



2019

ANNUAL REPORT

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

COVER: THROUGH A COLLABORATION IN CONGO BETWEEN LÄKARMISSIONEN AND THE MISSION AVIATION FELLOWSHIP, DOCTORS FROM THE PANZI HOSPITAL CAN BE FLOWN TO INACCESSIBLE LOCATIONS. PHOTO: PAUL HANSEN



2019

ANNUAL REPORT

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



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Swish: 90 00 217

Whoever saves one life saves the world entire!

Under the direction of Denis Mukwege, Panzi Hospital is probably one of DR Congo's most efficient hospitals. This is obviously due to its very capable and committed leader, but the work would not be possible without Swedish financial support. Läkarmissionen's donors have been involved right from the start, actually before the start, through the funding of Dr. Mukwege's education, among other things.

In 2019, Läkarmissionen had the chance, in collaboration with the Mission Aviation Fellowship, to start a new aid operation out of Panzi Hospital. It was inspired by a wish that Dr. Mukwege had when he received the Nobel Peace Prize, namely a desire to provide medical expertise and medical supplies from Panzi Hospital to surrounding, isolated and often substandard hospitals. In a country with no roads, it often takes several days to reach these hospitals, but with a plane, transport time is drastically reduced and the doctors' time can be used more efficiently. In September we had the privilege of participating in the maiden flight to Shabunda, a hospital embedded in greenery in a jungle with no roads. The 700,000 inhabitants in the area are virtually cut off from the outside world. Joining us on the MAF plane were pediatrician Dr. Peter Mulindwa and gynecologist Dr. Sylvie Mwambali from Panzi Hospital. These are the people featured on the cover, after landing in a field. "The hospital is a disaster. It's not a good place to heal," said Dr. Sylvie.

At the hospital we met a four-year-old girl called Mado, who was in very poor shape due to malnutrition and a serious injury to her right leg. Dr. Peter told us that Mado would not survive if she did not receive proper medical care, and the hospital lacked the resources and skills to save her life. The only option was to fly her to Panzi Hospital in Bukavu, but the doctors were unsure if she could cope with the flight. In the end we decided to fly Mado and her mother to Bukavu along with a doctor from Panzi. Mado survived the flight and received the necessary care and treatment at the hospital. After just a few days we could see that she was going to make it. A life had been saved!

In 2019, Läkarmissionen took the huge step of incorporating the operations of International Aid Services into our own. This means we now have country offices and our own field workers in several countries in Africa, with a primary focus on water and sanitation, as well as training and education, cultivation

and tree planting. As a result of the merger, we have created conditions that will enable even more aid. The two operations complement each other very well, and the combination of self-raised funds and institutional grants will generate good development opportunities for Läkarmissionen going forward. Via the new country offices, we are also enhancing our ability to provide aid during humanitarian disasters, where we focus on saving lives. The combined forces of Läkarmissionen and IAS are stronger and can help more people in vulnerable environments.

During the prevailing coronavirus pandemic, Läkarmissionen has adapted its operations in a number of ways and directed different support efforts to partners. Many of our regular operations and planned aid efforts and projects have had to be temporarily shelved. It is becoming increasingly clear that the pandemic will have a severe economic impact on both countries and individuals. Groups that are already vulnerable will be hit hardest because they have no margins. This is a situation that affects us all and which we can only solve together.

Please accept our warmest gratitude for your support and donations during 2019, which has enabled us to save many lives and contributed to creating entirely new lives for a large number of individuals. The work is not finished but it can continue thanks to everyone who supports Läkarmissionen's operations.

Whoever saves one life saves the world entire!
Proverb from the Talmud, a collection of Jewish scriptures



Lars Arrhenius
Lars Arrhenius,
Secretary General

Bo Guldstrand
Bo Guldstrand,
Chairman

Goal and vision

OUR VISION



Dignified life – sustainable world

- By dignified life, we mean that all humans are unique and of equal value, and that all humans have the right to be empowered and to influence their own lives.
- By sustainable world, we mean a world that is socially, economically and environmentally sustainable, i.e. that development meets current needs without compromising the ability of future generations to meet their own needs. Priority must be given to the basic needs of impoverished people around the world.

OUR MISSION



To save lives and empower people.

OUR TARGET GROUPS



- Läkarmissionen aims to prioritise aid that benefits women and children.
- In humanitarian interventions, the most vulnerable individuals are our priority target group.

OUR PRIORITY GEOGRAPHICAL AREAS

We are committed to working in vulnerable areas where aid is difficult to access. Our priority geographical areas are:

- Africa
- Latin America
- Countries in Eastern Europe

The work in Asia will be phased out.



PHOTO: TOMAS OHLSSON

In disaster situations, Läkarmissionen can also, in collaboration with partner organisations, take action in parts of the world where we are not already present.

Our mission

IN TIME OF HUMANITARIAN CRISIS, our focus is on saving lives. But in our long-term work, we support aid efforts aimed at empowering people to improve their own lives.

Läkarmissionen has lengthy experience of working with development aid and relief efforts in conjunction with disasters. When International Aid Services (IAS) merged with Läkarmissionen on 1st January 2019, the scope of Läkarmissionen's activities was expanded to also include our own extensive humanitarian aid work in Africa, primarily through water, sanitation and hygiene projects (WASH).

In the new merged organisation, Läkarmissionen adopted a new Strategy for 2020–2023 in 2019, which specifies the direction of the work over the next four-year period.

OUR VISION:

DIGNIFIED LIFE – SUSTAINABLE WORLD

Läkarmissionen's work is founded on a basis of Christian values. Our vision expresses our desire to see equal value in all people, respected by everyone, everywhere. The vision also expresses our desire to contribute to a long-term sustainable world in which our preferred development meets current needs without compromising the ability of future generations to meet their own needs. Consequently, our sustainability vision encompasses environmental, economic and social sustainability.

OUR MISSION:

TO SAVE LIVES AND EMPOWER PEOPLE

Our mission is based on the challenges we see in the world. There are several major humanitarian crises in progress around the world and millions of people are living in extreme vulnerability. Hence saving lives is an essential element of our mission. For Läkarmissionen, it is also important to engage in aid efforts that strengthen individual resilience to crises and disasters. We operate in areas characterised by humanitarian disasters. Through our presence, we can deal with emergency needs as well as build resilience to new crises and disasters, and also cross over to aid efforts that lead to long-term change for individuals through an enduring commitment to combating poverty and strengthening democracy. We believe in the inherent power of humans and are committed to equipping people with the tools to build their own future.

OUR TARGET GROUP

In our work we are committed to protecting the most vulne-

nable. Women and children are often more vulnerable than men, which is why we prioritise our aid in favour of women and children.

LÄKARMISSIONENS' S AROUND THE WORLD

Läkarmissionen works with a long-term perspective, primarily in Africa, Latin America and Eastern Europe. We also collaborate with partners in Asia. Läkarmissionen operates in approximately 30 countries. We do this by collaborating with local organisations and via our own country offices with our own staff. Läkarmissionen has country offices in Sudan, South Sudan, Somaliland, Niger, Chad, Ethiopia, Uganda, Djibouti and the UAE (Dubai). In 2019 we had resource centers for East Africa, Latin America and Asia.

Through the merger with IAS, Läkarmissionen has enabled a unique breadth of knowledge and experience. Through our extensive network and long-term collaboration with long-standing partners around the world, we are effective and far-reaching. Läkarmissionen is committed to a wide variety of projects that focus primarily on health, water and sanitation as well as training, education and skills enhancement. Thematic areas that are also aligned with Agenda 2030 goals that the global stakeholders have adopted, with the goal that by 2030 we will have achieved a better world.

Human rights are an important basis for Läkarmissionen's work. These rights, above all the UN Declaration on Human Rights, describe the relationship between the state and the individual and thus the obligation that the state has towards the individual. In order to achieve long-term sustainable development, it is important in all our work to clarify the state's responsibility as a "duty bearer" but also to encourage the "rights holders" to engage and to create platforms for constructive dialogue so that rights can be claimed. In the human rights-based approach, it is important that no individual is discriminated against, regardless of gender, age, sexual orientation, religion or functional impairment. In several countries, we are committed to enabling individuals with functional impairments to attend school. Läkarmissionen does this, inter alia, by educating teachers, developing methods and materials, and contributing to the adaptation of schools so that everyone has the opportunity to participate in tuition.



PHOTO: HANS-JÖRGEN RAMSTEDT

A safe delivery in hospital is a good start for a new life.

It is also essential that rights holders are heard. At Läkarmissionen, we believe in the inherent power of individuals to influence their own life circumstances. For this reason, we endeavour to involve the rights holders in every phase of an aid project, i.e. the planning, implementation, follow-up and evaluation. Interviews are frequently conducted prior to an intervention in order to understand the needs that exist and how these can best be met.

Aid must lead to the legal and moral duty bearers at different

levels of society taking responsibility, which is why Läkarmissionen and our partners work to create forms of dialogue as well as to enhance the knowledge and understanding of the duty bearers.

In many of the countries where Läkarmissionen operates, corruption is a threat to development. For this reason, Läkarmissionen strives for openness and transparency at every level.

Sustainable Development

IN ORDER FOR DEVELOPMENT to be sustainable, actions need to be taken at several levels. Usually we think about the environment, but sustainability also concerns people's living conditions and how their society works.

EQUALITY

Lack of equality is an obstacle to development. Women and children are often more vulnerable than men. For this reason, we prioritise aid efforts that benefit women and children. In our human rights-based work, we are especially keen on ensuring that women's voices are heard. At the same time, the situation for both men and women needs to be considered in all our aid operations. Läkarmissionen is committed to increasing male participation in and responsibility for families and society.

CLIMATE AND ENVIRONMENT

The world is in the midst of an environmental disaster. It is of the utmost importance that our aid operations have no negative impact on living conditions now or for future generations. We are committed to contributing to increased knowledge through educational projects, and we take special responsibility for environmental issues through aid projects related to water, sanitation and hygiene (WASH).

SAFETY AND SECURITY

In a world where the number of armed conflicts is on the increase, not to mention the number of unresolved conflicts and protracted refugee situations, issues of safety

and security are crucial for sustainable development. Once again, women and children are the people that suffer the most. Violence and abuse is also increasing. Women and girls are often the target of gender-based violence and at risk of being trafficked or forced into marriage. Läkarmissionen is committed to helping the most vulnerable and works to strengthen their knowledge of safety and security issues in order to contribute to a safer world for the most vulnerable.

ALCOHOL AND DRUGS

Abuse of alcohol and drugs is closely related to issues of safety and security and frequently one of the causes of violence in and outside the home. Alcohol and drug use also contributes to financial vulnerability when money is spent on alcohol and drugs instead of on the family's upkeep. In some countries, Läkarmissionen has developed methods to counteract alcohol and drug abuse.

LIVELIHOODS

Unless individuals are empowered to create long-term sustainable livelihoods, long-term sustainable development cannot be established. Läkarmissionen is committed to several different initiatives that strengthen the ability of individuals to provide for themselves. This can be achieved by contributing to savings groups or microcredit, or through skills-enhancement initiatives that benefit the development of small-scale businesses.

NEW ORGANISATION

Since IAS merged with Läkarmissionen, the scope of our operations has doubled. In order to ensure good quality and a high degree of efficiency in the work, the Board of Läkarmissionen approved a new organisation in 2019.

The intention is for the head office in Sweden to focus on strategy, overall quality and overall method support, while the regional offices will play a leading role in the work of financing and applications as well as reporting on projects and aid efforts. The regional offices are accountable to both Läkarmissionen's own land offices and to partner organisations in each region. Läkarmissionen cherishes proximity and long-term relationships.

For this reason, Läkarmissionen is now establishing regional offices in Niger, Ethiopia, Uganda and Miami. At the same time, the resource centre in Thailand is phased out.



PHOTO: CAROLINE WESSLÉN

When disaster strikes, people may need food assistance, and new seed for sowing.

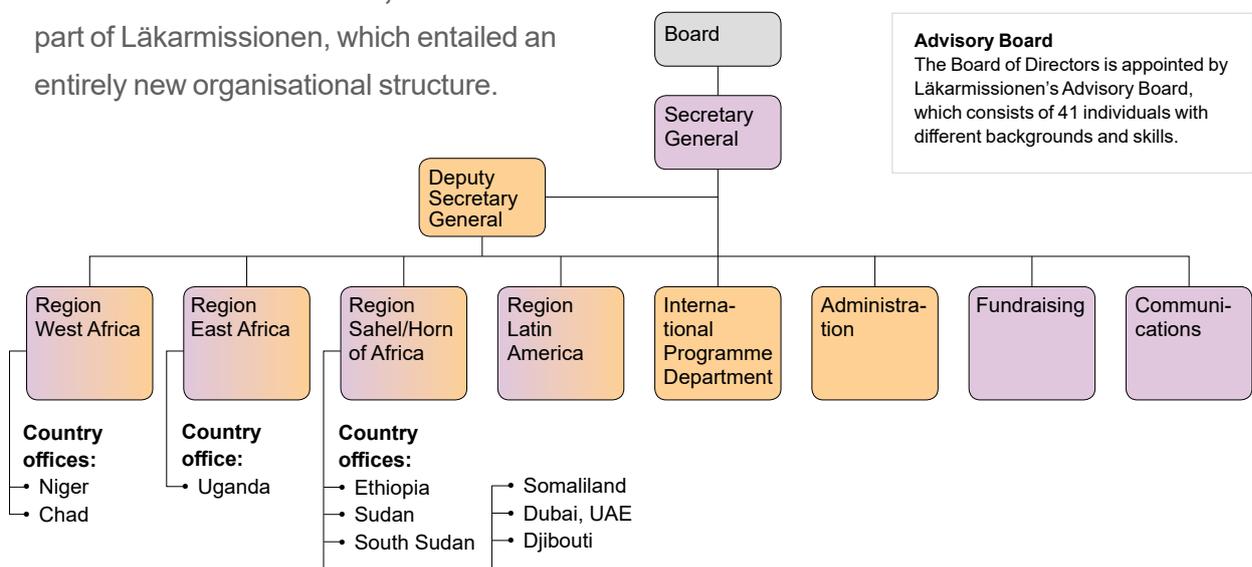


PHOTO: TORLEIF SVENSSON

Läkarmissionen's Secretary General Lars Arrhenius visit Niger. Here with Massing Zadang.

