



2017

ANNUAL REPORT

Läkarmissionen 

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Läkarmissionen is a Swedish aid organisation founded in 1958. Our initial efforts focused on mission healthcare in South Africa and India, which is why we are called Läkarmissionen (Medical Mission Aid). Today we do far more than this. Our focus lies in empowering individuals to help change their own living conditions in three main priority areas: social care, training & education and self-sufficiency. We also engage in humanitarian aid. We collaborate closely with local partners in approximately forty countries in Africa, Latin America, Asia and Eastern Europe.

COVER: THANKS TO LÄKARMISSIONEN'S WORK IN KENYA, MARTHA IS ONE OF THE MANY GIRLS WHO DOES NOT HAVE TO SUFFER GENITAL MUTILATION.
PHOTO: ERIKA STENLUND



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

THERE ARE PEOPLE BEHIND THE FIGURES

It can be easy to focus entirely on financial figures, financial results and statistics when summarising a financial year. In order to provide clear feedback on the various parts of our organisation, we endeavour to create attractive tables, clear diagrams and nice graphics. All of this is obviously helpful, and above all important for people who are interested in learning how our organisation is managed and how well we are fulfilling our goals, both financial and in terms of quality.

Nevertheless, what is ultimately crucial is the work that Läkarmissionen performs together with all of its talented and skilful partners on behalf of the vulnerable people. Nor does mentioning the fact that almost 300,000 of them have benefited directly from our aid efforts, with 1.5 million others indirectly affected, necessarily paint a clear picture of the change, development or support that all these individuals receive in their daily lives. This is why we not only provide you with information in the form of financial figures and statistical data, but we also communicate stories from the people who really know what a tremendous difference all your donations make.

Läkarmissionen works actively to highlight the importance of Agenda 2030. This commitment is expressed in various ways, but perhaps the most significant is that we are currently highlighting Goal 17 in different contexts as a prerequisite for ensuring that the difference we are aiming to achieve will remain permanent. Goal 17 makes it clear that a long-term sustainable planet cannot be accomplished without collaboration between companies, civil organisations and government agencies. If we are to have a peaceful world, one without poverty and with equal rights, we cannot continue along the same well-trodden path. We must



PHOTO: HÅKAN FLANK

find new ways and new paths to success. In this respect, Läkarmissionen has become involved in a number of ways, one of which is our commitment to sustainable, innovative solutions in crisis and disaster situations. Läkarmissionen has built a collaboration platform for a Vinnova-funded project through which the Ministry of Foreign Affairs, Sida and several other Swedish authorities collaborate with companies and representatives for aid organisations such as Läkarmissionen to create better, more effective and more sustainable solutions.

For our part, 2017 has in many ways been associated with an enormous commitment and a sincere desire to make people accountable for their dubious behaviour as characterised by the #metoo movement. A popular movement against injustice and oppression is enormously powerful. It is a phenomenon that is fundamentally very positive and healthy. Let us harness this power and energy to create better conditions for all the people who lack both the voice and the capacity to ensure that their human rights are respected.

There are people behind all the figures, and it goes without saying that we are extremely grateful to all our donors, all our partners and all our employees for everything that you do to create a better, sustainable future for all the most vulnerable people in our world. Many thanks for your efforts during 2017, and we sincerely hope that you will continue to support us in the fight against poverty during 2018!

Johan Lilja, CEO

Bo Guldstrand

CORE VALUES

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

HUMAN RIGHTS PERSPECTIVE

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

FIGHTING POVERTY

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

SUSTAINABLE DEVELOPMENT

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

HOLISTIC VIEW

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

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

HEALTH

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

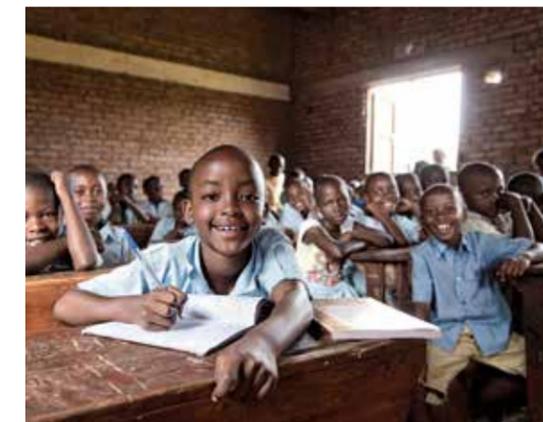


PHOTO: HÅKAN FLANK

Attending school again is a big deal for Hope Ineza. Hope is one of hundreds of refugee children from Burundi who have been given this opportunity, thanks to Läkarmissionen and Garuka, our local partner in Rwanda.

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

LÄKARMISSIONEN'S DEVELOPMENT CHAIN

LÄKARMISSIONEN'S GOAL IS to enable vulnerable individuals to transition from dependency to independence – using their own power and willingness to improve their life circumstances. We achieve this through international development aid. Sometimes a single action can change the life of an individual, but sometimes it requires a development chain of several components to provide new opportunities for people and their families. Although our different priority areas have been developed as individual methods, the strength of our approach lies in combining the various components into a chain of aid efforts. We call this Läkarmissionen's development chain.

The cornerstone of our work is well-designed aid projects in our three main priority areas: *social care, training & education, and self-sufficiency*. Some of these still focus on a single priority area, but our aim is increasingly to combine different components such as training & education and microfinance. We support our partners in linking the various aid elements into a chain of integrated projects, and we encourage different organisations to collaborate with each other and with government

agencies to ensure optimum quality in the various elements and achieve genuine and lasting change.

The development chain often begins with social care aid. If vulnerable individuals are to make the best possible use of their own abilities and create a better life, they need to be relatively healthy, have a safe place in life, and access to food and clean water. Our main priority is children and their needs, for example providing orphans with a new family or



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

helping girls to avoid female genital mutilation, but adults also receive aid, for example access to health care that they cannot afford to pay for themselves.

The next link in the chain is often training & education. Individuals who are unable to read, write and count have little opportunity to change their own situations, participate in ordinary community functions, or know their own rights. When children are able to attend school, young people can receive vocational training and adults can receive training in entrepreneurship, it can break a family's poverty spiral, provide individuals with opportunities to influence their own lives, and lay the foundations for a brighter future.

The final step to independence is self-sufficiency. The ability to support one's own family, to afford to send one's children to school and to buy food for the day enables a sense of control and an opportunity to plan for the future, which is essential for self-confidence. Self-sufficiency aid combines training in basic business planning, economics and marketing with financial support in the form of loans

through savings groups or microcredit programmes – with outstanding results.

In addition to the development aid projects in our priority areas, we also provide humanitarian and material aid. Humanitarian aid efforts are conducted in both emergency and long-term disaster situations. This may involve distributing emergency kits consisting of water purification tablets, tarpaulins and hygiene items after an earthquake or a flood, or helping people stranded in refugee camps by providing winter insulation for their tents and access to toilet facilities. Several of our aid efforts have involved saving the lives of malnourished children, both in disaster situations and in areas of extreme poverty.

Our core values run like a thread through all our projects: equal rights, poverty reduction, health, sustainable development and a holistic view of the individual. We have faith in the willpower and ability of individuals, and we believe that it is by enabling them with the right tools and opportunities that sustainable change can take place.

When Fati Bouba (left) was a child, there was no school in her village. But now she and all the other women can attend the reading, writing and counting course in the villages in Niger that we have also equipped with a deep well.



PHOTO: TORLEIF SVENSSON

GOALS AND FOLLOW-UP

EVERYTHING EXISTS IN A CONTEXT, and the same applies to Läkarmissionen. As an aid organisation with projects in approximately 40 countries on four continents, it is no exaggeration to describe us as international. Yet we also have a local presence, partly through our regional resource centres in East Africa and Latin America, and partly via our local partners, who run the actual projects in close collaboration both with us and with the project participants.

With so many people involved at so many different levels in such a significant organisation, the way we govern our work is especially important. Ensuring that our projects are as efficient and effective as possible – so that we can maximise the value of the donations that we receive and the impact of our aid – requires tools such as goals, strategies, plans and metrics.

SUSTAINABLE SOCIETY WITH THE HELP OF THE SUSTAINABLE DEVELOPMENT GOALS

At an overall level, we are guided by the 17 global Sustainable Development Goals. The aim of these goals is to eradicate extreme poverty, reduce inequality and injustice in the world, and solve the climate crisis – all before 2030.

Läkarmissionen's Strategic Plan for 2015-2020 sets out our aim and our goal of contributing to fulfilling the Sustainable Development Goals by 2030.

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

During 2016, we launched a pilot project in collaboration with our partners to develop indicators linked to the



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



PHOTO: HANS-JÖRGEN RAMSTEDT

Retraining to become a hairdresser is one of the most popular – and successful – alternatives that Läkarmissionen's partner Bright Star offers the girls who have been freed from their slave-like existence as firewood bearers in the Ethiopian capital, Addis Ababa.

Sustainable Development Goals. Based on the collective experiences of the project department, four indicators were developed and tested with our partners in eight countries (Bangladesh, Ethiopia, Burundi, Uganda, DR Congo, Honduras, Argentina and Romania). *The table on the right lists these indicators and the Sustainable Development Goals that they relate to.*

The indicators are measured before the intervention, with a follow-up measurement after completion, and the results are entered into templates in accordance with the instructions developed as part of the pilot project. Results become quantitative and/or qualitative metrics that we can use to measure how well we and our partners are meeting set goals – and to refine our methods. During the year, the experiences and results of the pilot project have been compiled. At two partners in Uganda and Ethiopia that work to reunite street children with their families or find new families for them, results showed that 138 of the 183 children had remained in the project, of which 66 had been reunited with their own families and 17 had moved to relatives or other families.

HUMAN RIGHTS-BASED APPROACH

Another important factor in our aid work is the practice for international development co-operation known as a human rights-based approach, the key concepts of which are rights

KEY: GLOBAL GOALS

- School attendance
Sustainable Development Goal 4: Quality Education

- Re-integration of children into families/communities
Sustainable Development Goal 1: No Poverty
Sustainable Development Goal 2: Zero Hunger
Sustainable Development Goal 3: Good Health and Well-being
Sustainable Development Goal 4: Quality Education

- Nutrition treatment and support for malnourished children
Sustainable Development Goal 2: Zero Hunger
Sustainable Development Goal 3: Good Health and Well-being

- Health service coverage – the extent to which people receive the health services they need
Sustainable Development Goal 3: Good Health and Well-being

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

Power and lack of power are important and complex elements of a human rights-based approach. Different interests and power structures frequently clash with each other. Applying a human rights-based approach involves active civil engagement, highlighting conflicts and inequality, and seeking constructive relationships between rights holders and duty bearers to enable long-term solutions. More information on human rights-based aid can be found on page 22.

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

NON-DISCRIMINATION

No individual may be discriminated against in development co-operation. Projects must be designed to include as many people as possible regardless of their gender, age, sexual

orientation, religion, functional impairment, health status, etc. Priority must be given to the most vulnerable and marginalised groups.

INCLUSION

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

RESPONSIBILITY – ACCOUNTABILITY

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

TRANSPARENCY

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



PHOTO: HAKAN FLANK



PHOTO: HAKAN FLANK

Inga-Britt Ahlenius and Anders Kompass participated at Läkarmissionen's seminar in 2017. The theme was: "When the legal system fails".

