



# 1-42 CONTENTS

- 5 Word from the President
- 6 Word from the CEO
- 8 Training & Education
- 12 Social Care
- 16 Self Sufficiency
- 20 Humanitarian Intervention
- 24 Fundraising & Information
- 28 Management Report
- 33 Income Statement
- 34 Balance Sheet
- 35 Cash Flow Analysis
- 36 Additional Information
- 37 Notes to Financial Statements
- 41 Audit Report
- 42 The Board of Directors

DESIGN: CARLSÖÖ & CO | WWW.CARLSOO.SE  
TRANSLATION: TOP STOREY TUITION • PRINT: ALLOFFSET AB

# 20 ANNUAL REPORT 13

Läkarmissionen is a Swedish organisation founded in 1958. Our initial efforts focused on mission healthcare in South Africa and India, which explains why we are called Läkarmissionen (Medical Mission Aid). Although Läkarmissionen still supports some health initiatives, we do far more than that. Our four main priority areas are: education and training, social care, self-sufficiency and humanitarian aid. We collaborate with a local partner in forty countries in Africa, Latin America, Asia and Eastern Europe.

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

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



◀ Front page: Rosa Perez – one of Läkarmissionen’s many heroes. For thirty years, she has trekked across the mountainous rainforest of Panama teaching the indigenous people to read and write.





## Core values

### Fighting poverty

The basis for our development work is to fight poverty. Poverty has many causes and together they can bring about a lack of freedom, a lack of power and a lack of opportunity for people to positively affect their life situation. This may involve a lack of financial resources, a lack of security, education and healthcare, or it may mean hunger, a lack of clean water or no home.

### Human rights perspective

Every human being has equal and inalienable rights. When these human rights are respected, the individual is given the chance, according to their desire and ability, to contribute to their own development and that of their family. The inability of nations to respect, protect and fulfill these human rights leads to a lack of freedom and deprives people of the chance to control their own life situation. Violation of these rights therefore reinforces poverty and vulnerability and this in turn helps to ensure that the causes of poverty remain unchecked.

### Sustainable development

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

### Overview

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

## Word from the President

# BEHIND THE FIGURES ARE REAL PEOPLE

It is always tricky to summarise a year in the Läkarmissionen organisation. Of course it is quite easy to find facts such as the number of students on literacy courses, how many orphans have been placed with new families, or how many people have taken part in a self-help group during 2013, and this certainly tells you a lot. But behind all these figures are real people who, in turn, impact all the other people around them.

I am thinking, for example, of the young girl called Sne, who has found a new family thanks to the programme for abandoned children that Läkarmissionen supports in South Africa. You can read about her in this annual report. You see, it is not just Sne's life that has changed, but life for the whole family that she is now a part of. Or then there is Celina, who took part in our self-sufficiency project in South Sudan and can now contribute to the household finances so her children can go to school. I could tell you story after story, from every branch of Läkarmissionen's great organisation, about individuals who impact their own environments in a positive value-development chain.

I would also like to take this opportunity to thank you, the donors! Without all our individual donors in Sweden, many of these stories could never be told! We can all play a part in empowering vulnerable people. So it is with humility and gratitude that I look back on 2013 and hope that you will find reading this annual report both interesting and encouraging!

**Ingvar Guldstrand**, President

*"I would like to express my sincere thanks to all of Läkarmissionen's donors."*





## *Word from the CEO*

# A STRONG ADVOCATE FOR THE WEAKEST AND MOST VULNERABLE

It is with deep gratitude that I can report that 2013 has been one of Läkarmissionen's strongest fundraising years on record. It is a testament to the firmly established trust in Läkarmissionen's development and direction among our donors and the Swedish public. With great trust comes great responsibility. Läkarmissionen's aim is to reduce poverty and contribute to vital and sustainable development by empowering individuals to transform their own harsh living conditions. Our way of thanking you for your trust is to carry out our mission with total commitment.

During the year, many people have gladly noted that Läkarmissionen has advanced its position and advocated strongly for the weakest and most vulnerable. Our primary role is to create opportunities for individuals, but we also see it as our duty and responsibility to lobby political players into making vigorous efforts on behalf of the vulnerable and marginalised, often women and children in poor countries.

Läkarmissionen has efficient procedures to help us conduct qualitative and effective project initiatives where they are needed the most. In this context, Läkarmissionen's various partners in the field are our most important resource in fulfilling the value-development chain that takes vulnerable people from hopelessness and misery to a platform where they can realise their dreams. Both the partnerships that Läkarmissionen has established during the year and our long-term aid partners have had the capacity to conduct projects that are in harmony with local conditions and needs. You can read about some of these projects in our annual report for 2013.

A big thank you to our very dedicated staff, to all you faithful donors and to our partners, both in Sweden and internationally, for a very good 2013. I am looking forward to 2014 with great confidence.

**Johan Lilja, CEO**







# 1 TRAINING & EDUCATION

## Vocational training and basic education

Training & education provides individuals with the tools to enable their first steps in the evolution from dependence to independence. This is why educational projects are so crucial to Läkarmissionen's development partnerships. The majority of the projects that Läkarmissionen supports include an educational component.

Läkarmissionen collaborates with partners to link our priority areas of social care, training & education, and self-sufficiency together. In addition, we are committed to participating during disaster relief operations. Läkarmissionen supports educational aid both in regard to basic literacy skills, primarily for adults, and vocational education and training for young people and adults, because these provide individuals with the tools to enhance their self-esteem and their ability to manage their own environment.

In our commitment to producing effective and rewarding methods, Läkarmissionen has developed guidelines within its priority areas. During the year, the Board has adopted a manual for vocational training and education. The manual is based on these guidelines and it is intended to serve as an aid in planning new projects as well as a working paper for dialogue with aid partners regarding existing projects in training & education.

Vocational training and education is an element in all of Läkarmissionen's priority areas – social care, training & education and self-sufficiency. Läkarmissionen's vocational training projects are conducted in both rural and urban environments. The pressure on large cities to educate and provide for its population is considerable. Future poverty alleviation efforts must take into account urban challenges and will increasingly focus on cities. In Rio de Janeiro in Brazil, 1,300 young people receive vocational training every year in professions such as telemarketing and cookery. Most students find jobs quite soon after graduation and a large number of new chefs have established their own eateries. The vocational programmes include elements of business, finance and marketing. During the year, a vocational training project has also been completed in Haiti as part of disaster response and recovery.



Literacy guidelines were adopted by the Board in December 2012 and implemented in a project context in 2013. Literacy programmes are no longer conducted as isolated projects but linked to savings groups and other components in microcredit aid. This synergy is an expression of Läkarmissonen's aim to develop a strong approach to poverty alleviation.

In Oaxaca State in Mexico, Läkarmissonen's partner is engaged in basic literacy skills, primarily among women. Indigenous women are generally the most marginalised groups, but they are also more motivated and interested in learning how to read, write and count. A basic course in literacy can be combined or supplemented with

other courses. This applies to savings groups, vocational training and courses in HIV/AIDS prevention.

In fact in August, Läkarmissonen's regional resource centre for Latin America in Oaxaca held a seminar together with a partner organisation in Guatemala. The seminar included further training for Mexican teachers, as well as a presentation of new teaching materials and a new educational approach to the staff and the authorities that our partner collaborates with. In conjunction with the seminar, Läkarmissonen's Mexican partner also received official recognition from the Oaxaca Education Ministry for their work in combating illiteracy in the state.

## HAITI

Sarah is hoping to become a tiling foreman

"I've taken the technical course for tilers and now I'm in work training," says Sarah Orléus.

16-year-old Sarah lives on the outskirts of the impoverished shanty town of Cité Soleil, a district in the metropolitan area around Port-au-Prince, the Haitian capital. It is one of the places where Läkarmissonen supports vocational training for young people. Haiti, and particularly the area in and around Port-au-Prince, was severely affected by the devastating earthquake in 2010 and has needed a great deal of reconstruction aid to enable functional lives for the earthquake victims.

"But my mum died of leukemia in 2005, so it wasn't the earthquake," says Sarah.

Now she lives with her dad, stepmum and five siblings. Young people aged between 15 and 24 in developing countries are a comparatively large group and, as a result, have been especially hard hit by unemployment. This is why Läkarmissonen prioritises young people for its vocational training programmes. Over 400 students have taken part in Sarah's course and 180 of them have already found jobs. Sarah is hoping for the same.

"I'm hoping to become very skilful at tiling so I can become a foreman," says Sarah.

A day's wages for the youngsters when they complete their training is about 8 dollars, and a foreman can earn 10 dollars. But even while they are training, they receive a small allowance.

Gender equality is both a goal in itself and a means to economic development. All the vocational training courses that Läkarmissonen supports must be open to both women and men, regardless of subject. For example, students at Sarah's school can train to become bricklayers, electricians or plumbers. These are traditional male occupations but Sarah is not the only girl. Three other girls are attending the electrician

training course at the moment and Sophia Saint-Lois is one of them.

"I've really learned a lot! I want to work as an electrical installer," says Sophia who is 18.

She is currently on work training doing electrical installations for a school. Sophia lives near her workplace but both Sarah and Sophia dream of having families of their own in the future.

"And I dream about being able to buy a house too," says Sophia.



*Sarah is hoping to become very skilful at tiling so she can become a foreman.*

## MOZAMBIQUE

Areque adapts class times to the harvest

"First there was the ten-year struggle for independence from the Portuguese and then seven years of civil war. This is why there are a few generations that have never received proper schooling," explains Namatai Alberto, who manages Läkarmissonen's literacy programme in central Mozambique.

Here we are in the village of Chissassa in the Gondola district, where one of fifteen new literacy courses started up a few months ago. The classroom consists of "benches" made from long bamboo poles and a metal roof. At the front of the room is a portable blackboard, which the teacher Areque Fernando is using for today's lesson.

Of the twenty students that have enrolled on the course an unusually large number are men.

"I went from house to house persuading them," says Areque proudly, adding: "The women arrived a little late today because it was raining this morning and they grabbed the chance to do a bit of planting."