New organisation

ON 1ST JANUARY 2019, IAS became part of Läkarmissionen, which entailed an entirely new organisational structure.



In the event of disaster our mission is to help

NOWHERE IS THE WORD AID as strong as it is in disaster situations where people's lives are in danger in different ways. Whether these situations are related to armed conflicts, natural disasters or deadly epidemics, Läkarmissionen has a duty to assist the victims. But when the worst danger has passed, another type of support is required, namely longer-term development aid that will equip them to better manage future disasters – in other words, the creation of what we call a resilient society.

As the scale of crises and disasters increases, it becomes increasingly important to work preventively and with the underlying causes of vulnerability as well as with emergency aid. Läkarmissionen provides both humanitarian and development aid and, through our presence in crisis and disaster situations, maintains a high level of preparedness to build development efforts that include a commitment to strengthening resilience to future changes and crises. Through our close, long-term collaboration with our partner organisations, we can also respond rapidly in times of crisis and disaster.

What the corona pandemic has taught the world, about what a deadly virus means has long been known in DR Congo. During 2018, they experienced both hope and despair when soon after the Ebola outbreak was declared over in the western part of the country, it broke out again in the east a month later. It was by far the worst possible geographical location for the outbreak in an area that is already amongst the worst affected by armed conflicts, with large movements of people fleeing massacres. Relief workers struggled to keep the epidemic under control, but the large refuge flows posed a major threat. Proximity to both Uganda and Rwanda caused great concern in neighbouring countries.

In July 2019, the WHO announced an international emergency. By then, nearly 1,700 people had died in what was classified at the time as the second largest outbreak of Ebola ever.

Läkarmissionen's long-standing humanitarian partner found itself in the midst of this chaotic situation in the city of Beni, the epicentre of the outbreak. For many years, the CEPAC team has been working on site for the rights of the Mbuti ethnic minority, but in terms of the increasingly frequent

attacks on the civilian population they have become one of Läkarmissionen's most important humanitarian actors. Today they are included in all the comprehensive humanitarian networks that meet regularly to co-ordinate all relief efforts for the population.

As mortality is so high in Ebola cases, it was important at this stage to commit every available means to preventing the disease. The most important priority was to prevent the spread of infection, because once someone has contracted Ebola, the risk that they will die is very high. However, here it transpired that the population movements were not the only major issue; a suspicion towards the aid workers themselves was an equally difficult barrier to overcome. Rumours spread that Ebola was not a contagious virus but that it had been created in a laboratory to exterminate certain people. The distrust in the population was deep and it even went as far as some aid workers being killed during their mission.

Information, credibility and trust were the keys to success. Due to the many years of work with development aid and disaster relief that CEPAC had already engaged in, there was a foundation of trust among the local population – a good starting point for the aid effort that was about to be implemented. When the situation worsened, Läkarmissionen was in close contact with our field partners to support them in their fight against the epidemic. The larger hospitals in eastern Congo planned for enhanced emergency preparedness, but as the sick needed to be isolated, separate units were established where healthcare workers could focus solely on Ebola patients.

Ebola was originally discovered in the Congo and was named after the Ebola River, which was close to where the virus first broke out in 1976. This has been the tenth outbreak in the country since then and the risk of it returning



PHOTO: NICLAS HAMMARSTRÖM

Ebola outbreaks are a recurring scourge for the population in some parts of Africa. Läkarmissionen provided support against the Liberian outbreak in 2014. During the year, we engaged in similar efforts in DR Congo.

is something that needs to be taken seriously. Organisations with a strong local presence have a major advantage in this respect. If they are already in place when disasters occur and do not leave as soon as disasters recede, confidence and opportunities to influence and reach people with accurate infor-

mation are increased. This work is exceedingly important. If Ebola returns, the society is more resilient and there is at least the hope that the consequences of the next disaster will not prove as severe.



PHOTO: NICLAS HAMMARSTRÖM

Being ready to flee for your life because you are not safe in your own home is an experience shared by many people in the countries where Läkarmissionen is active.

“We’re constantly exposed to violence”

NÉHÉMIE LIVES WITH HIS FAMILY in Beni, DR Congo, a very troubled region that suffers frequent guerrilla attacks on the civilian population. He leads the work to help the extremely vulnerable indigenous people. “Those of us who can must still help the people who are even worse off, it’s our responsibility”, he says.

Néhémie Ndambara, leader of a project for the Mbuti indigenous people (pygmies) as well as humanitarian efforts for the local population in the area.

“ I’ve been living here in Beni for many years with my wife and our five children. The town lies in the North Kivu province, near the border with Uganda and it’s a hub for much of the trade in the region. I always see people coming and going and there’s a lot of movement between neighbouring countries here.

On top of everything else, the Ebola epidemic that’s just hit the local area was really not what we needed. People like us who live in this part of the Congo are a bit on edge all the time. The country is actually rich, with valuable minerals and fertile soil, but unfortunately it’s almost become a curse and instead of living well we now find ourselves in a very unstable security situation. Ugandan rebels have long terrorised this area and now Rwandan rebels and Congolese are also taking part in the attacks. Young, unemployed and poor people are attracted by the food, drugs and weapons, then brainwashed into taking part in the killing, and once they’ve been tricked into it there’s rarely a way out. We’re constantly exposed to violence and can never relax. There are 17 people in my team and all of us live here with our families and children. Every night someone is murdered in Beni and every night we think “tonight could be my turn”. No one is completely safe. People are kidnapped and kept as slaves by the rebels and anyone who resists is killed.

And just as it has for so many others, the violence has been tangible and touched me personally. I experienced it for the first time in 1996 when the hospital I was working at was attacked and both patients and staff were murdered. Two years later, my father was murdered. The violence has been going on for the past 20 years, it comes and goes, and you never know when or where it’ll strike next.

When Ebola broke out in the area, we had to act quickly.



PHOTO: HANS-JØRGEN RAMSTEDT

Project Leader Néhémie Ndambara. ■

Just normal daily life here with the struggle for survival and other common diseases that claim lives – the symptoms of which are sometimes like Ebola – made the work more difficult. But we realised that, above all, it was extremely important to communicate accurate information to the population very quickly and try to counter all the rumours and “fake news” that were starting to spread. But it wasn’t easy, because the “normal” situation here is already so abnormal, and you’re always on your guard, that the distrust and suspicion is often already well established, unfortunately. Then when you’re constantly forced to flee for your life, schooling suffers and people with a poor education are also easier to trick and talk into believing conspiracy lies about Ebola.

What’s incredibly sad is that it’s our wealth that’s the cause of our suffering. At the root of all the conflict is the struggle for the minerals that everyone wants. All this is very heavy, but those of us who can must still help the people who are even worse off, it’s our responsibility.”



PHOTO: HANS-JÖRGEN RAMSTEDT

Poverty has decreased for the Mbuti people in Beni thanks to Läkarmissionen's donors.

The future of the Mbuti people was threatened

CONGO IS HOME TO MORE than 200 different ethnic groups. The Mbuti, who have inhabited the Ituri rainforest for several thousand years, are possibly the most ancient of them. Due to the fighting and the destruction of the rainforest, their natural habitat has changed drastically in a relatively short time.

It is no longer possible to live the way that previous generations did and the transition from a nomadic life to a settled life is a major challenge. Now the Mbuti people have to learn about agriculture and livestock management quickly in order to survive. This difficult situation is not helped by the conflicts over land and the widespread perception of the Mbuti as an inferior people.

In conjunction with the massacres of civilians that have taken place, the Mbuti people have been treated extremely poorly. They have been subjected to persecution, hunted and even killed in the belief that this will give the rebels magical

powers. When Läkarmissionen started its work to strengthen Mbuti rights, the Mbuti were highly discriminated against by the predominantly Bantu population in the region and were seen by many as a kind of half-animal from the jungle. The feeling of sadness and abuse expressed by Mbutis to the project's employees was difficult to bear. To not be considered a full human being is one of the most humiliating indignities an individual can experience.

Since the work started more than ten years ago, the goal has been to restore and safeguard the Mbuti people's human rights. The focus has been on several different areas such as training and education, health, food and legal support. The work is being conducted in the provinces of North Kivu and Ituri, where clashes between the Congolese military, the UN peacekeeping force and various rebel groups have made the situation very unstable. It takes both courage and patience to continue working under such difficult circumstances but it has produced results. Poverty has decreased, Mbuti children are now allowed to attend school, they have access to health care that they were previously excluded from, they receive training in agricultural management and they also receive legal support in claiming their rights.

LÄKARMISSIONEN'S HUMANITARIAN INTERVENTIONS 2019

Chad

- Water projects in eastern Chad: Iriba, Wadi Fira and Guera (Jurjur Al Ahmar)

DR Congo

- Aid efforts against Ebola
- Emergency relief for IDPs in North Kivu

Ethiopia

- Water, sanitation and hygiene efforts after the drought in Dhas

Mozambique

- Humanitarian intervention after Cyclone Idai

Niger

- Water, sanitation and hygiene efforts and food distribution in the Tilabéri region, in Bolangou Yaskou Camp and Gorodi in Diffa

South Sudan

- Water, sanitation and hygiene efforts as well as emergency relief for

people suffering from starvation

Sudan

- Water, sanitation and hygiene

Uganda

- Support for refugees from South Sudan – Rhino Camp
- Support for refugees from DR Congo – Kyangwali Camp

LÄKARMISSIONEN'S DEVELOPMENT PROJECTS 2019

Afghanistan:

- Eye Hospital in Kandahar
- Maternal and infant health care
- Self-help groups for women

Argentina:

- Transit home for vulnerable children

Bangladesh:

- Self-help groups and agricultural development
- Village development project
- Street child project
- Training of health care workers

Brazil:

- Integrated adult education*
- Practical vocational training for young people

Burkina Faso:

- Small animal project

Burundi:

- Savings groups and parental education

Chad:

- Water, sanitation and resilience projects

DR Congo:

- Support for health clinics
- Preschool activities for the children of raped mothers
- Support for the Panzi Hospital
- Support for Kyeshero Hospital
- Human rights work amongst the indigenous people
- Education for women

El Salvador:

- Integrated adult education*

Ethiopia:

- Prevention of child labour
- Educational activities for vulnerable children
- Village development including tree planting
- Special education for functionally impaired children

Guatemala:

- Social audit project
- Integrated adult education*

Honduras:

- Integrated adult education*

India:

- Self-help groups and female entrepreneurship
- Maternal and infant health care
- Slum development project
- School for children in vulnerable areas

Kenya:

- Anti-FGM efforts
- Literacy and entrepreneurship
- Resilience work and improved self-sufficiency

Mexico:

- Integrated adult education*

Moldova:

- Prevention programmes

Mozambique:

- Literacy and savings groups

Nepal:

- Support for education and self-sufficiency amongst vulnerable women
- Post-leprosy rehabilitation

Nicaragua:

- Integrated adult education*

Niger:

- Water, sanitation, literacy and resilience projects

Panama:

- Integrated adult education*

Paraguay:

- Integrated adult education*

Romania:

- Street children projects
- Work with minority population

Somaliland:

- Special education for functionally impaired children

South Africa:

- Give a Child a Family (work with child rights, orphans, foster families)

South Sudan:

- Literacy and self-sufficiency

Tanzania:

- Special education for functionally impaired children

Thailand:

- Rehabilitation of boys in the sex industry

Uganda:

- Self-sufficiency projects
- Work with street children
- Rehabilitation of vulnerable women
- Self-sufficiency and rural development

Ukraine:

- Day care centre for vulnerable children
- Transit home for orphans

* Integrated adult education combines several areas, e.g. literacy with self-sufficiency such as savings groups and microloans.

Goals and follow-up

NEW CHALLENGES REQUIRE new solutions. This applies globally as well as on an organisational level. The merger of Läkarmissionen and IAS has entailed a revision of previous objectives and working methods. During 2019, a great deal of work has been done to develop a new common vision, mission and strategy for the new organisation.

Agenda 2030, the Global Sustainable Development Goals, is an important document for all aid organisations. At an overall level, we adhere to many of the 17 Global Goals but focus on Goals 1, 3, 4 and 6, which we break down at an organisational level in order to clarify Läkarmissionen's mission. From a practical perspective, Läkarmissionen will work on three levels: individual, environmental and societal.

The fundamental need for clean water, hygiene and nutrition

is crucial to enabling individuals to benefit from an education, support themselves and understand their mission in a democratic society in which people are conscious and active citizens.

We see a need to modify our prior orientation, organisational structure and working arrangements. We need to identify factors that are hampering development and model our aid efforts to better meet new challenges.

One example is the global awakening to the implications of climate change. This will most likely lead to innovation both in development aid and in terms of humanitarian interventions. For Läkarmissionen, this means that all our aid efforts must be infused with an environmental and climate perspective. We also need to strengthen the ability of individuals to cope with major disasters and changes, to recover from them better and more quickly, and create new structures for continued life. This has been made especially real and tangible by the coronavirus crisis.

Indicators will be developed for the respective areas that Läkarmissionen has chosen to prioritise.



Läkarmissionen prioritises the work with Goals 1, 3, 4 and 6. ■

WATER, SANITATION AND HYGIENE

NUMBER OF DRILLED WELLS

Land	Number of drilled wells	Number of people receiving clean water
Chad	22	8,500
Ethiopia	18	14,800
Niger	18	7,300
Sudan	38	62,500
South Sudan	36	26,800
Total	132	119,900



169,554

In 2019, we reached 169,554 people in Sudan with our water and sanitation aid. 81,896 were men, and 87,658 were women.

Aid efforts were distributed across four regions (Red Sea, West Darfur, South Darfur and South Kordufan).