CODE OF CONDUCT

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



PHOTO: HANS-JÖRGEN RAMSTEDT

Mamta Bai runs a sewing room and clothes shop in the city of Ghatatillod in the Indian state of Madhya Pradesh. Thanks to the training and the loan she received through the savings group, she has been able to start her own business.

SUSTAINABLE DEVELOPMENT

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

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

the books. Programmes must be able to survive in the future without external financial support, and individuals must be able manage their own livelihoods with improved resistance to external stresses.

ECOLOGICAL SUSTAINABILITY

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

SOCIAL SUSTAINABILITY

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

ECONOMIC SUSTAINABILITY

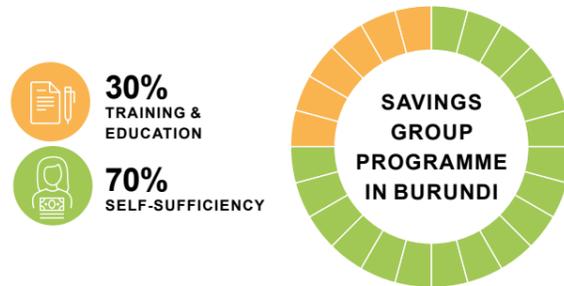
Simply put, economic sustainability is a matter of balancing

SAVINGS GROUPS IN BURUNDI

Burundi is located in central Africa and one of the world's poorest countries. After 15 years of civil war, the country finally achieved peace in 2006, but stability was undermined in 2015 by a new political crisis when the president refused to resign after his maximum two terms of office had expired. Strong protests broke out that were brutally suppressed, with persecution and political purges as a result. Since then, over 420,000 people have fled the country.

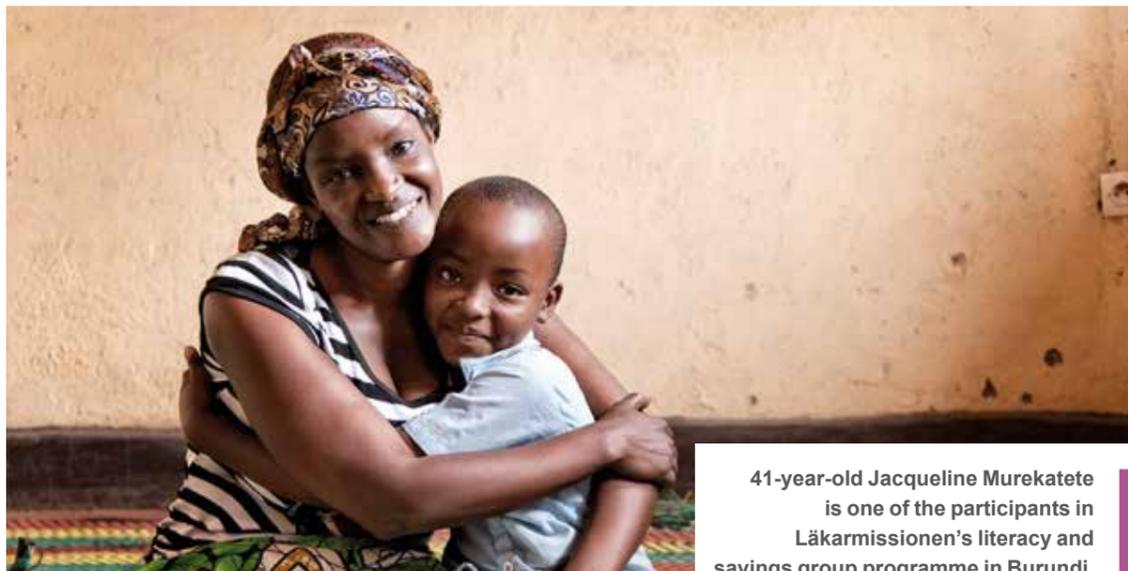
Läkarmission's partner in Burundi is Mothers' Union, the Anglican Communion's women's organisation, which has approximately 17,000 active members across the country. Mothers' Union engages in women's and family issues, and provides training and education for the poor and the socially vulnerable. For the past 17 years, the organisation has operated a literacy and savings group programme for women, an aid effort that is particularly important considering the very tense security situation in the country.

The cornerstone of peace is trust between individuals, and the friendship and unity that has grown between the participants, who originate from different sides of the conflict, has had many positive effects both within and outside the groups. It contributes to the lack of success of false rumours and political manipulation, and the respect which group members have for each other also appears to reduce the mistrust and fear in the surrounding community. Some group leaders have been asked to mediate when conflicts have broken out.



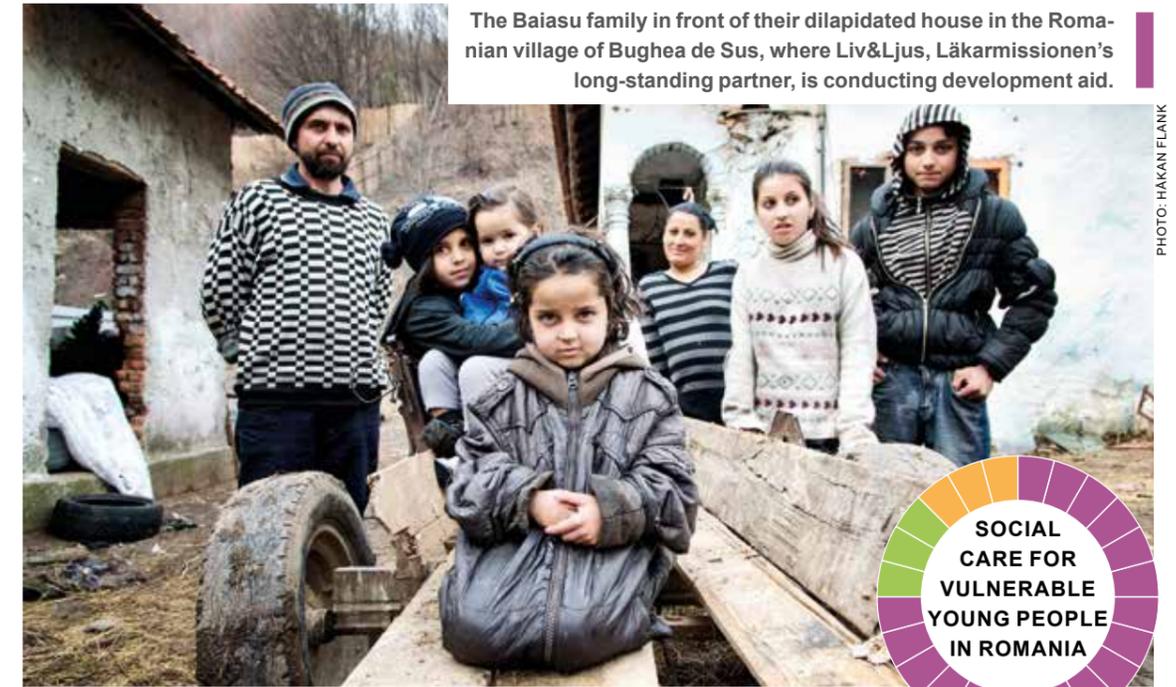
During 2017, Läkarmissionen added a parental education component to the programme to enhance its quality. Raising children in times of crisis, when people are required to cope with their own trauma as well as that of their children, is a challenge for many parents, and domestic violence as well as ignorance concerning children's needs contribute to the most serious problems in the country.

The educational programme has been greatly appreciated. This is how one of the participants expressed it: "What we've learned is to start with ourselves. Our own trauma can complicate healthy development and good relationships. The chance to meet and discuss our problems has been a healing process for broken families. Parents have been able to calm their children and persuade them not to get involved in violence at demonstrations and to avoid confrontation. What we mainly get from the group isn't money, it's love!"



41-year-old Jacqueline Murekatete is one of the participants in Läkarmissionen's literacy and savings group programme in Burundi.

PHOTO: HAKAN FLANK



The Baiasu family in front of their dilapidated house in the Romanian village of Bughea de Sus, where Liv&Ljus, Läkarmissionen's long-standing partner, is conducting development aid.

PHOTO: HAKAN FLANK



JOB CREATION IN ROMANIA

In the mid-1990s, the Western media broadcast terrible images from Romanian orphanages and conditions of total misery. Thousands of children and young people were living in institutions or on the streets. The shock and empathy was huge, above all among the Swedish public. In 1996, in order to meet the enormous need for aid, the Liv & Ljus organisation was established by Läkarmissionen. After many years of methodical work, we now run an operation that serves as a positive model for the Romanian state and which is certified in accordance with European standards.

The programme comprises several components, some of which are preventative or involve the integration of vulnerable children and young people as well as homeless families. The aid is mostly aimed at vulnerable families, often former street children who have started a family of their own. The focus is on ensuring that the children in these families do not suffer or miss any schooling. Another element is helping young people who have grown up in an institution. There

are often significant gaps in their knowledge compared to children that have experienced a normal family life and they have difficulty coping for themselves. Through mentoring, Liv & Ljus enables them to meet the everyday demands of adult life.

Although a great deal has changed in Romania in the just over 20 years that Läkarmissionen has been active there, several issues still persist. Many adults leave the country in search of better livelihoods, and the children and old people are left behind. There is even concern amongst some intellectuals that Romania will become depopulated. In recent years, the extraordinary situation of the Roma minority population has also been highlighted. Liv & Ljus estimates that about half the people they work with are Roma, which is why a few years ago they decided to start projects in several Roma villages in the countryside. The development programme encompasses 375 families and focuses on training & education and job creation.



WATER, SANITATION AND TRAINING & EDUCATION IN NIGER



Almost 18 million people are estimated to be in need of humanitarian aid in Niger, where the availability of clean drinking water is also alarmingly low. The worst hit areas are rural, where 82 percent of the population lives. Barely half of the rural inhabitants are thought to have access to potable water, and drought and famine are spreading.

In 2016, Läkarmissionen, in partnership with International Aid Services (IAS), decided to invest in a three-year water and sanitation programme in Niger. The goal is to drill and install water pumps for rural populations living in the regions of Tilabéri and Tahoua in the southwestern part of the country. The residents also receive instruction in basic hygiene and health education as well as information on how to improve the sanitary conditions in their home village.

The choice of area for the project was heavily influenced by an additional factor because this is where Strömme, another of Läkarmissionen's partner organisations, is currently working with savings and self-help groups. By choosing the same area, we were able to contribute humanitarian aid and literacy courses, which are the steps in the development chain that precedes the savings group program. With this model we hope to achieve a much greater impact and more benefit for the residents.

A further aim is to try and prevent the extreme radicalisation and emergence of new terrorist networks taking place in Niger. During 2015, the country suffered over 250 terrorist attacks. One of the main causes of the growth and spread of these terrorist groups is thought to be the large number of illiterate people in rural areas. For this reason, Läkarmissionen has participated in the development of teaching materials with a clear human rights character. In addition to literacy skills, the aim is to enable women in particular to acquire more knowledge about their rights and to make their voices heard in regard to the authorities and other formal and informal structures. In order to underpin a culture of peace in the region, in 2017 the Government of Niger initiated a peace forum with intra- and interreligious dialogue between different groups in which Läkarmissionen participated.



PHOTO: TORLEIF SVENSSON

According to the UN Human Development Index, Niger is one of the world's poorest countries, so the need is enormous.



