the children go to school and maybe even save towards a better home. Clean water in the village frees the girls and women from the hard and often risky work that retrieving water in Africa entails. At the same time, the water supply safeguards the food supply as the villages gain completely new opportunities for cultivation. The incidence of disease also decreases as a result of the proximity to clean water and improved sanitation.

In the strategy for the long-term eradication of FGM in East Africa, Läkarmissionen has, through its long-standing commitment, contributed to a reduction in the proportion of genitally mutilated girls and women, both nationally (from 38 % to 21 % of girls aged 15-19 in six years) and in the ethnic groups that still practice FGM. Among the Kisii people, who are one of the groups to which Läkarmissionen’s efforts have been targeted, genital mutilation has decreased from 97 % to 84 % of girls aged 15–19 in six years. According to reports we are receiving from the project, the custom has now almost completely come to an end in some places. Läkarmissionen’s literacy project for the Maasai people also includes an anti-FGM element, which is an important initiative in an area where the downward trend has been broken. FGM on girls under the age of 18 is now prohibited in Kenya, which has most likely contributed to the reduction of FGM nationwide. Nevertheless, the legislation has led to few court cases and probably to the mutilation now taking place more surreptitiously and on younger girls. Läkarmissionen and all other stakeholders who are committed to eradicating this cruel custom are still needed as the majority of girls still suffer mutilation in some ethnic groups.

It is gratifying to observe the trend towards increasing literacy in Latin America. According to UNESCO, the proportion of illiterates has decreased from 15.5 % to 6.5 % in 26 years. With just over 2.5 million people having participated in the educational programmes since the 1990s, Läkarmissionen has played a significant role in this progress. Nevertheless, there are large variations within Latin America (where, for example, 19 % of the adult population in Guatemala cannot read and write) and within individual countries. Läkarmissionen identifies areas with high levels of illiteracy and poverty, often inhabited by indigenous peoples or other vulnerable groups, and where aid efforts are still needed. The educational material in Spanish and Portuguese has been adapted and translated into French, and is now used in Läkarmissionen’s educational projects in West Africa, where the illiteracy level is high.

FINANCIAL RESULTS AND POSITION

Revenue

Operating revenue has amounted to MSEK 133.9 in 2018, an increase of TSEK 3.3 compared to the previous year. Donations in the form of raised funds from the public, bequests and gifts from second-hand shops have accounted for 79 per cent of total revenue, but this is MSEK 11.2 lower than in 2017. This decrease has been offset by the increasing number of grants reported as revenue during 2018, which amounted to MSEK 14.2 more than last year.

Profit/loss

Läkarmissionen has reported a deficit of MSEK 10.3 for 2018, which is MSEK 1.6 higher than last year. The deficit was

REVENUES, ANNUAL COMPARISON	2018	2017	2016	2015	2014
FUNDRAISING 90 ACCOUNTS (TSEK)	75 411	86 987	91 301	103 650	91 900
BEQUESTS (TSEK)	23 455	21 634	31 327	32 597	37 747
WEBSITE (TSEK)	4 960	4 032	3 398	4 715	3 097
SECOND-HAND (TSEK)	2 564	2 558	1 539	1 568	2 113
OTHER (TSEK)	27 517	15 414	14 960	11 724	8 620
TOTAL REVENUES	133 907	130 625	142 525	154 254	143 477

ANNUAL COMPARISON	2018	2017	2016	2015	2014
TOTAL REVENUES (TSEK)	133 907	130 625	142 525	154 254	143 477
RAISED FUNDS (TSEK)	124 851	122 553	132 935	146 119	136 496
PROFIT/LOSS (TSEK)	-10 311	-8 695	-7 516	-1 656	6 379
DIRECT PROJECT COSTS (%)	89%	85%	84%	83%	79%
FUNDRAISING COSTS (%)	15%	16%	16%	14%	13%
ADMINISTRATIVE COSTS (%)	6%	7%	6%	5%	5%
EQUITY	71 945	82 257	88 564	95 495	97 151

caused by decisions on higher payments for direct project costs and to meet the deficit using equity. A lower level of fundraising from the public during 2018 than in previous years meant that a larger proportion of equity was used in the organisation during 2018. Direct project costs accounted for 89 percent of the operating revenue in 2018 and amounted to MSEK 118.6, which was MSEK 7.9 higher than in 2017. Fundraising and administrative costs during 2018 were MSEK 2.3 lower than in the previous year and accounted for 21 percent of operating revenue. Over and above the operating revenue, 2018 has seen a profit of MSEK 2.4, which is MSEK 0.8 better than last year. The change is the result of disposal of securities during the year and reinvestment in securities with a better return.