TRAINING AND EDUCATION

**Others include vocational training and education, social audit, finance/microcredit and transit homes for abandoned or abused children*

TOTAL NUMBER OF PARTICIPANTS IN PROJECTS IN LATIN AMERICA

Literacy: 10 898 participants
Basic Education: 4 197 participants
Pre-school: 6 853 participants
Citizenship: 12 418 participants
Saving groups: 2 967 participants
Others:* 13 717 participants
Total: 51 050 participants



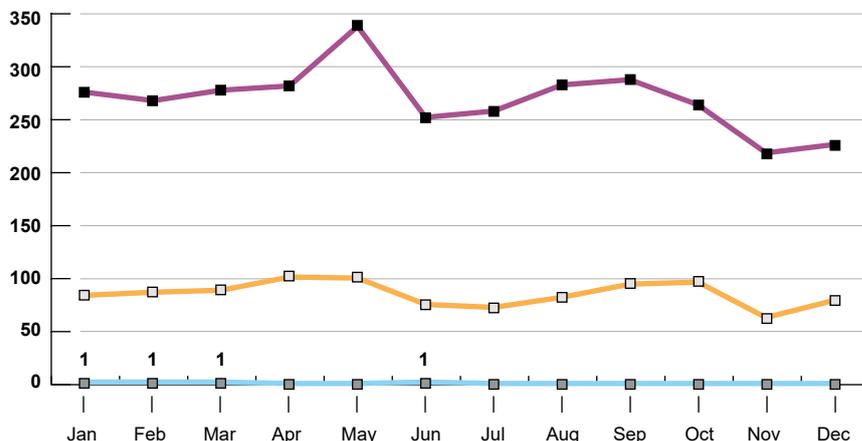
COUNTRIES	MEN/BOYS	WOMEN/GIRLS
ARGENTINA	10	15
NICARAGUA	2 495	2 658
HONDURAS	2 252	2 592
GUATEMALA	809	1 756
EL SALVADOR	1 092	1 223

COUNTRIES	MEN/BOYS	WOMEN/GIRLS
PANAMA	3 662	5 971
BRAZIL	3 290	3 622
MEXICO	797	3 368
PARAGUAY	9 105	6 333
TOTAL	23 512	27 538

HEALTHCARE

PANZI HOSPITAL IN BUKAVU IN DR CONGO

Maternity ward 2019



Number of deliveries = 3,220 stycken
 Caesarian section = 1,025
 Maternal mortality = 4

When mothers die it is usually because they arrive at the hospital too late.

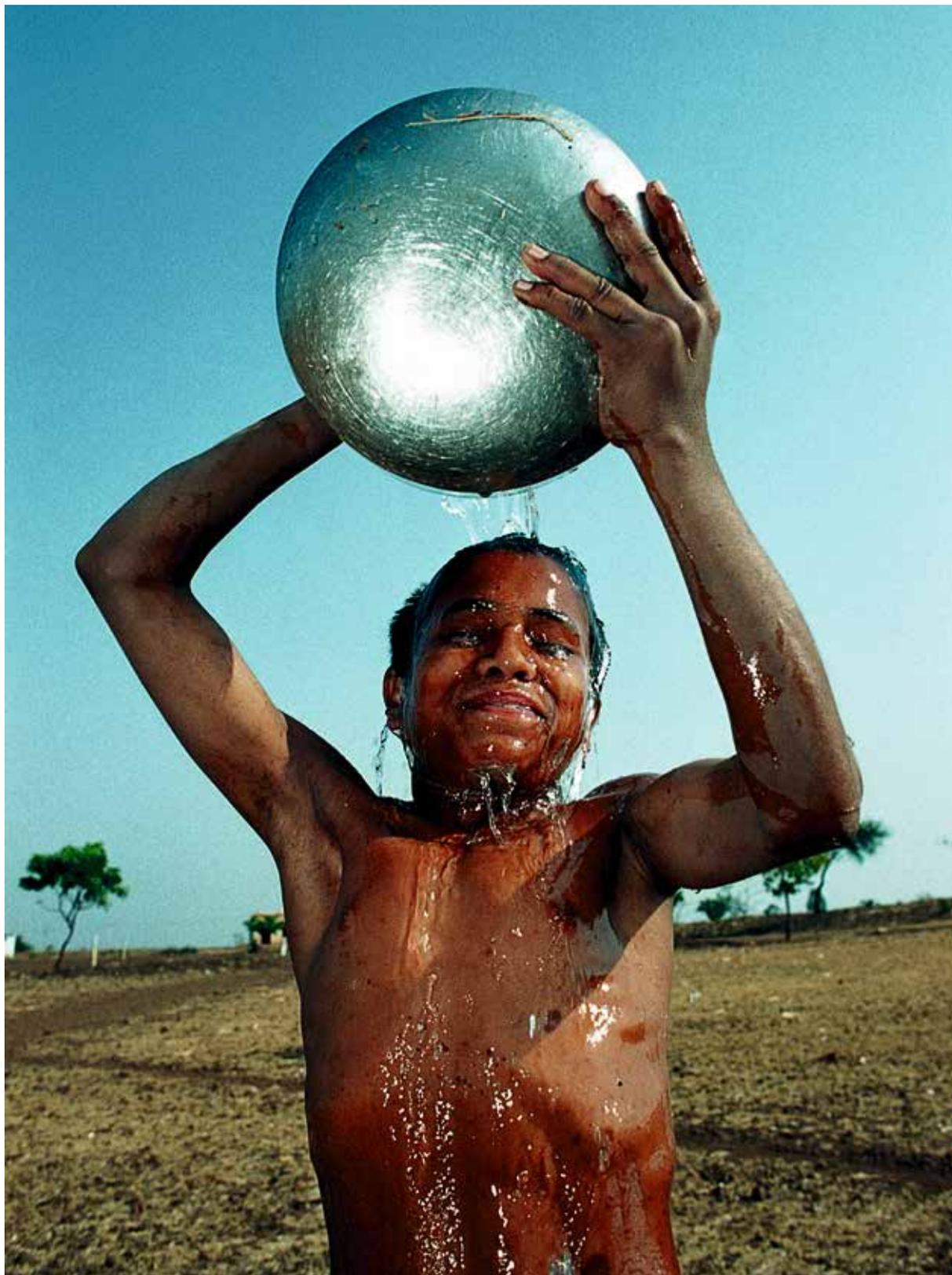


PHOTO: HANS-JÖRGEN RAMSTEDT

The difference is huge for people who previously had to walk for several hours every day to the nearest water source, where the water was usually unhealthy to drink.

A sustainable water supply is the goal

OUR HUMANITARIAN interventions often focus on water supply, purification and hygiene (WASH), applying the Integrated Water Resource Management (IWRM) strategy.

Compliance with IWRM involves taking into account everyone's (above all poor and marginalised groups) right to enough water of sufficient quality. It is a matter of optimising the benefits for as many people as possible with the resources available. At the same time, eco-sustainability and ecosystem protection are prioritised.



PHOTO: ERIKA STENLUND

Drilling a well costs 75,000 SEK and makes a vital difference to people living in vulnerability.

Hence in our work we ask, "How can society maximise its water resources sustainably?" Successful and sustainable work also involves a continuous effort to harmonise our activities with the national policies and standards in which we are operating.

ENVIRONMENTAL CONSIDERATION

Water is a limited resource that is essential for life and the ecosystem. Climate change is having a significant impact on water resources, and although we try to reach as many people as possible with clean water, we are also careful to ensure that the technologies and methods we use to extract the water are not harmful to the environment. We employ solar energy technology to install and operate the water pumping systems.

WORKING SUSTAINABLY

We involve whole communities in our work, via management committees and local control systems. The focus of our humanitarian WASH interventions is environmental awareness and conservation methods. We ensure that the environment is not harmed by our drilling operations and we encourage the use of drainage water to plant trees around the water sources, which also helps replenish the underground water systems.

PEEPOO

Peepoo is a biodegradable toilet that is in use in about 60 schools in the Kibera slum in Nairobi, Kenya. Thanks to Peepoo, the schoolchildren can now go to the toilet during the day and no longer need to go home to relieve themselves. It takes about 8 weeks for the used Peepoo bags to break down into manure, which is then used on coffee farms in northern Kenya.

SOLVATTEN

During the year, Läkarmissionen has distributed Solvatten solar safe water systems to IAS Kenya and its operation in northern Kenya. Solvatten is a portable water purifier that with the help of sunlight purifies and heats water to such a high temperature that bacteria die and the water becomes potable. Solvatten also reduces the use of wood, for example in cooking.

Läkarmissionen around the world

LÄKARMISSIONEN COLLABORATES closely with all its partners, but in some countries we operate our own country offices, where major efforts are conducted, especially as regards providing people with clean water. Another important commitment is enabling children with functional impairments to attend school.

CHAD

In Chad, a Central African country with a desert climate, the inhabitants live under constant pressure from armed insurgency movements. Although the country is rich in oil and minerals, poverty is widespread. According to the World Food Programme, Chad is one of the three most vulnerable countries in the world in terms of hunger. It is estimated that two-thirds of the population suffers from severe hunger. Läkarmissionen operates in the midst of this distress via its country office, which supplies local people with clean water and provides some training and education. Our aid efforts in Chad are funded partly by institutional funders but also via fundraising and individual donations.



PHOTO: TORLEIF SVENSSON

ETHIOPIA

Ethiopia is a characteristically agricultural country with more than 105 million inhabitants. Unlike most other parts of the African continent, the region was never colonised. Despite a degree of economic growth, Ethiopia is still one of the world's poorest countries. In Ethiopia, Läkarmissionen



PHOTO: HAKAN FLANK

is committed to work with children living in slavery-like conditions, enabling livelihood opportunities for women, tree planting and supplying local people with clean water. Our aid projects in Ethiopia are either funded by means of raised funds or through institutional funders.

NIGER

Niger largely consists of desert and semi-desert and is about three times the size of Sweden. It has a population of approximately 24 million people, but as Niger has the fastest growing population in the world, this is expected to increase to 63 million by 2050. This rapid population growth poses major challenges for a country with limited opportunities for cultivation and with the constant threat of Islamist extremist groups. In this challenging situation, Läkarmissionen works via its local office to mobilise village communities, with a joint commitment to better hygiene and to reducing the risk of illness. With training, education and equipment, the local people themselves can to a large extent maintain the boreholes that Läkarmissionen has drilled and the water facilities that have been built in order to ensure that they endure, and through these joint initiatives lives are saved! Our aid efforts in Niger are mainly funded by institutional donors.

SOMALILAND (SOMALIA)

Somaliland declared its independence in 1991 but is not internationally recognised and still considered part of Somalia. Somaliland is a relatively peaceful and stable part of an otherwise troubled region. Despite initiatives in schools, children and young people with functional impairments are often excluded from education, which Läkarmissionen is committed to changing. Our efforts to enable children with functional disabilities to gain an education encompass methodology and pedagogy. This type of inclusive educa-



PHOTO: TORLEIF SVENSSON

Niger. The need for water is patently obvious in Niger, where large areas consist of desert and semi-desert. ■

tion has been successfully implemented by several of our country offices.

SUDAN

Sudan has been plagued by civil war ever since it declared its independence in the fifties. Conflicts and clashes between different population groups are still a regular occurrence. Läkarmissionen conducts very extensive operations in Sudan, for example in 2019 we disbursed approximately SEK 28 million to projects that supply local people with clean water and provide functionally impaired children and young people with the same opportunities for schooling as other children. Safety and security are essential aspects of all our project activities in the different countries. Our aid efforts in Sudan are funded by institutional funders such as UNICEF, DFID and Sida/SMC.



PHOTO: TORLEIF SVENSSON

SOUTH SUDAN

South Sudan became independent in 2011 but it has been negatively affected by conflicts between population groups. It is a country with a complete lack of infrastructure, and one where the population survives in very difficult conditions. It has been estimated that less than half the population has access to safe drinking water. Läkarmissionen is committed to enabling access to clean water in collaboration with local communities and authorities.

UGANDA

Uganda, situated on the equator in East Africa, has a population of 42 million inhabitants. The standard of living in the country has been gradually improving, but the country is governed by a regime that is becoming increasingly authoritarian. Uganda borders South Sudan in the north and has taken in large numbers of South Sudanese refugees. During the year, Läkarmissionen has been very active in the refugee camps in northern Uganda, with a primary focus on water, sanitation and hygiene. According to government estimates, there are about 10,000 street children in Kampala, the capital of Uganda. Läkarmissionen supports Retrak, which works from a child rights perspective to rehabilitate homeless children and reintegrate them into family and community life. Our aid efforts in Uganda are mainly funded by means of raised funds and through Sida funds.

Läkarmissionen also has two smaller offices in Dubai (UAE) and Djibouti.



PHOTO: TORLEIF SVENSSON

Bangladesh. Everywhere that Läkarmissionen works, children are taught that hand hygiene is important. ■

REGION AFRICA

Läkarmissionen also collaborates with local partner organisations in countries where we do not have our own country offices. This applies, for example, in South Africa, where we collaborate with Give a Child a Family. We also collaborate with partner organisations in Burundi and Mozambique. With regional offices for West Africa, East Africa, and Sahel/Horn of Africa, Läkarmissionen will be closer to our local partners and the work.



PHOTO: TORLEIF SVENSSON

REGION ASIA

In Region Asia, our work has been co-ordinated via our regional resource centre in Chiang Mai, Thailand. Aid efforts in collaboration with local partners have been implemented in Afghanistan, Bangladesh, India, Nepal and Thailand and include everything from health care, agricultural development, village development with a focus on training and education, and rehabilitation of street children. In Nepal, Läkarmissionen has supported a project in the poorest parts of the country that focuses broadly on measures for economic development such as improved farming methods, knowledge in entrepreneurship, and savings group start-ups. One goal was to establish 10 agriculturally-based companies in the area. In fact, this target was exceeded, and 30 women have now started businesses selling agricultural-based products. Except for the work in Afghanistan, the projects in Asia are now being phased out and will be managed from Läkarmissionen's head office in Stockholm.



PHOTO: OSCAR SALÉN

Ukraine. In Ukraine, Läkarmissionen supports aid efforts for children living in vulnerability. ■

REGION EUROPE

For many years, Läkarmissionen has supported aid for people living in extreme vulnerability in Romania, Ukraine and Moldova. The work is largely aimed at children living in the street, without parents, or in dysfunctional families. The Life & Light organisation in Bucharest is our main partner in Eastern Europe. It focuses on vulnerable children and their families, and for a number of years on Roma communities, where an important element is to justify and enable education for Roma children.

REGION LATIN AMERICA

Läkarmissionen operates in about ten countries in Latin America, where aid efforts are exclusively conducted in collaboration with local partner organisations. Our operations are managed from our Miami regional office and focus primarily on training and education, especially literacy and other adult education. The work is characterised by a focus on human rights, during which women in particular learn about their rights and how they can make their voices heard in order to ensure that authorities defend their interests. The aid, which is mainly funded by means of raised funds, contributes to major change and empowers large numbers of people to become active social stakeholders. Projects that focus on livelihood opportunities for women are also in progress in the region.