After several hours of walking and hard work in the woods, the girls now have to carry their huge bundles of firewood 13 kilometres down the Entoto Mountain to the buyers in Addis Ababa.

PHOTO: ALEDIN WIREN

THE FIGHT AGAINST CHILD LABOUR IN ETHIOPIA

In the early 2000s, a group of young women and men in the Ethiopian capital, Addis Ababa, started a project to support children and young people living on the streets. The project was characterised by a tremendous level of commitment because in order to create trust and confidence, some of them lived with the street children for long periods. In 2003, Bright Star was founded with the aim of creating better conditions for vulnerable children that are exploited and abused in various ways, for example street children and child workers.

Many of these children come from rural areas far from Addis Ababa, where poverty and high unemployment cause families to send their children to the capital in the hope that they will be able to help with the household finances. Instead, some of them wind up in the almost slave-like conditions at unscrupulous employers. In addition, traffickers frequently come and paint a false picture of work opportunities in the city. The boys usually work as textile weavers while the girls collect branches and twigs that are then sold as firewood. They often work 12 hours a day for food and shelter. The children are given no opportunity to go to school and receive no salary. At best, their families receive a small remuneration.

Bright Star's first goal is to free the children from their employers and provide them with help in dealing with their trauma as well as more leisure time and more time to catch



up with their schooling. The children also receive help with accommodation and occupational training: the boys can refine their weaving skills and the girls receive training in, for example, sewing, hair care and needlework. Everything they produce is sold for their own benefit. The hope is that the children will eventually be able to return to their own families or, if this is not possible, be empowered to make an independent livelihood in Addis Ababa.

The second goal is to prevent the recruitment of new children from rural areas. Families living in the risk zone can receive, inter alia, aid through training in different farming methods as well as literacy courses. Bright Star also organises vulnerable women into self-help groups to ensure that they have a more stable household economy. This includes small loans that allow them to invest in equipment that they otherwise could not afford.



More than half of all Rohingya refugees are children. These little girls had walked with their mother for four days before reaching the camp in Bangladesh, where the family received a generous food ration.

PHOTO: TOMAS OHLSSON

HUMANITARIAN AID



GLOBAL DEVELOPMENT is moving forward. This was always the message from Professor Hans Rosling, whose Gapminder foundation has continued his work of spreading a fact-based worldview. At the same time, managing factors such as climate change and conflicts that cause people to flee for their lives is a difficult challenge. But we do what we can. During 2017, Läkarmissionen has continued its humanitarian work in several locations.

In July 2011, South Sudan gained its independence and became the world's youngest country. The great hope was that after decades of civil war, the country would also enjoy peace and be able to flourish again, both socially and economically. Unfortunately, it did not take long before divisions began to develop on a political level between the government and the opposition, and old ethnic conflicts were revived. Violent clashes ensued in most parts of the country, which have persisted for long periods. During 2016, the violence escalated into extensive fighting that has now driven more than three million people from their homes. Over a million have left the country to seek refuge in neighbouring countries, with Uganda receiving the largest number – more than 400,000 refugees.

The fighting has hampered both economic growth and food production, and the situation has been further aggravated by the fact that climatic conditions in South Sudan have been very unfavourable for several years. This has resulted in soaring food prices and a severe famine that has left nearly five million people suffering from acute food shortages. This includes a million children under the age of five, over 250,000 of whom are suffering from severe malnutrition.

Läkarmissionen's long-standing partner in disaster situations, Medair, has been in place in South Sudan for many years, engaging in continuous humanitarian aid in the country's most vulnerable areas. When the crisis and the famine intensified, an appeal was made for further aid to the long-suffering population. Läkarmissionen currently supports aid efforts in several of the most affected states, Unity State and Northern Bahr El Ghazal, in the north of the country. The aid package includes nutrition, health care,



PHOTO: TORLEIF SVENSSON

In South Sudan, Garang walked for several hours with his febrile son Kuol to find help at the nutrition centre.

hygiene and sanitation for vulnerable households, with a focus on mothers and young children.

Bangladesh, Nepal and India all suffered severe flooding during 2017. After the monsoon in June, parts of Bangladesh were hit by several huge rainstorms, the water levels in most major rivers rose, and in more than half of the country's districts the population suffered material damage and personal injury. Corn fields and ponds used for fishing were flooded and residential buildings were washed away or collapsed. Many communities became completely isolated. In all, over



PHOTO: ADRA

eight million people were affected. The north-western part of the country was the hardest hit, but as the floods gradually spread downstream through the country's river system, areas further south were also affected.

Läkarmissionen collaborates with the ADRA and Koinonia organisations in Bangladesh. Regular support involves development projects, but both organisations also have lengthy experience in conducting humanitarian interventions in disaster situations. Bangladesh is a high-risk country in terms of natural disasters; hence preparedness and sound knowledge is available for disaster relief in the event of floods, droughts, cyclones or severe cold.

Although the country suffers regular flooding, the disaster in autumn 2017 is considered one of the worst in 40 years. The population in the vulnerable areas were already living in extreme poverty and not able to cope with a disaster of such magnitude. Early stage relief efforts involved emergency food aid, shelter and access to clean water, sanitation and hygiene items. In the second stage, seed was distribu-

ted to households to enable farming and opportunities for self-sufficiency. Families with children, families who had been left homeless and families that had family members with special needs were prioritised. The victims themselves took part in rebuilding collapsed roads to and from impacted communities, and they also repaired latrines, wells and school buildings.

While floods were devastating Bangladesh, many people in neighbouring Myanmar were living under extensive oppression. The ethnic cleansing suffered by the Rohingya minority population in 2017 was very harsh. Already persecuted, their situation became acute during the latter months of the year and hundreds of thousands of people fled for their lives, many of them across the border to Bangladesh. Over half a million Rohingya crossed the border to seek shelter in refugee camps in the Cox's Bazar district, an area that was already accommodating 250,000 refugees. 80 percent of those that fled were women and they were forced to live in very primitive conditions, with virtually no access to the most basic survival necessities such as of food, water,

In autumn 2017, Bangladesh suffered severe flooding. Thanks to rapid intervention thousands of the worst affected families could receive emergency supplies and aid to help rebuild their lives.

hygiene items and latrines. In a country already devastated by floods, aid organisations struggled to help the new wave of refugees. The focus was mainly on defenceless children and their mothers.

In partnership with ADRA, Läkarmissionen initiated a humanitarian aid effort on behalf of the Rohingya refugees consisting of food, tarpaulins and ropes to improve the temporary shelters, as well as household and hygiene items, sleeping mats and mosquito nets. In November, Läkarmissionen envoys visited the camp and reported back about the terrible fate and life stories of the refugees, but also about how the aid had got through and given the refugees the energy and strength to continue the struggle in the midst of unbearable life circumstances.

HUMANITARIAN INTERVENTIONS DURING 2017

Bangladesh*. Through ADRA Bangladesh and Koinonia, Läkarmissionen has helped flood victims. Humanitarian aid on behalf of the Rohingya refugees from Myanmar, through ADRA Bangladesh.

DR Congo. There are millions of IDPs in DR Congo, mainly as a result of conflicts between armed groups and/or the army. In northern Kivu province, an intervention has been conducted on behalf of refugee children, where many of the people who have fled from troubled areas have sought shelter in the villages along the main road in the area around the city of Beni. With the help of the Musikhjälpen/Radiohjälpen and Läkarmissionen, our local partner CEPAC has enabled children to attend school and provided other support to alleviate their trauma and improve their living standards. The 14 local schools where the children receive schooling have also received aid.

Haiti. With the help of Radiohjälpen, Läkarmissionen was able to continue reconstruction efforts following the devastation caused by Hurricane Matthew in Haiti in October 2016. Through Medair, victims have received housing materials, and the intervention also included training local craftsmen, who were then tasked with teaching the people that aid beneficiaries how to build in the best way and with assisting in the construction process to ensure that the new homes are able to withstand the next storm or earthquake.

Rwanda. The unstable situation in Burundi, including the persecution of regime critics, has caused many people to seek refuge in neighbouring Rwanda. With the help of Musikhjälpen/Radiohjälpen, refugee children have received school supplies and school uniforms through our local partner Garuka so that they can attend school. The children's families, their own families or the families that are accommodating them, have also received some support. A minor emergency relief effort was also conducted in Rwanda's capital Kigali, where a heavy rainstorm damaged buildings, infrastructure and crops. Through Garuka, 124 families received hygiene items and building materials.

South Sudan and Uganda. In addition to the aid efforts with Medair in civil-war-ravaged South Sudan, Läkarmissionen has once again strengthened reception in refugee camps in northern Uganda with our partner IAS by focusing on the vulnerable situation of unaccompanied South Sudanese refugee children. The children and their host families, where applicable, were provided with basic housing and, where necessary, access to healthcare, medicine and extra nutrition for malnourished children.

* See adjacent article

MOTHERS' UNION

PERSONAL LETTER FROM CLAUDETTE KIGEME, NATIONAL CO-ORDINATOR

Burundi is one of the world's poorest countries. Of the country's 8.9 million inhabitants, 93.4 percent live on less than two dollars a day. Poverty, health issues, illiteracy and deficiencies in education, gender equality and life opportunities are just a few of the challenges facing the country. The fragile peace has worsened the socio-economic situation, and vulnerable children have been severely affected. According to UNICEF, one child in twelve in Burundi won't live to see their fifth birthday. Many of them are suffering from acute malnutrition, so preventing and treating malnutrition is crucial for child survival and development.

The women of Burundi contribute a great deal both to household economies and to agricultural production, but despite the legislative efforts and social initiatives of the government, many of them feel marginalised and disadvantaged. Opportunities for women to participate in decision-making are extremely limited, both at home and in civil society. The majority can't even meet their most basic needs; they have no access to education or rudimentary health care, nor to adequate nutrition, housing or social welfare. Violence against women is one of the most critical challenges for Burundi, although most cases are never reported due to social and cultural barriers.

In this context, Mothers' Union operates a number of programmes to improve the lives of women and families, and provide opportunities for them. Our aim is to increase literacy among adults and to improve financial opportunities through training in entrepreneurship, combined with participation in savings groups and microcredits, for gender equality, protection for parents and children, and for better reproductive health.

In my daily work, I regularly meet women in difficult situations and experience both suffering and joy. I suffer with them for what they have to go through, and delight in their happiness for the little things that are done to improve their lives. With the help and support of their friends, they're determined to change their life circumstances and committed to achieving their goals. I was very moved when a participant said to me: "I used to feel lonely, but the programme has given me both skills and friends, and opened my eyes to other things I could do. I was advised to take out a loan and rent a field to grow cabbage. When I'd sold the cabbage, I was able to repay the loan. With the profit I bought some kitchen utensils and we've been able to extend our house. My husband admires what I do."

As a Christian, meeting women like this makes me feel very grateful for what I have in life. I'm not rich, but I still have enough for my family's basic needs. I myself went to



PHOTO: TORLEIF SVENSSON

FACTS: CLAUDETTE KIGEME

Claudette Kigeme is Burundi's National Co-ordinator for Mothers' Union, the Anglican Communion's women's organisation. Mothers' Union in Burundi has over 17,000 active members across the country who mostly work with women's and family issues and provide education to the poor and socially vulnerable. Claudette is also the provincial representative for the International Anglican Women's Network and a Board member in the "Network for Christian Response to the Needs of Vulnerable Children in Burundi".

school when I was very young, but today I can barely hold back my tears when I see the joy of mothers who can read and write for the first time. I humbly realise that I wasn't better than them, and it motivates me to serve them and help them improve their situation. There are few women who are able to do that, and if I can be one of them, I feel that it's my duty before God to use my abilities and talents. Like Esther in the Bible, I feel like it's my time to act.