Financial position

Of the previously accumulated surplus, MSEK 10.3 has been used for operations during the year. This means that equity, which amounted to MSEK 82.3 at the start of the year, declined but remained strong, finishing at MSEK 71.9 at year-end 2018. Cash and cash equivalents amounted to MSEK 28.3 at year-end.

FINANCIAL INSTRUMENTS

Management of Läkarmissionen's financial investments is governed by means of an investment policy approved by the Board. It includes principles for financial risk as well as rules for ethical placement. The purpose of the investment policy is to optimise returns within a framework of low and controlled risk based on the established rules. The investment policy is available in its entirety on Läkarmissionen's

website. At year-end, investments in securities and special loans amounted to MSEK 36.8.

SUSTAINABILITY INFORMATION

The organisation is governed by an established environmental policy that is available on the website. Läkarmissionen exercises prudence as regards travel, purchasing and consumption. Interventions in the field are regulated by means of a code of conduct that defines sustainability and environmental requirements. Via the second-hand operation and Human Bridge, Läkarmissionen also contributes to sustainability through reuse and recycling. All the computers that we purchase are TCO certified, which means that there is a requirement for social responsibility in the manufacturing process.

Occupational health and safety

Läkarmissionen applies clear procedures and adjustments in order to promote a good working environment and according to the annual surveys the employees were very satisfied. A crisis management and contingency plan is available for enhanced safety awareness within the organisation. In order to facilitate parenting, for example, there is flexibility in terms of working hours and the option to reduce working hours during certain periods. We consider full-time employment as the norm and part-time employment as an opportunity. Läkarmissionen has signed a collective agreement that is jointly regulated by the Unionen trade union and IDEA, the employers' association for non-profit organisations. In the annual performance reviews, skills development is one of the most important issues.

Employees in other countries

During 2018, Läkarmissionen had a few overseas employees. The regional offices act as individual autonomous legal entities, but report operationally to the management in Sweden. Two employees posted overseas were salaried from the head office in Sweden.

Duties within the organisation

Läkarmissionen has a well-developed programme department that is responsible for programme development, method development, skills enhancement, and follow-up of new and existing projects. Läkarmissionen also has a marketing department in which the roles are divided between donor support, fundraising, communication and information. In addition, the backroom staff at Läkarmission focuses on IT, finance, human resources and quality. The work is directed by the General Secretary Lars Arrhenius, who in the autumn succeeded Johan Lilja, whose title was CEO. In total, Läkarmissionen employs 52 people, of whom 24 work in our second-hand shops.

Gender equality and diversity issues

Gender equality and diversity, which are described in several governing documents, are values that Läkarmissionen is strongly committed to. The Management Team comprises four women and three men and the Board of Directors consists of six women and six men.

FUTURE DEVELOPMENT

In accordance with the letter of intent of 2018, Läkarmissionen has now taken over the IAS organisation as of January 2019. This includes IAS operations in seven countries with country offices and new partners. IAS operations have an annual turnover of approximately MSEK 90 and are mainly in-house with about 300 locally employed field workers.

An important initial priority is now to establish contacts with and ensure the continued support of the international institutions such as Unicef, Dfid, Echo and USAID that principally finance IAS projects. Parallel to this, co-ordination and strengthening of report procedures and administration is in progress in order to adapt to Läkarmissionen's standards. During 2019, the merged organisation and the Board of Directors intend to establish a multi-year operational plan. In general, there have been numerous positive impacts as a result of the integration, which also promises good development opportunities and synergies going forward.

REGIONAL RESOURCE CENTRES

Läkarmissionen has three regional resource centres, in Miami for Latin America, in Kampala, Uganda for East Africa, and as of spring 2018 in Chiang Mai, Thailand for Asia. The resource

centres, which answer fully to Läkarmissionen's project department, act in support of local partners and to ensure the positive development of projects in the long term.