In the Mexican states of Oaxaca, Chiapas and Guerrero, poverty is widespread and literacy levels are poor. During 2019, Läkarmissionen has contributed to the training and education of 4,000 people from the indigenous population of zapotecos, mixtecos and chatinos. On the one hand, they have learned to read and write, and on the other they have learned what human rights are and their significance to individuals, for example the right to ID documents, the right to vote, and the right to health care and education.

Water is turning Chad green

IN CHAD, RESIDENTS and refugees are provided with access to clean water that improves both their livelihood opportunities and their health. The project also helps communities to build up their resilience to any future political or climate-related disasters.

For more than two decades, the Dar Sila region of eastern Chad has been sheltering refugees from Sudan and the Central African Republic. The large population increase has taken its toll on an already weak infrastructure and economy, with the Ade area that borders Sudan particularly exposed. The earlier crisis in Darfur in Sudan has stabilised somewhat in recent years and is no longer classified as an emergency from a humanitarian point of view. The area is now in a kind of post-disaster recovery phase, but the population remains very vulnerable and needs tools in order to transition to post-disaster life, a

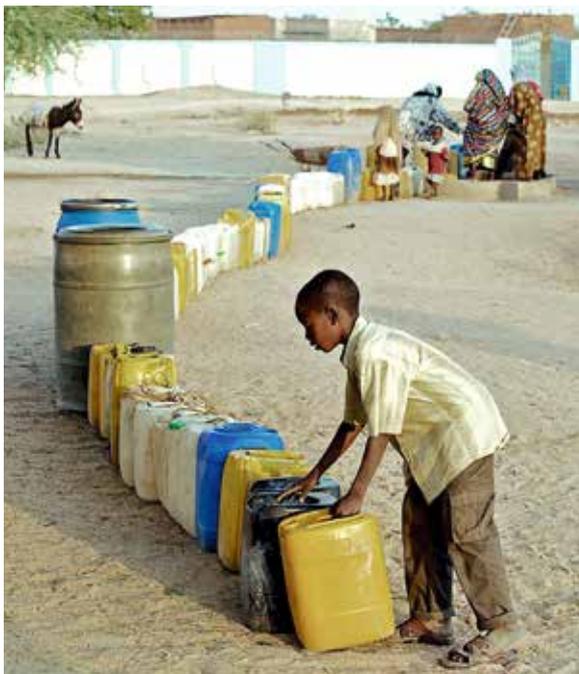


PHOTO: TORLEIF SVENSSON

A drilled well provides approximately 500 people with clean water every day.

resilient life that also takes into account how a new disaster can be prevented. The inhabitants need to equip themselves for a changing climate, to cope with drought and avoid starvation in the event of any new refugee flows. They need new knowledge about nutrition, health and income-generating activities, and, above all, both humans and animals need access to clean water.

Läkarmissionen's IAS office began its operations in Chad back in 2009, and over the past decade it has developed its work in several different areas. The emphasis is still on WASH (Water, Sanitation and Hygiene), with well drilling and water provision as a basis, but more components have been successfully added to the work in recent years. For example, self-help groups and farming cooperatives as well as continuous training and skills enhancement of local organisations in civil society are all currently included.

People often spend 4 to 6 hours every day fetching dirty, poor-quality water that causes disease. Dysentery, cholera and hepatitis are all common and the mortality rate is high, especially amongst the children and elderly. Access to doctors is scarce, and usually too expensive for ordinary villagers. When drought also strikes and crops fail, the poor are hit hard and their chances of survival are greatly reduced.

Almost half a million people live in the Dar Sila region, of which only slightly fewer than 35% have access to clean water. The challenges are great and in 2014, IAS and UNICEF entered into a three-year collaboration to drill 30 new wells. This project is now being followed up in a new project where another 10 boreholes with pumps will be drilled and sand dams constructed. The project has two primary objectives, partly to improve health in the villages and partly to enhance economic livelihood opportunities for the local population. In total, an additional 10,000 people are expected to have access to clean water from these boreholes. Constructing sand dams along the temporary rivers that form during the rainy season also facilitates much more efficient management of irrigation opportunities for farming. All in all, 8 dams are expected to generate household water for a total of 16,000 people and enable the irrigation of horticultural crops. At the same time, the villagers are trained in new farming techniques, introduced to new crops and learn about health, hygiene and nutrition as well as receiving basic training in micro-entrepreneurship.



PHOTO: TORLEIF SVENSSON

When the village gets a well, girls, who are often responsible for fetching water, can start school again.

Relief effort for refugees in Uganda

In partnership with the IAS office in Kampala, Läkarmissonen is conducting a training project in the Kyangwali refugee camp in western Uganda, where thousands of people have sought refuge from the fighting in DR Congo. Kyangwali has received nearly one hundred thousand new refugees in just over a year.

The majority of the refugees are women such as single mothers, unaccompanied children and foster parents (adults who have adopted children that have lost all their relatives). They are fleeing from guerrilla attacks in DR Congo, without taking any money or personal belongings with them. The result is that they are suffering acute shortages of food, water, medicine, clothing and accommodation. Many of them are traumatised and the majority of the young people that have arrived have no employment, which increases the risk that they will end up abusing alcohol/drugs or resorting prostitution and crime. The frustration of not being able to provide for themselves and their relatives causes many of them to plan a return to their dangerous, risk-filled life in DR Congo.

The continuing massive influx of refugees is also causing a considerable environmental impact. Trees are cut down for

use as building materials or firewood and natural vegetation is destroyed when new villages are established.

The focus of Läkarmissonen's project in Kyangwali is on empowering the inhabitants, both through increased self-awareness/self-confidence and by helping them to start up their own businesses. The training also aims to increase their understanding of the importance of the environment, both now and in the future.

Young people are selected to serve as ambassadors. They disseminate information about hygiene and sanitation methods, the dangers of alcohol and drug abuse, and the risk of HIV and AIDS.

The goal of the project is for 1,000 men, women and young people to receive training so that they can start income-generating activities.

12,000 men, women and young people will be made aware of the importance of environmental protection and conservation, and have access to energy-efficient stoves and fruit trees to plant.



PHOTO: CAROLINE WESSLÉN

Food distribution at Kyangwali's reception centre, where the refugees arrive before being transferred to their plots of land.



PHOTO: HAKAN FLANK

Education for functionally-impaired children started in Hawassa, Ethiopia six years ago. Children who were previously hidden at home to avoid jeers and contempt can now attend school.

Adapted schooling gives education

For six years in the city of Hawassa in southern Ethiopia, Läkarmissionen has been conducting a project for inclusive education via the IAS Ethiopia office. Children with various functional impairments are offered adapted schooling, which in many cases eventually leads to them transferring to regular schools.

Children with physical or mental impairments were previously more or less trapped in their homes as they were considered too aggressive or too inconvenient by the world around them. In addition, the overt prejudice of neighbours often caused parents to feel ashamed of having a child with impairments. Today the situation has changed completely, both for the children and for their parents! This is thanks to the two centres in different parts of Hawassa where the children are now able to receive adapted education. Compared to a regular school, there are plenty of teachers, often with specialist skills, which enables the provision of individual training to the children.

The two centres are located directly adjacent to regular elementary schools, which has been of great importance in integrating some of the children into ordinary classes, partly because the teachers in the regular schools have direct

contact with the centre's staff, and partly because the centre can provide individual support to the functionally-impaired students that are transferred. This has led to students who received their initial education at one of the two centres attending fifteen of the city's elementary schools, which is a very good result – in just six years!

At first, there was a great deal of prejudice and resistance, including from the teachers. However, now there are so many concrete examples of how well it is working that the teachers even appreciate having one of the functionally-impaired children in the class. As they usually teach 60 to 70 pupils at a time, the resource teachers are very helpful, even if they are only there occasionally.

When the pupils have reached the age of 18, their compulsory schooling ends and many of the functionally-impaired pupils continue to various vocational courses, which would not have been possible without the specially adapted education provided by the centres.

Whether you ask parents, teachers or the children themselves – everyone is reporting very positive changes at every level.

Training is changing lives in the favela

FROM CRIME AND VIOLENCE to a new life - Läkarmissionen's vocational training project in Rio de Janeiro is enabling young people from the city's favela slums to support themselves and feel secure.

In Brazil, a country that accounts for half the population of South America, the income gaps are huge. Although it is one of the world's five largest emerging economies, over 20 percent of the population, more than 50 million people, live in poverty.

In the major cities, tens of millions of people live in vast slums known as favelas, which are often controlled by criminal gangs and characterised by crime, unemployment, poverty, housing shortages and poor sanitary conditions.



PHOTO: HAKAN FLANK

The school is much appreciated and 85 percent of the people who train in the restaurant programme find work.

In some parts of São Paulo and Rio de Janeiro, the crime is worse than in the world's war zones. Anyone who is unlucky enough to be born in a favela is automatically excluded from much of society and there is hardly any point in dreaming of a different life for most of them. If a favela resident tells an outsider where they live, they meet with prejudice. Very few children and young people growing up in the favelas have any hope for the future.

Opposite one of the largest favelas in Rio de Janeiro, Läkarmissionen's partner AST provides practical vocational training at Escola de Talentos, where young people between the ages of 16 and 30 are given the opportunity to train in a profession, find employment, or even start their own business. Three-quarters of the students at the school are Afro-Brazilian women, the target group that has the most difficulty finding a livelihood. In general, whites earn more than twice as much as coloureds or blacks and men earn more than women.

Training programmes are provided in several professions such as chef training and IT technician training, and all the programmes include subjects such as finance and administration, communication and something that goes under the name of "citizenship", a kind of basic course in democracy that highlights individual rights and obligations.

The school is very much appreciated by the students, all of whom are seen and treated according to their circumstances. A psychologist and an educator have also engaged with the training programmes in order to help the young people on more levels than the purely professional. After all, it takes both hard work and the right attitude to succeed and the students need to understand that there are no shortcuts. Sometimes both attitudes and values need some adjustment.

The school has a good reputation with the local authorities and collaborates with the state in a programme for young apprentices and trainees, which means that all large companies and factories have to employ some of the school's trainees. It provides a good entry into the labour market and a possible future livelihood for the students. And the results have been gratifying. For example, over 75 percent of the participants in the telemarketing programme and 85 percent of the participants in the gastronomy programme have found employment or started their own business.



PHOTO: HAKAN FLANK

AST offers several courses. Willians (pictured) has taken courses in both IT and business administration and is now doing his internship in a company. All students also learn about their basic democratic rights.



PHOTO: LÄKARMISSIONEN

Progress is rapid for the people who start a literacy course and then learn about their rights and how they can hold the people in power accountable.

Social Auditing

– a method for human rights-based work

Corruption is a major issue in many of the countries where Läkarmissionen is active, which results in the complete or partial absence of the public services to which the citizens of a country are entitled. Applying a human rights-based approach, which we advocate in the world of development aid, involves trying to improve people's life circumstances by supporting their empowerment. Instead of organisations going in and attempting to compensate for the deficiencies, a human-right based approach creates a much better long-term solution that also helps counteract chronic aid dependency.

Social auditing is a working model to achieve this goal whose first step is to educate and inform people about their rights and how the structures of society are supposed to function in order for them to claim these rights. A second step is for the participants to plan methods that will enable

them to demand official accountability. A natural result of this participatory process is that the people who are themselves impacted by the social problems are also best suited to shape the solutions. Specifically, instead of auditing figures, the work is based on training individuals to act as a kind of lay auditor whose task is to examine how public services at different levels are actually managed. One example might be to audit how many hours teachers actually teach in schools, or measure the quality and availability at a local health clinic. This can be done, for example, by a group of parents of children at the school or anyone else who is committed to improving public services for inhabitants. Social audits can be conducted at several levels, local, regional and national. Läkarmissionen began implementing this model in Honduras in 2016 and then two years ago in Guatemala. From 2020, all of Läkarmissionen's partners in Central America will start adopting social auditing.

Social Justice

– children’s rights from a practical perspective

Läkarmissionen’s mission consists of communicating new knowledge and new ideas as well as disseminating good working methods to partners. With a better overview of the overall work, it is possible to identify successful concepts in one location and test whether and how these could also be implemented in other regions or countries.

During 2019, a knowledge exchange programme was initiated between Läkarmissionen’s South African partner “Give a Child a Family” and the aid partners we collaborate with in Ethiopia. They met in South Africa and in Ethiopia for several intensive days of hard work on child rights issues. The programme is entitled “Social Justice” and has three purposes. The first is to provide the participants with a more fundamental understanding of what the UN Declaration on Children’s Rights really concerns, not only from a theoretical perspective but also a practical one, the second is

to equip the participants with real tools that will enable them to fulfil the declaration in concrete terms in their daily work, and the final purpose is that they disseminate the knowledge themselves throughout society so that it takes proper root. The programme takes its starting point in the African context and culture and enables the participants to reflect on concepts such as child protection and child rights based on their own reference points. After the programme, the participants expressed how they not only gained new knowledge but were also inspired and motivated for the future work. “Now we understand what we need to do and how to challenge and inspire others in our country to provide our children with a safe childhood. We now feel that we can have a real impact – hopefully all the way up to the national level of decision-making – in order to make a real impact throughout society by the letter of the law and ensure that our work with vulnerable children has even more power and support.”

HUMAN BRIDGE SUPPORTS REFUGEE CAMPS AND HOSPITALS

The fact that people need to seek refuge from war and conflict is an inhumane destiny that seems never-ending; in fact, it has increased in recent years. Every day, millions of people around the world are forced to flee their homes as a result of war and unrest.

Human Bridge continuously supports refugee camps and hospitals in Greece and northern Iraq with medical equipment and necessities. Aid shipments have also reached hospitals in north-eastern Syria.

Human Bridge supplies necessary medical equipment and consumables to hospitals where refugees can receive treatment. In the refugee camps we distribute warm clothes and blankets, hygiene articles, baby boxes and toys for the children – a small comfort for families who have left their



FOTO: HUMAN BRIDGE

Distribution of necessities to refugees in northern Iraq. ■

homes and now live in a difficult environment inside the camps. Material aid is necessary and Human Bridge will continue its commitment to accessible care and a safer daily life for refugees and people living in these areas.