The course is conducted using the Alfalit model, which is based on a two-hour lesson three times a week for six months, but out here in the countryside the course lasts ten months.

"We have to adapt to the agricultural seasons, sowing and harvesting. Otherwise they won't finish the course properly," he explains.

At the end of the course, the students sit a national test, which gives successful students formal proof that they can read, write and count.

"About 70 percent of our students usually pass the test first time around," says Namatai.

Participation in the Alfalit course is free for the students. Läkarmissonen pays for all educational materials, teacher training and project coordination. Each teacher usually teaches two or three groups in parallel. For this they receive a monthly salary equivalent to about 20 USD, paid for by the state. If a teacher achieves sufficiently good results (i.e. literate students), they receive an annual bonus of about 45 USD from the project.

"For the fifteen different groups here in the Gondola, there's an employee who regularly visits them to motivate and inspire them and develop the work of the teachers. The employee gets a salary and a service bike paid for by us," says Namatai.

*"It's going better than expected. I've already learned a lot," says one happy student.*

*"It's inspiring to feel how enthusiastic they are about finally learning to read," says teacher Areque Fernando.*







## 2 SOCIAL CARE

A solid foundation for disadvantaged children and young people

Läkarmissionen's social care commitments prioritise children, and a significant proportion of our resources are deployed in empowering disadvantaged children and young people and providing them with a stable foundation for their lives. A secure childhood contributes to a better society in the long term, because the children and young people of today are the decision-makers of tomorrow.

Our driving force is the conviction that all individuals are created equal. People's lives are obviously affected by their various societies and social environments, but Läkarmissionen focuses on improving life situations for individuals living in specific contexts. Through healing and rehabilitation from difficult experiences, children can develop a healthier perspective on life. With aid and support that facilitates a more harmonious upbringing, children have a better chance of a fruitful life in adulthood.

In 2013, social care accounted for approximately 31% of Läkarmissionen's total grants, equivalent to about 28 million SEK.

We firmly believe that the best foundation for a child is a good, functional family. Läkarmissionen is therefore committed to finding family solutions for children as far as possible, either with relatives or other foster families. We regard family units rather than institutions as the most sustainable solution as well as the preferred option from a socio-economic perspective. All of Läkarmissionen's activities that prioritise children must take into account their overall needs, and this includes material and physical needs as well as emotional and psychological ones.



Another important element of social care is health. Diseases represent obstacles that individuals must overcome in order to survive and support themselves. One particularly vulnerable group is women with dependents, who are often at serious risk during pregnancy and childbirth. Läkarmissionen works extensively with general health care and frequently prioritises women and children.

Nevertheless, it is not only curative health care that is important. Preventive health interventions are also an essential component in the drive for good health. Läkarmissionen is keen to participate in disseminating basic knowledge in good hygiene and health and to inform people in how relatively simple precautions can prevent different diseases.

## MOLDOVA

### Lioula enjoys a visit from her daughters in prison

The women glance nervously towards the guard post. Suddenly one of them catches her breath and runs to the child who has just been let in through the prison gate. The other women are all thinking the same thing: is it my child's turn next?

"It's been five months since I last saw my daughters but family days are what keep my spirits up," says Lioula, who is serving her sixth year of a twenty-year prison sentence.

Her two daughters and thirty other children and their relatives have all been invited to a "family day" at prison No. 3 in Rusca, central Moldova. Läkarmissionen supports the work of the ADRA organisation, for which family days are one of several ways of improving conditions for mothers in prison and their children. For example, a washing machine and basic play equipment have been installed. The children live with their mums until they are three years old, then they are placed with relatives or in children's homes. Some of the project work involves facilitating contacts between mothers and their children when the children get older.

"I didn't see my daughters for my first two years inside. When the first family day was arranged, they'd grown so much that I didn't recognise them at first. What helped me was their red hair," says Lioula.

Family days are organised four times a year, and for most of the children it is the only opportunity they have to meet their mums while they are serving their sentences. Officially, family members are allowed prison visits once a month, but the reality is that this rarely happens for practical and financial reasons.

"No child in the world enjoys living without its mother, no matter what she might have done. We can also see that when the mothers get to meet their children their behaviour improves, they take better care of themselves and it keeps their hopes up about getting out and being able to live a "normal" family again," says Andrei Girleanu, the ADRA manager.

Maternal and infant mortality rates in many countries are alarmingly high and it is in this area that aid is urgently needed. One project that Läkarmissionen has highlighted during 2013 has been the Panzi Hospital in the DR Congo where Dr. Mukwege is director. He has become renowned all over the world for his work aiding female rape victims. Läkarmissionen was active in the construction of the Panzi Hospital and has been a key partner ever since. Panzi hospital is one example of Läkarmissionen's commitment to safe childbirth.

Lioula's ten-year-old daughter Nastia has brought her school grades with her and a bracelet that she has made for her mum. Big sister Masa has become very good at handball and shows her mum the diploma she has won. Masa says that she misses her mother most days when she needs someone to talk to and that she thinks about her mother nearly all the time.

"I just wanted this day to arrive as quickly as possible. But I'd prefer to be able to visit every day," she says.



*Most children only get to meet their mums in prison during the visits that Läkarmissionen organises.*

## SOUTH AFRICA

### Sne has now found a home – for good!

The lively little girl has only been living with the Mseleku family for a few months. Yet it is obvious that she really feels at home. And that she was longed for. Sne's mum and dad, Elsie and Oit, already have two sons of their own, aged 25 and 23, who live nearby. "But for a long time I've missed having a child in the house. That's why I'm so happy now," says Elsie.

Läkarmissionen supports the Place of Restoration (PoR), which cares for abandoned and orphaned children. When Elsie heard that they were looking for families willing to give one of the children a home – for life – she discussed it with her husband. After that, they signed up for the course for prospective foster parents.

Sne, whose full name is Snenhanla, was barely a year old when she was abandoned. When some of her relatives were finally tracked down, none of them wanted to take her in. So she came to PoR, where, like all the other children, she got her very "own" nanny! "Every child needs to feel

warmth to feel secure. When they leave us to move to their new family, that warmth also has to come from the new parents," explains Monica Woodhouse, the Swedish woman who founded PoR.

The local authorities must also have their say and certain rules have to be followed, which is why it took quite a while before Snenhanla was allowed to move to Elsie and Oit's home in the village of Boboyi. The Mseleku family are members of a support group for foster families, but they get no financial assistance from PoR. Instead these resources are spent on providing a new child with a new family – for life.

Lessons learned from the work of PoR are applied in similar projects in other countries. This is why Läkarmissionen has launched the Skydds-ängel (Guardian Angel) programme, so that people who would like to help give disadvantaged children a secure future can earmark their donations for this cause.



*For Elsie and Oit Mseleku, little "Sne" is a ray of sunshine that has brought new life to their home. Their own grown-up children are delighted and gladly help out with the babysitting if need be. "Sometimes she comes with me to my kiosk and she's not a bit shy. She's friendly with all my customers. She's so lovely," says dad Oit.*





# 3

## SELF-SUFFICIENCY

### Microcredit and savings groups enable freedom

The aim of self-sufficiency aid is to equip individuals with the tools with which they can impact their own lives. They should be enabled to achieve greater financial security, but also to develop a better understanding of their own environments. Läkarmissionen's self-sufficiency programmes frequently follow on from some form of training and education programme, and are integrated with relevant training and education.

Läkarmissionen supports self-sufficiency projects worldwide. For a while, our focus was on developing self-sufficiency in Latin America. Now our commitments have also increased on the African continent.

Microcredit and savings groups enable individuals, who are too poor to become bank customers, to develop income-generating occupations despite their disadvantages. For this reason, Läkarmissionen supports certain types of microfinance, primarily savings groups and microcredit projects.

The savings groups prioritise development and savings within their own group. Short-term loans are restricted to the resources that the group itself generates with its savings.

Microcredit projects can be designed as individual loans or loans to a self-help group or a solidarity group whereby external loans are linked to and depend on its own savings.

Läkarmissionen's microcredit projects are targeted at both women and men, although the majority of beneficiaries are women. Projects can empower target groups that are deprived of access to credit from conventional sources. On the other hand, microcredit projects are not initiated in conjunction with emergency humanitarian situations because the target group is too vulnerable and because basic public services, which are a prerequisite for project success, may have been destroyed.

In February, representatives from four countries and five partner organisations in self-sufficiency aid met in Burundi to share knowledge with Läkarmissionen and each other. They participated in activities such as an evaluation workshop for a recently-concluded three-year programme conducted in partnership with the Anglican Church. Improved household finances had been achieved for the members of the savings groups, of which an average of 70% were women. This had resulted in improvements for the participating families such as improved



hygiene, nutrition and clothing for family members, and better roofing on their houses. Communal village development projects had also been conducted. It is particularly worth highlighting that in a country ravaged by civil war and serious ethnic tension, trust and solidarity had developed in the savings groups between people from different ethnic groups.

The same five East African partners are now participating in the start-up of a network for microfinance and literacy. Läkarmissonen is providing the platforms for experience exchanges both in regard to combinations of activities related to savings groups and literacy and with a view to finding ways of building trust in environments characterised by ethnic tension.

## NEPAL

### Bakta can make a living with the help of his goats

“I didn’t have an income before, but thanks to the goats I can now support myself,” says Bakta Tomota, who is 27 years old and has taken part in a self-sufficiency project in Nepal.

Bakta’s illness began with a high fever when he was 22 and studying in Nepal. But the fever did not subside. Eventually Bakta had to go to hospital and was diagnosed with tuberculosis. A year later, he went to India to work as a waiter in a hotel and also to receive medical care.

“But then I started getting pains in my chest and in one side of my back. After that it spread to my legs. The doctor said I needed an operation, but I couldn’t afford it,” says Bakta.

Instead, he went back to Nepal, but although the medicine helped him slightly, he could hardly move his legs. He was bedridden and suffered bedsores.

“I nearly died and had to have two operations.”

In connection with the operations, he came into contact with the hospital that Läkarmissonen supports, which specialises in helping patients with leprosy and tuberculosis.

