

2014

ANNUAL REPORT

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



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

RUSSIA

UKRAINE

MOLDOVA

ROMANIA

LEBANON PAGE 20 SYRIA

ISRAEL/PALESTINE

IRAQ

AFGHANISTAN

NEPAL PAGE 12

PAKISTAN

BANGLADESH

INDIA PAGE 16

THE PHILIPPINES

MAURETANIA

NIGER

SENEGAL

CHAD

SUDAN

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REPUBLIC

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SOUTH AFRICA

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Vision:

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

Mission:

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



Core values

Fighting poverty

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

Human rights perspective

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

Sustainable development

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

Overview

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

Word from the President & CEO

THE VALUE-DEVELOPMENT CHAIN – STRONG LINKS FOR A BETTER FUTURE

Läkarmissionen is an organisation that is in a constant state of expansion and development. This is a summary of another good year for Läkarmissionen in 2014. Our aid operations increasingly use a well-defined structure in which our various priority areas are like links in a chain. The old saying that “a chain is only as strong as its weakest link” also applies to development aid. Our aim is to ensure sound and sustainable development for vulnerable individuals that are entitled to a better life. We are ensuring the creation of better tools that will achieve our short-term and long-term goals.

Läkarmissionen places high demands for efficiency and quality. In addition, different stakeholders require that Läkarmissionen complies with the guiding principles that apply to an organisation such as ours. This obviously goes without saying, but there are no higher demands than the ones that our donors place on us. Our aim is to create a bond with our donors, but also to conduct relevant and worthwhile projects that make a genuine difference to the individuals that we are privileged to work with. Long-term impacts, well-planned projects and sustainable development can only be achieved in collaboration with local organisations that have a good understanding of local conditions and with individuals that are willing to change and improve. We are proud of and grateful to our partners around the world. They do great deeds every day, and are often the difference between life and death for a large number of vulnerable individuals.

An annual report tends naturally to focus on figures and statistics that answer questions about our accomplishments and our financial and fundraising results. This is obviously important, but it should never overshadow the fact that we are the prerequisite that empowers thousands of people to a better and more dignified life.

Together with our loyal donors and skilful partners, we are creating a better world and a better future for people in over 40 countries. The fact that we are achieving it together, hard-working employees, skilful partners and loyal donors, is something that fills us with gratitude and pride. We are like links in a strong chain. We are reliant on each other to succeed in our important mission to change the future for vulnerable individuals. Many thanks for 2014, and now let us do our utmost to ensure that even more people can fulfil their life’s dream in 2015!

Sten-Gunnar Hedin, *President*
Johan Lilja, *CEO*

"Together with our loyal donors and skilful partners, we are creating a better world."







1

SOCIAL CARE

Putting children first

Social care efforts at Läkarmissionen prioritise children. A significant proportion of our resources are devoted to working with vulnerable children and young people and ensuring that they have a solid foundation. Secure childhoods contribute to a better society in the long term, because the children and young people of today are the decision makers and community stakeholders of tomorrow.

During 2014, social care accounted for approximately 31% of Läkarmissionen's total aid efforts. Approximately SEK 26 million was allocated to caring for street children and abandoned children and finding new families for them, as well as to health care projects and aid to victims of trafficking and abuse.

Our motivation is the conviction that all individuals are created equal. People are obviously influenced by social structures in their respective countries, and the fact that this has an impact on our various aid projects cannot be overlooked. However, Läkarmissionen's mission is based on individuals and individual circumstances. For example, children not only have the right to survive, they are also entitled to develop, to have parents and to enjoy a secure childhood. We are committed to ensuring this. We believe that healing and rehabilitation from traumatic experiences is essential in giving children a better perspective on life. With aid and support that facilitates a more harmonious childhood, children have a better chance of a fruitful adult life.

We strongly believe that the best foundation for any child is a functional family. This is why Läkarmissionen aims to find family solutions for

children wherever possible, either with relatives or other foster families. We regard family units rather than institutions as the most long-term, sustainable solution, as well as the best option from a socio-economic perspective. All of Läkarmissionen's work that prioritises children must take into account their overall needs, which includes their material and physical needs as well as their emotional and psychological needs.

Another important element of social care is health. Poor health creates obstacles that individuals must overcome in order to survive and

become self-sufficient. One particularly vulnerable group is women with dependents, who are often at serious risk during pregnancy and childbirth. Läkarmissionen's commitment to good health is primarily focused on general health care with an emphasis on women and children. However, this is not only a matter of curative health care, as preventive health interventions are also an essential component in our commitment to good health. Läkarmissionen aims to participate in disseminating basic knowledge in good hygiene and health, as well as information on how relatively simple precautions can prevent a wide range of diseases.

KENYA

The campaign against female genital mutilation

Läkarmissionen has a long-standing partnership with ADRA Kenya in regard to the campaign against female genital mutilation (FGM) in western Kenya, a campaign that the project manager Mary Kwamboka spoke about in May at Läkarmissionen's annual seminar in Stockholm. The purpose of the programme is to protect girls from mutilation and to strengthen their rights. In total, the lives and health of approximately 130 million women around the world have been impacted by FGM, and girls are still mutilated before or during adolescence in 28 countries in Africa alone.

A health survey conducted in Kenya in 2008 revealed that the proportion of circumcised women is higher amongst older women (49%) than amongst girls and women aged 15-19 (15%). However, the survey also showed that there is considerable variation based on ethnicity (from 98-40%).

FGM has both an immediate and a lifelong impact on the life of women, both physically and mentally. In addition, many die during the procedure itself, usually due to severe haemorrhaging, and many others experience severe complications during childbirth. There are also other traditions that impact the lives of women negatively, which derives from the large gender gap in a country where girls are considered inferior to boys. For example, many girls are not allowed to go to school and as a result they remain illiterate, they are married off young and against their will, and then become pregnant as teenagers.

ADRA's campaign against FGM began in 2001 and focuses on the rights of children by offering alternative rituals that empower girls and support them in resisting the FGM tradition. The campaign has contributed to convincing the Kenyan government to adopt a new law banning FGM. The positive results are partly due to the collaboration between village elders, school children (both boys and girls), teachers, local administrations, local communities and government departments across the country.

Mary Kwamboka is dedicated to protecting girls in Kenya from FGM.



However, since the tradition of FGM has been in existence for about 2,000 years and it is closely linked to illiteracy and poverty, there is still a great deal of work to do. FGM is a cultural tradition first and foremost, not a religious issue, and many local people are worried about losing their culture and traditions. Hence a long-term approach on several levels is required, one which empowers girls in society while combating poverty, ignorance and illiteracy.

DR CONGO & TANZANIA

Give birth in a hospital or at home in the hut?

One project that can often mean the difference between life and death is the opportunity provided to underprivileged expectant mothers in DR Congo and Tanzania through a special partnership with the Panzi and Nkinga hospitals. For a nominal fee, women are offered the chance to give birth in a hospital maternity ward instead of at home in their huts. The real costs are covered by Läkarmissionen and funded to a large extent by people in Sweden that have donated to "Let a child be born", for example as a Mother's Day gift to their mothers or wives.

The advantages of giving birth in a hospital are numerous and obvious. Several of the women have themselves lost a child during a previous home birth, either because of an unexpected event during delivery that could have been managed in a hospital environment, or because the child or mother contracted an infection in the unhealthy environment of the mud hut with its dirt

floor. Furthermore, babies in hospital can be vaccinated against a range of diseases and the general health of the mother and child can be checked and monitored.