MANAGEMENT

The Board of Directors is normally a foundation's highest level. According to Läkarmissionen's statutes, certain tasks and decisions are delegated to a supervisory council with the aim of increasing transparency and opportunities to influence the direction of the organisation. The main task of the Supervisory Council is to elect the Board of Directors, the auditor and the Nomination Committee, and elect or re-elect principals at Läkarmissionen's annual meeting. Principals give Läkarmissionen a broad, solid foundation in Sweden and act as ambassadors in their networks. The Council also provides Läkarmissionen with an important available resource of committed individuals with expertise and experience in a wide range of fields. Since the Annual Meeting in 2018, the Council has comprised 40 members. The Nomination Committee consists of Hans Hallström, Stefan Kinert, Helen Lind Jaktlund and Urban Dahlström. Rules of procedure exist for both the Nomination Committee and the principals.

Members of the Board are normally appointed for a period of three years. Bo Guldstrand is the remunerated Chairman of the Board. Staffan Hellgren is Vice Chairman. On 24th September, the Board appointed Lars Arrhenius as General Secretary in place of Johan Lilja. The General Secretary and the Board of Directors apply rules of procedure that clearly define the division of responsibilities and work. Läkarmissionen has two working committees with clear mandates described in the rules of procedure that act as expert support for Läkarmissionen's operational management. The International Steering Committee comprises Agneta Lillqvist Bennstam and Margareta Arvidsson as well as the Chairman, the General Secretary and the Head of the Project Department. Maria Wiss, Christian Holmgren, the Chairman, the General Secretary and the Heads of Finance and Fundraising participate in the National Committee.

At the Annual Meeting on 24th April 2018, Pernilla Varverud from Grant Thornton was appointed as auditor for a further year, with Lena Johnsson as deputy auditor. The foundation is registered at the County Administrative Board of Stockholm County with foundation number 1000132.

Website: Lakarmissionen.se

Online shop: Lakarmissionen.se/gavoshop/
90 accounts (registered donor accounts): PG 90 00 21-7,
PG 90 17 18-7, BG 900-0217, BG 901-7187
Swish 90 00 217

INCOME STATEMENT

Amounts in TSEK

	Note	2018	2017
Operating revenue			
Donations	3	105 214	116 417
Grants	3	23 841	9 684
Net turnover		1 332	1 090
Other revenues		3 520	3 434
Total operating revenue		133 907	130 625
Operating costs	4,5		
Direct project costs	6	-118 581	-110 670
Fundraising costs		-20 283	-21 497
Administrative costs		-7 781	-8 821
Total operating costs		-146 645	-140 988
Operating profit/loss		-12 738	-10 363
Income from financial investments			
Income from other securities and receivables held as fixed assets	7	2 513	1 668
Interest payable and similar profit/loss items		-86	-
Total profit/loss from financial investments		2 427	1 668
Profit/loss after financial items		-10 311	-8 695
Profit/loss for the year		-10 311	-8 695

BALANCE SHEET

Amounts in TSEK

	Note	31.12.2018	31.12.2017
ASSETS			
Fixed assets			
Intangible assets			
Capitalised expenditure for software	8	3 061	3 499
		3 061	3 499
Tangible assets			
Expenditure on leased property	9	1 738	2 172
Equipment	10	10 331	1 561
		12 069	3 733
Financial fixed assets			
Long-term investments held as fixed assets	11	30 001	33 315
Other long-term receivables	12	6 820	11 980
		36 821	45 295
Total fixed assets		51 951	52 527
Current assets			
Current receivables			
Other receivables		11 307	9 379
Prepaid expenses and accrued income	13	3 506	2 702
		14 813	12 081
Current investments	14	750	136
Cash and bank		28 308	25 010
Total current assets		43 871	37 227
Total assets		95 822	89 754
EQUITY AND LIABILITIES			
Equity			
Donation capital		3 020	2 993
Earmarked project funds		46 764	67 443
Profit/loss brought forward		32 472	20 516
Profit/loss for the year		-10 311	-8 695
		71 945	82 257
Long-term liabilities			
Liabilities to credit institutions		6 057	-
Total long-term liabilities		6 057	-
Current liabilities			
Liabilities to credit institutions		1 580	-
Accounts payable		2 487	2 928
Other liabilities		9 722	490
Accrued expenses and deferred income	13	4 031	4 079
Total current liabilities		17 820	7 497
Total equity and liabilities		95 822	89 754