It's a privilege for me to be part of an organisation that shows faith through actions and works for the well-being of families. We help everyone, regardless of faith, gender or age. Our work is supported by a network of committed members and volunteers as well as various partner organisations. I'd like to invite anyone who'd like to do good deeds to join us on our journey!

CLAUDETTE KIGEME

National Co-ordinator of Mothers' Union, the Anglican Communion's women's organisation

Claudette is involved in a network for vulnerable children in Burundi. She is married and has five children.

SUSTAINABLE DEVELOPMENT CO-OPERATION

IT IS IMPORTANT TO CLARIFY in what way Läkarmissionen collaborates with our partners and what we aim for. We do this in different policy documents.

During 2017, Läkarmissionen adopted two new governing documents; the *Partnership Policy* and the *Policy for Human Rights-based Aid*. The Partnership Policy describes Läkarmissionen's process in evolving from a donor role to that of an active partner with our partner organisations. It clarifies and describes Läkarmissionen's aim and objectives for partner relations with organisations in development co-operation, humanitarian work and method development.

Läkarmissionen does not deploy its own staff on the ground, but works almost exclusively with direct partners, the majority of which are local organisations with sound knowledge of and the ability to operate within their own context. The basic prerequisites for a partnership are that the aid work contributes to meeting Läkarmissionen's vision and mission. In short, we can say that the aid efforts that Läkarmissionen supports must fight poverty and work to ensure that the rights of vulnerable individuals and groups are respected and fulfilled.

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

The policy also describes the Läkarmissionen's Develop-

ment Chain, a comprehensive approach whose aim is to achieve a more long-term impact and improvement for the beneficiaries in the various projects (see page 6). Sometimes a single aid effort can transform the life of an individual and sometimes this can be enabled by linking together several components into a development chain. Läkarmissionen is also committed to incorporating the Sustainable Development Goals (see more on page 8).

Läkarmissionen's Policy for Human Rights-Based Aid deals with the organisational evolution from needs-based charity work with a focus on symptoms to an approach that is based on human rights. In a human rights-based approach, the root causes of poverty and oppression are identified, and then various methods are applied to overcome the root of the evil. The approach is based on four key elements: non-discrimination, inclusion, accountability and transparency, as described on page 10.

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



PHOTO: TOMAS OHLSSON

Läkarmissionen's humanitarian operation on behalf of the Rohingya people in Bangladesh primarily targets women and children with emergency food aid.

PARTNER SEMINAR IN MOZAMBIQUE

Several years ago, Läkarmissionen initiated a series of regional networking seminars for partners working in the same priority area. These seminars have been greatly appreciated. They are an essential part of idea and experience-sharing as well as enhancing knowledge in respective priority areas.

The seminars have also helped reduce the distance between Läkarmissionen and our partners, and created understanding for the different contexts each party needs to relate to.



PHOTO: HUMAN BRIDGE

TONS OF EQUIPMENT VIA HUMAN BRIDGE PROVIDES SAFER HEALTHCARE

During 2017, more people have been able to undergo life-saving operations, more children have been delivered safely and more have been able to benefit from the aid that they needed. Through the Human Bridge aid organisation, Läkarmissionen supports shipments of humanitarian material aid to countries in Africa, Eastern Europe and the Middle East. The past year has now been summarised and results show that the quantity of medical equipment distributed by Human Bridge has continued to increase. During 2017, 668 tonnes of medical equipment has left Sweden to give people around the world more and safer access to health and medical care. For example, new hospitals in Ethiopia have been filled with equipment, doctors in Moldova have been able to take medical care to their patients, and an organisation in Kosovo has been able to provide people with functional impairments with the prerequisites to manage their daily lives. Aid efforts on behalf of refugees in Iraq and Greece have also continued. In total, 1,065 tonnes of clothing and footwear and 498 tonnes of other materials (such as hygiene items and household goods) have been shipped from Sweden through Human Bridge to make a difference to vulnerable people.

In March 2017, a seminar was held that focused on self-sufficiency in Maputo, Mozambique. The host for the seminar was Alfalit Mozambique and the seminar was the fourth in succession with the same organisations. 18 delegates from various partner organisations across East Africa attended and shared experiences. Inter alia, they also learned more about how to organise local fundraising. The participants expressed their appreciation for the opportunity to meet other stakeholders that work in a similar way.

INFORMATION AND FUNDRAISING 2017

NEW SCHOOL MATERIAL FOR "AKTION JULKLAPPEN"

Prior to "Aktion Julklappen" 2017, school material was created that consisted of advice and exercises for children in lower and middle school. The material has been adapted to the school syllabus and curriculum and is based on the Children's Convention. It raises issues of diversity, values and solidarity in a fun, practical way and aims to add value to "Aktion Julklappen" and start a conversation.



Richard Niklasson's music and singing attracted visitors to the Läkarmissionen stand at Torp.

RECRUITING AT TORP

In order to raise awareness for Läkarmissionen among people who might have heard of us but were unsure of what we do, we organised a face-to-face initiative to meet donors personally at the Torp Conference in June. It proved to be an enjoyable but tough challenge. Despite a nice stand in the best

spot, Richard Niklasson's delightful singing, and the hard work of our four recruiters, the results were not as good as we had hoped for. Many people knew what Läkarmissionen was, but some were already donors or they had commitments to other organisations.



Miriam Mondragon helps young people in Honduras who have been subjected to sexual abuse.

BOOK ABOUT THE WORK IN HONDURAS

In early 2017, Läkarmissionen offered its donors the chance to buy "Love in the Capital of Violence" by Berthil Åkerlund, a book that tells the story of Swedish Miriam Mondragon, who moved from Piteå to Honduras to help in the fight against sexual violence. Honduras is considered to be one of the world's most dangerous countries and Miriam's work has been supported by Läkarmissionen for several years. At the Läkarmissionen seminar in April, under the theme "When the legal system fails", Miriam Mondragon was one of the main speakers, together with Anders Kompass and Inga-Britt Ahlenius. Everyone who attended was invited to donate to the project in Honduras and received a copy of the book as a thank you.



In Bel Air, Cecilia Blankens invited other influencers to a meetup on the theme of safe childbirth.

COLLABORATION WITH INFLUENCERS

During the year, we have collaborated with social media influencers in a number of ways. Influencers are people who run a blog, podcast or other digital channel with a large number of followers and a significant impact potential. The work takes place at different levels, for example with paid collaborations and volunteering, and we have also organised blogger meetups in connection with some of our campaigns. One of the larger initiatives was prior to Mother's Day, when we met influencers in both Stockholm and Los Angeles. At the end of

the year, we invited two influential bloggers and podcasters to Ethiopia to observe our work in real time. All in all, the collaborations have been successful and we have noticed that the level of interest in some campaigns has risen dramatically. Professional influencers with a high level of credibility amongst their followers are a great way for us to reach our target groups.



Doreen Månsson was one of the presenters at Världens Barn.

VÄRLDENS BARN (CHILDREN OF THE WORLD)

The nationwide fundraiser Världens Barn is Radiohjälpen's major campaign for aid projects around the world that focus on children. The fundraiser celebrated its 20th anniversary in 2017 and raised 87 MSEK. Läkarmissionen is one of the 14 organisations that helped raise funds nationwide and which can receive a share of the raised funds.

All four of our second-hand shops donated their day's takings on Saturday, 30 September. The same evening there was a well-attended concert at the Immanuel Church, where artists appeared free of charge on behalf of Världens Barn. Participating musicians were Gladys del Pilar, Anders Ekborg, The Masters Voice, Adolf Fredriks Musikklasser and musicians from the Sollentuna kulturskola.

In addition, Perla Bjurenstedt has visited schools and performed concerts from 12th September until 7th October. Prior to his school concerts, a new film was produced about one of our projects for vulnerable children in India. Läkarmissionen was also prominent at the TV gala on 6th October with reports from Give a Child a Family in South Africa, an interview with Johan Lilja and three representatives in the studio: Monica Woodhouse, Eva Nordenstam and Perla Bjurenstedt.



JOURNALEN REVISED

Svenska Journalen is published six times a year and one of Läkarmissionen's primary information channels to our donors. Our goal is to produce a high quality product that adds value for the readers. The magazine aims to confirm the donors' choice of aid organisation by highlighting the breadth of the organisation, as well as reinforcing the readers' knowledge of and commitment to aid. It also consolidates the Läkarmissionen brand and contributes to increasing the number of loyal monthly donors. During 2017, a revised version of Svenska Journalen has been launched, both a paper version and an online version, with a view to facilitating article sharing on social media.

MANAGEMENT REPORT 2017

The Board and the CEO of Läkarmissionen - stiftelse för filantropisk verksamhet 802005-9989 hereby submits its report for the period 2017-01-01–2017-12-31.

GENERAL INFORMATION

Organisation, purpose and goal

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

The goal of Läkarmissionen's development programmes is to create opportunities for vulnerable individuals that will enable them to transform their own life circumstances and benefit from a better future. The basis of the aid is to provide tools that support the willingness and ability of individuals to escape their own poverty. The aim is to transform people's lives in an enduring way. Läkarmissionen believes that a combination of development components within social care, training and education and self-sufficiency can accomplish the desired transformation, a development chain from dependency to independence. In addition to our extensive development aid projects, Läkarmissionen's mission is to respond to various kinds of humanitarian disasters.

Goal promotion

The goal is promoted by conducting international aid, disseminating information about international development challenges, and conducting advocacy work.

International aid

During 2017, Läkarmissionen's development aid efforts have been conducted in 38 countries in Africa, Asia, Latin America and Europe, to an increasing degree in project form. As a rule, Läkarmissionen always collaborates with competent local partners in respective target countries to ensure close contacts with the target group and establish relations in the local community, which is a prerequisite for sustainable, effective development aid. Over the years, Läkarmissionen has developed a change theory that we call the Läkarmissionen development chain. The aim is for our priority areas to be increasingly applied in combinations.

Health is a concept that fits well with Läkarmissionen's name, and since spring 2017 it has been included as one of Läkarmissionen's core values. Health aid is increasingly linked to resilience, a protection for previously implemented development projects. A preventive health initiative is a kind of "Medical Mission" within each project, for example preventive HIV information, vaccination programmes and information concerning hygiene and sanitation.

Social care

Social care is the project department's broadest priority area, whose task is to meet the needs of the weakest. Läkarmissionen's commitment to poverty reduction includes strong initiatives for the socially vulnerable. The primary target group is women and children in various states of vulnerability. The aim of all of Läkarmissionen's social aid is to create better conditions for vulnerable individuals to draw on their own abilities. A prerequisite for this is that they are healthy and exist in a secure environment with access to food and clean water. Hence the primary purpose of Läkarmissionen's social care projects is to save lives, create safe home environments and ensure that vulnerable people are empowered to create better lives for themselves.

Social care projects should preferably be oriented to ensure sustainability over time. This means that they are frequently a prerequisite for benefiting from subsequent educational or self-sufficiency efforts.