However, there is another less obvious benefit. Women that give birth in a hospital environment also receive advice about family planning and help with contraception. "The gratitude that these families feel for the opportunity to give birth here with us makes them a lot more receptive to our arguments. In fact, we succeed in getting a lot of them to understand the value of giving birth less often and limiting the number of children they have. Otherwise, it's very difficult for us to reach out to the community with our arguments because the power of tradition is still strong," says Sylvie Mwambali, the paediatrician responsible for family planning at Panzi Hospital.



*The maternal mortality rate in DR Congo is one of the highest in the world.
Giving birth in a hospital can mean the difference between life and death.*





2

TRAINING & EDUCATION

Knowledge is the foundation

Training and education is a key to empowering individuals to achieve a dignified and fulfilling life and one of Läkarmissionen's priority areas. Literacy is both a basic human right and essential to concrete poverty reduction. Learning to read, write and count provides vital tools that facilitate long-term change in individual life situations. For this reason, the majority of Läkarmissionen's projects include an educational component. Läkarmissionen supports educational projects in the form of initial basic literacy skills, as well as vocational training and education.

Läkarmissionen's literacy programmes are no longer conducted as individual projects. In Latin America, they are linked to savings groups and other components of microfinance aid. In the partnerships with Hand in Hand in India and Kenya, as well as with Strömmestiftelsen in Uganda, Niger and South Sudan, Läkarmissionen's literacy courses during 2014 have formed a component in strong programmes primarily focused on women that include microfinance and training. This synergy is an expression of Läkarmissionen's aim to develop a robust approach to poverty alleviation. Programmes with a multi-component perspective increase opportunities for organisations to become strong local agents for change.

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

In our commitment to designing effective and stimulating methods, Läkarmissionen has as a first step developed guidelines within its priority areas. The next step is to systematise our experiences and

lessons learned, and compile them into manuals. The manuals will serve as a support for our local partners when planning new projects and as a working paper during discussions with partners regarding how existing projects can be strengthened.

During the year, a new initiative has been developed that greatly enriches Läkarmissionen's own learning. In collaboration with Strömmestiftelsen, we have begun establishing a regional resource centre in Uganda to monitor and assure the quality of projects in

East and West Africa. One of Läkarmissionen's own employees, Marcus Holmgren, has relocated to Kampala with his family, where he is managing the process of establishing the centre and recruiting local employees. Läkarmissionen already operates a regional resource centre in Miami for projects in Latin America. Our resource centres allow us to develop relationships with our local partners to jointly ensure the quality and development of individual projects and programmes.

NEPAL

Ujala and her daughters are learning to read together

Nepal is one of the poorest and most underdeveloped countries in the world. In the mountainous and inaccessible Humla and Mugu districts, Läkarmissionen is supporting a project to empower women through education, social mobilisation (strengthening local networks and organisations) and income generation. Ujala is one of the project participants.

"I never went to school as a child. My sisters and I had to work so that our brother could go to school," she says.

Ujala cannot emphasize the importance of education enough. Her brother, who received an education, has quite a good life today. Ujala herself was married off young to an older man and became his second wife. Joining the programme and learning to read and write has sparked a major change.

"Not having an education is like being blind. This is why I'd like my two daughters to go to school so that they can get an education. I want them to be able to earn their own money."

Ujala has five children, three sons and two daughters. Schooling is important for all children, but it is her daughters above all that she is thinking about.

"If I had to choose between sending my sons to school or my daughters, I'd choose my daughters. My sons are going to inherit our house and will be able to support themselves. My daughters are going to move to other households so it's important that they have an education."

Ujala has carved an alphabet into the bed frame at home to help with her and her daughters' studies.

"We read it together in the evenings and in the mornings sometimes. We do our homework together," she says.

The next step in the programme deals with income generation. The women who have received a basic education and learned about their rights will also receive help to start something of their own.

"I'd like to herd goats. I have a goat at the moment but I'd like to have more. They provide a good income, both in wool and meat. The droppings can be used as fertilizer."

Life in these regions is tough. In the winter, it is impossible to live up in the mountains and the family has to move down to the valley. Unfortunately, they do not own any land in the valley, so they move back up to their house again as soon as they can.

"I grow a bit of coriander and garlic myself, as well as a few carrots, but my dream is to have a small greenhouse," says Ujala.



"Not having an education is like being blind," says Ujala, who is making sure that her daughters learn to read and write.

MOZAMBIQUE

Learning to read is easier with the new teaching materials

Mozambique is one of the poorest countries in the world with more than half of the population living in extreme poverty. It has been estimated that only about half of all Mozambican adults are literate. In Mozambique, Läkarmissionen has for many years collaborated with our local partner Alfalit, an organisation that conducts nationwide projects in literacy, savings groups, training in income-generating activities, as well as information about HIV/AIDS, health and nutrition. The target group for the projects is underprivileged individuals, most of whom live in rural areas.

In late 2013, discussions took place between Alfalit and Läkarmissionen concerning the need to update the teaching materials that were in use at the time. With the support of Läkarmissionen's regional resource centre in Miami, Läkarmissionen and Alfalit in Mozambique began the process of adapting the new so-called MIA materials used by Läkarmissionen's partners in Latin America. Although Spanish and Portuguese are closely related languages, a comprehensive revision of each word and image was required to ensure that the material was accessible in Portuguese. Final proofreading was conducted by linguists

from the Eduardo Mondlane University in Maputo. Illustrators were hired and new Mozambican photographic materials were produced. The methodology and educational content was also adapted for relevancy with the new readers.

In November 2014, regional administrators and field staff supervisors gathered in Mozambique for a week-long seminar. The new teaching materials and methodology were introduced and discussed with managers from Alfalit in Mozambique and from Alfagat in Guatemala, as the latter are very familiar with the material. In order to disseminate the new materials and lessons, three regional seminars were organised for facilitators working directly with the target group. Despite flooding and impassable roads, the participants finally managed to gather. The first parts of the material have now been printed and were presented for the first time to the target group in early February 2015. Alfalit Mozambique will evaluate the results at the end of the school year, after which it is expected that further adjustment and revision will be necessary.



The new material in the literacy class is highly appreciated by both teachers and students.



3

SELF-SUFFICIENCY

From dependency to independence

The aim of self-sufficiency aid is to equip individuals with better tools that will allow them to impact their own lives. With a view to reducing poverty, they should be enabled to transition from a state of dependency to one of financial independence. They should be provided with opportunities for greater financial security, but also develop a better understanding of the world they live in. Läkarmissionen's self-sufficiency programmes frequently follow on from some form of training and education programme that can include literacy, citizens' rights or vocational training, in other words they are integrated with relevant training and education.

Läkarmissionen supports self-sufficiency projects all over the world. For a long while, our focus was on developing self-sufficiency projects in Latin America. Now we are intensifying our efforts in Asia and have also become more active on the African continent.

Microcredit and savings groups enable income-generating occupations for people who are too impoverished to become bank customers, which is why Läkarmissionen is committed to microfinance aid: savings groups, entrepreneurship and microcredit projects. Savings groups focus on development and savings within their own group. Short-term loans are limited to the resources that the group can generate itself through its savings. One key subgoal is facilitating the establishment of a savings culture, which is especially challenging in environments with overwhelming day-to-day survival needs.

Microcredit projects can be designed as individual loans or as loans to self-help groups or solidarity groups, for which external loans are linked to and dependent upon the group's own savings. Läkarmissionen's microcredit projects are targeted at both women and men although the majority of the beneficiaries are women. The projects require a certain degree of stability and are ineffective in acute

humanitarian situations as the target group is too vulnerable and because basic public services, which are a prerequisite for project success, can be nonfunctional.