CHANGES IN EQUITY

Amounts in TSEK	Donation capital	Earmarked project funds	Profit/loss brought forward	Total equity
Opening balance	2 993	67 443	11 820	82 256
Received donation capital	27		-27	
Earmarked by the Board		46 764	-46 764	
Utilisation of earmarked funds		-66 062	66 062	
Reversal of unused funds		-1 381	1 381	
Profit/loss for the year			-10 311	-10 311
Closing balance	3 020	46 764	22 161	71 945

CASH FLOW STATEMENT

Amounts in TSEK	Note	2018	2017
OPERATING ACTIVITIES			
Operating profit/loss		-12 738	-10 363
Adjustment for non-cash flow items			
Amortisation and impairment		1 838	1 177
Interest received		1 433	1 190
Dividends received		-	31
Interest paid		-86	-
Cash flow from operating activities before changes in working capital		-9 553	-7 965
Changes in working capital:			
Change in current receivables		-2 731	-2 765
Change in current investments		-614	336
Change in current liabilities		8 742	597
Cash flow from operating activities		-4 156	-9 797
INVESTING ACTIVITIES			
Acquisition of tangible and intangible fixed assets		-9 737	-140
Net change in financial fixed assets		9 554	2 894
Cash flow from investing activities		-183	2 754
FINANCING ACTIVITIES			
Borrowings		7 900	-
Amortisation of debt		-263	-
Paid donation capital		-	2 387
Cash flow from financing activities		7 637	2 387
Cash flow for the year		3 298	-4 656
Cash and cash equivalents at beginning of year		25 010	29 666
Cash and cash equivalents at end of year	15	28 308	25 010

NOTES

Note 1 Accounting and valuation principles

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

The principles are unchanged in comparison with previous fiscal years.

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 has been recognised when the related transaction has been legally executed.

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 recipients abroad.

Net turnover consists mainly of ticket sales and choir fees at Läkarmissionen concerts.

Other revenues consist of invoiced costs relating to the second-hand shops.

Direct project costs

Direct project costs are defined as costs that are directly incurred while fulfilling the organisation's purpose and/or its statutes. Direct project costs comprise funds from the public that have been allocated to projects. They include 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. Joint costs allocated as direct project costs are also recognised as direct project costs.

Fundraising costs

Fundraising costs are defined as the necessary costs incurred while generating external revenue. They include all costs incurred during fundraising activities with the general public, companies and organisations, such as campaigns, printed materials, postage, salaries, social security contributions, etc. Joint costs allocated as fundraising costs are also recognised as fundraising costs.

Administrative costs

Administrative costs are defined as costs incurred while administering the organisation. They include the cost of

the Board, costs for 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/amortisation according to plan.

Depreciation takes place linearly across the asset's estimated useful life. The following depreciation periods apply:

Capitalised expenditure for software	10 years
Investment in leased property	10 years
Equipment	5-10 years

Financial fixed assets

Financial fixed assets have been valued at acquisition cost plus direct transaction expenses at acquisition date. Long-term investments have been recognised at acquisition value or fair value (market value), whichever is lower. If the value of the investment depreciates, a test 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 to 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.

Note 2 Accounting judgements and estimates**Donated assets**

Assets, primarily real estate, shares and other securities, donated to the fundraising organisation have been reported in Raised Funds from the General Public in conjunction with asset disposal, and all unlisted securities and real estate for which the sale price can be accurately estimated have been reported in the financial statements.

Amounts in TSEK	2018	2019
Note 3 Raised funds		
Donations reported in the balance sheet		
<i>Raised funds</i>		
General public	79 195	92 225
Bequests	23 455	21 634
Donations from second-hand shops	2 564	2 558
Total (a)	105 214	116 417
Grants reported as revenue		
<i>Raised funds</i>		
Radiohjälpen	3 386	3 668
SMR	16 251	2 468
Total raised funds (b)	19 637	6 136
<i>Public grants</i>		
Wage subsidies	4 204	3 548
Total public grants	4 204	3 548
Total (c)	23 841	9 684
Total raised funds comprise the following:		
Donations reported in the balance sheet (a)	105 214	116 417
Grants reported as revenue (b)	19 637	6 136
Total raised funds	124 851	122 553