During 2019, Human Bridge shipped over 2,300 tonnes of aid to 19 countries in Africa, Eastern Europe and the Middle East. A total of 206 shipments of health care and disability equipment, clothing and other necessities were shipped from Sweden.

Läkarmissionen's events in collaboration with influencers

LÄKARMISSIONEN COLLABORATES

with various influencers to increase awareness and attract new monthly donors. It has been a successful venture during which we have developed new points of contact through events and other collaborations, especially amongst women aged 35 to 45.

In February, Marlene Agemo (Fru Vintage) hosted a breakfast event with Läkarmissionen. The theme was Ethiopia and the work that Läkarmissionen supports to help children living in social deprivation or forced into child labour. It was an emotional and much appreciated breakfast with many new monthly donors.

In conjunction with International Women's Day, Läkarmissionen highlights the issue of female genital mutilation in the annual #varje flicka (every girl) campaign. On 8th March 2019, we hosted a discussion between Nadia Aden (teacher, lecturer and an FGM victim herself), Bitu Eshraghi (doctor specialising in gynecology and obstetrics who runs the AMEL clinic for FGM victims) and Nina Campioni (podcaster, blogger and author, who has visited the anti-FGM project that Läkarmissionen supports in Kenya), with Amie Bramme Sey (journalist) as moderator. The venue was packed and the audience was obviously very moved by the powerful stories.

When TV presenter and jewellery designer Sofia Wistam launched a "mum collection", we hosted a joint launch party. For the whole of May, Sofia donated 100 Swedish crowns per sold necklace directly to Läkarmissionen and our work

with vulnerable mothers around the world.

"I've travelled with Läkarmissionen to South Africa and Romania and seen how their work makes a difference. I'm very pleased that my jewellery can play a part in empowering mothers to change their lives and the lives of their children," Sofia said. The "mum jewellery" was a sales success.

Tickets sold out in just a few hours when Marie Hammarberg, who runs Stilkontot on Instagram, hosted a style evening at the Open Fashion boutique in Karlstad. Together with artist Karolina Nolin and hairdressers Jacobson & Schmid, the guests received tips on how not to hold back as regards colour, style and hairstyle. Läkarmissionen was also there to talk about our aid projects, and 53 of the nearly 70 guests chose to become monthly donors by direct debit.

Together with Cecilia Blankens (designer, entrepreneur and influencer), Läkarmissionen and the Plagg Kungsholmen boutique hosted an inspiration evening on the theme of female entrepreneurship and fashion. The boutique was full of guests keen to hear Cecilia talk about how she started her successful shoe brand and about her journey with Läkarmissionen. We attracted numerous new monthly donors during the evening.

At the end of November, Therese and Nina, the women behind the "Modig och Vacker" podcast, hosted a full evening in front of the fire at Essinge parish house. The podcasters had invited worldly-wise writer Patricia Tudor Sandahl to a conversation about following one's desire, seeking one's vocation and finding one's passion. During the evening, the audience was also informed about Läkarmissionen's important work around the world and inspired to participate and contribute as monthly donors. The evening was a success in every way.



PHOTO: ANNA LEDIN WIRÉN

The conversation about FGM that was held in conjunction with International Women's Day drew a full house. ■



PHOTO: RICHARD NIKLASSON

Sofia Källgren participated in “Songs for Life” 2019, for the benefit of vulnerable children worldwide. ■

Meetings and concert events

A large number of concerts were arranged during the year and we were able to welcome a large number of new monthly donors, both at the smaller churches and in the major choir project “Songs for Life”, where we also introduced a new conductor, Lars “Lisa” Andersson, a much appreciated singer, musician and choir leader.

Monthly newsletters

Our most important fundraising channels are our monthly newsletters “MånadsBladet” and “Fältrapporten”, which are distributed 12 times a year to active donors. In June and December, direct debit donors also receive “Fältrapporten”. The monthly newslet-

ters describe one selected project a month to donors in order to update them on our work and on how their donations are benefitting recipients. A payment slip for continued support is also included with each issue.

Marketing automation

During autumn 2019, we tested a new system that enables us to follow up new donors and continue our communication with them regarding the issue or project to which they gave their first donation. In October and November, we did two major mail-outs about the situation in Congo to a total of 300,000 recipients. The mail-outs generated a good response rate and the new donors have since received several letters on the same subject

that included an invitation to become monthly donors. This has resulted in a larger proportion of donors than usual making a second donation and many have also chosen to become monthly donors. We are satisfied with the results and the test will continue during 2020.

Disaster appeals

During the year, we did five mail-outs to existing and potential donors to raise funds for disaster relief efforts. The letters were about Congo, Mozambique and Yemen as well as aid to combat Ebola.



PHOTO: NICLAS HAMMARSTRÖM

Christmas presents to children

EVERY YEAR CHILDREN and adults all over Sweden participate in our campaign Aktion Julklappen (Action Christmas present). 2019 marked the twenty-first anniversary of the campaign and we collected 17,458 Christmas presents that were distributed to children in Romania, Ukraine and Moldova.

Every parcel has a specific content such as a pen, paper, a toothbrush and toothpaste. It is important that the presents contain exactly the same items, both to ensure that they receive clearance from customs and to ensure fairness for the children receiving the presents.

The majority of the presents come from schools. Aktion Julklappen offers adapted teaching materials to schools for classes from preschool up to sixth grade. The materials contain practical and theoretical exercises on basic values, children's rights and solidarity. This year we produced extra material due to the 30-year anniversary of the UN Convention on the Rights of the Child. All materials are available for download free of charge at our website.

The presents are distributed by Human Bridge, and every year we follow up Aktion Julklappen by travelling to one of the recipient countries, where we document the Christmas present distribution and convey the results in the form of a film, a diploma and a thank-you letter to all the Aktion Julklappen participants.

This year we travelled to Romania, where we work to help children and young people live a safer daily life in partnership with the Life and Light organisation in Bucharest.



PHOTO: HÅKAN FLANK

7-year-old Giani was happy for his present. He currently lives at the Light and Life home in Bucharest, Romania, though hopefully, he will soon be able to return home.



Vänliga Veckan

In connection with Vänliga Veckan (Friendly Week), Läkarmissionen conducted a survey about kindness. The theme of Friendly Week 2019 was "Be kind to yourself" and Swedish people provided tips on how they are kind to themselves. Top of the list were positive thinking, allowing themselves some "me time" and not expecting too

much of themselves. Friendly Week was featured on TV4 and by various local radio stations as well as a large number of magazines.

Svenska Journalen

Svenska Journalen is published five times a year. Some of the goals of the magazine are to increase the knowledge and awareness of Läkarmissionen's aid operations, to participate in Läkarmissionen's campaign work, and also to serve as donor care. The hope is that donors will gain some added value from the magazine, which contains interesting articles as well as crossword and Sudoku puzzles.



Världens Barn

In the Världens Barn (Children of the World) campaign Läkarmissionen was one of the participating organisations in the Children of the World campaign, and the TV gala featured a report from Läkarmissionen's profile project in Uganda, which enables street kids to find a better life.

The Mom Report

In conjunction with Mother's Day, Läkarmissionen conducted a survey on how Swedish mothers view their role as mums. This was supplemented by stories from mothers in Läkarmissionen's aid projects. The report was part of the Mammagan campaign, for which the PR value was measured at over 5 million Swedish crowns.



PHOTO: CAROLINE WESSLÉN

Agneta Sjödin visited the Kyangwali refugee camp in Uganda and returned home with a report for the Mammagala.

Agneta Sjödin: My soul was struck dumb

FOR THE SECOND YEAR RUNNING, Läkarmissionen arranged Mammagalan (The Mothers' Gala), which was broadcast live on Channel 5 on Mother's Day, 26th May.

On the same day that we celebrate our own mothers, we pay tribute to mothers and children on a global level. In much of the world, the status of girls and women is lower than that of boys and men, which impacts their health, their educational opportunities and their influence. At the same time, mothers play a key role in sustainable change. Once the mothers have received an education, the chance to become self-sufficient, and awareness of their rights, they invest in their children and thereby in the future.

During the gala, viewers had the chance to accompany Sofia Wistam, Özz Nüjen and Agneta Sjödin as they reported on some of Läkarmissionen's projects for mothers and children around the world. Agneta Sjödin travelled to the Kyangwali

refugee camp in western Uganda to visit a water and sanitation project supported by Läkarmissionen. Over 117,000 people live in Kyangwali, the vast majority of which are women and children that have fled the fighting in neighbouring Congo.

It was an upsetting journey that moved Agneta deeply. "It's hard to find words to describe what we experienced, it was as if my soul was struck dumb. I've never visited a refugee camp before with so many traumatised people who've been driven out of their homes," says Agneta. "At the same time," she continues, "when I met these women and got to share their incredible life stories, I was filled with so much love for them and I really admire their power and desire to survive."

Agneta Sjödin also appeared on stage during the gala evening to talk about her experiences in the refugee camp.

The goal of Mammagalan was to attract new monthly donors and to spread awareness of and commitment to Läkarmissionen's aid operations. Featuring celebrities in the reports and during the gala evening is a good way to convey our message to groups that we do not usually reach.

Management Report 2019

The Board and the Secretary General of Läkarmissionen – philanthropic foundation 802005-9989 hereby submits its report for the period 01-01-2019 to 31-12-2019.

GENERAL INFORMATION

Organisation

Läkarmissionen is a foundation headquartered in Stockholm. Management of the Foundation is the responsibility of a board of directors. The Board, the auditors and the Nomination Committee are appointed by an Advisory Board, which since the Annual Meeting in 2019 has consisted of 41 members. Members of both the Board of Directors and the Advisory Board are appointed for a period of three years. Läkarmissionen is politically and religiously independent. Our aid efforts are conducted by the various aid partners in Africa, Latin America, Asia and Eastern Europe that we support, or by our own country offices in Africa, which are now part of Läkarmissionen after the merger with IAS.

Our vision: *Dignified life – sustainable world* means that all humans are unique and of equal value, and that every human has the right to be empowered and have influence over their own lives, and that we must endeavour for a world that is socially, economically and environmentally sustainable. Priority must be given to the basic needs of the impoverished people around the world.

Our mission: *To save lives and empower people.* Läkarmissionen fights poverty and contributes to sustainable development from a human-rights perspective.

Purpose and goal

Läkarmissionen's main purpose according to its statutes is to engage in international aid, which is achieved via international development projects. In 2019, aid was provided in the areas of social care, training and education, and self-sufficiency, as well as during humanitarian interventions. Our development aid efforts contribute to fulfilling the Global Goals No Poverty (Goal 1), Good Health and Well-being (Goal 3), Quality Education (Goal 4) and Clean Water and Sanitation (Goal 6). Läkarmissionen also supports aid efforts with material aid. Close contacts with the target group and well-established relations within the local community ensure optimum conditions for sustainable, effective development aid. By combating poverty and creating sustainable conditions for vulnerable individuals, they can be empow-

ered to escape poverty and achieve a better future. The purpose and goal is to strengthen the ability of individuals to transform their own life circumstances in an enduring way.

No Poverty (Global Goal 1)

The basis of Läkarmissionen's development aid is poverty reduction. Poverty has many causes and Läkarmissionen's projects provide participants with different opportunities to escape their poverty. With better health, clean water, training and education, and self-sufficiency, the situation of individuals, families and communities can be safeguarded.



Good Health and Well-being (Global Goal 3)

Läkarmissionen supports preventive health care where the primary target group is women and children in different types of vulnerability. For example, we are committed to helping female victims of gender-related violence and to a range of preventive health interventions, as well as to providing care and support to individuals in particularly vulnerable situations. In crisis and disaster areas, treating trauma is essential. In certain especially vulnerable regions, we support the operation of health care facilities. Preventive healthcare also takes place within the framework of WASH. The aim of Läkarmissionen's aid efforts is to create better conditions for vulnerable individuals that will enable them to realise their own potential.



Clean Water and Sanitation – WASH (Global Goal 6)

Läkarmissionen applies the integrated water resources management (IWRM) model in its activities, which means that we take everyone's right to a sufficient quantity of water of sufficient quality into account, we provide the optimum benefit for as many people as possible with existing resources and we prioritise ecological sustainability and protection of ecosystems. Läkarmissionen drills wells, renovates existing boreholes, installs pumps and works with



sanitation issues, and teaches hygiene as well as repair and maintenance of pumps and other installations.

Quality Education – Education/vocational training (Global Goal 4)

Knowledge is a prerequisite for individuals to become active citizens who are aware of and can exercise their democratic and human rights. Läkarmissionen supports literacy training and other school activities such as speed schools. Through intensive schools, children and young people who have not had the opportunity to attend school can quickly catch up on lost schooling. Läkarmissionen is committed to developing and introducing methods that enable all children and young people, including those with a functional impairment, to attend school (inclusive education). Courses in entrepreneurship are another important element in creating the prerequisites for self-sufficiency. In the effort to contribute to strengthening partner organisations, our partners are trained in, for example, organisational development, human rights-based work and human rights.



Self-sufficiency aid

Self-sufficiency aid aims to empower individuals in their struggle to develop tangible livelihood opportunities without the need for future support. Our savings groups and microfinance projects are to a large extent linked to training and education, primarily vocational training and literacy. An integral element of the self-help groups is that members begin with their own savings and are taught how to manage money so that they can establish a joint capital that allows them to borrow from each other. In the long term, this can lead to participants progressing and enables the expansion of their business. A fundamental requirement is that all microcredit projects must include different types of training and education. The largest target group is women, who are not only taught basic literacy skills but also receive the tools to start their own small businesses.

Humanitarian aid

Humanitarian aid focuses on saving lives in emergency situations. In the event of major natural disasters, Läkarmissionen’s donors expect to be involved and then special fundraising appeals are conducted. In cases where minor disasters occur in regions where Läkarmissionen is already engaged in development programmes, we consider it our duty to act. This type of disaster does not usually attract much media attention in Sweden and aid operations are conducted without a special donor appeal. Through its network, Läkarmissionen can access a large number of competent aid partners that cover large parts of the world. These channels enable a rapid response in the event of major humanitarian disasters. As a result of the merger with IAS, Läkarmissionen has strengthened its role as a key humanita-

rian player. The country offices in vulnerable regions, with their own staff, enable Läkarmissionen to respond quickly during humanitarian disasters.