Training & Education

Läkarmissionen is strongly committed to training and education. Knowledge is a prerequisite for enabling vulnerable individuals to participate actively in society as well as for creating work opportunities and better living conditions. Our educational aid is largely an integrated element in a development chain where components such as literacy and vocational training are linked with microfinance and support for savings groups.

The largest expansion of Läkarmissionen's educational aid is currently taking place in Africa, but our commitment to training and education in Latin America remains substantial.



PHOTO: HAKAN FLANK

Läkarmissionen works with different types of alphabetization with a rights-based approach.

Läkarmissionen works with different types of literacy aid based on a human-rights perspective, where the Laubach "Each one, teach one" literacy method is preferably used. The method is based on interactive education in small groups led by tutors, usually volunteers. New educational materials in French have been developed and these have been implemented in Niger during 2017. There are currently good long-term development opportunities for participants that complete the literacy programmes, as these are linked both to self-sufficiency programmes and to vocational training. The ability to read and write in one's national language is not an end in itself, but a prerequisite for personal development and a means of empowering individuals to long-term change.

Self-sufficiency

Self-sufficiency aid comprises the final component in the development chain that aims to empower individuals in their desire to develop practical means of livelihood without the need for long-term support. Self-sufficiency aid is to a large extent linked to training and education, primarily literacy and vocational training.

A significant proportion consists of various types of microcredit project, for which Läkarmissionen applies establis-

hed guidelines that define the types of microcredit that are prioritised. A fundamental requirement is that all microcredit projects must include different types of training and education. There is also a well-defined code that regulates the relationship with borrowers in microcredit projects as well as criteria for the role of implementing organisations and the financial prerequisites to ensure correct treatment of individual borrowers. This has involved an initiative whereby Läkarmissionen has conveyed its aim for women to be taught basic literacy skills and receive the tools to start their own small businesses.

An integral factor in self-help groups is that members begin with their own savings and knowledge about how the money will be used, because they then develop a joint capital that allows them to borrow from each other. In the long term, this can lead to progression to microcredit loans and greater accountability.

Humanitarian aid

Humanitarian aid focuses on saving lives in emergency situations. In the event of a major natural disaster, Läkarmissionen's donors expect to be involved and to make a difference. As a rule, Läkarmissionen organises special fundraising campaigns for this type of humanitarian



PHOTO: NOAH AGEMO

Läkarmissionen's second-hand shops are based in Vällingby, Västerås, Bro och Södertälje.

intervention. In the event of less severe disasters in regions where Läkarmissionen is already involved in development programmes, we have a duty to act. However, this type of disaster does not usually attract as much media attention in Sweden and funds are raised by means of a small donor appeal. Through the EU-CORD network, Läkarmissionen can access a large number of competent aid partners almost anywhere in the world. These channels enable a rapid response in the event of major humanitarian disasters.

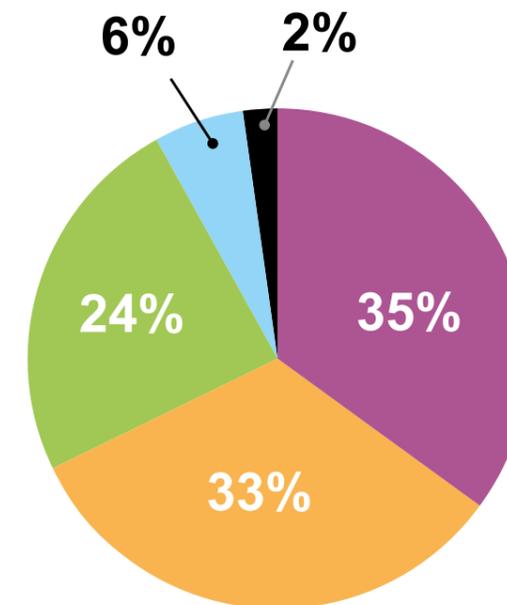
Material aid

Läkarmissionen provides material aid through its partner organisation, the Human Bridge Foundation, for example hospital supplies are shipped to several African countries such as Tanzania and DRC. Human Bridge works to collect and recondition hospital materials, and it also collects and sorts textiles. The purpose of the textile collection is to enable the provision of clothing during humanitarian situations. It also finances material aid to hospitals in a number of countries, of which Ethiopia is the largest recipient.

Information, communication and fundraising

Part of Läkarmissionen's role is to disseminate information and to conduct advocacy. During 2017, twelve issues of monthly newsletter MånadsBladet have been published and distributed to active donors with information about completed aid projects and current needs. It communicates regular donor information about projects that represent Läkarmissionen's various aid efforts around the world. MånadsBladet is an important channel for the dissemination of information to our regular donors and, together with Svenska Journalen, the most important medium for updating donors on Läkarmissionen's ongoing aid commitments in the various project countries. The aim of Svenska Journalen is to highlight and disseminate more detailed information about Läkarmissionen's priority areas and operations. During the year, the new revised Svenska Journalen has been launched in both digital and print formats.

During 2017, the information distributed to donors has once again reflected the broad range of projects that Läkarmissionen conducts. While Svenska Journalen is the most important information channel for regular donors, our website is the primary channel for both second-hand customers and the general public. During the year, the project to develop the new website has been completed. Along with social media, the website has become an increasingly significant force in mobilising public commitment. Projects that donors are supporting and how these projects are transforming the lives of the beneficiaries are described in a factual way. The importance of social media is still growing, with Facebook still in a class of its own as an effective channel for the rapid dissemination of information about Läkarmissionen's field operations.



The distribution of aid during 2017

- Social care 35%
- Training & Education 33%
- Self-sufficiency 24%
- Humanitarian aid 6%
- Material aid 2%

Through our numerous meetings and concert events, Läkarmissionen meets with a large number of existing donors, recruits new donors and raises funds for the organisation. Läkarmissionen also arranges a well-established choral and concert concept known as "Sånger för Livet", which acts as an excellent information channel for Läkarmissionen's various aid efforts. Meeting with donors through music and concerts is an important aspect of communicating information about our organisation.

Significant partnerships

Swedish Mission Council (SMC)

Our partnerships within the SMC network are essential to our aim of remaining a relevant quality partner for institutional donors. Läkarmissionen manages a SMC-funded project that supports human rights work for vulnerable women and children in Honduras. The SMC project will receive SIDA-funded support from 2016 until 2018. Läkarmissionen has a representative on the SMC Board and the collaboration with SMC has continued to develop positively.

Human Bridge

As one of the founders of Human Bridge, Läkarmissionen

conducts a comprehensive material aid programme that provides medical supplies to numerous countries, primarily in Africa. The programme is a combination of aid organisation and environmental promotion. In order to raise funds for a large number of material aid shipments, over 9,000 tons of textiles have been collected during 2016, which also has the positive side-effects of contributing to better housekeeping and reducing the environmental impact in Sweden.

EU-CORD

During the year, Läkarmissionen has participated in the EU-CORD management committee and contributed to the continuous development and relevance of the network. Through the network, Läkarmissionen can access a large number of competent aid partners, which contributes significantly to Läkarmissionen’s capacity to respond rapidly to humanitarian disasters around the world. EU-Cord has also reinforced its expertise in advocacy issues and participated in numerous conferences to raise awareness amongst various stakeholders for an inclusive approach to human rights.

Medair

Through a partnership agreement with Medair, Läkarmissionen is now able to participate in the initial emergency phase with its own staff, which creates increased relevance for Läkarmissionen in relation to both existing and new partners. Our aim is to have a Läkarmissionen representative participating in the Medair first team on the ground at a humanitarian disaster.

Second-hand shops

Läkarmissionen has a close partnership with four second-hand shops that sell donated clothes, furniture, household items etc. to generate funds towards our aid efforts. In addition to the revenues that they generate, the second-hand shops create opportunities for individuals to show their strong sense of personal commitment as volunteers. The second-hand shops are located in Vällingby, Västerås, Bro and Södertälje.

Swedish Fundraising Control – 90 accounts

Development aid is largely funded by donations from private individuals in Sweden. The most important fundraising channel for this are the Läkarmissionen 90 accounts (registered donor accounts), which ensure donor security as

all revenues are verified by the Swedish Fundraising Control (Svensk Insamlingskontroll). Campaigns and other fundraising activities are primarily aimed at private individuals.

Radiohjälpen and Världens Barn

During the year, a number of major donations, totalling approximately three million SEK, have been received from Radiohjälpen (Radio Aid), partly in conjunction with Läkarmissionen’s commitment to the Världens Barn campaign (Children of the World), but also linked to a deeper collaboration in humanitarian aid efforts. Läkarmissionen appreciates its involvement in Världens Barn and enjoys the idea of working generously with other aid organisations for a period every year. The partnership with Radiohjälpen, which is characterised by tremendous openness and transparency, is also very important to Läkarmissionen.

Swedish Fundraising Council (FRII)

Membership of the Swedish Fundraising Council trade organisation (FRII) is important for several reasons. The Code of Quality is instrumental in maintaining a high level of credibility for fundraising organisations as a whole. The council also enables Läkarmissionen to interact on issues where a united voice carries profoundly more weight.

Concord (Sweden)

CONCORD Sweden and CONCORD Europe work with policy and impact issues in order to hold the EU and its member states accountable for fulfilling their promises regarding the quantity and quality of EU aid. CONCORD Sweden also monitors Swedish politics with the aim of advocating so that it promotes global development and contributes to poverty reduction around the world. Läkarmissionen’s commitment is most visible in relation to Agenda 2030 and Sustainability Goal 17.

Fundraising channels

Fundraising takes place through an increasing number of channels, though donations in response to the distribution of the monthly newsletter MånadsBladet still account for an important share of raised funds. Several campaigns have been conducted during the year, partly by means of traditional direct marketing, but we are seeing a growing number of donors responding with donations via the website, swish and text messages. In May, we conducted a major Mother’s

Operating revenue, annual comparison (tkr)	2017	2016	2015	2014	2013
Fundraising 90 accounts	86 987	91 301	103 650	91 900	94 681
Bequests	21 634	31 327	32 597	37 747	26 791
Website	4 032	3 398	4 715	3 097	3 619
Second-hand	2 558	1 539	1 568	2 113	2 282
Other	15 414	14 960	11 724	8 620	7 827
Total revenues	130 625	142 525	154 254	143 477	135 200



PHOTO: JÖRGEN BODESAND

In connection with the fundraising campaign “Världens barn”, Perla Bjurenstedt played and sang together with children in India.

Day campaign, where several influencers contributed to a historically good result. Influencers have in various ways become an increasingly important channel for engaging and recruiting more monthly donors, which was clearly demonstrated in November during the initiative to highlight the vulnerability of children in Ethiopia. The trend for donors to opt for regular donations by direct debit has also continued. This still mostly relates to Läkarmissionen’s ‘Guardian Angel’ concept, but many donors are still happy to support Läkarmissionen’s aid where it is most needed, which is evidence of the great confidence they have in our organisation. Bequests also represent an important revenue source, which raised a total of SEK 21.6 million in 2017, or approximately 16 percent of our total revenue.

There have been fewer fundraising campaigns related to humanitarian disasters during 2017 than in previous years. During the autumn, the public was invited to donate to Läkarmissionen’s aid for the victims of the floods in Bangladesh as well as to the Rohingya refugees who have fled across the border from Myanmar to Bangladesh.