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

Average number of employees	2018		2017	
	Total employees	Number of men	Total employees	Number of men
Sweden	50	29	50	27
Rest of the world	2	2	2	2
Total	52	31	52	29

Gender distribution in the Board and executive management

	2018	2017
<i>Percentage of women</i>		
Board of Directors	50%	50%
Other senior executives	57%	43%

Salaries, other remuneration and social security contributions

Director General/General Secretary	759	651
Other employees	19 905	19 177
Total salaries and remuneration	20 664	19 828

Social security contributions	8 200	8 291
(of which pension costs)	(1 714)	(1 754)

Salaries and other remuneration distributed by country

Sweden	19 745	18 857
Rest of the world	919	971
Total salaries and remuneration	20 664	19 828

No commission-based remuneration has occurred. TSEK 139 (TSEK 163) of pensions costs regard the General Secretary. The notice period on the part of Läkarmissionen as well as the General Secretary is six months. Agreed remuneration regarding salary and pension is payable during the notice period.

Amounts in TSEK	2018	2017
Note 5 Leasing		
Leasing primarily regards office space and office equipment. Leasing fees carried as expenses amount to 1059 (999).		
Future leasing fees in TSEK are due as follows:		
Within 1 year	1 079	1 008
1-5 years	2 246	2 718

The lease for rented premises extends to 2022.

Note 6 Direct project costs

Development projects	89 981	83 598
Material aid	1 500	1 500
Information and advocacy in Sweden	10 712	9 001
Meetings and concert events	3 330	3 480
Svenska Journalen	2 803	3 742
Social care in Sweden	9 701	8 588
Miscellaneous	554	761
Total	118 581	110 670

Note 7 Income from securities and receivables held as fixed assets

Dividends	-	31
Interest	1 433	1 190
Profit/loss from disposal of shares	1 080	447
Total	2 513	1 668

Note 8 Capitalised expenditure for software

Opening acquisition value	4 374	4 374
Closing accumulated acquisition value	4 374	4 374
Opening amortisation/depreciation	-876	-438
Amortisation/depreciation for the year	-437	-437
Closing accumulated amortisation/depreciation	-1 313	-875
Closing residual value according to plan	3 061	3 499

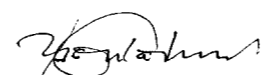
Note 9 Expenditure on leased property

Opening acquisition value	4 344	4 344
Closing accumulated acquisition value	4 344	4 344
Opening amortisation/depreciation	-2 172	-1 738
Amortisation/depreciation for the year	-434	-434
Closing accumulated amortisation/depreciation	-2 606	-2 172
Closing residual value according to plan	1 738	2 172

Amounts in TSEK	2018	2017
Note 10 Equipment		
Opening acquisition value	3 132	2 992
Purchases	9 704	140
Closing accumulated acquisition value	12 836	3 132
Opening amortisation/depreciation	-1 571	-1 266
Amortisation/depreciation for the year	-934	-305
Closing accumulated amortisation/depreciation	-2 505	-1 571
Closing residual value according to plan	10 331	1 561
Note 11 Long-term investments held as fixed assets		
Opening acquisition value	33 315	36 242
To be added	9 145	6 133
Outgoing	-12 459	-9 060
Closing accumulated acquisition value	30 001	33 315
Book value	30 001	33 315
Market value	27 215	32 851
Specification of long-term investments		
Mutual funds	210	209
Fixed income funds	5 042	5 023
Structured products	24 749	28 083
Total	30 001	33 315
Investments have been placed in accordance with the distribution and risk profile specified in the Foundation's investment policy and designated with a 2.8 (3.1) 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, where necessary, their value has been written down. As of 31-12-2018 the market value of the holding has been less than its book value. No value adjustment has been recognised as the decline in value is not considered permanent.		
Note 12 Other long-term receivables		
Opening acquisition value	11 980	11 500
To be added	-	480
Outgoing	-5 160	-
Closing accumulated acquisition value	6 820	11 980
Book value	6 820	11 980
<i>TSEK 5,000 is due in full in 2022.</i>		
Note 13 Accruals		
Prepaid expenses and accrued income		
Prepaid expenses	1 278	1 106
Accrued income	2 228	1 596
Total	3 506	2 702
Accrued expenses and deferred income		
Holiday provision	3 372	3 270
Accrued social security contributions	458	503
Other items	201	306
Total	4 031	4 079