“At the hospital, I got physiotherapy and physical training. They thought I’d be able to walk with a stick after the operations, but it hasn’t happened yet.”

The project in Nepal includes a self-sufficiency component that helps hospital patients to fend for themselves again, even if they are unable to do everything that they could do before their illness. Bakta was given a place in a goat project and it has changed his life in a big way.

“Today I own six goats, three adults and three kids. When the goats are six months old, I can sell them and make a good profit.”

An adult goat will fetch Bakta INR 15,000-20,000 (USD 180-245). His rehabilitation is also progressing. Bakta has regained a bit of fee-

Läkarmissonen’s guidelines for microcredit and savings groups were approved by the Board in 2011. Based on these guidelines, a manual was prepared that has been applied since autumn 2011. The manual was audited during 2013, partly after consultation with aid partners in Latin America, and partly with the aim of introducing the manual to aid partners in other parts of the world.

The security situation in several of the countries in which Läkarmissonen supports microcredit and savings groups has been deteriorating, which is why the manual now emphasises the need for the implementing organisation to conduct continuous safety assessments for participants, employees and the organisation in general.

ling and movement, and can go to the toilet by himself.

“I dream of being able to continue my education or of getting some vocational training in sewing,” he says.



*Bakta now owns six goats. He makes a good living thanks to the kids that he sells.*

## SOUTH SUDAN

### Celina has learned about agricultural technology and entrepreneurship

South Sudan is a new country, established when Sudan was partitioned in 2011. This is a part of the world that has long been characterised by conflict and division. For many years, Läkarmissonen has supported a self-sufficiency programme that focuses on tree planting in Juba in South Sudan, the aim of which is to facilitate for refugees who have returned after previous disturbances. In December 2013, new conflicts flared up and once again hundreds of thousands of people were forced to flee their homes. While the unrest spread, the work to plant trees continued.

Celina Iba is 29 and one of the people who participated in the programme. She is married and between her and her husband they take care of five children – her own child and four orphans that Celina and her husband have adopted.

“Before I got help on this project, I didn’t have any income of my own. We lived for several years as refugees in Uganda and came back to South Sudan in 2006. We had a very difficult time and my husband worked hard to grow crops for a living on a small plot of land.”

But since she joined the self-sufficiency programme, life for her family has gradually improved.

“I’ve been given seeds and small plants and learned about agricultural technology and running a business as well,” says Celina.

There are now a large number of trees growing in her yard, many of which have already borne fruit once or several times, while others will hopefully bear fruit this year. The trees include jackfruit, avocado, lemon and guanabana, all of which provide tasty, nutritious fruit that Celina can use for her family’s own needs. On top of that, she can sell the surplus in the local market.

“But I want my own business so I can grow even more,” she says.

Besides her fruit-selling business, Celina has begun growing saplings on a small plot in her yard, which will allow her to grow new trees for her own business as well as sell the saplings to her neighbours and in the market.

“My plan is to grow more saplings so that I can generate enough income to pay for my children’s school fees and build a house for my family,” says Celina Iba.

*The fruit that Celina grows is enough for both her own household and to sell.*







# 4

## HUMANITARIAN INTERVENTION

### Disaster and emergency relief

In addition to aid projects, Läkarmissionen is extensively committed to humanitarian interventions that focus on providing emergency relief.

Interventions can be classified into two main types. The first type comprises large-scale natural disasters or major conflicts that impact a large number of civilians and which generally receive considerable media attention. As a result, many donors expect to be able to contribute through Läkarmissionen.

The other main type consists of minor emergency relief situations that occur in areas where our local development project partner is operating. The latter type of emergency rarely receives much attention in the international media. Depending on its resources, our local partner can conduct smaller but targeted interventions with support from Läkarmissionen. In these cases, special fundraising campaigns are unusual; instead money is sourced from earmarked emergency funds.

With the help of our extensive network of humanitarian aid organisations and our numerous local partners, Läkarmissionen can frequently reach the scene of disaster situations rapidly. This makes it natural to prioritise the provision of rapid, life-saving emergency relief.

During 2013, one of our priorities has been completing the manual, which will act as a tool for our local aid partners in refining their disaster preparedness and emergency response so as to better participate and provide relief in disaster situations. In addition, a policy document concerning the allocation of internal roles and responsibilities within Läkarmissionen in emergency relief situations has been finalised. Both



documents were adopted by the Läkarmissionen Board during the year. They will become important instruments in our goal to further streamline Läkarmissionen’s humanitarian relief commitments and boost our readiness as well as that of our partners in responding quickly and in a well-organized manner to disaster situations. The emphasis will be on encouraging our local partner organizations to develop their own disaster preparedness plans, network with each other for better learning and experience exchanges, and identify and include disaster risk reduction components in their ongoing relief efforts.

# SYRIA

## Nadja and her five children are just trying to survive

Nadja is a single mother with five children. Her husband was killed just over six months ago in fighting in their home town of Homs, Syria. Directly afterwards, Nadja fled across the border into Lebanon together with her children. Today she is trying to survive as best she can, along with thousands of other refugees, in the Bekaa Valley in Lebanon.

“We were happy and had a good life before the war. Now we’re living in very bad conditions and I’m finding it hard to feed the kids. I also worry about how we’re going to manage without heating during the winter,” says Nadja.

She and the children huddle inside their tent. The eldest son saw his father being killed, and the youngest daughter is noticeably traumatised. Nadja’s parents have also fled to Lebanon and live in a tent nearby. She says that the people in the camp are good at supporting each other but life is still very tough.

About a quarter of the refugees who have fled Syria are living in the Bekaa Valley. The poorest have been forced to live in informal camps with poor sanitation and little chance of protecting themselves from the winter cold and snow, or the rivers that form from the melted mountain snow.

In Läkarmissionen’s humanitarian intervention, our partner Medair has provided the refugees with waterproof tarpaulins, insulated flooring and ensured that tents are resistant to storms. This is one small way to help families survive through the winter. Hundreds of families have also received stoves and fuel to heat their tents during the coldest winter months.

Sandbanks have also been built to prevent the camps flooding. Nadja is resilient, despite the terrible situation that she and her children find themselves in.

“I hope and believe that we can get good help and I wish that more organisations could help. I still have my treasures (the kids) and I need to feed them, but I haven’t given up hope yet,” she says.

## Humanitarian interventions during 2013

- **The Philippines** – Emergency relief for victims of Typhoon Haiyan.
- **Syria / Lebanon** – Relief aid for Syrian refugees: winter-resistant tents, mattresses, blankets, kitchen utensils, water and basic medical care.
- **South Sudan** – Relief aid for internally displaced persons in the town of Bor, one of the towns worst affected by the conflict. Water, latrines.

*Nadja and her family are refugees from Syria. And even if the children escape the war, their future is very uncertain.*



# THE PHILIPPINES

## Elisa’s family have been given tarpaulins and household utensils

On November 8, Typhoon Haiyan hit the Philippines. It was one of the most powerful storms on record and caused widespread destruction as it swept over the eastern islands of the central Philippines. Thousands of people lost their lives, over a million homes were destroyed, and four million people were made homeless.

Within a day or two, Läkarmissionen was at the scene, aiding the victims through our partner Medair. After a comprehensive review of the disaster areas, relief efforts were focused on the town of Dulag and its vicinity. The area was difficult to access and had suffered massive destruction. Eighty percent of all the houses had been destroyed and most of the crops as well.

“Of my forty coconut trees, only eight are left. Almost all the fruit has gone,” says coconut farmer Rolly.

The local people were soon equipped with chainsaws and shovels to remove rubble and other obstacles. They also took advantage of wood from fallen trees to rebuild homes. Tarpaulins were distributed as temporary roofing and protection from the heavy rains that followed in the aftermath of the typhoon.

“The tarpaulins have helped us a lot and now we can live in our own home again. Before that we had to stay in my mother-in-law’s concrete house with three other families,” says Elisa, a mother of small children.

As the local authorities were ensuring supplies of food and water, Läkarmissionen was able to focus its relief efforts on providing victims with personal care products and household utensils.

“We’re ashamed about having to ask for everything,” says Elisa, who is now focusing on finding a job to support her family.

The goal is for victims to be able to return to a reasonably normal life as soon as possible. The next step in the relief effort is to support victims as they rebuild their houses and as far as possible help poorer families storm-proof their homes.

*Elisa is struggling to get her life back to normal again after Typhoon Haiyan.*





2013

## FUNDRAISING & INFORMATION

### Detailed annual plan has increased the quality of activities

The single most significant change in Läkarmissionen's fundraising and information activities has consisted of a new organisational structure for all activities. The basis for this is a detailed annual plan in which every activity is registered and defined as either a fundraising, recruitment, information or branding activity. A project manager is appointed for each campaign and then each activity is developed, implemented and evaluated by the employees participating in the related campaign. The result has been a marked improvement both in terms of internal processes and in the quality of the various activities.

One practical example of this was the – for Läkarmissionen – unusually comprehensive and advanced digital fundraising campaign conducted during December. The theme selected for the campaign was “Let a child be born”, whereby donors were given the opportunity to pay for a birth at the Panzi Hospital in Bukavu, DR Congo to ensure that the mother would not have to give birth in a hut.

When Typhoon Haiyan hit the Philippines recently, and as refugees from the civil war in Syria continued to flood over the border into Lebanon, a single campaign effectively became three parallel campaigns and, as Christmas approached, these were supplemented by the more traditional “Christmas present sales” on Webaid.se.

The various digital campaign messages were changed and harmonised with the response from donors. The result was a substantial rise in surplus compared with similar campaigns in previous years.

#### Increase in the number of monthly donors

The monthly distribution of information and newsletters by post to private donors still remains an important element in Läkarmissionen's fundraising efforts. “MånadsBladet” newsletter focuses on one current aid effort, which is described in words and images. A few smaller notices describe ongoing activities. Members who receive the newsletter decide from time to time if they would like to donate, to which cause they would like to donate as well as how much. The downward trend in the number of regular monthly donors was broken in 2013, when total monthly donors rose by 5%.