During the year, a book has been published entitled “Love in the Capital of the Violence” about Miriam Mondragon, who works with Läkarmission’s partner ASJ in Honduras. The book was written by Berthil Åkerlund, who has previously published a number of books for the benefit of Läkarmissionen’s development aid efforts.

Läkarmissionen’s extensive meeting and concert event programme enables us to meet many existing donors as well as recruit new donors and raise funds for the organisation. Another revenue source is various types of corporate sponsorship. We can safely say that this year’s corporate fundraising campaign has been the best ever. A large sum is donated every year by Swedbank/Robur, and 2017 was no different, as their mutual fund shareholders contributed over TSEK 800 to Läkarmissionen’s development programmes.

Earmarked donations

The fact that private individuals respond to Läkarmissionen with donations and bequests is an indication of their confidence in our organisation and our own responsibility to them. Donors can opt to earmark their donations for specific projects or they can delegate this responsibility to Läkarmissionen and ensure that their donations are used where they are most needed. During 2016, 64 percent of private donations and almost all the bequests were non-earmarked. As Läkarmissionen seeks institutional support, the proportion of earmarked funds will increase accordingly.

External factors that have impacted aid activities

A large proportion of Läkarmissionen’s revenue is raised from the Swedish public, and during years when there are few natural disasters in resource-poor countries, donations decline significantly for Läkarmissionen.

SIGNIFICANT EVENTS DURING THE FINANCIAL YEAR

Significant operational changes

Vinnova

Läkarmissionen has been granted funds by the Swedish innovation agency VINNOVA to employ a project co-ordinator for a major collaborative project concerning “Sustainable Innovation for International Crisis and Disaster Responses”. The project, which started in January 2017 and where phase 2 will be completed in December 2018, will highlight Swedish sustainable solutions that protect and save lives during crisis and disaster responses. It will also contribute to ensuring that Swedish innovations are at the forefront of the world market, while helping to meet the global Sustainable Development Goals. More specifically, Sweden must innovate an efficient delivery model in order to develop sustainable products and services for WASH (WAter, Sanitation and Hygiene), including concepts for test beds, frameworks for sustainability assessment and a collaboration platform. The work to develop the platform is being managed by Läkarmissionen and includes stakeholders from public authorities, the business world, aid organisations, universities and institutes, among others. The purpose of the platform is to co-ordinate Swedish innovation in crisis and disaster response issues. The work has progressed well during the year and several products are approaching the point of real-time, large-scale field testing in contextual field environments.

Qualitative and quantitative targets

Financial targets

The organisation has not succeeded in reaching its 2017 revenue targets, finishing seven percent below the set budget. The main reason for this is that we did not succeed in recruiting enough new donors in relation to the decrease from the monthly newsletter in 2017. Another explanation for the revenue decline is the decrease in testament revenues and a reduction in revenues due to fewer humanitarian disasters during 2017 in comparison with 2016.

Project targets

The project organisation is involved in a large number of projects whose target is to contribute to our long-term goals. These goals include strengthening operations and our partner organisations by means of method, programme and organisational development, as well as by disseminating good practices and approaches amongst our partner organisations. Läkarmissionen’s long-term strategic plans and annual business plans steer how we can improve our aid efforts more tangibly. The global Sustainable Development Goals are another benchmark for our development aid. Läkarmissionen’s target is to increase the number of vulnerable individuals that are offered the opportunity and the tools to transform their own life circumstances. Within this aim, our target is to involve 265,000 beneficiaries (indirectly closer to 1.5 million people) in our various aid programmes. During 2017, almost

275,000 people have participated in our aid programmes, which is equal to a target fulfilment rate of 103 percent.

Systematic learning and continuous improvement

In order to ensure that systematic improvements are implemented, Läkarmissionen applies a quality system in which specific operational procedures, policy documents and role/work descriptions govern our organisation.

There is considerable development potential in consolidating the lessons learned from the different projects in which Läkarmissionen has been involved. Good ideas and methods can be disseminated to our partners and target countries. Several educational seminars have been conducted in the field, during which some of our partner organisations have had the opportunity to enrich each other with their experiences.

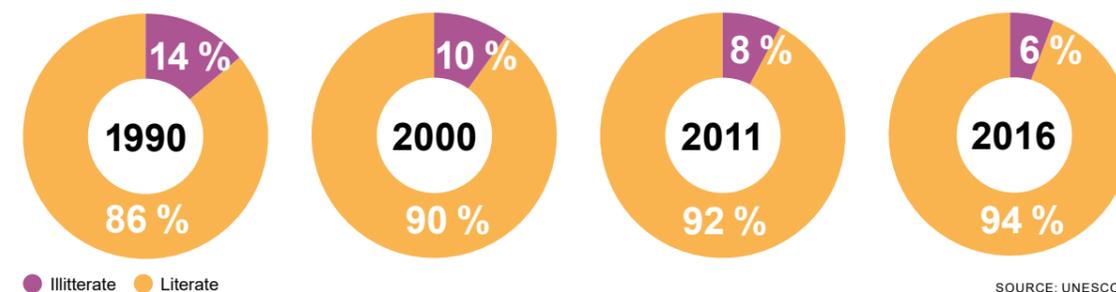
In our commitment to strengthening our partners’ ability to conduct humanitarian aid, Läkarmissionen, together with other partners, has arranged a Do No Harm seminar. Learning to collaborate with others and allowing other strong partners to participate in the training enables both local partners and Läkarmissionen to enhance relevant skills.

In collaboration with Läkarmissionen’s partner in Honduras, a method of social auditing has been developed. Together with our partners in neighbouring Guatemala, the lessons learned from this programme have been adapted to local contexts. Our aim is to learn from local partners and focus on using these new skills as a resource in developing new strong, effective programmes that strengthen individual rights and ensure enduring, sustainable change.

During 2017, a conference was held in Mozambique whose aim was to develop methods in the field of savings groups and microcredit in consultation with partners. These initiatives contribute greatly to creating sustainability and increased aid efficiency. Partners from several African countries participated in the conference and shared their knowledge and experiences.

Läkarmissionen endeavours to learn lessons both from what has worked well and from what has been less successful. During any course, some participants drop out and not all of them pass the final exam. Former street children can have difficulty adjusting to school or permanent accommodation and be attracted back to homelessness. Some microcredit group members may not be able to repay their loans and are forced to drop out of the programme. When things are not working well, we support our partners in finding solutions that will achieve the goals. Sometimes a solution is easy to find, while in other cases we may eventually have to terminate the collaboration and can then try to support programme beneficiaries through a new partner organisation. It is a continuous learning process.

Percentage of literate adults in Latin America

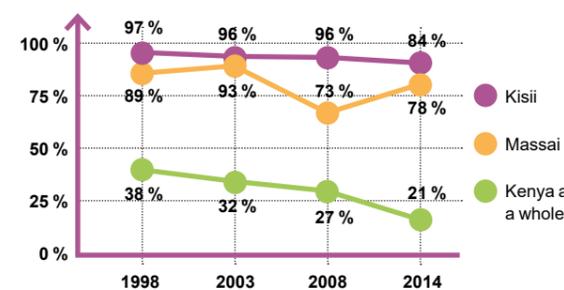


Important milestones in achieving our long-term goals

In the strategy for the long-term eradication of genital mutilation in East Africa, Läkarmissionen has, through prolonged engagement and commitment, contributed to a decrease in the percentage of mutilated girls and women (please see below statistics from the Kenya Demographic and Health Survey). Both nationally and amongst the Kisii and Kuria people, who are two of Läkarmissionen’s target groups, the trend has been positive.

Since 2016, Läkarmissionen’s literacy project for the Masai people has also been working to combat genital mutilation, a significant initiative in a region where the downward trend has been broken. In 2001, the same year as Läkarmissionen began supporting this cause, FGM committed on girls under 18 was also banned, and in 2011 FGM became completely illegal. Although legislation has led to relatively few court cases and in all probability to FGM becoming more surreptitious and involving younger victims, it has most likely contributed to a reduction in genital mutilation in Kenya. Nevertheless, Läkarmissionen, ADRA Kenya, and all the other stakeholders that are committed to eradicating this appalling practice are still needed as most girls are still mutilated in some ethnic groups.

Percentage of genitally mutilated women and girls (aged 15–19)



Another example of an enduring impact is Läkarmissionen’s literacy programmes in Latin America, where we provide the courses via local partners. It is not unrealistic to claim that Läkarmissionen’s role, with over two million participants in the programme since the 1990s, has had a tremen-

dous impact on the positive trend in adult literacy in the region, (please see the UNESCO figures above). However, there are major variations across Latin America and within individual countries. For example, the literacy rate amongst Guatemalans over fifteen years of age increased from 64 percent in 1994 to 81 percent in 2014, while in El Salvador it rose from 74 percent in 1992 to 88 percent in 2015, and in Mexico from 88 percent in 1990 to 94 percent in 2015. Läkarmissionen has identified a need for literacy aid in areas that are frequently inhabited by indigenous people or other more vulnerable groups in which illiteracy and poverty levels are high. In order to enable sustainable poverty reduction, target groups need to be taught to read and write so that they can better take advantage of their rights and participate in civic information and knowledge. Hence literacy courses are an integral part of any development aid programme.

FINANCIAL RESULTS AND POSITION

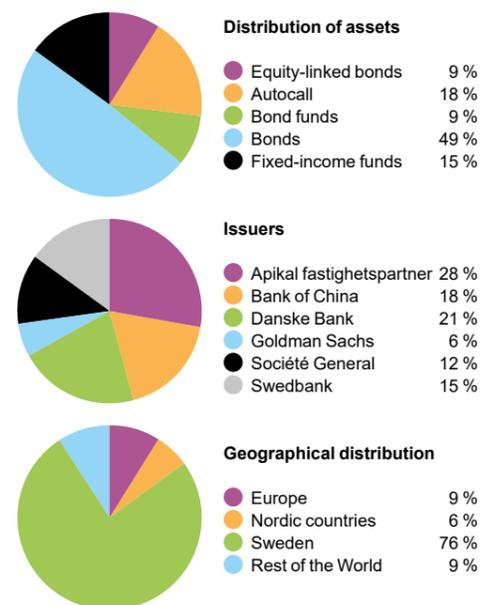
Clarification of financial results

Results for 2017 have finished well below budget. Despite the recent investments in staff, the new donor system and the website, revenue growth has failed to materialise. Läkarmissionen has continued to generate a high level of bequest revenue, although the annual result was eight million SEK lower than in 2016, which also contributed to the decline in total revenue for 2017 and regular monthly donations. The positive news is that the proportion of institutional funding has increased and that our digital campaigns are achieving better results and a greater impact. Costs have finished in line with the set budget and there have been no significant discrepancies.

FINANCIAL INSTRUMENTS

Management of cash and cash equivalents is governed by an investment policy approved by the Board, which includes principles for financial risk as well as rules for ethical and environmental placement. The purpose of the investment policy is to optimise returns within a framework of low and controlled risk without breaching the established ethical and environmental rules. This must take place without said investments restricting the foundation’s ability to make cash available at short notice. The investment policy is available in its entirety on Läkarmissionen’s website.

Läkarmissionen takes no currency risk in connection with project payments because all decisions are made in SEK. Real estate and securities received as donations or bequests are disposed of as quickly as possible in accordance with established policy. The investment policy sets out objectives that regulate the average levels of risk and a minimum rating for investments. It also safeguards a good level of liquidity, ensures a good issuer spread and enables the fulfilment of yield targets for investments. During 2017, Läkarmissionen has achieved the set targets for its securities investments.