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

Läkarmissonen offers regular platforms for experience sharing. The report on the next page describes how representatives from five countries and six partner organisations met in Kampala, Uganda, for peer learning activities. These local partners are part of the East African network for microfinance and literacy.

The integrated form of microfinance is a relatively new area for our aid partners, who formulate local manuals based on Läkarmissonen's manual. During the autumn, the regional resource centre in Miami

initiated seminars to develop and strengthen the planning, implementation and follow-up of microfinance aid in Central America. The seminars were conducted in Nicaragua, Guatemala, Honduras and El Salvador.

The regional resource centres in Miami and Kampala actively support the development of partner organisations. One specific priority is precisely to support the transition from individual projects to more integrated collaboration between the various components in a coherent programme structure. This especially applies to the connection between literacy and microcredit programmes. Läkarmissonen's integrated programmes for literacy, savings groups, citizens' rights and microcredit, for a common target group, are well underway.

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

INDIA

Indian women are taking matters into their own hands

During 2014, Läkarmissonen initiated a major new initiative in so-called self-help groups amongst underprivileged women in the Indian states of Tamil Nadu and Madhya Pradesh. The three year project is being conducted in partnership with Hand in Hand India and is very ambitious: 20,000 (impoverished) women will be organised into self-help groups. 10,500 of them will be taught how to read, write and count in a specially designed literacy course. 5,000 of them will receive vocational training, and as many as 10,000 will eventually undergo a more advanced course for entrepreneurs. The aim of the project is to create 10,000 small businesses, which in turn is expected to generate about 20,000 new jobs!

The current project is the fourth of its kind conducted since start-up in 2008. The project model comprises four stages: recruitment, training, access to credit and links to the market. Results have been outstanding. Thousands of women and their families have benefited from brand new financial resources, which have mainly been used to provide children with better schooling and more advanced studies.

When women earn their own income, for example through their own hairdressing salon, it boosts the whole family.



EAST AFRICA

Collaborative efforts for optimum results

Several of Läkarmissionen's partners in eastern and southern Africa are currently working with self-help groups, microcredit and literacy. In order for them to share their knowledge and experiences in the above fields, we organised a partner seminar in Kampala, Uganda, in October 2014. In addition to experience sharing, the purpose of the seminar was to create a joint platform for regular exchanges that will enable mutual support in future efforts.

During the seminar, Läkarmissionen presented the revised manual for savings groups and microfinance. Discussions also took place regarding how Läkarmissionen intends to work with microfinance and literacy going forward, during which we emphasised the holistic approach to interventions based on Läkarmissionen's value-development chain. When multiple components can support each other, it facilitates more effective poverty reduction and better long-term sustainability.

A large part of the seminar was used to discuss our methods, thoughts, similarities and differences in work contexts, and the challenges that we face as stakeholders in civil society. Just like Läkarmissionen, our partners are committed to the most vulnerable in society (especially women and children), to working with them to create better living conditions and to enabling their transition from dependency to independence.

During the seminar, Läkarmissionen also presented our new resource centre in Kampala and its role in future collaboration.

In addition to Läkarmissionen, the following partners participated in the seminar: Strömme East Africa, Strömme West Africa, Alfalit Moçambique, Mothers' Union Burundi, Five Talents USA, Hand in Hand Eastern Africa and ADRA Kenya. A follow-up seminar is scheduled to take place in Kenya during 2015.

Savings and microloans enable people that are too poor to become bank customers to establish income-generating businesses.







4

HUMANITARIAN INTERVENTION

A matter of saving lives

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

The first type takes place in response to major events such as natural disasters or extensive armed conflicts that impact large numbers of people. This kind of disaster frequently receives extensive media attention, which means that many of our donors would like to be able to contribute through Läkarmissionen. We then organise a fundraising campaign and mostly collaborate with the aid organisations that are included in our network.

The other type of humanitarian intervention involves minor emergency relief operations or minor disasters that have occurred in areas where our local partners are active. Their proximity to the disaster location, contact network and knowledge of local conditions facilitates rapid, life-saving aid to individuals in distress. During the year, we have supported our local partners in such interventions in Guatemala, DR Congo and the Central African Republic, among other locations. Since these minor disasters rarely receive much attention in the international media, we do not usually organise specific fundraising campaigns. Instead financial resources are provided from earmarked emergency funds.

Läkarmissionen's guidelines and the manual for our humanitarian interventions include a clear emphasis on the ability to provide rapid, life-saving aid. We are continuing the process of enhancing the skills and readiness of our local aid partners, while at the same time developing our partnerships in disaster relief. Our goal is to further reduce the lead time between the onset of a disaster and the moment that aid reaches the disaster location.

Humanitarian interventions during 2014

Liberia and Sierra Leone – the Ebola crisis. Preventive information campaigns, identification of needs, contact tracing and treatment of patients.

DR Congo – Support for indigenous peoples in the conflict situation in eastern Congo.

Iraq – Material aid for refugees from Syria and northern Iraq.

Syria – Material aid for internally displaced persons.

Lebanon – Ongoing efforts with support for refugees from Syria (funds disbursed in 2013 and 2015).

Guatemala – Food parcels and seed for the victims of the severe drought in Quiché.

India – Support for the victims of the floods and landslides in the state of Jammu and Kashmir.

Central African Republic – Support for refugees fleeing the civil war.

The Philippines – Emergency relief for the victims of Typhoon Haiyan (funds disbursed in Dec 2013).

LEBANON

Tent camps have become everyday life (unfortunately)

The tent camps for refugees from the civil war in Syria in the Bekaa Valley in eastern Lebanon have now entered their fourth year. By the end of 2014, there were 1,117 camps in the region, in which about half a million people have been forced to live in very primitive conditions. In collaboration with our international aid partner Medair, we have chosen to target our support specifically on improving the physical environment of the tent camps.

One major issue has been the flooding caused by melting snow and rainfall. To alleviate this, we have helped several camps to organise proper rainwater drainage and sewer pipes for domestic wastewater from each tent. All the practical work such as excavation is carried out by the refugees themselves, under the guidance of an engineer and two supervisors from Medair.

In specially selected and vulnerable camps, every family has received help “winter wrapping” their tents with thick vinyl plastic. At the same time, they have been provided with a “basic aid package” in the form of a large water tank, two water containers with water filters, five cement blocks and boards with which to build a stable base for their tent, a plywood “door”, tools, nails, a hygiene kit and a starter kit for babies.

7-10 people usually inhabit a total tent area of about 30 square meters, at least half of which are children. Every refugee family rents their tent site from a landowner (about 17 USD a month is a typical rent). Access to electricity and water costs extra. Technically speaking, they are not considered refugee camps because the Lebanese government does not allow refugee camps due to the conflicts surrounding the Palestinian refugee camps that sparked the civil war in Lebanon from 1975-82.

The prevailing situation in the Bekaa Valley is extremely stressful both for the refugees and the local population. The risk of a serious conflict in the long run is high, even though both groups have a common

This is the fourth year in a row that Syrian refugees have been forced to live in tent camps in the Bekaa Valley.



history in many respects and speak the same language. The aid and support that we and other NGOs provide is also essential in alleviating local tensions.

LIBERIA

The epidemic has been halted but work continues

The Ebola epidemic, which has so far caused more than 10,000 deaths in West Africa, broke out in Guinea in early 2014 and quickly spread across the border into Liberia and Sierra Leone. As the disease had not previously occurred in the region, there was little knowledge or preparedness amongst the local population or in the health care system, which resulted in a rapid spread of infection. Läkarmissonen has participated in a number of ways in the fight to stop the virus.