“MånadsBladet” is also available in digital form. Donors have the option of receiving an e-invoice that they can use when they would like to make a donation instead of the standard inpayment form. However, the circulation of the digital version is still relatively modest compared to the printed newsletter.

The increasing numbers of donors who prefer to donate by direct debit receive their information in the “Svenska Journalen” magazine, which is issued six times a year, as well as the Läkarmissionen website.

In addition to the above mentioned donation methods, many people choose to commemorate a departed loved one with a donation or celebrate an anniversary by ordering a Commemorative Certificate or a Giftogram. Both these services, which are available by phone or online, increased in popularity during 2013.

#### Earmarked donations via Webaid

Läkarmissionen was a pioneer in enabling donors to earmark online donations for specific relief efforts. As long ago as 2008, our Webaidshop.se was appointed the “Best Innovator” by the trade magazine Internet World, with the following motivation: “Läkarmissionen is the first organisation in Sweden to raise aid funds with the help of understandably packaged products. The shop is by far the most innovative online store in Sweden.”

During 2013, the original name of this type of digital donation, Webaid, was restored in order to highlight that this is more than just a regular online store. At the same time, digital donation methods at Läkarmissionen's website have been enhanced. For example, the ordering process has been simplified to improve useability for website donors.

The option to start so-called “Do-it-yourself fundraising” on the Läkarmissionen website has been available for a long time. During the year, the number of such fundraising campaigns has increased as well as the amount of revenue raised.

Overall, there was a substantial increase in all forms of digital donation in 2013.

*Action Christmas Gift is a popular campaign that involves Swedish children donating Christmas gifts to their peers in Ukraine, Moldova and Romania. It began as a school activity but more and more families in Sweden are now joining in.*







### Acclaimed book about Dr. Denis Mukwege

In September 2013, “Denis Mukwege – A life story”, the book in which the world-renowned doctor from DR Congo describes significant events from his dramatic life, was published by the publishing house Weyler förlag. Over five thousand copies of the book have been sold through Läkarmissionen, which has succeeded in raising SEK 500,000 for the Panzi Hospital where Dr. Mukwege is director. The book was written from a first-person perspective with the help of Swedish journalist and author Berthil Åkerlund.

In early December, Dr. Mukwege visited Sweden to promote the book and receive the 2013 Right Livelihood Award, among other activities. In partnership with PMU, Läkarmissionen arranged a parliamentary seminar on the Congo that featured several speakers, including Margot Wallström. Läkarmissionen also co-hosted a very well-attended evening with Dr. Mukwege at the Filadelfia Church in Stockholm, at which the artist Timbuktu appeared.

### Christmas gifts for disadvantaged children in Eastern Europe

At least 29,672 Christmas gifts were distributed to disadvantaged children in Eastern Europe during Läkarmissionen’s Action Christmas Gift 2013 campaign. The campaign is conducted by Läkarmissionen in partnership with Human Bridge and engages children across Sweden, who wrap Christmas gifts with a predetermined content such as a toothbrush, toothpaste, crayons, writing pads and a postcard with a greeting. Efforts to engage more private individuals/families with children were stepped up compared to last year and a total of more than 300 households participated. As in past years, the involvement of schools and associations in the action was widespread across Sweden, and about ten companies also chipped in to wrap gifts. The gifts were then distributed to children in Romania, Ukraine and Moldova around Christmas.

### Important corporate partnerships

During 2013, our partnership with Mäklarringen, the nationwide chain of estate agents, has intensified. Over 40 Mäklarringen branches have altogether contributed almost SEK 350,000 to the Läkarmissionen aid centre for orphans in Chimoio, Mozambique.

The Bonnier magazine Books & Dreams caters to women in a target group that suits Läkarmissionen well. We have participated in several of their events at the Skandia cinema in Stockholm with a view to promoting the “Guardian Angel” sponsorship programme. The editor-in-chief, Carina Nunstedt, has also visited Place of Restoration in South Africa and featured it in the magazine. The partnership with the magazine will be consolidated during 2014.

Läkarmissionen has continued as a beneficiary of Adresslotteriet, the “Address Lottery”. Henrik Östman from Läkarmissionen is the public face of the lottery with daily draws, and he also participates in Adresslotteriet’s various events.

### New concept for all second-hand shops

During 2013, Läkarmissionen’s second-hand operations launched a new shop manual that will apply in all shops. It contains a concept for the visual appearance of shops including interior design and colour schemes, as well as a manual for the staff and shop manager. The manual was presented to all second-hand shop staff at the autumn kickoff. The year has also included several joint shop activities such as the “Children of the World” campaign.

In October, Social Ekonomi, a second-hand shop managed by Bengt Andersson, opened in Uppsala in partnership with Läkarmissionen. So far they have operated independently with a share of the surplus going to Läkarmissionen.

At the end of the year, a partnership was initiated with Upplands-Bro Municipality, and a non-profit association was established in preparation for the launch a second-hand shop in collaboration with the municipality.

There are currently shops that apply the Läkarmissionen shop concept operating in Vällingby, Västerås and Arlandastad/Märsta as well as shop partnerships in Uppsala and Södertälje.



### Shipments of medical supplies and clothing

Altogether in 2013, Human Bridge, Läkarmissionen and Erikshjälpen have distributed approximately 525 tonnes of medical supplies, 1,113 tonnes of clothing/textiles and 374 tonnes of other materials divided into 206 shipments to recipient aid partners. A large number of shipments have consisted of a mixture of goods, such as hospital equipment, clothing etc, and these have been categorised according to the predominant content in each shipment. The material aid has had numerous beneficial effects such as ensuring that standards of health care are improved at recipient hospitals. As a result, this ensures that the hospitals retain their much-needed medical staff.

### Svenska Journalen reports to the donors

All of Läkarmissionen’s regular donors receive Svenska Journalen magazine six times a year. Svenska Journalen aims to be an important magazine that connects with the donors and describes the accomplishments of Läkarmissionen in the field. The magazine strives for a mixture of content which ranges from aid project reports to lighter articles, recipes and crosswords – content that our readers appear to appreciate. In the December issue, the calendar has been included in section 2 of the magazine.



### Världens Barn raised over 71 MSEK

In 2013, Läkarmissionen once again participated in Radiohjälpen’s fundraising campaign Världens Barn – “Children of the World”, which raised a total of SEK 71.5 million, of which Läkarmissionen can apply for five percent for current humanitarian aid projects. Läkarmissionen’s second-hand shops and partners in second-hand were involved in the campaign and dedicated one business day to Världens Barn during which all proceeds from the shops were donated directly to the campaign. The total raised by the four shops totalled more than SEK 163,000. In collaboration with Perla Bjurenstedt, Läkarmissionen also arranged a number of school concerts for the campaign, and revenues from ticket sales and refreshments were donated to the campaign. The year’s profile project was the street children initiative that Retrak is operating in Uganda, whereby boys and girls are enabled to return to a normal life and to their families with the help of various activities such as football.



### Events to meet new and existing donors

Läkarmissionen has a long tradition of developing and implementing a wide range of events as part of its efforts to inform, recruit and meet donors. Events are arranged both independently and in partnership with other arrangers. Sångar För Livet, “Songs for Life”, is Läkarmissionen’s major event initiative in partnership with choirs in Sweden. Four concerts were arranged during the spring, two featuring Anna Stadling in Gothenburg and Trollhättan, and two with the Rongedal brothers in Västerås and Arboga. During the autumn, a new round of concerts was arranged, this time featuring Uno Svenningsson in Sunne and Grangårde, and Janne Schaffer in Nyköping and Julita. During the year, Läkarmissionen’s meetings and concert department under the management of Nisse Bergman has arranged a large number of meetings and concerts across the country that featured artists such as Roland Lundgren, Ingemar Olsson, Richard Niklasson, Vocalsis, Solistkvartetten and the Da Capo choir.

### Website and social media are key channels

The website is becoming increasingly important. During 2012, approximately 294,000 people visited the Läkarmissionen website. In 2013 this figure rose to over 333,000, of which 46 percent were new visitors. The most popular page features Läkarmissionen’s second-hand shop in Vällingby, but the website is becoming an increasingly important fundraising channel during campaigns. In regard to social media, Facebook is Läkarmissionen’s most important channel. Our aim is to spread a positive image of Läkarmissionen and show how it pays to contribute. Engagement in the Läkarmissionen Facebook page has grown continuously during 2013. Läkarmissionen also uses Twitter occasionally for special events and promotions, and our videos are posted on Youtube. We also have an Instagram account with which we can strengthen our campaigns.

### Bequests totalling 26 MSEK

During 2013, Läkarmissionen has received approximately MSEK 26 in bequests and donations from wills, which is a significant proportion of our total funds raised. In addition to the development of our own information material about wills this year, we have chosen to participate in Det goda testamentet, “The Good Will”, a joint initiative with other NGOs arranged by FRIL, the Swedish NGO Fundraising Council.



ANNUAL REPORT - MANAGEMENT REPORT 2013

The Board of Stiftelsen Svenska Journalens Läkarmissionen och Hjälpverksamhet 802005-9989 hereby submits its management report for the period 01-01-2013 to 31-12-2013.

The primary purpose of the foundation, according to its statutes, is to conduct international humanitarian aid efforts. The foundation fulfils this mission in harmony with existing circumstances and challenges. The foundation's aim and focus is on projects encompassed in our main priority areas of social care, training & education, and self-sufficiency.

Goal

The goal of Läkarmissionen's activities and its humanitarian aid commitments is to create opportunities that enhance the life quality of vulnerable individuals and empower them to a better future. Aid operations are underpinned by a concept that acknowledges the inherent power and strength of individuals to escape their own poverty. The aim is and always has been to transform the living conditions of vulnerable individuals in a lasting way, and to reinforce their dignity as well as their ability to impact their own lives.

A keystone of our aid operations is to provide for the needs of individuals and create the prerequisites for personal development. This is expressed using various methods in our priority areas of social care, training & education, self-sufficiency and humanitarian intervention.