Amounts in TSEK	2018	2017
Note 14 Current investments		
Opening acquisition value	136	472
To be added	730	86
Outgoing	-116	-422
Closing accumulated acquisition value	750	136
Book value	750	136
Market value	763	246
Note 15 Liquid assets		
The following subcomponents are included in cash and cash equivalents:		
Bank deposits	28 308	25 010
Total	28 308	25 010
Note 16 Pledged assets and contingent liabilities		
Läkarmissionen has no pledged assets. In the event of any repayment of grants received by IAS from SMR, Läkarmissionen has submitted a guarantee obligation during 2018. Otherwise, in the opinion of the Board, the Foundation has no other contingent liabilities.		
Note 17 Significant events after year-end		
In accordance with the letter of intent of 2018, Läkarmissionen has taken over the IAS organisation as of January 2019. This includes IAS operations in seven countries with country offices and new partners. IAS operations have an annual turnover of approximately MSEK 90 and are mainly conducted in-house with about 300 locally employed field workers.		

Stockholm 11th March 2019.


 Bo Guldstrand, Chairman

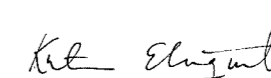

 Hanna Möllås


 Nils Arne Kastberg


 Amanda Winberg


 Margareta Arvidsson


 Staffan Hellgren



 Kristin Elmquist



 Maria Wiss


 Agneta Lillqvist Bennstam


 Christian Holmgren


 Erik Kennet Pålsson


 Gunnar Swahn


 Lars Arrhenius, General Secretary

My audit report has been submitted on 11th March 2019.


 Pernilla Varverud
 Authorised Public Accountant
 Grant Thornton Sweden AB

REPORT ON THE ANNUAL ACCOUNTS

To the Board of Directors of Läkarmissionen – stiftelse för filantropisk verksamhet
Org. Reg. No. 802005-9989

Opinion

I have conducted an audit of the Annual Accounts of Läkarmissionen stiftelse för filantropisk verksamhet for 2018. The Annual Accounts of the foundation are included in the printed version of this document on pages 29–43. 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 31 December 2018, and of the Foundation's financial performance and cash flow for the year, in compliance with the Annual Accounts Act. The Management Report is consistent with the other parts of the Annual Report.

Basis for opinion

I have conducted my audit in accordance with International Standards on Auditing and generally accepted auditing standards in Sweden. My responsibility under these standards is described in the section entitled "Auditor's responsibility". I am independent of the foundation, in compliance with generally accepted auditing standards in Sweden, and have otherwise fulfilled my ethical responsibilities according to these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Information other than Annual Accounts

The Board of Directors is responsible for information other than the Annual Accounts. Other information comprises the Annual Report (but does not include the Annual Accounts and my auditor's report regarding these). My opinion regarding the Annual Accounts does not include this information and I have not made a statement of assurance regarding this other information.

In conjunction with my audit of the Annual Accounts, it is my responsibility to read the information identified above and consider whether it is incompatible with the Annual Accounts to a significant degree. During this review, I also take into account the knowledge that I have otherwise obtained during the audit and assess whether the information in general appears to contain material misstatements. If I, based on

the work carried out in regard to this information, conclude that the other information contains material misstatement, it is my duty to report this. I have nothing to report in this regard.

Responsibility of the Board

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

When preparing these Annual Accounts, the Board of Directors is responsible for assessing the Foundation's capacity to continue as a going concern. It provides information, where appropriate, regarding such circumstances that may affect the Foundation's capacity to continue as a going concern and applies the going concern basis of accounting. However, the going concern basis of accounting does not apply if the Board intends to liquidate the Foundation, cease as a going concern, nor has a realistic alternative to either of these.

Auditor's responsibility

My goal to obtain reasonable assurance that these Annual Accounts as a whole are free of material misstatement, whether due to fraud or error, and to submit an auditor's report that includes my opinions. Reasonable assurance is a high level of assurance, but it is no guarantee that an audit conducted in accordance with ISA and generally accepted auditing standards in Sweden will always detect a material misstatement where such a material misstatement exists. Misstatements can arise from fraud or error and are considered material if, individually or collectively, they can reasonably be expected to influence the financial decisions that users may make based on these Annual Accounts.