Material aid

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

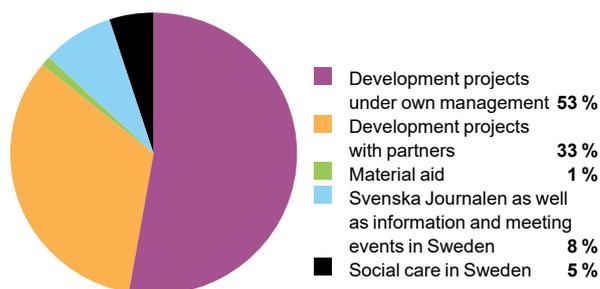
Communication, advocacy and fundraising

During 2019, twelve issues of MånadsBladet containing information about projects that characterise Läkarmissionen’s aid efforts around the world and the status of current needs were distributed to active donors. In addition, five issues of Svenska Journalen were published. Svenska Journalen is our most important channel for informing and updating donors about Läkarmissionen’s ongoing aid commitments in recipient countries. The aim of Svenska Journalen is to highlight and disseminate information about Läkarmissionen’s orientation and operations on a more detailed level. The website and social media are also important channels, both for information and for fundraising.

The theme of Friendly Week 2019 (Vänliga Veckan) was “Be kind to yourself”, which emphasised the importance of taking care of oneself in order to be able to take care of others.

Every spring, Läkarmissionen raises the issue of female genital mutilation in the “Every Girl” campaign, which concerns every girl’s right to her body and not to be genitally mutilated. On International Women’s Day, Läkarmissionen arranged a breakfast event to highlight the fight against FGM and the progress that is being made to ensure that more young girls and their families say no to this dangerous, old-fashioned custom. The participants consisted of people with

DISTRIBUTION OF DIRECT PROJECT COSTS



large social networks and forums that reach many readers, which was to ensure as much attention as possible so that more people commit to supporting the work.

Läkarmissionen's annual seminar in conjunction with the Annual Meeting concerned "The power of images and the force of emotion". Multiple award-winning photographer Paul Hansen, and Daniel Västfjäll, Professor of Cognitive Psychology at Linköping University, discussed how images can arouse feelings and empathy and what makes people want to contribute. Paul showed several of his powerful photos, often from wars, and talked about what he was thinking in the different situations that he chose or did not choose to take a photo.

In large parts of the world, girls and women have a lower status than boys and men. At the same time, Läkarmissionen has seen how mothers play a key role when it comes to sustainable change. When mothers receive an education, the chance to be self-sufficient and information about their rights, they invest in the children and thus in the future. This is why, in collaboration with Channel 5 and Expressen newspaper, we paid tribute to all the mothers of the world on Mother's Day in a live TV gala. Läkarmissionen also focuses on mothers when publishing the annual "Mum Report" (Mammarapporten) for Mother's Day. It includes a Sifo study whose purpose is to survey the thoughts and feelings of Swedish mothers regarding motherhood.

Through our extensive programme of meetings and concert events, Läkarmissionen connects with very many existing donors, recruits new donors and raises funds for the organisation. Läkarmissionen also arranges a well-established concept known as "Songs for Life" (Sånger för Livet), during which choir singers perform with well-known artists. Meeting with donors through music and concerts is an important part of Läkarmissionen's donor care and dissemination work.

Every year, children and adults all over Sweden engage in spreading a little Christmas cheer to the poor parts of Europe. Since it began, Läkarmissionen's Action Christmas Present (Aktion Julklappen) has donated Christmas presents to more than half a million children living in vulnerability.



FOTO: LÄKARMISSIONEN

Significant partnerships

Significant partners are the 40 different organisations that conduct projects and aid efforts where all or part of the operation has received grants from Läkarmissionen for several years. Our various partnerships strengthen Läkarmissionen as an aid player and fundraising organisation.

Swedish Mission Council (SMC)

Our partnerships within the Swedish Mission Council are essential to our aim of remaining a relevant quality partner for institutional donors. SMR is an ecumenical umbrella organisation for missionary and development aid organisations that, through an agreement with Sida, can grant funds for international aid. Eva Nordenstam von Delwig, Läkarmissionen's Director of Communications, is Chairman of the SMC Board, and our collaboration with the Council has continued to develop positively.

ZOA/DFID

In collaboration with the international aid organisation ZOA, Läkarmissionen receives financial support from DFID, the UK government department responsible for administering overseas aid. These projects have mainly been conducted in Sudan.

UNICEF/UNDP/UNHCR

At several of our country offices, Läkarmissionen runs various projects funded by local and regional UN offices. The primary focus of these projects is on children's needs.

ECHO

Läkarmissionen seeks support from the EU department ECHO for projects related to humanitarian disasters in the countries where we are active.

IAS Alliance

In Denmark, Germany and the USA, there are three independent IAS organisations that support the work at the country offices. Aid is financed by means of raised funds and contacts with grants from institutional donors in the respective countries.

Human Bridge

Läkarmissionen is one of the founders of Human Bridge, whose operations are a combination of aid, environmental promotion and social initiatives, and has representatives on the Human Bridge Board. During 2018, Human Bridge shipped over 2,302 tonnes of material aid to 19 countries in Africa, Eastern Europe and the Middle East.

EU-Cord

The EU-Cord network enables Läkarmissionen to access aid partners that can provide strong support in terms of our capacity to respond rapidly to humanitarian disasters around the world. In recent years, EU-Cord has reinforced

its expertise in advocacy issues and participates extensively in various networks and conferences in order to raise awareness amongst a range of stakeholders for an inclusive approach to human rights.

MAF

A collaboration between Läkarmissionen and MAF Sweden enables women in eastern Congo that have been subjected to sexual violence to receive aid. Several older mission hospitals are situated in places that are inaccessible due to destroyed infrastructure and the security situation. Through the collaboration with the Mission Aviation Fellowship, doctors can be flown out to remote locations.

Second-hand shops

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

Swedish Fundraising Control – 90 accounts

Development aid is largely funded by donations from private individuals in Sweden. The most important channel for this is Läkarmissionen's 90 accounts (registered donor accounts), which ensure donor security. A 90-account requires that organisations are followed up and guarantees the safe management of raised funds.

Radiohjälpen and Världens Barn

The partnership with Radiohjälpen is very important to Läkarmissionen. During the year, a number of major donations have been received from Radiohjälpen (Radio Aid), partly in conjunction with Läkarmissionen's commitment to the Världens Barn campaign (Children of the World), and partly due to a deeper collaboration concerning humanitarian aid efforts. During this year's Världens Barn gala, Läkarmissionen's work in Uganda was featured.

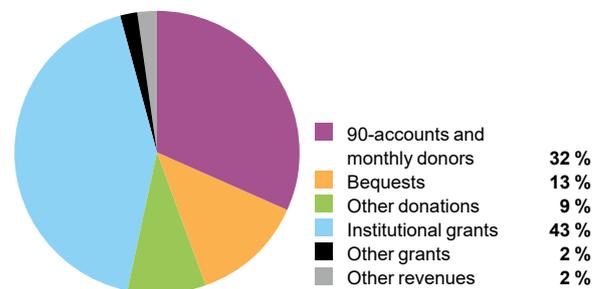
GIVA Sweden (the Swedish Fundraising Association)

Membership of GIVA is important from several perspectives. The quality code is a tool that ensures a high level of credibility for the industry as a whole. GIVA Sweden also enables Läkarmissionen to collaborate on a range of issues and the common voice is essential to achieve greater impact.

CONCORD

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.

DISTRIBUTION OF DONATIONS AND REVENUES



Fundraising from the public

An important source of revenue for Läkarmissionen is donations from the public, mainly through monthly donations via direct debit or with payment slips in our monthly mail-outs.

As in previous years, Läkarmissionen also received many bequests. Revenue from bequests amounted to MSEK 29.2 (MSEK 23.5 in 2018).

Earmarked donations

According to Läkarmissionen's statutes, raised funds accrued by the Foundation that have not been earmarked for special purposes will be used for international aid. If funds are to be used for other purposes in the statutes, the intention of the fundraiser or donor that the funds are to be earmarked for these purposes must be clear. The majority of the funds received can be used where they are most needed as no special purpose is specified. Bequests are rarely earmarked for special purposes. During 2019, only 16 percent of the total donations were earmarked for specific projects or aid efforts (29 % in 2018).

Institutional grants for targeted aid

As a rule, institutional grants are always earmarked and amounted to MSEK 103.8 (MSEK 23.8 in 2018) during the year. Applications for these grants are submitted both centrally from the head office in Sweden and from the respective country offices. In 2019, MSEK 61.5 of institutional funding was disbursed to projects via the head office in Sweden (MSEK 23.8 in 2018) and MSEK 42.3 directly to the country offices. Grants for development projects almost exclusively have a scope of three years. For humanitarian aid, grants often apply for one year at a time. The vast majority of institutional grants relate to development projects with a disbursement period of several years.

SIGNIFICANT EVENTS DURING THE FINANCIAL YEAR

Significant operational changes

On 1st January 2019, the formal takeover of the aid organisation IAS, International Aid Services, took place via an assets and liabilities transfer. During the year, a great deal of work was done to create a new joint organisation. An organisational plan has been drawn up, as well as a new strategy.

We have also focused on stabilising and strengthening operations and procedures at the headquarters of the new organisation, and especially at the country offices that were included in the merger with IAS. Final reporting and regulation of completed projects has in some cases resulted in repayment of parts of the project grants received. Liquidity has been strained at the country offices and in order to ensure that the work stays on schedule, the country offices have been provided with funds by releasing financial investments.

Learning and continuous improvement

Läkarmissionen’s quality system of governing documents, procedures, policies and job descriptions is constantly updated. There are systems for non-conformance reporting and reporting cases of suspected irregularities. Training seminars are also conducted in the field, during which country offices and different partner organisations are given the opportunity to enrich each other with their experiences. There is considerable development potential in disseminating good ideas and methods amongst our various partners and countries.

Goal fulfilment

Since 1958, Läkarmissionen has transformed the future for millions of vulnerable individuals. In the majority of cases, the objectives of the various aid programmes have been achieved and sometimes by a wide margin. Each individual programme has impacted tens, hundreds, thousands, even tens of thousands of people that have been offered, and taken, the opportunity to transform their own lives. They

enable different target groups to claim their rights, and they are essential for the development of local communities in terms of increased gender equality, participation and democracy because Läkarmissionen’s programmes are largely targeted at women. Women are made aware of their rights and are strengthened by knowledge and new opportunities. Learning how to read and write increases opportunities for a secure livelihood, to claim one’s rights, and to become an active participant in society. Vulnerable individuals who, through a savings group or a microloan, have been able to start a small business and can support themselves and their families not only avoid everyday worries, they can often afford to send their children to school and possibly even save towards a better home.

An example of Läkarmissionen’s many aid efforts in 2019 is the 132 wells that were drilled during the year. Clean water in the village saves the girls and women from the hard and often risky work that retrieving water in Africa entails. At the same time, the water supply safeguards the food supply as the villages gain completely new opportunities for cultivation. The incidence of disease also decreases as a result of the proximity to clean water and improved sanitation. During 2019, 169,554 people in Sudan received clean water and better sanitation. 81,896 were men and 87,658 were women.

It is gratifying to observe the trend of increasing literacy in Latin America. As almost 3 million people have participated in Läkarmissionen’s educational programmes since the 1990s, we have made a significant contribution to this progress. Nevertheless, there are major variations within Latin America as well as within individual countries. In some parts of Brazil, illiteracy is very widespread among vulnerable groups. Läkarmissionen identifies vulnerable areas and directs educational aid to where the needs are greatest. During 2019, 6,236 people participated in Läkarmissionen’s training projects in northern Brazil and 18,708 people were indirectly affected. The courses include reading and writing skills, civil rights and self-sufficiency.



PHOTO: TORLEIF SVENSSON

Access to clean water changes every aspect of life. ■

FINANCIAL RESULTS AND POSITION

Revenue

Operating revenue has amounted to MSEK 233.4 in 2019 (133.9). Donations from the public in the form of raised funds and bequests have amounted to MSEK 124.7 (105.2), and these account for 53.4 per cent of total revenue. The considerable rise in reported revenue compared to the previous year is due to institutional grants, which, after the takeover of IAS, increased by MSEK 80 and amounted to MSEK 103.8 (23.8) in 2019.

Profit/loss

Läkarmissionen has reported a surplus of MSEK 2.0 (-10.3) for 2019, which is an improvement of MSEK 12.4 compared to last year. Direct project costs accounted for 85.7 (88.6) per cent of the operating revenue in 2019 and amounted to MSEK 200.1 (118.6). Fundraising and administrative costs during 2019 amounted to MSEK 31.6 (28.0) and accounted for 13.5 (21.0) percent of operating revenue.

Financial position

At the start of the year, equity amounted to MSEK 71.9 and has increased during 2019, finishing at MSEK 74.0 at year-end. Cash and cash equivalents amounted to MSEK 30.7 (28.3) at year-end.

USE OF FINANCIAL INSTRUMENTS

Management of Läkarmissionen's financial investments is governed by means of an investment policy approved by the Board. It includes guiding principles for financial risk as well as rules for ethical placement. The purpose of the investment policy is to optimise returns within a framework of low and controlled risk based on the established rules. The investment policy is available in its entirety on Läkarmissionen's website. At year-end, investments in securities and special loans amounted to MSEK 23.9. During the year, MSEK 12.9 of investments has been released in order to regulate, stabilise and strengthen operational liquidity at the country offices.

SUSTAINABILITY INFORMATION

The organisation is governed by an established environmental policy that is available on the website. Läkarmissionen exercises prudence in regard to travel, purchasing and consumption. Interventions in the field are regulated by means of a code of conduct that defines sustainability and environmental requirements. By its involvement in the second-hand operation and Human Bridge, Läkarmissionen also contributes to sustainability through reuse and recycling.

Occupational health and safety

The incorporation of IAS activities and work, together with the harmonisation of cultures and the synchronisation of organisational structures, has proved a challenge during 2019. Merging two operations can often create occupational stress. This has been the case at Läkarmissionen, which during the year worked with a transitional organisation for the merged operation. Great emphasis has been placed on developing and establishing a new multi-annual overarching strategic plan and drawing up a new type of organisational plan for implementation by 2020.