Fundraising

Humanitarian aid operations are to a large extent funded by donations from private individuals in Sweden. The Läkarmissionen 90 accounts, 901718-7 and 900021-7, are our most important fundraising channel. Campaigns and other fundraising efforts are primarily targeted at private individuals, although some support is sourced from companies, foundations and associations. During the year, a number of major donations were received from Radiohjälpén in connection with the Läkarmissionen commitment to Världens barn, "Children of the World".

Donations made in response to the distribution of the monthly newsletter, MånadsBladet, still account for a significant proportion of raised funds. New donors are attracted by campaigns promoted by means of information and advertising on TV and in social media. An increasing number of donors are donating via WebaidShop, the Läkarmissionen online aid shop, and donations made via our website in addition to traditional direct debit donations now account for an increasing proportion of our revenues. More people have chosen to donate by direct debit by becoming "Guardian Angels", a form of child sponsorship without a named child. Bequests also represent an increasingly important source of revenues, which in 2013 accounted for a record MSEK 26, or approximately 20 percent of total revenues for our organisation.

During the year, several extensive fundraising campaigns have been conducted for specific projects and to recruit new donors. The campaigns have been based on the Guardian Angel concept and promoted both on TV and in social media. We are seeing an increasing impact from Facebook, Twitter and Instagram as communication and marketing channels for our various recruitment and fundraising campaigns. In addition to an increasing impact on the campaigns in which posts represent a major advertising value, they also contribute to more active advocacy. With our extensive meeting and concert activities, Läkarmissionen meets many donors, recruits new ones, and raises funds for our aid commitments. Other revenue sources are various forms of cor-

porate sponsorship, some examples of which in 2013 have been the productive partnerships with Mäklaringen and Handelsbanken. A large contribution is made annually by Swedbank/Robur, and 2013 was no different, whereby mutual fund shareholders set aside a certain proportion of their yields to Läkarmissionen every year.

Läkarmissionen benefits from a close partnership with five second-hand shops that sell donated clothes, furniture, household items etc to generate funds for use in aid projects. As the well as the money that they generate, the work of the second-hand shops creates a strong personal commitment amongst employees and volunteers. In terms of turnover, our second-hand operations have broken all records during 2013. Furthermore, a partnership with a new shop in Uppsala was established during the year and discussions were initiated with Upplands-Bro municipality regarding another establishment in 2014.

Läkarmissionen is also permitted to conduct a lottery under the name Addresslotteriet that has generated over half a million SEK in revenues during the year.

Annual comparison (TSEK)	2013	2012	2011
Fundraising 90 accounts	94 681	85 562*	96 879*
Bequests	26 791	21 313	16 833
Website, WebaidShop	3 619	3 071	3 933
Second-hand	2 282	1 351	2 963
Other	2 780	3 465	4 322
	130 153	114 762	124 930

\* Including VAT repayments

That private individuals respond by donating and bequeathing to Läkarmissionen implies a great deal of confidence and responsibility. Donors have the option of earmarking their donations for specific projects or delegating responsibility to Läkarmissionen to ensure that donations are used where they are most needed. During 2013, the fact that 71 percent of donations and an overwhelming majority of bequests were non-earmarked is evidence of a high level of confidence in the Läkarmissionen organisation.

Information

Information to donors during 2013 has reflected the broad range of projects that Läkarmissionen is engaged in. Svenska Journalen is our organisation and membership magazine and the primary information channel along with the website. Projects that donors have supported and how these have transformed the lives of vulnerable individuals are described in accessible terms. The purpose of the magazine is to highlight and disseminate information concerning Läkarmissionen's aims and operations. MånadsBladet, the monthly newsletter with information on completed operations and current needs, is also published and distributed to active donors. Aid operations are primarily enabled by the large number of private individuals who regularly support them with their engagement and financial contributions. This year's twelve issues of MånadsBladet have communicated regular information to donors concerning projects that represent Läkarmissionen's commitments all over the world.

MANAGEMENT REPORT 2013

We are also seeing the increasing importance of Facebook, Twitter and Instagram as rapid and effective information channels for Läkarmissionen field operations. More information is available on lakarmissionen.se.

The foundation's performance

Strategy

During 2013, Läkarmissionen humanitarian aid operations have been conducted in about 40 countries in Africa, Asia, Europe and Latin America. Our aim has been to support humanitarian aid primarily on a project basis but always in collaboration with a local partner. A competent local partner is a prerequisite for an efficient aid effort, partly because it ensures close contacts with the target group and partly to establish relations in the local community. A starting point for developing strong and enduring relationships with partners is shared core values. Our aim is to meet individual needs regardless of religion, ethnicity or gender. Our broad network of partner organisations – over 60 – includes both NGOs and churches. Läkarmissionen is a member of EU-CORD, a European network of likeminded organisations, where experience and expertise sharing as regards applying for a wide range of EU aid grants plays an important role. The organisations within EU-CORD also provide an important network during emergency humanitarian interventions. In 2013, aid relief was channelled to the Philippines via Medair, Zoa and Word en Daad, all of which are member organisations of EU-CORD.

Sub-Saharan Africa is a prioritised area where a wide range of humanitarian aid efforts are conducted. Africa accounts for the largest number of projects as well as the bulk of our direct project costs. In Latin America, our focus has been on training & education and self-sufficiency projects, including a major literacy programme. In Europe, social care projects have predominated, primarily through support to organisations engaged in helping street children, orphans or abused children. Projects in Asia have been conducted within all our priority areas through support to hospitals, schools and vocational training as well as microfinance projects. Läkarmissionen's aim is to move individuals along a value development chain from dependence to independence. In order to enable this, our methods in the fields of social care, training & education and self-sufficiency are essential components.

Europe	Africa	Asia	Latin America
Moldova	Burkina Faso	Afghanistan	Argentina
Romania	Burundi	Bangladesh	Brazil
Russia	Chad	India	Ecuador
Ukraine	DR Congo	Israel	El Salvador
	Ethiopia	(West Bank)	Guatemala
	Kenya	Lebanon (Syria)	Haiti
	Mauretania	Nepal	Honduras
	Mozambique	Pakistan	Mexico
	Niger	The Philippines	Nicaragua
	Rwanda		Panama
	Senegal		Paraguay
	Somalia		
	South Africa		
	South Sudan		
	Sudan		
	Tanzania		
	Uganda		

Working with results and analysis

Läkarmissionen's quality assurance and monitoring is mainly condition by the international department headquartered in Stockholm. Under the leadership of the head of department, this important work is performed by five project administrators and method developers with responsibility for programmes and a project finance administrator in Stockholm, as well as the staff and resources at Läkarmissionen's regional office for Latin America. An essential element of this work is to monitor projects through regular contacts with local partners as well as reports and field visits. During the year, the embryo of a new regional office for West and East Africa has developed in Kampala, Uganda. Programme administrators also provide support to capacity-strengthening organisational and skills development such as sharing and developing best practice between partners in different countries.

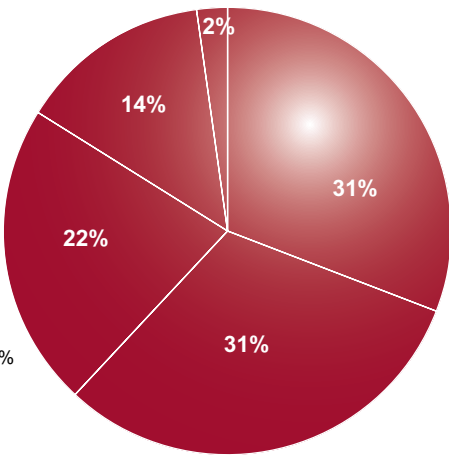
Analysis takes place on the basis of a mission statement at project level founded on the concept that initiatives must improve the living conditions of individuals. One effect of our project initiatives is that in addition to enabling self-sufficiency they also impact development and in some cases structures, democratization and the balance of power. More than MSEK 73 of the foundation's direct project costs have been expended on overseas projects. Our assessment is that the combined efforts of the organisation during 2013 have achieved the overall objectives of our development projects.

Läkarmissionen has defined goals for its humanitarian aid efforts and policy documents related to the priority areas of social care, training & education, self-sufficiency and humanitarian aid. This provides a solid foundation for quality and performance monitoring and analysis of the impact of humanitarian aid. In 2011, several method development projects were initiated that resulted in a large number of established manuals and this process has continued during 2013. Particular focus has been placed on vocational training methods and disaster response methods, as well as on upgrading microcredit and self-sufficiency programmes that include clear definitions and manuals for our partners out in the field.

Läkarmissionen complies with the requirements of the FRII Code of Quality (Swedish Fundraising Council). The impact report for 2013 is available for download at Läkarmissionen's website.

Distribution by priority area

- Social care 31%
- Training & Education 31%
- Self-sufficiency 22%
- Humanitarian aid 14%
- Material aid 2%





## MANAGEMENT REPORT 2013

### **Social care**

Social care is Läkarmissionen's broadest priority and involves meeting the needs of the most vulnerable. Our aim is help individuals escape their difficult circumstances and empower them to find new long-term life-opportunities. The primary target group for social care projects is children in various states of vulnerability, such as orphans, abused or homeless children.

Retrak in Uganda, Life and Light in Romania, Garuka in Rwanda, Place of Restoration in South Africa and Hope for Children in Ethiopia are examples of our key partners in social care. Common to all of these organisations is that they employ well-defined methods to ensure that their operations are well-organised and managed in a targeted manner. In other words, they should succeed in their goal of helping vulnerable children without being impeded by institutional procedures. Social care projects prioritise the rehabilitation and preparation of children for the future through school education or vocational training. Children are also reunited with their biological parents, relatives or foster parents where possible.

During 2013, Läkarmissionen's partners have been very successful in rehabilitating and reintegrating large numbers of children. The fact that children are also monitored post-rehabilitation and that a range of support is provided for families is particularly positive. This is an area where we can certainly say, without having conducted any actual impact measurements, that children have received practical help and support with good long-term results. Active co-operation with regional and local authorities is encouraged by Läkarmissionen, above all for leverage and to ensure that conditions for children are highlighted so that local resources are allocated to them.