As part of any audit conducted in accordance with ISA, I exercise professional judgment and maintain a sceptical attitude throughout the audit. I also:

- identify and assess the risks of material misstatement in

- these Annual Accounts, whether due to fraud or error, design and perform audit procedures that take these risks into account, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinions. The risk of not detecting a material misstatement due to fraud is higher than it is for a material misstatement due to error, as fraud can involve collusion, forgery, intentional omission, misinformation or a failure of internal control.
- develop an understanding of the part of the Foundation's internal control that is relevant to my audit in order to design audit procedures that are appropriate to the circumstances, but not for the purpose of expressing an opinion on the efficiency of the Foundation's internal control.
- evaluate the appropriateness of the accounting policies used and the reasonableness of accounting estimates and related disclosures.
- draw a conclusion on the appropriateness of the Board of Directors' application of the going concern basis of accounting in preparing these Annual Accounts. I also draw a conclusion, based on the audit evidence obtained, as to whether any material uncertainty exists concerning events or conditions that might cast significant doubt on the Foundation's ability to continue as a going concern. If I conclude that material uncertainty exists, it is my duty to draw attention in my auditor's report to the related disclosures in these Annual Accounts that indicate such material uncertainty. Or, if such disclosures are inadequate, it is my duty to modify my opinion on these Annual Accounts. My conclusions are based on the audit evidence obtained up to the date of my report. However, future events or conditions may cause a foundation to become unviable as a going concern.
- evaluate the overall presentation, organisation and content of these Annual Accounts, including the disclosures, and whether they represent the underlying transactions and events in such a way that provides a true and fair view.

It is my duty to inform the Board of Directors of, inter alia, the planned scope and direction of the audit, as well as its timing. It is also my responsibility to inform the Board of Directors of significant findings during the audit, including any significant deficiencies in internal control that I have identified.

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS

Opinion

In addition to my audit of these Annual Accounts, I have also conducted an audit of the Board of Directors' management of Läkarmissionen stiftelse för filantropisk verksamhet for 2018. 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.

Basis for opinion

I have conducted this audit in accordance with generally accepted auditing standards in Sweden. My responsibility under these standards is described in the section entitled "Auditor's responsibility". I am independent of the Foundation in compliance with generally accepted auditing standards in Sweden and have otherwise fulfilled my ethical responsibilities under these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Responsibility of the Board

The Board of Directors is responsible for administration, in accordance with the Swedish Foundation Act and the Regulation for Foundations.

Auditor's responsibility

My goal concerning the audit of the Foundation administration and thereby my opinion on discharge from liability is to obtain audit evidence that allows me with reasonable assurance to determine whether any members of the Board have in any material respect:

- undertaken any action or been guilty of any omission that can give rise to liability to the Foundation, or if there are grounds for dismissal, or
- have in any other way acted in contravention of the Swedish Foundations Act, the Regulations on Foundations, or the Annual Accounts Act.

Reasonable assurance is a high level of assurance, but it is no guarantee that an audit conducted in accordance with generally accepted auditing standards in Sweden will always detect actions or omissions that can give rise to liability to the Foundation. As part of any audit conducted in accordance with generally accepted auditing standards in Sweden, I exercise professional judgment and maintain a sceptical attitude throughout the audit. The audit of the Foundation's administration has primarily been based on the audit of the Annual Accounts. Any additional audit procedures that I have performed have been based on my professional judgment in regard to risk and materiality. This means that I have focused my audit on such actions, areas and relationships that are material for the Foundation and where deviations and transgressions would be particularly significant for the Foundation's situation. I have reviewed and tested decisions made, support for those decisions, actions taken and other circumstances that are relevant to my opinion on discharge from liability.

Stockholm, 11th March 2019

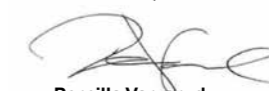

Pernilla Varverud
Authorised Public Accountant



PHOTO: HÅKAN FLANK

MEMBERS OF THE LÄKARMISSIONEN BOARD 2018, FROM LEFT TO RIGHT:

CHRISTIAN HOLMGREN

Board Member 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, Pentecostal Director, Vice-President of Dagen-gruppen.