Läkarmissionen applies clear procedures and adjustments in order to promote a good working environment and surveys are conducted annually. A crisis management and contingency plan is available for enhanced safety awareness within the organisation and during the year preparedness has been increased in order to meet increased risks and needs with our own field operations.

Conditions of employment in the field operations mainly comply with local regulations. At the head office in Sweden, we consider full-time employment as the norm and part-time employment as an opportunity. Läkarmissionen applies a collective agreement that is regulated between the Unionen trade union and IDEA, the employers' association for non-profit organisations. In the annual performance reviews, skills development is one of the most important issues.

Employees in other countries

Läkarmissionen employs about 348 people in 10 countries, 56 of which work in Sweden, with around 30 working at the head office in Vällingby. Most of the staff in other countries are local employees on corresponding project or fixed-term employment and contracts with the country offices. A few employees that serve abroad are based at Läkarmissionen in Sweden.

Duties within the organisation

During 2019, Läkarmissionen has devised a new organisational plan and a new strategy for the organisation, which will be decentralised through the establishment of strong regional offices that can follow up and support projects as well as local field operations more easily. The international programme department at head office is now responsible for quality assurance, programme development, method development, policies, skills enhancement, and follow-up of new and existing projects. In Läkarmissionen's fundraising department, roles are distributed between donor service, fundraising and information. The new organisation is building its own communications department. In addition, Läkarmissionen has an administrative department for IT, finance, human resources and quality. The work is under the direction of the Secretary General Lars Arrhenius.

REVENUES, ANNUAL COMPARISON	2019	2018	2017	2016	2015
<i>Amounts in TSEK</i>					
FUNDRAISING 90-ACCOUNTS	74 895	75 411	86 987	91 301	103 650
BEQUESTS	29 203	23 455	21 634	31 327	32 597
WEBSITE	5 244	4 960	4 032	3 398	4 715
SECOND-HAND	3 285	2 564	2 558	1 539	1 568
INSTITUTIONAL GRANTS	99 291	19 637	6 136	4 249	3 864
OTHER	21 481	7 880	9 278	10 711	7 860
TOTAL REVENUES	233 399	133 907	130 625	142 525	154 254

ANNUAL COMPARISON	2019	2018	2017	2016	2015
TOTAL REVENUES (TSEK)	233 399	133 907	130 625	142 525	154 254
RAISED FUNDS (TSEK)	187 619	108 600	122 553	132 935	146 119
PROFIT/LOSS (TSEK)	2 070	-10 311	-8 695	-7 516	-1 656
DIRECT PROJECT COSTS (%)	86%	89%	85%	84%	83%
FUNDRAISING COSTS (%)	9%	15%	16%	16%	14%
ADMINISTRATIVE COSTS (%)	4%	6%	7%	6%	5%
EQUITY	73 979	71 945	82 257	88 564	95 495

Gender equality and diversity issues

When every aid effort is planned, an equality analysis is conducted to clarify the division of work, roles, responsibilities, access to and supervision of resources and positions in society. It is especially important that aid takes the situation of both women and men into account, and that it is targeted at both genders. Aid efforts aimed at men with a view to increasing male participation in and responsibility for family and society are particularly important. We are consciously committed to diversity, which we believe enhances the organisation's credibility in relation to donors and the target groups to which our aid efforts are directed. Employing people with diverse experiences and backgrounds equips us with knowledge and perspectives that enable us to understand the different needs of the target groups. The global management team comprises three women and six men, and the Board five women and seven men.

FUTURE DEVELOPMENT

In 2019, the organisation operated three resource centres in Africa, Asia and Latin America. The aim is to phase out the commitment in Asia over time.

In accordance with the new organisational plan, regional offices are under construction in Ethiopia for the Horn of Africa, in Niger for West Africa, in Uganda for East Africa and in Miami for Latin America. A decentralisation of operations has begun and much of the ongoing work that currently takes place at head office will gradually be relocated to the regional offices. Projects with partners and self-implemented projects via the country offices will be included in the area of responsibility of the regional offices.

The work to co-ordinate and create uniform policies, procedures, instructions and rules for the new joint organisation, following the incorporation of IAS operations, will also continue in 2020. As a result of the decentralisation of duties to regional offices, the workforce at head office has been reduced. The work to both increase and disseminate expertise and quality remains ongoing.

Due to deficiencies linked to IAS, the Swedish Missionary Council declined out application for funds for humanitarian aid in August 2019. The applications were for one-year grants of SEK 20 million for 2020. This has been accounted for in the budget for 2020 but has also been partly offset by grants from other institutional donors totalling approximately MSEK 10.

Many institutional donors expect applicant organisations to finance part of the project themselves, usually about 10 percent of the project budget. Stable internal fundraising enables autonomous funding and expansion of the projects and the impact of the aid with the institutional grants as a complement.

OVERSEAS BRANCHES/REGIONAL OFFICES

As a result of the merger with IAS, Läkarmissionen now has branches with their own country offices in Sudan, South Sudan, Niger, Chad, Uganda, Ethiopia, Somaliland, Djibouti, and Dubai.

During 2019, Läkarmissionen's operations with partners have been supported by three regional resource centres with a focus on Latin America from Miami, USA, on East Africa

from Kampala, Uganda, and on Asia from Chiang Mai, Thailand. As of 2020, in accordance with the new organisational plan, the resource centres will be replaced by four regional offices with more roles and expertise in order to provide more support in each region.

MANAGEMENT

The Board of Directors is normally a foundation's highest level. According to Läkarmissionen's statutes, certain tasks and decisions are delegated to an Advisory Board with the aim of increasing transparency and opportunities to influence the direction of the organisation. The main task of the Advisory Board is to elect the Board of Directors, the auditor and the Nomination Committee, and elect or re-elect members of the Advisory Board at Läkarmissionen's annual meeting.

The Advisory Board give Läkarmissionen a broad, solid foundation around Sweden and act as ambassadors in their networks. Since the Annual Meeting in 2019, the Advisory Board has comprised 41 members, who are appointed for three years at a time, with the possibility of re-election. The Nomination Committee consists of Hans Hallström, Stefan Kinert, Helen Lind Jaktlund and Urban Dahlström.

Members of the Board are normally appointed for a period of three years. Bo Guldstrand is the remunerated Chairman of the Board. Staffan Hellgren is Vice Chairman. During 2019, the members have met on six occasions for board meetings.

The Board has two working committees that act as support for Läkarmissionen's operational management and follow up Board decisions. During 2019, the International Steering Committee has comprised Agneta Lillqvist Bennstam and Margareta Arvidsson as well as the Chairman, the Secretary General and the Heads of the Programme and Project Department. The National Committee has had Maria Wiss, Christian Holmgren, the Chairman, the Secretary General and the Heads of Finance and Fundraising as members.

The Secretary General, Chairman and Board of Directors apply rules of procedure that clearly define the division of responsibilities and work. Rules of procedure with clear mandates are also available for the two working committees. The role of the Advisory Board as well as that of nomination committee is also described in special rules of procedure.

At the Annual Meeting on 11th April 2019, Pernilla Zetterström Varverud from Grant Thornton was appointed as auditor for a further year, with Lena Johnsson as deputy auditor. The foundation is registered at the Stockholm County Administrative Board of Stockholm County under foundation number 1000132.

SIGNIFICANT EVENTS AFTER THE END OF THE FINANCIAL YEAR

At the start of 2020, the coronavirus pandemic broke out and it has quickly spread to different regions of the globe. It is with great concern that we are following developments around the world, above all in our project countries, where many people are already extremely vulnerable. Sweden was hit with full force in March and a range of restrictions was introduced to limit the spread of infection, but the restrictions are also having a significant impact, both on a national and on a private level. Naturally, another concern is how this will affect Läkarmissionen's fundraising and donations from the public. During the first few months we have noted that Läkarmissionen's donors have remained loyal and that fundraising has not been affected by any major reduction. Whether other long-term impacts on fundraising activities occur is currently hard to assess.

Measures to limit the spread of infection in many of Läkarmissionen's project countries are frequently extensive and prevent us from operating normally. We have been forced to delay, postpone or change the direction of ongoing and planned projects and aid efforts. In many cases, this can entail downtime costs while waiting for operations to resume. For Läkarmissionen, this will probably be most noticeable financially in our own field operations with costs operational and staff costs. As regards institutionally funded projects, implementation times have usually been extended due to pandemic downtime. It is uncertain whether remuneration or compensation will be paid for the downtime costs that are being incurred. Some staff reductions have been necessary to reduce costs and more may be necessary if the standstill becomes long-term or if financial support from institutional donors is delayed or does not revert to previous levels.

At Läkarmissionen, much of the office work takes place remotely and of course all travel to and between the project countries has been cancelled. Special grants, or the opportunity to use disbursed project funds, for initiatives to limit the impact of the pandemic have been offered to project partners. The effects of the pandemic on many projects are hard to assess, but it is likely that the already vulnerable social groups will also suffer most as there are no margins. Läkarmissionen's continued aid and support for these people will therefore be even more crucial.

Website: [Läkarmissionen.se](http://lakarmissionen.se)
 Online shop: lakarmissionen.se/gavoshop
 Swish: 90 00 217
 90 accounts: PG 90 00 21-7, PG 90 17 18-7,
 BG: 900-0217, BG: 901-7187
 Twitter: twitter.com/lakarmissionen
 Facebook: facebook.com/lakarmissionen
 Instagram: instagram.com/lakarmissionen/
 LinkedIn: linkedin.com/company/lakarmissionen

INCOME STATEMENT

Amounts in TSEK

	Note	2019	2018
Operating revenue			
Donations	3, 4	124 660	105 214
Grants	3, 4	103 798	23 841
Net turnover		1 514	1 332
Other revenues		3 427	3 520
Total operating revenue		233 399	133 907
Operating costs			
	5, 6		
Direct project costs	7	-200 138	-118 581
Fundraising costs		-21 841	-20 283
Administrative costs		-9 768	-7 781
Total operating costs		-231 747	-146 645
Operating profit/loss		1 652	-12 738
Income from financial investments			
Income from other securities and receivables held as fixed assets	8	1 060	2 513
Interest payable and similar profit/loss items		-642	-86
Total profit/loss from financial investments		418	2 427
Profit/loss after financial items		2 070	-10 311
Profit/loss for the year		2 070	-10 311

BALANCE SHEET

Amounts in TSEK

ASSETS	Note	31.12.2019	31.12.2018
Fixed assets			
Intangible assets			
Capitalised expenditure for software	9	2 624	3 061
Goodwill	10	4 539	-
		7 163	3 061
Tangible assets			
Expenditure on leased property	11	1 303	1 738
Equipment	12	11 827	10 331
		13 130	12 069
Financial fixed assets			
Long-term investments held as fixed assets	13	18 931	30 001
Long-term receivables	14	5 000	6 820
		23 931	36 821
Total fixed assets		44 224	51 951
Current assets			
Current receivables			
Other receivables		27 207	11 307
Prepaid expenses and accrued income	15	6 752	3 506
		33 959	14 813
Current investments	16	751	750
Cash and bank		30 737	28 308
Total current assets		65 447	43 871
Total assets		109 671	95 822

EQUITY AND LIABILITIES

Amounts in TSEK

Equity	Note	31.12.2019	31.12.2018
Donation capital		3 047	3 020
Earmarked project funds		43 424	46 764
Profit/loss brought forward		25 438	32 472
Profit/loss for the year		2 070	-10 311
		73 979	71 945
Long-term liabilities			
Liabilities to credit institutions		5 123	6 057
Current liabilities			
Liabilities to credit institutions		3 067	1 580
Accounts payable		4 938	2 487
Liabilities for received, unutilised grants	17	9 560	9 205
Other liabilities		2 643	517
Accrued expenses and deferred income	15	10 361	4 031
		30 569	17 820
Total equity and liabilities		109 671	95 822

CHANGES IN EQUITY

Amounts in TSEK

	Donation capital	Earmarked project funds	Profit/loss brought forward	Total equity
Opening balance	3 020	46 764	22 161	71 945
Received donation capital	27		-27	
Earmarked by the Board		42 308	-42 308	
Utilisation of earmarked funds		-45 848	45 848	
Reversal of unused funds		-915	915	
Provision fund for equipment		1 115		1 115
Profit/loss brought forward from local offices			-1 151	-1 151
Profit/loss for the year			2 070	2 070
Closing balance	3 047	43 424	27 508	73 979

CASH FLOW STATEMENT

Amounts in TSEK

	Note	2019	2018
OPERATING ACTIVITIES			
Operating profit/loss		1 652	-12 738
Adjustment for non-cash flow items			
Amortisation and impairment		6 314	1 838
Other items	18	-7 482	-
Interest received		1 119	1 433
Interest paid		-642	-86
Cash flow from operating activities before changes in working capital			
changes in working capital		961	-9 553
Changes in working capital:			
Change in current receivables		-19 147	-2 731
Change in current investments			-614
Change in current liabilities		11 264	8 742
Cash flow from operating activities		-6 923	-4 156
INVESTING ACTIVITIES			
Acquisition of tangible and intangible fixed assets		-	-9 737
Net change in financial fixed assets		12 890	9 554
Cash flow from investing activities		12 890	-183
FINANCING ACTIVITIES			
Borrowings		-	7 900
Amortisation of debt		-3 538	-263
Cash flow from financing activities		-3 538	7 637
Cash flow for the year		2 429	3 298
Cash and cash equivalents at beginning of year		28 308	25 010
Cash and cash equivalents at end of year	19	30 737	28 308

NOTES

Note 1 Accounting and valuation principles

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

The principles are unchanged compared with previous fiscal years.

Operating revenue

Revenue has been recognised at fair value of the consideration received. As a main rule, revenue in the form of donations or grants has been recognised when the related transaction has been legally executed.

The term "donation" refers primarily to funds raised from private individuals and companies. The term "grant" refers primarily to funds raised from external donors after application.

Conditional donations are considered to be grants.

Grants received from Världens barn/Radiohjälpen have been disbursed to recipients abroad.

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

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

Direct project costs

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

Fundraising costs

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

Administrative costs

Administrative costs are defined as costs incurred while administering the organisation. They include the cost of the Board, costs for salaries and social security contributions for the administrative staff, as well as joint costs allocated as administrative costs.