SUSTAINABILITY INFORMATION

Occupational health and safety

Läkarmissionen has clear procedures for occupational health and safety, which include both physical and the psychosocial work environments. Office personnel have undergone ergonomics training, and work spaces have been equipped with height-adjustable desks, lighting fixtures that are individually tailored, and custom sunlight-controlled blinds and curtains. A crisis management and contingency plan is available for enhanced safety awareness within the organisation.

Employees in other countries

Läkarmissionen has a few overseas employees. The regional offices act as individual autonomous legal entities, but report operationally to the management in Sweden. During 2017, Läkarmissionen had two employees salaried from Sweden posted overseas (Miami and Kampala).

Completed internal surveys

In order to create a productive workplace with a healthy work environment, regular external anonymous surveys are conducted to identify any potential need for health and safety measures or other factors linked to employee health

and well-being. In addition, Läkarmissionen conducts annual internal surveys to gather any concerns that employees consider to be important to their workplace in general or to their own skills development and well-being. The collective results of the survey are presented at a general meeting attended by all staff. Particularly pleasing during 2017 was that all employees in the aid organisation gave their colleagues the best rating in regard to collaboration.

Description of different employee roles

Läkarmissionen has a well-established programme department that is responsible for programme development, method development and skills enhancement in new and existing projects. The various roles are divided between programme activities, advocacy and financial control. Läkarmissionen also has a marketing department that works with all media channels, where the posts are divided between social media, donor support, communication production, information and editorial work. In addition, the backroom staff at Läkarmissionen focuses on IT, Finance, Personnel and Quality. During the year, very few new employees have been recruited, but in conjunction with the departure of the acting head of the project department, a new Head of Projects was appointed. In addition, the co-ordinator for the collaboration project for Vinnova has started working. In total, Läkarmissionen has 52 employees, of whom 22 work in our second-hand shops.

Gender equality and diversity issues

Läkarmissionen has developed a policy for gender equality and diversity issues. During 2018, work on these issues will be intensified, and a review linked to new discrimination legislation will be conducted. The gender equality plan and policy will be followed up annually. Existence of collective agreements, skills development Läkarmissionen has signed collective agreements that are regulated jointly by Unionen and IDEA. Skills development is one of the most important issues in annual performance appraisals.

Results of previously concluded actions in these areas

In order to enable individual employees to combine parenting with their career, flexibility in terms of working hours has been introduced, as well an option to reduce working hours during certain periods and allow flexitime. We consider full-time employment as the norm, and part-time employment as an opportunity. Gender equality has increased in the management team, and an initiative to ensure equal pay for equal work has been implemented. As of 2017, the Board of Directors has as many women and men.

FUTURE DEVELOPMENT

Läkarmissionen has established a clear strategic plan that points the way forward. A particular focus has been placed on creating stronger relationships with institutional donors as a complement to Läkarmissionen’s strong televised fundraising capacity from private donors. In addition, a major

Annual comparison	2017	2016	2015	2014	2013
Total revenues (tkr)	130 625	142 525	154 254	143 477	135 200
Raised funds (tkr)	122 553	132 935	146 119	136 496	129 112
Profit/loss for the year (tkr)	-8 695	-7 516	-1 656	6 379	7 139
Direct project costs (%)	85 %	84 %	83 %	79 %	77 %
Fundraising costs (%)	16 %	16 %	14 %	13 %	15 %
Administrative costs (%)	7 %	6 %	5 %	5 %	6 %
Equity (tkr)	82 257	88 564	95 495	97 151	90 772

televised fundraising gala will be arranged in collaboration with strong media partners.

During 2018, our first regional resource centre in Asia will become operational and an operations manager has been recruited. During 2017, in order to strengthen the resilience of existing projects, health has been adopted as a core value that will permeate every project, thereby ensuring that a “Medical Mission” is included in all future project commitments.

Investments in enhanced impact assessment and an increased capacity to demonstrate results-based project activities will be carried out continuously in the coming years. The potential for increased project volumes and increased aid efforts going forward is considered good.

ENVIRONMENTAL INFORMATION

Our organisation is governed by an established environmental policy, which is available on the website. We are prudent as regards travel, purchases and consumption. In addition, Läkarmissionen regulates its field operations by means of a Code of Conduct that sets out stringent requirements for sustainability and environmental issues. Greater demands and more documentation are expected from our suppliers. All purchased computers are TCO-certified, which means that the products do not contain conflict metals and that a requirement for social responsibility is included in the manufacturing process.

REGIONAL RESOURCE CENTRES

For many years, Läkarmissionen has operated an office in Miami that reports to Läkarmissionen’s project department in Stockholm, and since summer 2014 we have also operated an office in Kampala, Uganda. The latest addition is a new centre in Chiang Mai, Thailand (2018). The aim is for the centres to act as a support system for local partners and facilitate a closer partnership that will enable experience-sharing and ensure that project efficiency improves in the long-term.

MANAGEMENT

Members of the Board are appointed by the Advisory Board of Läkarmissionen at the Annual Meeting, normally for a period of three years. The Board has convened five times during 2017. In addition, the Board and the Advisory Board gathered for a seminar in October 2017. The Nomination

The Board comprised the following members during 2017:

Bo Guldstrand, <i>President</i>	Kristin Elmquist
Agneta Lillqvist Bennstam	Margareta Arvidsson
Amanda Winberg	Maria Wiss
Christian Holmgren	Nils Arne Kastberg
Erik Kennet Pålsson	Staffan Hellgren
Gunnar Swahn	Sten-Gunnar Hedin (until
Hanna Möllås (from April-)	April)

Committee meets on a regular basis during the year and, in accordance with established criteria, proposes new members. Bo Guldstrand is the remunerated President. Staffan Hellgren is Vice-President. Johan Lilja is Läkarmissionen’s serving CEO and manages day-to-day operations. The CEO and the Board of Directors operate in accordance with rules of procedure that clearly define the division of responsibilities and work.

Läkarmissionen has two working committees with clear mandates described in the rules of procedure that act as expert support for Läkarmissionen’s operational management. Each working committee gathered for meetings four times during the year. The International Steering Committee comprises Agneta Lillqvist Bennstam and Margareta Arvidsson as well as the President, the CEO and the Head of the Project Department. Maria Wiss, Christian Holmgren, the President, the CEO and the Heads of Finance and Marketing participate in the National Committee.

Läkarmissionen appoints an auditor on an annual basis. At the Annual Meeting on 25th April 2017, Pernilla Varverud, Authorised Public Accountant at Grant Thornton, was appointed. The foundation is registered at the County Administrative Board of Stockholm County with foundation number 1000132.

OTHER INFORMATION

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

INCOME STATEMENT

Amounts in TSEK

	Note	2017	2016
Operating revenue			
Donations	3	116 417	128 686
Grants	3	9 684	8 140
Net turnover		1 090	978
Other revenues		3 434	4 721
Total operating revenue		130 625	142 525
Operating costs	4,5		
Direct project costs	6	-110 670	-119 727
Fundraising costs		-21 497	-23 280
Administrative costs		-8 821	-7 955
Total operating costs		-140 988	-150 962
Operating profit/loss		-10 363	-8 437
Income from financial investments			
Income from other securities and receivables held as fixed assets	7	1 568	819
Other interest income and similar profit/loss items	8	100	102
Total profit/loss from financial investments		1 668	921
Profit/loss after financial items		-8 695	-7 516
Profit/loss for the year		-8 695	-7 516

BALANCE SHEET

Amounts in TSEK

	Note	31.12.2017	31.12.2016
ASSETS			
Fixed assets			
Intangible assets			
Capitalised expenditure for software	9	3 499	3 936
		3 499	3 936
Tangible assets			
Expenditure on leased property	10	2 172	2 606
Equipment	11	1 561	1 726
		3 733	4 332
Financial fixed assets			
Long-term investments held as fixed assets	12	33 315	36 242
Other long-term receivables	13	11 980	11 500
		45 295	47 742
Total fixed assets		52 527	56 010
Current assets			
Current receivables			
Other receivables		9 379	7 026
Prepaid expenses and accrued income	14	2 702	2 289
		12 081	9 316
Current investments	15	136	472
Cash and bank		25 010	29 666
Total current assets		37 227	39 454
Total assets		89 754	95 464
EQUITY AND LIABILITIES			
Equity			
Donation capital		2 993	585
Earmarked project funds		67 443	69 996
Profit/loss brought forward		20 516	25 499
Profit/loss for the year		-8 695	-7 516
		82 257	88 564
Current liabilities			
Accounts payable		2 928	2 154
Other liabilities		490	638
Accrued expenses and deferred income	14	4 079	4 108
		7 497	6 900
Total equity and liabilities		89 754	95 464

CHANGES IN EQUITY

Amounts in TSEK	Donation capital	Earmarked project funds	Profit/loss brought forward	Total equity
Opening balance		69 996	18 568	88 564
Reclassification	585		-585	
New opening balance	585	69 996	17 983	88 564
Received donation capital	2 408		-20	2 388
Earmarked by the Board		67 443	-67 443	
Utilisation of earmarked funds		-67 453	67 453	
Reversal of unused funds		-2 543	2 543	
Profit/loss for the year			-8 695	-8 695
Closing balance	2 993	67 443	11 821	82 257

CASH FLOW STATEMENT

	Note	2017	2016
OPERATING ACTIVITIES			
Operating profit/loss		-10 363	-8 437
Adjustment for non-cash flow items			
Amortisation and impairment		1 177	1 150
Interest received		1 190	1 192
Dividends received		31	-
Cash flow from operating activities before changes in working capital		-7 695	-6 095
Changes in working capital:			
Change in current receivables		-2 765	-235
Change in current investments		336	-164
Change in current liabilities		597	-381
Cash flow from operating activities		-9 797	-6 875
INVESTING ACTIVITIES			
Acquisition of tangible and intangible fixed assets		-140	-
Net change in financial fixed assets		2 894	2 443
Cash flow from investing activities		2 754	2 443
FINANCING ACTIVITIES			
Paid donation capital		2 387	585
Cash flow from financing activities		2 387	585
Cash flow for the year		-4 656	-3 847
Cash and cash equivalents at beginning of year		29 666	33 513
Cash and cash equivalents at end of year	16	25 010	29 666

NOTES

Note 1 Accounting and valuation principles

The accounting and valuation principles are compliant with the Annual Accounts Act, BFAR 2012:1 (K3), and the governing guidelines of the Swedish Fundraising Council for annual reports. The principles are unchanged compared with previous fiscal years. Reclassification has taken place of a donation received in 2016 of 585 TSEK due to the conditions attached to the donation. The change means that total donations during 2016 have reduced by 585 TSEK and this sum has been added to Donation Capital in Equity.

Operating revenue

Revenue has been recognised at fair value of the consideration received. As a main rule, revenue in the form of donations or grants has been recognised when the related transaction has been legally executed. The term "donation" refers primarily to funds raised from private individuals and companies. The term "grant" refers primarily to funds raised from external donors after application. Conditional donations are considered to be grants. Grants received from Världens barn/Radiohjälpen have been disbursed to recipients abroad.

Net turnover consists mainly of ticket sales and choir fees at Läkarmissionen concerts. Other revenues consist of invoiced costs relating to the second-hand shops.