There is major potential for advancement in capturing lessons learned from the projects in which Läkarmissionen has been engaged. This will ensure that good ideas and best practice can be shared among our partners and countries. One good example is Place of Restoration in South Africa, which in recent years has actively communicated its successful approach to other countries, which in turn has resulted in a new commitment for Läkarmissionen in Mozambique.

Läkarmissionen's social care efforts include supporting various health projects. Involvement at the Panzi Hospital, directed by Dr. Denis Mukwege, is one such crucial initiative. The situation at Panzi can be regarded as an ongoing need for humanitarian aid in the infected conflict in eastern DR Congo. In conjunction with the awards ceremony at the Right Livelihood Awards, where Dr. Mukwege was one of the 2013 winners, Läkarmissionen participated in a parliamentary seminar on sexual violence in eastern Congo. During the year, a collaboration with the Weylers förlag publishing house resulted in a book about Dr. Mukwege, authored by Berthil Akerlund.

Over the years, Nkinga Hospital in Tanzania has grown into a major referral hospital that provides care for people from virtually the entire country. Läkarmissionen views its responsibility as a resource in advocating for an increase in domestic funding, and we have observed an increasing level of commitment amongst local authorities.

### **Training & education**

During 2013, Läkarmissionen has upheld its strong commitment to training & education. Knowledge is a prerequisite for enabling individuals to participate actively in the community and for creating work opportunities. This commitment is an integral part of a value development chain in which components such as literacy programmes and vocational training are linked to micro-financial aid and savings groups. Literacy as a basic component for further advancement has been a cornerstone in Läkarmissionen's engagement in educational programmes throughout the years.

During 2013, a major project has been conducted to translate our literacy materials into French. Through our strong partnership with Strömmestiftelsen, the goal has been to develop good-quality material tailored to local needs in West Africa, beginning with Niger. The project will form a core element in a country programme involving a wide range of poverty-reduction components.

The largest expansion in Läkarmissionen educational aid is currently taking place in Africa, but educational initiatives in Latin America remain significant. Literacy is primarily taught using the Laubach "Each one, teach one" literacy method, which is based on interactive teaching in small groups led by tutors, mostly volunteers. Läkarmissionen has established self-sufficiency projects in several locations as a natural follow-up when the education is completed. This year's efforts have focused on adding new components that include microfinance, particularly in Mozambique, Kenya, Guatemala, Honduras and Brazil. This ensures good long-term opportunities for development for the individuals that complete the literacy programmes. Reading and writing is not an end in itself but a prerequisite for further advancement and a step in empowering individuals towards enduring change.

During 2013, Läkarmissionen has also provided aid for compulsory school education, including Siraskolan in the Palestinian territories and the Calcutta Emmanuel School in India. Nowadays, Läkarmissionen's classic mentoring programme is entirely tied in to Calcutta Emmanuel School and the results of this work during 2013 have been positive.

Method development in training & education aid is based on a logical combination of basic education, vocational training and microfinance. A good example of a project that has evolved from basic educational aid into vocational training is Cemear (Escola de Talentos) in Brazil, tailored to the new urban challenges of Rio's slums. As an element in an informal range of educational opportunities, students are provided with knowledge that usually ensures a job opportunity when their training is finished. The Escola de Talentos certified chef training and telemarketing training programmes are especially appreciated and popular.

### **Self-sufficiency**

Self-sufficiency aid comprises the final component of the value-development chain that aims to support individuals in their efforts to evolve from dependence to independence. Self-sufficiency programmes are generally linked to training & education of various kinds.

A significant proportion of self-sufficiency aid consists of various microcredit projects, for which Läkarmissionen follows established guidelines

that define the types of microcredit that Läkarmissionen prioritizes. All microcredit projects supported by Läkarmissionen include training & education components, and in addition there is a clear code that regulates the relationship with borrowers in microfinance projects, as well as criteria for implementing the organization's role and financial prerequisites.

The guidelines mentioned above form the basis of a more detailed manual for individual microcredit projects, which is the instrument by which each country describes its approach in to self-sufficiency aid. Several partners such as Strömmestiftelsen, Five Talents and Hand in Hand have implemented their own manuals tailored to local environments. In a number of cases in Guatemala, Honduras, Nicaragua and Brazil for example, Läkarmissionen has actively supported a local partner in the creation of its own tailored manual. The completed pilot projects in microfinance in these countries have proved successful. In Guatemala, where operations are primarily based on individual loans and family groups, a co-operative was established to provide the legal basis.

During 2013, a two-year self-sufficiency project in East Africa was initiated in partnership with Hand in Hand, after a previous successful collaboration with Hand in Hand in India. The project involves empowering local women with both basic literacy skills and the tools to start their own small enterprises. This microcredit concept has proved successful in India and it is hoped that good results will be achieved in Kenya.

Another strategic partner in self-sufficiency aid is the Strömmestiftelsen in Uganda. This project has been targeted at women in northern Uganda and consists of approximately 200 self-help groups in which participants are instructed in how to develop an enterprise and provided with health care services. Activities are based on internal savings and loans within the group. For most of the participants, the saved amount distributed at year-end has enabled the expansion of their enterprises.

After completing the evaluation, Läkarmissionen has decided to proceed with a new project in Burundi in partnership with Five Talents. The project is a typical example of the importance that Läkarmissionen attaches to training & education as a crucial factor in the creation of self-help groups. The members of self-help groups begin with internal savings and loans from each other, before progressing to microcredit loans and greater accountability.

### **Humanitarian aid**

Actions in the area of humanitarian aid have been focused on attempting to save lives and improve health in emergency situations. In the event of a major natural disaster, Läkarmissionen donors expect us to be involved and to make a difference. As a rule, Läkarmissionen also organises special fundraising campaigns for humanitarian interventions such as these. When less severe disasters occur in regions where Läkarmissionen is conducting ongoing development programmes, we also have a duty to act. In these cases, a disaster may not attract much media attention in Sweden and aid is provided without special donor appeals. Läkarmissionen conducts material aid through its partner organisation, Human Bridge Foundation, which ships hospital materials among other things to several African countries.

## MANAGEMENT REPORT 2013

Through the EU-CORD network, Läkarmissionen can access a large number of competent partners almost anywhere in the world. These channels enable a rapid response in the event of a major disaster.

The financial year 2013 was initially spared from major natural disasters. During the year, relief efforts in aid of refugees fleeing the civil war in Syria have been conducted in Lebanon in partnership with Medair. The natural disaster in the Philippines at the end of the year caused an emergency situation that resulted in Läkarmissionen conducting an early intervention for individuals in need, primarily through Medair.

### **Impact assessment**

With the aim of illustrating the impacts of our aid programmes, the figures below show the results from a single priority area in three of our focus areas: literacy as an element in training & education, microfinance as an element in self-sufficiency, and water supply projects as an element in social care. These are only a small selection of Läkarmissionen's many projects. The differing aims and prerequisites of individual projects can make comparisons difficult, but Läkarmissionen is committed to obtaining more detailed data from our aid partners that will enable more detailed reports regarding results and impacts.

The figures from the education & training programmes indicate the target number of students and the actual number of participants, while results are expressed as the number of students who completed the course and passed the literacy test, i.e. the number of students who can now read and write. These figures include literacy programmes for adults and in some cases for young people in Mozambique, Haiti and nine countries in Latin America. More than 19,000 students participated in Mozambique, 5,400 in Haiti, approximately 2,000 in Brazil and Mexico respectively, and the remainder of about 7,300 students was divided among seven smaller Latin American countries.

We have also reported the number of individuals that have been given access to more capital after completing a savings or microcredit programme, which in turn has enabled them to start up a small enterprise. The figures represent the participants in 18 projects on three continents, of which approximately half participated in our partnership project with Strømme Foundation in Uganda. According to the calculations of our project partner Hand in Hand India, the 17,088 Indian women who, with the support of Läkarmissionen, took out a microloan during 2013 have generated more than 27,000 jobs, which has produced a result for the project that is higher than the total number of actual participants. For those partners who have not reported the same statistics, we have calculated the result as same as the actual number of programme participants since participation in a savings/loans programme in itself means that participants have obtained a start capital.

Water supply projects have been presented on the basis of how many participants now have better access to clean water, improved sanitation and health, as well as enhanced opportunities for self-sufficiency through farming and animal husbandry after three projects in Kenya, Sudan and Chad.



MANAGEMENT REPORT 2013

Results 2013	Target	Actual	Result	Target
Number of participants	partici- pation total	partici- pation total		fulfilment
Alfabetisering	30 480	35 880	25 415	83%
Mikrofinans	59 819	68 095	78 348	131%
Vattenprojekt	15 000*	48 300	48 300	322%

\* Based on the Sphere standard whereby every well has been estimated to serve 500 people.

Svenska Journalen

Svenska Journalen is Läkarmissionen's organisation and member publication. Its reports and interviews have substantially enabled the dissemination of information and knowledge in regard to Läkarmissionen's commitments as well as the situation in the countries in which we operate. Six issues a year are currently published with a circulation of approximately 100,000.

Board of Directors, executive management and auditors

Members of Board of Directors of Läkarmissionen are normally elected for a period of three years. The Board comprised the following members during 2013:

Ingvär Guldstrand (President)	Nils Arne Kastberg
Staffan Hellgren (Vice President)	Agneta Lillqvist Bennstam
Per Andelius	Ingemar Näslund
Margareta Arvidsson	Kerstin Parment
Bo Guldstrand	Staffan Sundkvist
Elver Jonsson	Lotta Thordson

The Board convened six times during 2013. Ingvar Guldstrand is the serving President of Läkarmissionen. Johan Lilja is the serving CEO and manages day-to-day operations. The CEO and the Board of Directors work in accordance with rules of procedure that clearly specify the allocation of responsibilities and work.

Läkarmissionen's audit is conducted by Mazars SET under the direction of Åsa Thelin, Authorised Public Accountant.

The foundation is registered at the County Administrative Board of Stockholm County with the foundation number 1000132.