ERIK KENNET PÅLSSON

Board Member since 2014. Deacon in the Catholic Church, Diocese of Stockholm, Tyresö. Considers literacy aid to be especially important. Church planter and author in ecumenism. Member of the Board of the Swedish Soldiers Homes Association.

MARGARETA ARVIDSSON

Board Member 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.

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.

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.

AGNETA LILLQVIST BENNSTAM

Member of the Board since 2005. Doctor, Ludvika. Primarily 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. Worked for 17 years as a missionary in DR Congo, and as a company doctor.

GUNNAR SWAHN

Appointed in 2016 from Läkarmissionen's Advisory Board. Extensive experience in social aid work for Filadelfia Church in Stockholm. Member of the International Steering Group and international working groups of the Pentecostal Alliance of Independent Churches.

HANNA MÖLLÅS

Appointed to the Board in 2017. Former member of the Läkarmissionen Advisory board. Midwife, sexologist and therapist from Huskvarna. Committed to sexual and reproductive health issues. Runs a counseling service with therapy and lectures on sexuality and relationships.

MARIA WISS

Board Member 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.

AMANDA WINBERG

Board Member since 2015. Commercial lawyer, Stockholm. Committed to training & education and microcredits as aid vehicles. Previously employed as a district court clerk in Gothenburg. Experience of project work in Uganda and China, and studied the developing countries.

KRISTIN ELMQUIST

Board member since 2016. Upper secondary school teacher in social studies, Skärholmen. Especially committed to educational issues, as well as to poverty reduction and development in sub-Saharan Africa. Active Board member at Klara Church, Swedish Evangelical Mission, Stockholm. Master of Political Science with a focus on development issues. Experience in aid projects.

NILS ARNE KASTBERG (NOT IN PHOTO)

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

MANY THANKS TO OUR AID PARTNERS FOR A FRUITFUL COLLABORATION AND AN ENRICHING PARTNERSHIP DURING 2018!

AFGHANISTAN

International Assistance Mission (IAM)
Operation Mercy

ARGENTINA

Fundación Nueva Esperanza

BANGLADESH

Adventist Development and Relief Agency (ADRA)
Koinonia

BRAZIL

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

BURKINA FASO

Assemblée de Dieu

BURUNDI

Mothers' Union

CHAD

International Aid Services Chad (IAS)

DR CONGO

Communauté des Eglises de Pentecôte en Afrique Centrale (CEPAC)
Hôpital de Panzi

ECUADOR

Alfalit Ecuatoriano

EL SALVADOR

Alfaisal

ETHIOPIA

Bright Star Relief and Development Association (BSRDA)
Yehiwot Berhan Church of Ethiopia Development Organisation (YBCEDO)

PHILIPPINES

Medair

GUATEMALA

Alfaguat

HONDURAS

Alfasic
Asociación para una Sociedad más Justa (ASJ)

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

KENYA

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

MEXICO

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

MOZAMBIQUE

Alfalit Mozambique

MOLDOVA

Life & Light Foundation

NEPAL

International Nepal Fellowship (INF)
Mission East

NICARAGUA

Alfanic

NIGER

International Aid Services Niger (IAS)
Stromme Foundation West Africa

PAKISTAN

Salamat-e-Hazara / TEAM Pakistan

PANAMA

Asociación PanAlfalit

PARAGUAY

Alfalit del Paraguay

ROMANIA

Life & Light Foundation

RWANDA

L'Association Garuka

RUSSIA

Priut Masha

SUDAN

International Aid Services Sudan (IAS)

SWEDEN

Human Bridge

SOUTH AFRICA

Give a Child a Family (GCF)

SOUTH SUDAN

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

THAILAND

Urban Light

TANZANIA

Free Pentecostal Churches of Tanzania (FPCT)
Nkinga Hospital

UGANDA

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

UKRAINE

Blahodat Grace
Lviv Children Care Center



PHOTO: ADRA



PHOTO: TOMAS OHLSSON

Läkarmissionen – stiftelse för filantropisk verksamhet
Registration number: 802005-9989
Siktgatan 8, 162 88 Vällingby
Telephone: +46 (0)8-620 02 00, Fax: +46 (0)8-620 02 11
Plusgiro: 90 00 21-7 and 90 17 18-7, Swish 90 00 217

Läkarmissionen 