During the summer, we received a request for help from Foya-Borma Hospital in northern Liberia. By then, four of the hospital's employees had died of Ebola, and fear had spread amongst the staff, which lacked the necessary protective clothing and equipment to care for the afflicted. With support from Läkarmissonen and Erikshjälpen, the hospital purchased this protective equipment, as well as motorbikes with which to reach inaccessible areas with information campaigns and buckets of chlorine. When an Ebola clinic was established in Foya to quarantine infected patients, the hospital continued its work in combating Ebola by safely channelling infected patients to the clinic.

In the over-populated areas around the Liberian capital Monrovia, the spread of the epidemic was wide. Thanks to our partner ZOA, which has

been active in the area for several years, an extensive information campaign could quickly be initiated. We also support the tracing and observation of people who have been in contact with Ebola sufferers, as well as water purification to combat diseases that can be confused with Ebola.

The combined efforts of local and international stakeholders have paid off and in early 2015 the number of new Ebola cases in Liberia has fallen dramatically. However, there are areas around Freetown in Sierra Leone where the epidemic is still not under control. Through our aid partner Medair, an Ebola clinic has been established and quarantined patients receive food and psychosocial support.

In the aftermath of Ebola, many people have lost their relatives and their confidence in the health care system. We are continuing to support Foya-Borma Hospital in their efforts to rebuild this confidence by ensuring a secure environment for patients and staff. Through ZOA we also contribute with support for families who have lost their livelihoods as a result of the Ebola epidemic.

Massive efforts have succeeded in halting the spread of Ebola.





2014

FUNDRAISING & INFORMATION

The monthly distribution of information and newsletters to private donors still remains the backbone of Läkarmissionen's fundraising operations. The "MånadsBladet" newsletter highlights a specific existing development project, which is described in words and images. In addition, a few smaller items are always included that describe ongoing activities.

Members who receive the newsletter decide from time to time if they would like to make a donation, the cause they would like to donate to, as well as the donation amount. MånadsBladet is also available in digital form. Instead of the standard inpayment form, donors can opt to receive an e-invoice that they can use when they decide to make a donation.

The number of donors that opted to make donations by direct debit has increased considerably during 2014. Many of these chose to become so-called "Guardian Angels", in other words their donations were earmarked for a number of aid projects targeted at vulnerable children. Donors who donate by direct debit do not receive MånadsBladet (unless specifically requested). Instead their main sources of information are the "Svenska Journalen" magazine, which is distributed six times a year, and the Läkarmissionen website.

In addition to the above-mentioned types of donation, many people choose to commemorate a departed loved one or celebrate an anniversary with a so-called "Commemorative Certificate" or a "Giftogram". Traditionally these services are available by phone from our donation service, but an increasing number of donors are opting to order them online from our website, lakarmissionen.se.

Webaid, Läkarmissionen's online "gift shop", has continued to play a significant role as a fundraising channel. Although the highest visit frequency occurred just before Christmas, as always, the role of the website and Webaid is growing steadily in conjunction with all types of campaigns and aid activities.

Digital channels provide a particularly important resource both for rapid donations and to communicate updated information in the event of different natural disasters or if urgent aid is required in the context of an armed conflict.

The work to simplify and improve methods of online donation is still ongoing, but during the autumn a very comprehensive process was initiated to implement a brand new donation management system and website by the end of 2015 or early 2016.

In August 2014, there was also a generation shift the management positions at Läkarmissionen's fundraising department, when Dicran Sarafian took over responsibility for Läkarmissionen's marketing and fundraising activities from Conny Sjöberg, who had held the role since the late 1990s. Conny Sjöberg is still employed at Läkarmissionen, but in a more flexible role.

Networks for more institutional funding

In addition to the key partnerships with our local partners, Läkarmissionen has taken additional steps during 2014 towards increasing collaboration. We have been accepted as a member in two important networks for aid organisations, SMR and CONCORD Sverige. We already participate in the EU-CORD network. The goal of joining these networks is partly to benefit from their collective knowledge and share experiences with other key aid stakeholders, and partly to increase our knowledge of and ability to apply for institutional funding for our projects.

In May 2014, Läkarmissionen was approved as a member of the Swedish Mission Council, SMR, which is an important forum for Swedish organisations with Christian values that currently includes 35 organisations under its umbrella. SMR distributes SIDA funds and in 2014 it channelled SEK 130 million to its member organisations for projects in approximately 50 countries. Läkarmissionen will eventually have opportunity to apply for SIDA grants for our projects through SMR.

Later in the year, Läkarmissionen was admitted as a member of Swedish CONCORD, a network of more than fifty Swedish civil society organisations. The goal of the network is to advocate foreign aid policy issues in an EU context, as well as to strengthen the knowledge of member organizations and their ability to apply for grants from the EU. CONCORD Sweden also monitors Swedish policies in this field with a view to ensuring that they become more coherent, and contributes to global development and poverty reduction.

EU-CORD is a network of 22 Christian organisations in the EU member countries. Its aim is also to influence the focus of EU foreign aid, disseminate knowledge about the EU's role as an aid stakeholder and increase the ability of its members to apply for EU funding. In 2014, the CEO of Läkarmissionen was elected to the board of EU-CORD. We are participating in three of the network's working groups, including Child Rights Programming, which organised a conference in Nairobi on children's rights in which we participated with four of our African partner organisations. Collaboration within EU-CORD is important, above all in regard to humanitarian interventions such as combating Ebola in West Africa.

Veteran President resigns



During the year, Ingvar Guldstrand resigned as President of Läkarmissionen. He had sat on the board since 1969. For more than 45 years, Ingvar led Läkarmissionen commendably through numerous challenges. Daring to develop the organisation and not merely administer it has been the guiding light of

his presidency. As regards humanitarian aid, Ingvar has always had a special place in his heart for literacy and empowering individuals to read and write. His commitment to Läkarmissionen will continue, but no longer as a member of the board.

“Friendly Week” relaunched

In February 2014, Läkarmissionen revived “Friendly Week” for the first time in fifteen years. The background to Friendly Week was a traffic counter, who during his shift in 1946 only noticed twelve people smiling, 15 that looked cheerful, but 8,569 that looked as if they were on their way to a funeral. Harry Lindquist, who was the publisher of Svenska Journalen magazine at the time (and who also founded Läkarmissionen), decided to do something about it and started Friendly Week. Friendliness in traffic, at work and at home were the watchwords. It was Svenska Journalen that arranged Friendly Week every year and also discontinued it in 1999. Läkarmissionen has now decided to relaunch the week and has added the theme of friendliness on the Internet. The relaunch was widely reported in the media across the country and now takes place in the second week in February, the same week as Valentine’s Day.



Bequests

During 2014, Läkarmissionen has received approximately SEK 38 million in bequests and donations from wills, which is a substantial rise compared to the previous year and an increasingly large proportion of our total raised funds. We would like to express our deep gratitude for the trust that private individuals show in the work of Läkarmissionen by their bequests and donations. Work with the information material that can be ordered is ongoing, as well as the information about bequests on our website.

Material aid

Läkarmissionen provides material aid in close partnership with Human Bridge. In 2014, 2,064 tonnes of medical supplies, textiles and necessities divided into 195 consignments were distributed by container and truck to recipients in about 25 countries, mainly in Africa. Vulnerable individuals who have fled the fighting in northern Iraq and Syria were also provided with necessities delivered by Human Bridge.

In January 2014, the Human Bridge BioMedical College in Debre Markos, Ethiopia, was inaugurated. The college provides training for hospital technicians and has a current enrolment of over 140 students. The goal and aim of Human Bridge’s training programme is to support hospitals in Ethiopia in increasing the useful life of their equipment, disseminating knowledge on preventive maintenance and managing the material from an environmental standpoint.