Management of cash and cash equivalents

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

Läkarmissionen takes no currency risk in connection with payments because all decisions are made in SEK. In order not to expose individual projects to financial risk, Läkarmissionen applies a framework for

currency exchange compensation. During 2013, exchange rates for most projects have been stable and no compensation has been made.

Of securities that are financial fixed assets, the acquisition value of interest-bearing investments accounted for 17%, structured products 82% and other investments 1%.

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

ANNUAL COMPARISON

Total income (TSEK)

2013	2012	2011	2010	2009
130 153	114 762	124 930	134 453*	121 824*

Raised funds (TSEK)

2013	2012	2011	2010	2009
129 112	112 268**	118 541**	131 839	111 726

Fundraising costs/total income

2013	2012	2011	2010	2009
15%	17%	17%	15%	13%

Direct project costs/total income

2013	2012	2011	2010	2009
76%	77%	76%	78%	83%

Administrative costs/total income

2013	2012	2011	2010	2009
6%	7%	7%	7%	7%

\* Including SIDA contributions

\*\* Excluding VAT refunds of 1,479 TSEK in 2012 and 5,444 TSEK in 2011.

EVENTS IN BRIEF DURING 2014

Between February 11th and 17th, the launch of Vänliga Veckan ("Friendly Week") in mid-February created something of a media hit. Läkarmissionen was widely featured on national and local TV and radio, blogs and social media such as Facebook, Instagram and Twitter as well as in articles in every major regional and metropolitan newspaper.

A major focus on direct debit donations based on Läkarmissionen's internal donor registry began in the spring and is expected both to increase revenues and to reduce costs.

This year's budget has been the highest in Läkarmissionen's long history and it is pleasing that revenues at the start of the year are in line with the budget.

INCOME STATEMENT

	Note	2013	2012
Net revenue	1	130 153 248	114 762 017
Direct project costs	2,3,4,5,6	-98 426 126	-88 192 372
Fundraising costs	2,3,4	-19 893 759	-19 566 632
Administrative costs	2,3,4,5,6	-7 452 553	-7 962 887
Operating income		4 380 810	-959 874
Income from financial investments			
Income from securities and fixed-asset receivables	7	2 460 112	779 112
Other interest income and similar profit/loss items	8	298 630	549 650
Income from financial investments		2 758 742	1 328 762
Profit/loss after financial investments		7 139 552	368 888
Tax		-	-92 020
Profit/loss for the year		7 139 552	276 868



BALANCE SHEET

ASSETS	Note	31/12/2013	31/12/2012
Fixed assets			
Tangible fixed assets			
Land and buildings	9	3 909 375	–
Equipment	10	2 142 256	214 872
Financial fixed assets			
Long-term investments held as fixed assets	11	30 335 765	27 556 675
Long-term receivables	12	10 000 000	10 000 000
Total fixed assets		46 387 396	37 771 547
Current assets			
Inventories			
Goods for resale		27 880	27 880
Current receivables			
Tax claims		273 202	13 993
Other receivables		5 430 615	8 433 276
Prepaid expenses and accrued income	13	1 633 491	1 972 024
Current investments	14	2 219 082	331 480
Cash and bank		40 315 262	44 714 449
Total current assets		49 899 532	55 493 102
Total assets		96 286 928	93 264 649
EQUITY AND LIABILITIES			
Equity	15		
Earmarked project funds		59 700 000	56 622 500
Profit/loss brought forward		23 932 821	26 733 453
Profit/loss for the year		7 139 552	276 868
		90 772 373	83 632 821
Current liabilities			
Accounts payable		2 332 672	6 510 321
Other liabilities		359 045	308 390
Accrued expenses and deferred income	13	2 822 838	2 813 117
		5 514 555	9 631 828
Total equity and liabilities		96 286 928	93 264 649
Pledged assets		None	None
Contingent liabilities		None	None

CASH FLOW STATEMENT

	Note	2013	2012
OPERATING ACTIVITIES			
Operating income		4 380 810	-959 874
Amortisation and impairment		833 993	196 428
Adjustment of non-cash flow items, etc	16	1 647 341	-437 290
Interest received		1 111 401	1 624 568
Dividends received		–	141 484
Income tax paid		–	-92 020
Cash flow from operating activities before changes in working capital		7 973 545	473 296
Change in receivables		3 081 985	-6 153 018
Change in liabilities		-4 117 273	3 597 321
Cash flow from operating activities		6 938 257	-2 082 401
INVESTING ACTIVITIES			
Acquisition of tangible fixed assets		-6 670 752	–
Disposal of tangible fixed assets		–	12 988 308
Investments in financial assets		-2 779 090	-4 936 885
Cash flow from investing activities		-9 449 842	8 051 423
FINANCING ACTIVITIES			
Change in current financial investments		-1 887 602	-176 795
Cash flow from financing activities		-1 887 602	-176 795
Change in cash and cash items		-4 399 187	5 792 227
Cash and cash equivalents at the beginning of the year		44 714 449	38 922 222
Cash and cash equivalents at the end of the year		40 315 262	44 714 449



## ADDITIONAL INFORMATION

### GENERAL INFORMATION

#### Accounting principles

The accounting and valuation principles applied in these financial statements are in compliance with the Annual Accounts Act and the general advice of the Swedish Accounting Standards Board, as well as the governing guidelines of the Swedish Fundraising Council for annual reports.

#### Revenue recognition

Revenues have been recognised at fair value of the amounts received or receivable. As a main rule, revenues in the form of gifts or contributions have been recognised when a transaction has been legally executed. The term "gift" primarily refers to funds raised from private individuals and businesses. The term "contribution" primarily refers to funds raised from external donors upon application.

#### Direct project costs

Direct project costs are defined as such costs as are incurred while fulfilling the purpose of the organisation and/or its statutes.

#### Fundraising costs

Fundraising costs are the costs that have been incurred in generating external income.

#### Tax

Tax has been calculated based on the property's net income, otherwise the foundation is exempt from taxation.

#### Donated assets

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

#### Shares and participations

Long-term investments held as fixed assets have been valued in these financial statements at acquisition value (market value when the gift was received or acquisition price) or fair value (market value), whichever is lower. If fair value has decreased, a value adjustment has been made.

#### Goods for resale

Goods for resale have been valued at acquisition value or fair value, whichever is lower.

#### Other assets

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

#### Provisions and liabilities

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

#### Equity

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

## NOTES TO FINANCIAL STATEMENTS

### Note 1 Distribution of net turnover

	2013	2012
Funds raised through pg 901718-7 and pg 900021-7	97 635 536	87 635 765
Other raised funds	31 476 507	26 111 348
Sales revenue	1 041 205	1 014 904
<b>Total</b>	<b>130 153 248</b>	<b>114 762 017</b>

*During 2013, SEK 4 100 000 has been received from Radiohjälpen. This revenue has been reported in "Funds raised through pg 901718-7 and pg 900021-7".*

### Note 2 Average number of employees

	2013	2012
Men	20	19
Women	19	20
<b>Total</b>	<b>39</b>	<b>39</b>

### Note 3 Gender distribution in the executive management

	2013	2012
Percentage of women		
Board of Directors	33 %	33 %
Other executive managers	28 %	16 %

### Note 4 Salaries, other remuneration and social security contributions

	2013	2012
Salaries and other remuneration:		
CEO	610 945	611 686
Other employees	10 308 882	10 411 431
<b>Total salaries and remuneration</b>	<b>10 919 827</b>	<b>11 023 117</b>

Social security contributions	5 355 727	5 343 361
(of which pension costs)	(1 054 091)	(1 098 597)

*No commission-based remuneration has been issued.*

*The Board has not received any remuneration.*

*TSEK 108 (TSEK 99) of pensions costs regard the CEO.*

*The notice period is six months on the part of both Läkarmissionen and its CEO.*

*Agreed current salary in respect of salaries and pensions is payable during the notice period.*

### Note 5 Direct project costs

	2013	2012
Development projects	80 253 984	72 318 226
Material aid	1 900 000	1 500 000
Information and advocacy in Sweden	7 706 411	6 227 311
Meetings/social activities	3 054 358	3 039 875
Svenska Journalen	4 697 099	4 333 619
Miscellaneous	814 274	773 341
<b>Total</b>	<b>98 426 126</b>	<b>88 192 372</b>



NOTES TO FINANCIAL STATEMENTS

Note 6 Depreciation/Amortisation

Tangible fixed assets are systematically depreciated throughout the estimated financial life of the asset.  
The following depreciation/amortisation periods apply:

Land and buildings	10 years
Equipment acquired in 2013	10 years
Equipment acquired before 2013	5 years

	2013	2012
Direct project costs, and administrative costs include depreciation/amortisation of:	833 993	196 428

Note 7 Profit/loss from securities and receivables reported as fixed assets

	2013	2012
Dividends	–	141 484
Interest	812 771	1 074 918
Profit/loss for disposals of shares	1 647 341	-437 290
<b>Total</b>	<b>2 460 112</b>	<b>779 112</b>

Note 8 Other interest income and similar profit/loss items

	2013	2012
Interest	298 630	549 650
<b>Total</b>	<b>298 630</b>	<b>549 650</b>

Note 9 Land and buildings

	2013	2012
Acquisitions	4 343 750	–
<b>Closing accumulated acquisition value</b>	<b>4 343 750</b>	<b>–</b>

Amortisation/Depreciation for the year	-434 375	–
<b>Closing accumulated amortisation/depreciation</b>	<b>-434 375</b>	<b>–</b>

<b>Closing residual value according to plan</b>	<b>3 909 375</b>	<b>–</b>
---	------------------	----------

Note 10 Equipment

	2013	2012
Opening acquisition value	3 584 903	6 541 828
Purchases	2 327 002	–
Disposals	–	-2 956 925
<b>Closing accumulated acquisition value</b>	<b>5 911 905</b>	<b>3 584 903</b>

Opening amortisation/depreciation	-3 370 031	-6 130 528
Disposals	–	2 956 925
Amortisation/depreciation for the year	-399 618	-196 428
<b>Closing accumulated amortisation/depreciation</b>	<b>-3 769 649</b>	<b>-3 370 031</b>