Tangible and intangible fixed assets

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

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

Capitalised expenditure for software	10 years
Goodwill	3 years
Investment in leased property	10 years
Equipment	5–10 years

Financial fixed assets

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

Other assets

Receivables have been recognised, after individual assessment, at the estimated amount to be received.

Receivables in foreign currencies have been reported at closing day rate.

Other assets have been reported at acquisition value unless otherwise stated below.

Provisions and liabilities

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

Equity

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

Note 2 Accounting judgements and estimates

Donated assets

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

Amounts in TSEK

Note 3 Raised funds

Donations reported in the balance sheet

	2019	2018
<i>Raised funds</i>		
General public	89 002	79 195
Companies	3 170	-
Bequests	29 203	23 455
Donations from second-hand shops	3 285	2 564
Total (a)	124 660	105 214

Grants reported as revenue

Raised funds

Radiohjälpen	3 472	3 386
ZOA/DFID	15 120	-
Other organisations	44 367	-
Total raised funds (b)	62 959	3 386

Public grants

Wage subsidies	4 507	4 204
SIDA/Swedish Mission Council	36 332	16 251
Total public grants	40 839	20 455
Total (c)	103 798	23 841

Total raised funds comprise the following:

Donations reported in the balance sheet (a)	124 660	105 214
Grants reported as revenue (b)	62 959	3 386
Total raised funds	187 619	108 600

Note 4 Operating revenue received from each country

Country

Sweden	140 148	133 907
Ethiopia	10 377	-
Niger	15 475	-
Somaliland	2 711	-
Sudan	27 618	-
South Sudan	17 207	-
Chad	9 489	-
Uganda	10 375	-
Total project countries	233 399	133 907

Note 5 Average number of employees, personnel costs and remuneration to the Board

Average number of employees

	2019		2018	
	Total employees	Number of men	Total employees	Number of men
Sweden	56	36	50	29
Africa	290	211	-	-
Rest of the world	2	2	2	2
Total	348	249	52	31

Gender distribution in the Board and executive management

Percentage of women

Board of Directors	42%	50%
Other senior executives	54%	57%

Amounts in TSEK

Salaries, other remuneration and social security contributions	2019	2018
Board and Secretary General	874	759
Other employees	50 776	19 905
Total salaries and remuneration	51 650	20 664
Social security contributions in Sweden	9 567	8 200
(of which pension costs)	(2 035)	(1 714)
Salaries and other remuneration by country		
Sweden	22 537	19 745
Africa	28 000	-
Rest of the world	1 113	919
Total salaries and remuneration	51 650	20 664
<i>No commission-based remuneration has occurred.</i>		
<i>TSEK 267 (TSEK 139) of pensions costs regard the Secretary General.</i>		
<i>The notice period on the part of Läkarmissionen as well as the Secretary General is six months.</i>		
<i>Agreed remuneration regarding salary and pension is payable during the notice period.</i>		
Note 6 Leasing		
Leasing primarily regards office space and office equipment. Leasing fees carried as expenses amount to 1534 (1059)		
Future leasing fees in TSEK are due as follows:		
Within 1 year	1 496	1 079
1-5 years	3 673	2 246
<i>The lease for rented premises extends to 2026.</i>		
Note 7 Direct project costs		
Development projects	172 398	89 981
Material aid	1 500	1 500
Information and advocacy in Sweden	9 385	10 712
Meetings	3 452	3 330
Svenska Journalen	2 763	2 803
Social care in Sweden	9 710	9 701
Miscellaneous	930	554
Total	200 138	118 581
Note 8 Income from securities and receivables held as fixed assets		
Interest	1 119	1 433
Profit/loss from disposal of shares	-59	1 080
Total	1 060	2 513
Note 9 Capitalised expenditure for software		
Opening acquisition value	4 374	4 374
Closing accumulated acquisition value	4 374	4 374
Opening amortisation/depreciation	-1 313	-876
Amortisation/Depreciation for the year	-437	-437
Closing accumulated amortisation/depreciation	-1 750	-1 313
Closing residual value according to plan	2 624	3 061

Amounts in TSEK

	2019	2018
Note 10 Goodwill		
Acquisitions for the year	6 809	-
Closing accumulated acquisition value	6 809	-
Amortisation/depreciation for the year	-2 270	-
Closing accumulated amortisation/depreciation	-2 270	-
Closing residual value according to plan	4 539	-
<i>In conjunction with the merger with IAS Sweden, a goodwill item occurred, which will be amortised over three years.</i>		
Note 11 Expenditure on leased property		
Opening acquisition value	4 344	4 344
Closing accumulated acquisition value	4 344	4 344
Opening amortisation/depreciation	-2 606	-2 172
Amortisation/depreciation for the year	-435	-434
Closing accumulated amortisation/depreciation	-3 041	-2 606
Closing residual value according to plan	1 303	1 738
Note 12 Equipment		
Opening acquisition value	12 836	3 132
Purchases	4 668	9 704
Closing accumulated acquisition value	17 504	12 836
Opening amortisation/depreciation	-2 505	-1 571
Amortisation/depreciation for the year	-3 172	-934
Closing accumulated amortisation/depreciation	-5 677	-2 505
Closing residual value according to plan	11 827	10 331
Note 13 Long-term investments held as fixed assets		
Opening acquisition value	30 001	33 315
To be added	2	9 145
Outgoing	-11 072	-12 459
Closing accumulated acquisition value	18 931	30 001
Book value	18 931	30 001
Market value	17 790	27 215
Specification of long-term investments		
Mutual funds	212	210
Fixed income funds	-	5 042
Structured products	18 719	24 749
Total	18 931	30 001

Investments have been placed in accordance with the distribution and risk profile specified in the Foundation's investment policy and designated with a 3.3 (2.8) rating on a 7-point scale, in which 1 is the lowest risk level and 7 the highest. Valuation has been based on acquisition value. Securities that mature within one year have been individually assessed and, where necessary, their value has been written down. As of 31-12-2019 the market value of the holding has been less than its book value. No value adjustment.

Amounts in TSEK

Note 14 Long-term receivables	2019	2018
Opening acquisition value	6 820	11 980
Outgoing	-1 820	-5 160
Closing accumulated acquisition value	5 000	6 820
Book value	5 000	6 820

TSEK 5,000 is due in full in 2022.

Note 15 Accruals

Prepaid expenses and accrued income

Prepaid expenses	2 719	1 278
Accrued income	4 033	2 228
Total	6 752	3 506

Accrued expenses and deferred income

Holiday provision	3 974	3 372
Accrued social security contributions	622	458
Prepaid income	2 411	-
Other items	2 354	201
Total	10 361	4 031

Note 16 Current investments

Opening acquisition value	750	136
To be added	751	730
Outgoing	-750	-116
Closing accumulated acquisition value	751	750
Book value	751	750
Market value	1 296	763

Note 17 Liabilities for received, unutilised grants

The item includes liabilities relating to public grants of TSEK 9,560.

Note 18 Other information for the cash flow statement. Adjustments for items not included in the cash flow.

Non-cash flow affecting items have not reported under other items for the transfer of assets and liabilities in 2019.

Note 19 Liquid assets

The following subcomponents are included in cash and cash equivalents:

Bank deposits	30 737	28 308
Total	30 737	28 308

Note 20 Pledged assets and contingent liabilities

The Foundation has no pledged assets. In the opinion of the Board, the Foundation has no contingent liabilities.

Note 21 Significant events after year-end

At the start of 2020, the coronavirus pandemic broke out and has progressively reached different regions of the globe. During the first few months we have noted that Läkarmissionen's donors have remained loyal and that fundraising has not been affected by any major reduction. Whether other long-term impacts on fundraising activities occur is currently hard to assess. Measures to limit the spread of infection in many of Läkarmissionen's project countries are frequently extensive and are preventing us from operating normally. We have been forced to delay, postpone or change the

direction of ongoing and planned projects and aid efforts. As regards institutionally funded projects, implementation times have usually been extended due to pandemic downtime. It is uncertain whether remuneration or compensation will be paid for the downtime costs that are being incurred. Some staff reductions have been necessary to reduce costs. For more information about significant events after year-end, please refer to the Management Report.

One financial consequence of the coronavirus pandemic is a feared reduction in the value of our financial investments by approximately SEK 1 million during 2020.

Stockholm 5th June 2020



Bo Guldstrand, Chairman



Hanna Möllås



Nils Arne Kastberg



Johan Sigge



Margareta Arvidsson



Staffan Hellgren



Christine Rydberg



Maria Wiss



Agneta Lillqvist Bennstam



Christian Holmgren



Erik Kennet Pålsson



Gunnar Swahn



Lars Arrhenius, Secretary General

My audit report has been submitted on 8th June 2020.



Pernilla Zetterström Varverud
Authorized Public Accountant
Grant Thornton Sweden AB

Auditor's Report 2019

To the Board of Directors of Läkarmissionen – philanthropic foundation
Org. Reg. No. 802005-9989

REPORT ON THE ANNUAL ACCOUNTS

Opinion

I have conducted an audit of the Annual Accounts of Läkarmissionen – philanthropic foundation for 2019. 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 2019, 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

It is the Board of Directors that 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). The Foundation's annual report can be found on pages 36–53 in this document. 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 gene-

ral 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 they 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 goals are 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 – philanthropic foundation for 2019. 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

It is the Board of Directors that is responsible for administration, in compliance with the Swedish Foundation Act and the Regulation for Foundations.

Auditor's responsibility

My goal in regard to 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 may 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, 8th June 2020



Pernilla Zetterström Varverud
Authorized Public Accountant

MEMBERS OF THE LÄKARMISSIONEN BOARD 2019:

Margareta Arvidsson, Vrigstad.

Worked as a teacher and engaged in various board assignments. Served as a missionary in Bolivia for 36 years, including teaching and leadership development, and as the Swedish Vice Consul. Board Member since 2008.



Hanna Möllås, Huskvarna.

Certified midwife, psychotherapist, family therapist, clinical sexologist, lecturer, etc. Various commitments to issues related to sexual and reproductive health and mental well-being. Board member since 2017.



Bo Guldstrand, Danderyd.

Board Chairman since 2015. Former company manager now with his own consulting firm. Board assignments include chairmanship of Human Bridge. Board member since 1995.



Erik Kennet Pålsson, Tyresö.

Served as a deacon and church planter in Stockholm's Catholic diocese. Author committed to ecumenical issues and the work of Caritas. Board member since 2014.



Staffan Hellgren, Åkersberga.

Vice Chairman. Vicar in the Church of Sweden, Österåker. Previously served as Director of Ersta Diakoni and Stockholm Stadsmission, and Port Chaplain in Egypt. Board member since 2009.



Christine Rydberg, Stockholm.

CFO and Administrative Manager at the Stockholm Chamber of Commerce. Extensive experience in leadership roles in various industries. Board member since 2019, former member of the Advisory Board.



Christian Holmgren, Stockholm.

Engineer, entrepreneur and consultant in business and project management. Has been active in aid and missionary work in Bangladesh, as administrative head of PMU, Director of the Swedish Pentecostal Alliance (PAIC) and Vice-President of Dagensgruppen. Board member since 2014.



Johan Sigge, Lindesberg.

Business developer at Kommuninvest with many years of experience in the financial sector and runs his own farm. Member of the council for Länsförsäkrings Bergslagen. Former Chairman of IAS, appointed to the Board of Läkarmissionen in 2019.



Nils Arne Kastberg, Miami and Örebro.

Consultant and lecturer in humanitarian aid, international relations and human rights with 40 years of experience at the UN, including Head of Unicef in Sudan and Regional Head for Latin America. Board Member of Special Olympics. Board Member since 2007.



Gunnar Swahn, Sundbyberg.

Lengthy involvement in church and humanitarian work, including PMU Interlife and the Filadelfia Church in Stockholm. Member of the international steering group at the PAIC. Board member since 2016.



Agneta Lillqvist Bennstam, Ludvika.

Licensed M.D. Member of the Uniting Church's reference group for Africa, health care and medicine. Served as a company doctor, and as a missionary and doctor in DR Congo for 17 years. Board member since 2005.



Maria Wiss, Jönköping.

Deacon in the Church of Sweden, Gislaved. Former executive and CEO in the hotel and restaurant industry. Committed to development aid in India and various board assignments. Board member since 2014.



The Board has two working committees that deal with a number of international and national issues. In addition to the Chairman, the International Steering Committee (IA) comprises Margareta Arvidsson and Agneta Lillqvist Bennstam, and the National Committee (NA) comprises Christian Holmgren and Maria Wiss.

**MANY THANKS TO OUR AID PARTNERS FOR A FRUITFUL COLLABORATION
AND AN ENRICHING PARTNERSHIP DURING 2019!**

AFGHANISTAN

International Assistance Mission
Operation Mercy

ARGENTINA

Fundacion Nueva Esperanza

BANGLADESH

ADRA Bangladesh
Koinonia

BRAZIL

Agência Social de Talentos (AST)
Ibraema

BURKINA FASO

Assemblées de Dieu

BURUNDI

Mothers' Union

DR CONGO

CEPAC
Hôpital Panzi
Hope in Action DRC

EL SALVADOR

Alfalisal

ETHIOPIA

Bright Star
Yehiwot Berhan Church of Ethiopia
Development Organization

GUATEMALA

Alfaguat

HONDURAS

Alfasic

INDIA

Calcutta Emmanuel School
EFICOR
Hand in Hand

KENYA

ADRA Kenya
Hand in Hand

MEXICO

CoSoET

MOZAMBIQUE

Alfalit Mozambique

MOLDOVA

Fundatia Viata si Lumina

NEPAL

International Nepal Fellowship
Mission East, Danmark

NICARAGUA

Alfanic

NIGER

Stromme Foundation West Africa

PANAMA

Pan Alfalit

PARAGUAY

Alfalit del Paraguay

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Life & Light Foundation

SWEDEN

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SOUTH AFRICA

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Stromme Foundation East Africa

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UKRAINA

Blagodat Grace
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Läkarmissionen – stiftelse för filantropisk verksamhet

Registration number: 802005-9989

Siktgatan 8, 162 88 Vällingby

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

Plusgiro: 90 00 21-7 and 90 17 18-7, Swish 90 00 217