Examples of fruitful partnerships

The partnership with Books & Dreams magazine has been developed and together we provided three ambassadors for the Guardian Angel project during 2014, Andreas Lundstedt, Doreen Månsson and Elaine Eksvärd. Andrew and Doreen also took part in a visit to Place of Restoration in Margate, South Africa, in the company of Läkarmissionen’s ambassador Lotta Gray. In addition, Läkarmissionen participated in seven events in five Swedish cities.

Läkarmissionen continues to be a beneficiary of Adresslotteriet. During 2014, Mäklarringen, the nationwide chain of estate agents, contributed SEK 411,000 SEK to Läkarmissionen’s project for orphans in Chimoio, Mozambique. Three estate agents and a representative from headquarters became the first employees from Mäklarringen to experience the project on site. The aim is to enable several new estate agents every year to see exactly what they are contributing to.

Events

During 2014, over 100 different events were arranged around the country in order to meet up with existing donors and recruit new ones.

A large number of artists such as Evie and Pelle Karlsson, Kjell Lönnå, Roland Lundgren, Ingemar Olsson, Vocalsis and Solistkvartetten have given concerts. During these events, participants are informed about Läkarmissionen’s aid operations, usually by Nisse Bergman our Events Coordinator.

Sånger För Livet (Songs For Life), Läkarmissionen’s major choral event was arranged for the fifteenth year under the direction of Mats Backlund. The concert series featured Sonja Aldén, Janne Schaffer and Peter Lundblad and succeeded in both giving pleasure and attracting Guardian Angels in Jönköping, Skövde, Växjö, Norrköping, Borås, Anderstorp, Filipstad and Gävle.

Läkarmissionen has also been a beneficiary of Barmässan (the Children’s Fair) in Karlstad during the year.

During this year’s Action Christmas Present, we made it easier for residents in northern Sweden to donate Christmas presents to children in Eastern Europe by providing a truck in each place for one day where they could leave their pre-wrapped parcels.

Svenska Journalen

Läkarmissionen arose from the weekly magazine Svenska Journalen about 50 years ago. Now Läkarmissionen's regular donors receive the magazine six times a year. Svenska Journalen aims to be an important magazine that connects with our donors and describes what Läkarmissionen has accomplished in the field, but it also includes a mixture of entertaining articles, recipes and crosswords. In the December issue of Svenska Journalen, a calendar is included as section two of the magazine.



Website and social media

The website is becoming an increasingly important fundraising channel during campaigns, with approximately 326,000 visits during 2014. Not including the lakarmissionen.se and webaid.se home pages, the most popular page features Läkarmissionen's second-hand shop in Vällingby.

In regard to social media, Facebook is Läkarmissionen's most important channel. Our aim is to spread a positive image of Läkarmissionen and highlight the impact of private donations. Interest in the Läkarmissionen Facebook page has also increased during 2014.

During the year, Läkarmissionen decided to become more active on Twitter and Instagram. We also upload our videos on Youtube.

Action Christmas Present

During Läkarmissionen's Action Christmas Present 2014 campaign, 33,075 Christmas presents were distributed to underprivileged children in Eastern Europe (Moldova, Georgia, Ukraine and Romania). Action Christmas Present is organised by Läkarmissionen in partnership with Human Bridge and involves children around Sweden wrapping Christmas parcels with a predetermined content such as a toothbrush, toothpaste, crayons, a writing pad and a postcard with a personal greeting. The parcels are then distributed by Läkarmissionen's partners in the countries concerned. As in previous years, the involvement of schools and associations was widespread, and efforts to engage more families and private individuals resulted in the participation of nearly 600 families. About twenty-five companies also took part in wrapping parcels.



Världens Barn

Every autumn, a large number of Swedish aid organisations supported by 45,000 volunteers all over the country take part in Radiohjälpen's fundraising campaign Världens Barn (Children of the World). Of the total SEK 71 million raised by the campaign in 2014, Läkarmissionen can apply for five percent for current aid projects.

Läkarmissionen's second-hand shops donated a day's proceeds to the campaign and Perla Bjurenstedt gave concerts with and for children during the fund-raising weeks.

This year's profile project was the street children initiative in Uganda, in which boys and girls are enabled to return to a normal life and to their families with the help of various activities such as football.



Second-hand shops

A key part of Läkarmissionen's second-hand operation is all the volunteers who loyally come in and help us, week after week. They help with everything in and around our shops, from washing dishes and pricing donated china to sorting clothes and manning the check-out. During the year, about 90 active volunteers have helped us in all of our shops!

One popular event during 2014 was when we met in Västerås for the annual second-hand kickoff, which brought together volunteers and employees from the various shops for community, information and inspiration.

During 2014, Läkarmissionen has operated co-operative shops in Vällingby, Västerås, Arlandastad, Södertälje and Uppsala, which together raised more than SEK 2.1 million for aid from second-hand sales. The process of establishing our new store in Upplands-Bro continued during the year. It is scheduled to open for business in the summer of 2015.

Many thanks to our photographers!

Jörgen Ulvsgård: pages 10, 11

Hans-Jörgen Ramstedt: cover + pages, 13, 14, 15, 16, 17, 22, 43

Håkan Flank: pages 5, 7, 8, 18, 19, 20, 24, 25, 42

Niclas Hammarström: pages 21

Tomas Ohlsson: pages 12, 25

Torleif Svensson: pages 4, 6, 9

Jörgen Bodesand: page 25

ANNUAL REPORT – MANAGEMENT REPORT 2014

The Board of Läkarmissionen – stiftelse för filantropisk verksamhet 802005-9989 hereby submits its management report for the period 01-01-2014 to 31-12-2014.

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

Goal

The goal of the Läkarmissionen organisation and its development aid efforts is to create opportunities for vulnerable individuals that enhance their life quality and empower them to a better future. The basis of development programmes is to provide support that underpins the innate strength of individuals to escape their own poverty. Our aim is and always has been to transform the living conditions of vulnerable individuals in an enduring way, and to boost their dignity as well as their ability to impact their own lives. This is expressed through aid efforts in our priority areas of social care, training & education, self-sufficiency and humanitarian intervention.

Fundraising

Development programmes are largely funded by donations from private individuals in Sweden. The most important fundraising channel is Läkarmissionen's 90 accounts (registered donor accounts). Campaigns and other fundraising activities are primarily aimed at private individuals, although some degree of support is contributed by companies, foundations and associations. During the year, a number of major donations were received from Radiohjälpen in conjunction with the Läkarmissionen commitment to the Världens Barn campaign.

Donations made in response to the distribution of the monthly newsletter MånadsBladet still account for a large proportion of raised funds. New donors are attracted by information and advertising campaigns. An increasing number of supporters are donating via the website, which along with direct debit donations now accounts for a significant proportion of our revenues. During the year, thousands of new donors opted to donate by direct debit and become "Guardian Angels", a type of child sponsorship without a named child. Bequests also represent an increasingly important revenue source, which in 2014 raised the record sum of MSEK 38, or approximately 26 percent of our total revenue.

During the year, several major fundraising campaigns have been conducted for specific projects as well as to recruit new donors. The campaigns have been based on the Guardian Angel concept. In an effort to minimise our fundraising costs and ensure stable revenue streams, we contacted many of our MånadsBladet donors during the year, which has resulted in more than 2,500 new direct debit donors. The impact of Facebook, Twitter and Instagram as communication and marketing channels for our various recruitment and fundraising campaigns is also increasing. In addition to the impact on campaigns, social media activities actively contribute to advocacy. Through extensive meetings and concerts, Läkarmissionen comes into contact with large numbers of donors, recruits new ones, and raises funds for our aid commitments. Particular importance was placed on the event that featured singing duo Evie and Pelle Karlsson. Other revenue sources are various types

of corporate sponsorship, a good example of which is the corporate partnership with Måklarringen during 2014, and several other companies have also made significant contributions. A large sum is donated annually by Swedbank/Robur through a scheme whereby mutual fund shareholders aside some of their return for Läkarmissionen every year, and 2014 was no different.