<b>Closing residual value according to plan</b>	<b>2 142 256</b>	<b>214 872</b>
---	------------------	----------------

NOTES TO FINANCIAL STATEMENTS

Note 11 Other long-term securities holdings

	2013	2012
Opening acquisition value	27 556 675	32 619 790
To be added	9 371 342	9 184 062
Outgoing	-6 592 252	-14 247 177
<b>Closing accumulated acquisition value</b>	<b>30 335 765</b>	<b>27 556 675</b>

<b>Book value</b>	<b>30 335 765</b>	<b>27 556 675</b>
<b>Market value</b>	<b>30 101 920</b>	<b>26 331 757</b>

*The bulk of the capital has been invested in capital-protected products. Upon relevant maturity, these hold a guaranteed surrender value, although the rate during relevant terms can vary. Valuation has been based on acquisition value with regard to individual risks as well as the policy of the foundation.*

Note 12 Other long-term receivables

	2013	2012
Opening acquisition value	10 000 000	–
To be added	–	10 000 000
<b>Closing accumulated acquisition value</b>	<b>10 000 000</b>	<b>10 000 000</b>

<b>Book value</b>	<b>10 000 000</b>	<b>10 000 000</b>
-------------------	-------------------	-------------------

Note 13 Accruals

	2013	2012
<b>Prepaid expenses and accrued income</b>		
Other items	1 633 491	1 972 024
<b>Total</b>	<b>1 633 491</b>	<b>1 972 024</b>

	2013	2012
<b>Accrued expenses and deferred income</b>		
Holiday provision	2 230 150	2 280 611
Accrued social security contributions	331 420	336 271
Other items	261 268	196 235
<b>Total</b>	<b>2 822 838</b>	<b>2 813 117</b>

Note 14 Current investments

	2013	2012
Opening acquisition value	331 480	154 685
To be added	2 219 082	331 480
Outgoing	-331 480	-154 685
<b>Closing accumulated acquisition value</b>	<b>2 219 082</b>	<b>331 480</b>

<b>Book value</b>	<b>2 219 082</b>	<b>331 480</b>
<b>Market value</b>	<b>2 387 328</b>	<b>468 221</b>



NOTES TO FINANCIAL STATEMENTS

Note 15 Equity

	Earmarked project funds	Profit/loss brought forward	Total equity
Opening balance	56 622 500	27 010 321	83 632 821
Earmarked funds	59 700 000	-59 700 000	–
Utilisation	-56 622 500	56 622 500	–
Profit/loss for the year	–	7 139 552	7 139 552
Closing balance	59 700 000	31 072 373	90 772 373

During 2013, 28 222 229 SEK has been earmarked by the donors. These gifts have been fully paid out in the areas to which they were earmarked by the donors.

Note 16 Adjustment of non-cash flow items, etc.

	2013	2012
Value adjustments	–	–
Profit/loss on disposals of fixed assets	1 647 341	-437 290
Total	1 647 341	-437 290

Stockholm, 29th April 2014

Ingvar Guldstrand, President

Staffan Hellgren, Vice President

Per Andelius

Margareta Arvidsson

Bo Guldstrand

Elver Jonsson

Nils Arne Kastberg

Agneta Lillqvist Bennstam

Ingemar Näslund

Kerstin Parment

Staffan Sundkvist

Lotta Thordson

Johan Lilja  
CEO

My audit report has been submitted on April 29th, 2014.

Åsa Thelin  
Authorised Public Accountant  
Mazars SET Revisionsbyrå AB

AUDITOR'S REPORT

To the board of the Stiftelsen Svenska Journalens Läkarmission och Hjälpverksamhet.  
Org. no. 802005-9989

Report on the Annual Accounts

I have audited the annual accounts of the Stiftelsen Svenska Journalens Läkarmission och Hjälpverksamhet for 2013.

Responsibilities of the Board of Directors for the annual accounts

The Board of Directors is responsible for the preparation and fair presentation of these annual accounts in accordance with the Annual Accounts Act, and for such internal control as the Board determines is necessary to enable the preparation of annual accounts that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

My responsibility is to express an opinion on these annual accounts based on my audit. I have conducted my audit in accordance with International Standards on Auditing and generally accepted auditing standards in Sweden. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the annual accounts are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the annual accounts. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the annual accounts, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organisation's preparation and fair presentation of the annual accounts in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organisation's internal control. An audit also includes evaluating of the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board of Directors, as well as evaluating the overall presentation of the annual accounts.

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

Opinions

In my opinion, the annual accounts have been prepared in accordance with the Annual Accounts Act and present fairly, in all material respects, the financial position of the foundation as of 31 December 2013 and its financial performance [and cash flows] for the year in accordance with the Annual Accounts Act.

Report on other legal and regulatory requirements and statutes

In addition to my audit of the annual accounts, I have also audited the administration of the Board of Directors of the Stiftelsen Svenska Journalens Läkarmission och hjälpverksamhet for 2013.

Responsibilities of the Board of Directors

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

Auditor's responsibility

My responsibility is to express an opinion with reasonable assurance as to, if in my review I was able to determine whether any Board Member has acted in contravention of the Swedish Foundation Act or the Regulation for Foundations. I have conducted the audit in accordance with generally accepted auditing standards in Sweden.

As a basis for my opinion, in addition to my audit of the annual accounts, I examined significant decisions, actions taken and circumstances of the foundation in order to determine whether any member of the Board of Directors is liable to the foundation or if there are grounds for dismissal. I have also examined whether any member of the Board of Directors, in any other way, acted in contravention of the Swedish Foundation Act or the Regulation for Foundations.

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

Opinions

In my opinion The Board of Directors has not acted in contravention of the Swedish Foundation Act or the Regulation for Foundations.

Stockholm, 29 April 2014

Åsa Thelin  
Authorised Public Accountant



THE BOARD OF DIRECTORS



**Ingvar Guldstrand**  
President of Läkarmissionen, Danderyd, Sweden  
Member of the Board of Läkarmissionen since 1970. Actively involved in the establishment of Läkarmissionen. President since 1975. Has previously been a company director and held a number of board positions.



**Staffan Hellgren**  
Vicar/Area Dean, Danderyd, Sweden  
Member of the Board of Läkarmissionen since 2009. Vice President of the Board. Strongly committed to microcredit in developing countries. Previous positions: Director Ersta Diakoni. Director Stockholm Stadsmission. Port Chaplain in Egypt.



**Per Andelius**  
Insurance Lawyer, Bromma, Sweden  
In recent years, own consultancy firm. Member of the Board of Läkarmissionen since 1995. Commitment to literacy and microcredit.



**Margareta Arvidsson**  
Pedagogue, Vrigstad, Sweden  
Member of the Board of Läkarmissionen since 2008. 35 years as missionary in Bolivia. Highly involved in social aid, literacy, education and training as well as leadership issues. Swedish Vice Consul in Bolivia.



**Bo Guldstrand**  
Business Owner, Stockholm, Sweden  
Member of the Board of Läkarmissionen since 1995. Special focus on Läkarmissionen's literacy projects, as well as aid projects in Eastern Europe. President of the Board of Human Bridge.



**Elver Jonsson**  
Municipal Councillor, Alingsås, Sweden  
Member of the Board of Läkarmissionen since 1998. Previous public office: Member of Parliament, Municipal Commissioner, Chairman MHF, Chairman Svenska Missionsförbundet. Strong commitment to social issues, human rights, equality and alcohol policy issues.



**Nils Arne Kastberg**  
Member of the Board of Läkarmissionen since 2007. Over 40 years of experience in various positions of responsibility at the UN. Most recently head of UNICEF in the Sudan. Strong engagement in the situation for children and children's rights. Experience of emergency intervention.



**Agneta Lillqvist Bennstam**  
Doctor, Ludvika, Sweden  
Member of the Board of Läkarmissionen since 2005. Many years as a mission doctor in the Congo. Extensive knowledge of healthcare in developing countries.



**Ingemar Näslund**  
Associate Professor, Huddinge, Sweden  
Consultant/Senior Physician, Radiumhemmet, Karolinska University Hospital. Member of the Board of Läkarmissionen since 1985. Strong commitment to development issues with particular emphasis on healthcare, literacy and microcredit.



**Kerstin Parment**  
Pharmacist, Bromma, Sweden  
Member of the Board of Läkarmissionen since 2010. Strong commitment to Läkarmissionen's various activities with particular emphasis on healthcare, children's rights and literacy.



**Staffan Sundkvist**  
Tax Lawyer, Eskilstuna, Sweden  
Member of the Board of Läkarmissionen since 2010. Strong commitment to aid for Africa with particular emphasis on healthcare and microcredit.



**Lotta Thordson**  
Pastor, Stockholm, Sweden  
Member of the Board since 2012. Previous positions include, Head of the Immanuel Church congregation in Stockholm, Director of the Social Mission in Stockholm and Head of the Welfare Centre in Uppsala, an ecumenical social work service.



**Photographers:**  
Jörgen Ulvsgård: front cover  
Hans-Jörgen Ramstedt: pages 4, 11, 12, 15, 16, 20, 22, 43  
Håkan Flank: pages 5, 26  
Annelie Silwer: page 6  
TEAM Pakistan: page 8  
David Forsberg: page 10  
Nichlas Hallberg: page 14  
Monica Neuman Bergenwall: page 18  
Marcus Holmgren: page 19  
Medair: page 23  
Tomas Ohlsson: pages 24, 27  
Torleif Svensson: page 26, back cover  
Jörgen Bodesand: page 27





Stiftelsen Svenska Journalens Läkarmission och Hjälpverksamhet

Registration number: 802005-9989

Siktgatan 8, 162 88 Vällingby, Sweden

Telephone: +46 (0)8-620 02 00, Fax: +46 (0)8-620 02 11

info@lakarmissionen.se, www.lakarmissionen.se

Plusgiro: 90 00 21-7 and 90 17 18-7

Läkarmissionen 