Direct project costs

Direct project costs are defined as costs that are directly incurred while fulfilling the organisation's purpose and/or its statutes. Direct project costs consist of funds from the public that have been allocated to projects. They include costs for Svenska Journalen, information and advocacy in accordance with the purpose, for example all costs for staff, travel, auditing, etc. that are directly related to the purpose. Joint costs allocated as direct project costs are also recognised as direct project costs.

Fundraising costs

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

Administrative costs

Administrative costs are defined as costs incurred while administering the organisation. They include costs for the Board, salaries and social security contributions for

the administrative staff, as well as joint costs allocated as administrative costs.

Tangible and intangible fixed assets

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

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

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

Financial fixed assets

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

Other assets

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

Provisions and liabilities

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

Equity

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

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

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

Amounts in TSEK	2017	2016		
Note 3 Operating revenue				
Donations reported in the balance sheet				
<i>Raised funds</i>				
General public	92 225	95 820		
Bequests	21 634	31 327		
Donations from second-hand shops	2 558	1 539		
Total (a)	116 417	128 686		
Grants reported as revenue				
<i>Raised funds</i>				
Radiohjälpen	3 668	2 029		
Other grants	2 468	2 220		
Total raised funds (b)	6 136	4 249		
<i>Public grants</i>				
Wage subsidies	3 548	3 891		
Total public grants	3 548	3 891		
Total (c)	9 684	8 140		
Total raised funds comprise the following:				
Donations reported in the balance sheet (a)	116 417	128 686		
Grants reported as revenue (b)	6 136	4 249		
Total raised funds	122 553	132 935		
Note 4 Average number of employees, personnel costs and remuneration to the Board				
	2017		2016	
Average number of employees	Total employees	Number of men	Total employees	Number of men
Sweden	50	27	49	25
Rest of the world	2	2	2	2
Total	52	29	51	27
Gender distribution in the Board and executive management			2017	2016
<i>Percentage of women</i>				
Board of Directors			50%	42%
Other senior executives			43%	38%
Salaries, other remuneration and social security contributions				
CEO	651	647		
Other employees	19 177	17 951		
Total salaries and remuneration	19 828	18 598		
Social security contributions	8 291	7 521		
(of which pension costs)	(1 754)	(1 580)		
Salaries and other remuneration distributed by country				
Sweden	18 857	17 630		
Rest of the world	971	968		
Total salaries and remuneration	19 828	18 598		

No commission-based remuneration has been issued. TSEK 162 (TSEK 163) of pensions costs regard the CEO. The notice period on the part of Läkarmissionen as well as the CEO is six months. Agreed remuneration regarding salary and pension is payable during the notice period.

Amounts in TSEK	2017	2016
Note 5 Leasing		
Leasing primarily regards office space and office equipment. Leasing fees carried as expenses amount to 999 (952).		
Future leasing fees in TSEK are due as follows:		
Within 1 year	1 008	966
1-5 years	2 718	3 570
<i>The lease for rented premises extends to 2022.</i>		
Note 6 Direct project costs		
Development projects	83 598	92 563
Material aid	1 500	1 464
Information and advocacy in Sweden	9 001	7 338
Concerts and Meetings	3 480	3 393
Svenska Journalen	3 742	5 755
Social care in Sweden	8 588	8 454
Miscellaneous	761	760
Total	110 670	119 727
Note 7 Income from securities and receivables held as fixed assets		
Dividends	31	-
Interest	1 090	1 092
Profit/loss from disposal of shares	447	-273
Total	1 568	819
Note 8 Other interest income and similar profit/loss items		
Interest	100	102
Total	100	102
Note 9 Capitalised expenditure for software		
Opening acquisition value	4 374	4 374
Closing accumulated acquisition value	4 374	4 374
Opening amortisation/depreciation	-438	-
Amortisation/Depreciation for the year	-437	-438
Closing accumulated amortisation/depreciation	-875	-438
Closing residual value according to plan	3 499	3 936
Note 10 Expenditure on leased property		
Opening acquisition value	4 344	4 344
Closing accumulated acquisition value	4 344	4 344
Opening amortisation/depreciation	-1 738	-1 303
Amortisation/Depreciation for the year	-434	-435
Closing accumulated amortisation/depreciation	-2 172	-1 738
Closing residual value according to plan	2 172	2 606

Amounts in TSEK	2017	2016
Note 11 Equipment		
Opening acquisition value	2 992	2 992
Purchases	140	-
Closing accumulated acquisition value	3 132	2 992
Opening amortisation/depreciation	-1 266	-989
Amortisation/Depreciation for the year	-305	-277
Closing accumulated amortisation/depreciation	-1 571	-1 266
Closing residual value according to plan	1 561	1 726
Note 12 Long-term investments held as fixed assets		
Opening acquisition value	36 242	40 458
To be added	6 133	10 853
Outgoing	-9 060	-15 069
Closing accumulated acquisition value	33 315	36 242
Book value	33 315	36 242
Market value	32 851	34 538
Specification of long-term investments		
Mutual funds	209	207
Fixed income funds	5 023	4 991
Structured products	28 083	31 044
Total	33 315	36 242
Investments have been placed in accordance with the distribution and risk profile specified in the Foundation's investment policy and designated with a 3.1 (3.1) rating on a 7-point scale, in which 1 is the lowest risk level and 7 the highest. Valuation has been based on acquisition value. Securities that mature down. As of 31-12-2016 the market value of the holding has been less than its book value. No value adjustment has been recognised as the decline in value is not considered permanent.		
Note 13 Other long-term receivables		
Opening acquisition value	11 500	10 000
To be added	480	1 500
Closing accumulated acquisition value	11 980	11 500
Book value	11 980	11 500
The entire receivable of TSEK 10,000 is due in 2022.		
Note 14 Accruals		
Prepaid expenses and accrued income		
Prepaid expenses	1 106	863
Accrued income	1 596	1 426
Total	2 702	2 289
Accrued expenses and deferred income		
Holiday provision	3 270	3 172
Accrued social security contributions	503	484
Other items	306	452
Total	4 079	4 108

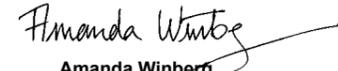
Amounts in TSEK	2017	2016
Note 15 Current investments		
Opening acquisition value	472	308
To be added	86	472
Outgoing	-422	-308
Closing accumulated acquisition value	136	472
Book value	136	472
Market value	246	472
Note 16 Liquid assets		
The following components are included in cash and cash equivalents:		
Bank deposits	25 010	29 666
Total	25 010	29 666
Note 17 Pledged assets and contingent liabilities		
The Foundation has no pledged assets. In the opinion of the Board, the Foundation has no contingent liabilities.		

Stockholm 19th March 2018.


Bo Guldstrand, Ordförande


Hanna Möllås


Nils Arne Kastberg


Amanda Winberg


Margareta Arvidsson


Staffan Hellgren


Kristin Elmquist


Maria Wiss


Agneta Lillqvist Bennstam


Christian Holmgren


Erik Kennet Pålsson


Gunnar Swahn


Johan Lilja, Direktor

My audit report was submitted on 19th March 2018.


Pernilla Varverud
Authorised Public Accountant
Grant Thornton Sweden AB

REPORT ON THE ANNUAL ACCOUNTS

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

Opinion

I have conducted an audit of the Annual Accounts of Läkarmissionen stiftelse för filantropisk verksamhet for 2017. The Annual Accounts of the foundation are included in the printed version of this document on pages 26–43. In my opinion, these Annual Accounts have been prepared in compliance with the Annual Accounts Act and provide, in all material respects, a true and fair view of the Foundation's financial position as of 31 December 2017, and of the Foundation's financial performance and cash flow for the year, in compliance with the Annual Accounts Act. The Management Report is consistent with the other parts of the Annual Report.

Basis for opinion

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

Information other than Annual Accounts

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

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

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

Responsibility of the Board

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

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

Auditor's responsibility

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

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

- identify and assess the risks of material misstatement in

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

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

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS

Opinion

In addition to my audit of these Annual Accounts, I have also conducted an audit of the Board of Directors' management of Läkarmissionen stiftelse för filantropisk verksamhet for 2017. In my opinion, no members of the Board of Directors have acted in contravention of the Swedish Foundations Act, the Regulations on Foundations, or the Annual Accounts Act.

Basis for opinion

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

Responsibility of the Board

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

Auditor's responsibility

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

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

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

Stockholm 19th March 2018


Pernilla Varverud
Authorised Public Accountant



PHOTO: HAKAN FLANK

MEMBERS OF THE LÄKARMISSIONEN BOARD 2017, FROM LEFT TO RIGHT:

CHRISTIAN HOLMGREN

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

ERIK KENNET PÅLSSON

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

MARGARETA ARVIDSSON

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

BO GULDSTRAND

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

STAFFAN HELLGREN

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

AGNETA LILLQVIST BENNSTAM

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

GUNNAR SWAHN

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

HANNA MÖLLAS

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

MARIA WISS

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

AMANDA WINBERG

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

KRISTIN ELMQUIST

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

NILS ARNE KASTBERG (NOT IN PHOTO)

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

MANY THANKS TO OUR AID PARTNERS FOR A FRUITFUL COLLABORATION AND AN ENRICHING PARTNERSHIP DURING 2017!

AFGHANISTAN

International Assistance Mission (IAM)
Operation Mercy

ARGENTINA

Fundación Nueva Esperanza

BANGLADESH

Adventist Development and Relief Agency (ADRA)
Koinonia

BRAZIL

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

BURKINA FASO

Assemblée de Dieu
Centre d'Accueil et de rééducation de Salbisgo

BURUNDI

Mothers' Union

DEMOCRATIC REPUBLIC OF THE CONGO

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

ECUADOR

Alfalit Ecuatoriano

EL SALVADOR

Alfalital

ETHIOPIA

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

GUATEMALA

Alfaguat

HAITI

Medair

HONDURAS

Alfasic
Asociación para una Sociedad más Justa (ASJ)

INDIA

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

KENYA

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

LIBERIA

Orphans Concern

MAURETANIA

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

MEXICO

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

MOZAMBIQUE

Alfalit
Associação Comunitária Matsatse
Church Mission Action (CMA)

MOLDOVIA

International Organisation for Migration (IOM)
Life&Light Foundation
Salvation Army

NEPAL

International Nepal Fellowship (INF)
Mission East

NICARAGUA

Alfanic

NIGER

International Aid Services Niger (IAS)
Stromme Foundation West Africa

PAKISTAN

Salamat-e-Hazara / TEAM Pakistan

PALESTINE/ISRAEL

Swedish International Relief Association (SIRA)

PANAMA

Asociación PanAlfalit

PARAGUAY

Alfalit del Paraguay

ROMANIA

Life & Light Foundation

RWANDA

L'Association Garuka

RYSSLAND

Priut Masha

SENEGAL

Case des Jeunes Femmes

SUDAN

International Aid Services Sudan (IAS)

SWEDEN

Human Bridge

SOUTH AFRICA

Give a Child a Family (GCF)

SOUTH SUDAN

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

TANZANIA

Free Pentecostal Churches of Tanzania (FPCT)
Nkinga Hospital

TCHAD

International Aid Services Chad (IAS)

UGANDA

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

UKRAINE

Blahodat Grace
Lviv Children Care Center



PHOTO: TOMAS OHLSSON



PHOTO: TORLEIF SVENSSON

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Läkarmissionen 