Läkarmissionen benefits from a close partnership with five second-hand shops that sell donated clothes, furniture, household items etc to generate funds for use in aid projects. As the well as the money that they raise, the work of the second-hand shops creates opportunities for individuals to show a strong sense of personal commitment as volunteers. In terms of revenues, several of our second-hand shops have broken records during 2014. Unfortunately, one of the shops could not quite equal the previous year's results due to a fire.

Annual comparison (TSEK)	2014	2013	2012
Fundraising 90 accounts	91 900	94 681	85 562*
Bequests	37 747	26 791	21 313
Website, Webaid	3 097	3 619	3 071
Second-hand	2 113	2 282	1 351
Other	8 620	7 827	8 301
	143 477	135 200	119 598

* Including VAT repayments

The fact that private individuals respond by donating and bequeathing to Läkarmissionen implies a great deal of trust and responsibility. Donors can opt to earmark their donations for specific projects or they can delegate the responsibility to Läkarmissionen for targeting donations to where they are most needed. During 2014, 71 percent of donations and an overwhelming majority of bequests were non-earmarked, which is evidence of a high level of trust in the Läkarmissionen organisation. A single major donation of SEK 5 million, earmarked for aid to literacy and microcredit projects over the next ten years, has not been reported as revenue for 2014 but will be reported as revenue accrued over the next ten years. A recent positive revenue trend is the rise in average donations from monthly donors. This is probably related to the fact that more donors have chosen to donate the equivalent of the minimum amount that qualifies donations for deductibility. An updated bequest strategy has also been introduced, which resulted in a positive trend in the number of individual donations in wills and a considerably higher average bequest than a few years ago.

Information

During 2014, information to donors has reflected the broad range of work in which Läkarmissionen is involved. Svenska Journalen is Läkarmissionen's organisation and membership magazine and the principal information channel, along with the website. Projects that donors are supporting and how these have transformed the lives of vulnerable individuals are described in concrete terms. The aim of the magazine is to highlight and disseminate information concerning Läkarmissionen's focus and operations. MånadsBladet, the monthly newsletter with information about completed projects and current needs, is also distributed

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to active donors. The twelve monthly issues of MånadsBladet communicate regular information to donors concerning projects that represent Läkarmissionen's commitments around the world. The impact of social media in disseminating information about Läkarmissionen's field operations quickly and effectively is also increasing. More information is available at lakarmissionen.se.

Performance of the Foundation

Strategy

During 2014, Läkarmissionen has conducted humanitarian aid operations in approximately 40 countries in Africa, Asia, Europe and Latin America. Our primary focus is on supporting development aid on a project basis and in collaboration with a local partner. A competent local partner is a prerequisite for effective aid, as this ensures close contacts with the target group and establishes relations with the local community. Our aim is to meet individual needs regardless of religion, ethnicity or gender. Our broad network of partner organisations – over 60 – includes both NGOs and churches. Läkarmissionen is a member of EU-CORD, a European network of international aid organisations with Christian values, in which experience sharing is an important element. The member organisations of EU-CORD also act as a valuable network in emergency humanitarian interventions.

Sub-Saharan Africa is a prioritised area where a wide range of aid initiatives are conducted. Africa accounts for the largest number of projects as well as a large part of our direct project costs. In Latin America, our focus has been on initiatives in training & education and self-sufficiency, and a large number of activities are linked to an extensive literacy programme. In Europe, social care initiatives predominate, primarily through support to organisations engaged in helping children in various

states of vulnerability. Initiatives in Asia have been conducted through support to hospitals, schools and vocational training as well as micro-finance projects.

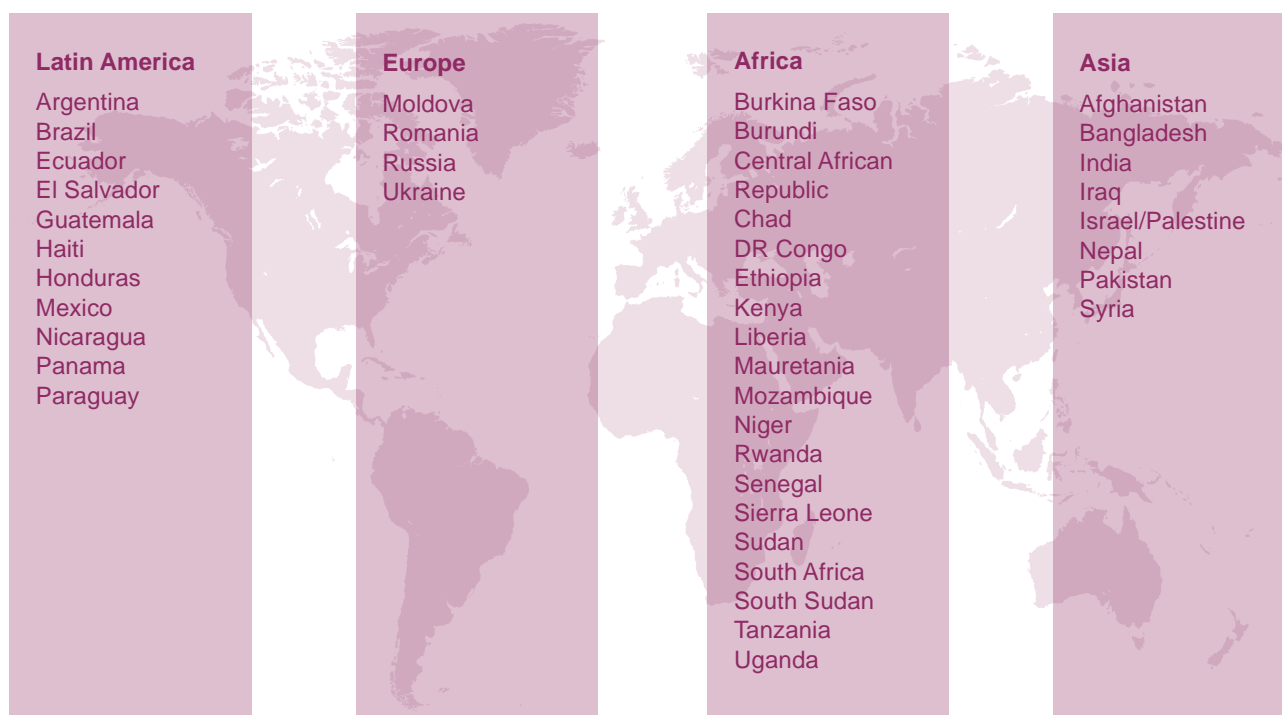
Läkarmissionen aims to move individuals along a value-development chain from dependency to independence. Our methods in the priority areas of social care, training & education and self-sufficiency are linked to supporting components.

Working with results and analysis

Läkarmissionen's quality assurance and monitoring is increasingly being transferred to our established regional resource centres, with the international department located in Stockholm assuming a distinct co-ordination role. Under the direction of the head of department, co-ordination is conducted in Stockholm by five project administrators with responsibility for programmes, an institutional funds manager and a project finance officer, in collaboration with the staff and resources at Läkarmissionen's two resource centres, in Miami for Latin America and in Kampala, Uganda for East and West Africa, the latter of which opened during the year. An essential element of the work is to monitor projects through regular contacts with local partners as well as reports and field visits. Programme administrators also provide support in organisational and skills development that strengthens the capacity of implementing partners, for example by disseminating and developing good practice amongst partners in different countries.

Analysis is conducted based on the specific goals of each project as well as the principle that projects should improve the living conditions of individuals. In addition to this, our aid efforts also impact structural development, democratisation and the balance of power.

Aid efforts in the following countries have received funds from Läkarmissionen during 2014:



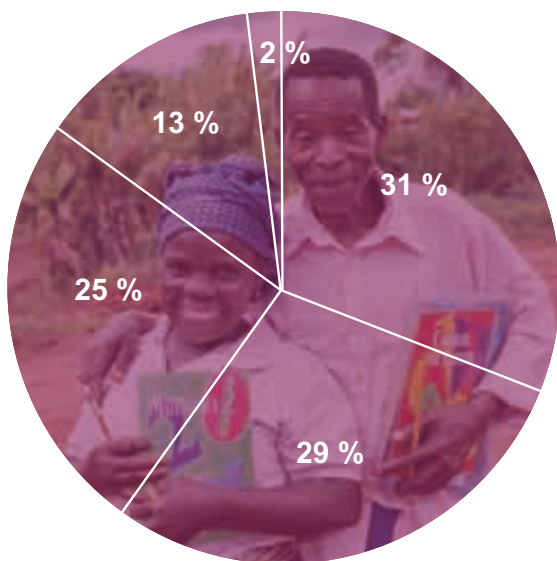
MANAGEMENT REPORT 2014

Approximately MSEK 82 of the foundation's direct project costs have been expended on projects abroad. Our assessment is that the combined efforts of the organisation have achieved the overall objectives for our development projects during 2014.

Läkarmissionen has a clear aim for its development aid projects and policy documentation related to the priority areas of social care, training & education, self-sufficiency and humanitarian intervention. This provides a solid foundation for quality and performance monitoring as well as analysis of the impact of development programmes.

Future financial results may well be adversely affected by the government's recent announcement that deductibility for donations is to be discontinued. Another external factor related to Läkarmissionen's focus areas is the fact that several projects are ongoing in countries where there is a risk of a conflict breaking out, which could lead to unfulfilled goals for these specific projects.

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



Distribution by priority area in the field

Social care 31%
 Training & Education 29%
 Self-sufficiency 25%
 Humanitarian intervention 13%
 Material aid 2%

Social care

Social care is Läkarmissionen's broadest priority area, the purpose of which is to meet the needs of the most vulnerable. The primary target group is children in various states of vulnerability. Our full focus is on creating better conditions that enable individuals to optimise their own abilities, which requires that they are healthy and they have a secure

place in life as well as access to food and clean water. Thus the purpose of Läkarmissionen's social care projects is to save lives, create secure home environments and empower individuals to create better lives for themselves.

Common for all of Läkarmissionen's local partners is that they employ a well-defined method which ensures that they are well-organised in a purposeful way. The aim is to facilitate their mission to help vulnerable children in other ways than through institutional care. Social care projects prioritise rehabilitation and preparing children for the future through school education or vocational training. Children are also reunited with their biological parents, relatives or foster parents wherever possible. During 2014, Läkarmissionen's partners have been very successful in rehabilitating and reintegrating a large number of children. One especially positive aspect is that children are also monitored after rehabilitation and that a range of support is provided for their families. This is an area in which we can definitely say, without having conducted any actual impact measurements, that children have received practical aid and support with good long-term results. Läkarmissionen encourages active collaboration with regional and local authorities, above all for advocacy purposes and to highlight conditions for children so that local resources can be allocated to them.

There is a major development potential in gathering lessons learned from the projects in which Läkarmissionen is involved. This enables good ideas and best practices to be shared amongst our partners and countries. Several training seminars have been conducted in the field, which allowed various partner organisations the opportunity to enrich each other with their experiences. An excellent example of this is Place of Restoration in South Africa, which in recent years has actively communicated its successful approach to other countries.

Social care also includes Läkarmissionen's support for various health projects, many of which are of a preventive nature, such as preventive HIV information, or information about hygiene and sanitation. Our involvement at the Panzi Hospital, directed by Dr. Denis Mukwege, is one such vital initiative. The situation at Panzi can be regarded as a continuous need for humanitarian aid in the infected conflict in eastern DR Congo. During the year Läkarmissionen contributed to the completion of the ongoing SSV project directed by the PMU/ECHO.

Over the years, Nkinga Hospital in Tanzania has developed into a major referral hospital that provides care for people from virtually the whole country. In Läkarmissionen's view, our responsibility has been to help advocate for an increase in domestic funding, and we can report an increasing level of commitment amongst local authorities during 2014. New X-ray equipment financed by Läkarmissionen has now been installed and is contributing to the continued development of the hospital's capacity.

Training & Education

During 2014, Läkarmissionen has continued its strong commitment to training & education. Knowledge is a prerequisite for enabling individuals to participate actively in society, and for creating work opportunities

and better living conditions. This commitment to training & education is an integral part of a value-development chain in which components such as literacy programmes and vocational training are linked to microcredit aid and savings groups. Literacy as a basic ingredient in further advancement has been a cornerstone in Läkarmissionen's involvement in educational programmes throughout the years.

During the year, a major project has been conducted to translate literacy materials into Portuguese. Läkarmissionen's regional centre in Miami and local aid partners in Mozambique have collaborated in adapting the material to local conditions. This commitment is an important element in a country programme that includes poverty reduction and self-sufficiency components.

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

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

Self-sufficiency

Self-sufficiency programmes comprise the final component of the value-development chain that aims to support individuals in their desire to develop practical livelihoods without the need for future monetary support. In general, self-sufficiency programmes are linked to training & education of various kinds, primarily literacy and vocational training.

A significant proportion of the support prioritises various types of microfinance project, for which Läkarmissionen follows established guidelines that define the types of microcredit that Läkarmissionen should prioritise. All microcredit projects include training & education components. In addition, there is a well-defined code that regulates the relationship with borrowers in microfinance projects, as well as criteria for the implementing organisation's role and financial prerequisites that ensure correct behaviour towards individual borrowers.

These guidelines form the basis of a more detailed manual for each microcredit project. The manuals are the instruments with which each country describes its approach to self-sufficiency aid. Several partners such as the Stromme Foundation, Five Talents and Hand in Hand have implemented their own manuals tailored to local environments. In some cases, Läkarmissionen has actively supported a local partner in the creation of its own tailored manual, for example in Guatemala, Honduras, Nicaragua and Brazil.

A very successful project which is based on a previous successful partnership with Hand in Hand in India is currently underway in partnership with Hand in Hand Eastern Africa. The project involves empowering local women both with basic literacy skills and with the tools to start their own small enterprises. The microcredit concept has proved successful in India and the same good results in an East African context are now being reported in Kenya.

Another strategic partner in self-sufficiency aid is the Stromme Foundation in Uganda. This project is aimed at women in northern Uganda and consists of approximately 200 self-help groups in which participants are instructed in how to develop a business and provided with health care services. Activities are based on internal savings and loans within the group. Most of the participants were able to expand their enterprises using the saved amount that was apportioned at year-end.

After completing an evaluation, Läkarmissionen has decided to continue with a new project in partnership with Five Talents in Burundi. The project typifies the importance that Läkarmissionen attaches to training & education as an absolutely vital factor in the creation of self-help groups. Members of the self-help groups begin with internal savings and loans from each other, before progressing to microcredit loans and greater accountability. A component related to family and children has been added to enhance opportunities for increased sustainability.

Humanitarian intervention

Läkarmissionen's humanitarian interventions focus on attempting to save lives and provide health care in emergency situations. When a major natural disaster occurs, Läkarmissionen donors expect us to be engaged and to provide emergency relief. As a rule, Läkarmissionen also organises special fundraising campaigns for this type of humanitarian intervention. In the event of less severe disasters in regions where Läkarmissionen is involved in ongoing development programmes, we also have a duty to act. However in these cases, a disaster may not attract much media attention in Sweden and aid is provided without special donor appeals.

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

Läkarmissionen can access a large number of competent partners almost anywhere in the world through the EU-CORD network. These

MANAGEMENT REPORT 2014

channels enable a rapid response in the event of major disasters. During 2014, we collaborated with Dutch ZOA in conjunction with the Ebola epidemic in Liberia, and with Medair for operations in both Lebanon and Sierra Leone. In the fight against Ebola, Läkarmissionen also supports Foya-Borma Hospital in Liberia.

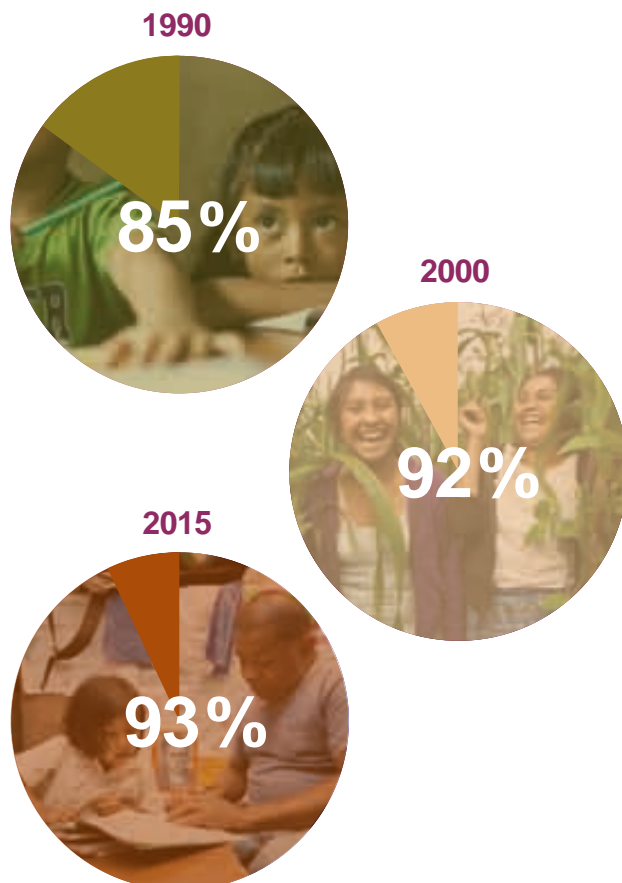
Impact assessment

Assessing Läkarmissionen's aid over time is no easy task. An impact is defined as the enduring result and differs from a result assessed immediately after an activity is completed. In addition, impacts can have different levels. Individuals who through Läkarmissionen's support can advance to a new future is one type of impact, another is how well the local community develops in relation to its starting point, and a third is the degree of change in official attitudes to individual vulnerable groups. Each project has its own specific objectives and each local aid activity is assessed on the basis of these objectives. Läkarmissionen continues to work to obtain more detailed information from our local partners for clearer reporting of results and impacts.

As an example of a longer-term impact, we would like to highlight Läkarmissionen's aid efforts to improve literacy skills in Latin America. It is a reasonable assumption that the role of Läkarmissionen, with over two million people having participated in the programmes since the 1990s, has had a strong impact on the positive trend in literacy levels in the region.

Literacy in Latin America

Based on Unesco statistics Nov 26 2013



The premise is that all individuals are entitled to knowledge and access to information about society; hence every adult should be able to read and write. There are major variations in Latin America and Läkarmissionen has identified a need for support to countries such as Honduras and Guatemala, along with a few other so-called pockets of poverty. We are convinced that the target group must always be taught to read and write to ensure sustainable poverty reduction. Despite the fact that the overall statistics are positive, a literacy rate amongst adults of less than 80 percent in a specific country can still occur.

Läkarmissionen's partners in the priority area of training & education have exceeded all expectations by a wide margin during 2014, but this also indicates that the need is still great. We can see that our target of reaching 61,385 individuals with various educational initiatives in these countries has been exceeded by 26 percent.

Results Latin America

Number of participants 2014	Target	Result	%
Literacy courses	14 990	22 810	152%
Total participants	61 385	77 425	126%

Employees

With the aim of creating an agreeable workplace with a positive work environment, regular anonymous surveys have been conducted to determine whether any corrective action is necessary regarding occupational health or other issues related to employee health and well-being. Results have shown that the vast majority are very happy at work but that there are areas of potential improvement.

Board of Directors, executive management and auditors

Members of the Board are elected by the Advisory Board of Läkarmissionen at the Annual Meeting, normally for a period of three years. The Board comprised the following members during 2014:

Ingvar Guldstrand (Member and President until the Annual Meeting on May 2014)

Sten-Gunnar Hedin (President from May)

Per Andelius

Agneta Lillqvist Bennstam

Staffan Hellgren

Elver Jonsson (until May)

Ingemar Näslund

Erik Kennet Pålsson (from May)

Lotta Thordson (until May)

Margareta Arvidsson

Bo Guldstrand

Christian Holmgren (from May)

Nils Arne Kastberg

Kerstin Parment (until May)

Staffan Sundkvist (until May)

Maria Wiss (from May)

The Board convened seven times during 2014. Ingvar Guldstrand tendered his resignation as Läkarmissionen President at the Annual Meeting in May 2014 and was replaced by Sten-Gunnar Hedin. Due to an illness to Sten-Gunnar Hedin, Bo Guldstrand, in his capacity as Vice-President, has acted as Acting President of Läkarmissionen since October 2014 in Sten-Gunnar Hedin's absence. Staffan Hellgren resigned as First Vice-President in May, but in October he was elected Second Vice-President. Johan Lilja is Läkarmissionen's serving CEO and manages day-to-day operations. The CEO and the Board of Directors operate in accordance with rules of procedure that clearly define the allocation of responsibilities and work.

MANAGEMENT REPORT 2014

ANNUAL COMPARISON	2014	2013	2012	2011	2010
Total income (TSEK)	143 477	135 200	119 598	128 823	137 737*
Raised funds (TSEK)	136 496	129 112	112 268**	118 541**	131 839
Profit/loss of the year	6 379	7 139	277	559	- 1 470
Equity	97 151	90 772	83 633	83 356	82 797
Fundraising costs/ total income	13%	15%	16%	17%	15%
Direct project costs/ total income	79%	77%	78%	77%	79%
Administrative costs/ total income	5%	6%	7%	6%	7%

Revenues for 2013, 2012, 2011 and 2010 have been adjusted to account for the rules in K3 in which wage subsidies must be recognised gross.

* Including SIDA contributions ** Excluding VAT refunds of TSEK 1 479 in 2012 and TSEK 5 444 in 2011.

At an Extraordinary Meeting on 28th October, 2014, a change in the name of the foundation was approved. The previous name "Stiftelsen Svenska Journalens Läkarmission och Hjälpverksamhet" (Swedish Journalen's Medical Mission Aid Foundation) was changed to "Läkarmissionen – stiftelse för filantropisk verksamhet" (the Läkarmissionen Foundation for Philanthropic Activities). In addition, a small number of regulatory changes in the activities section that more clearly describe Läkarmissionen's activities were approved.

The Nomination Committee consists of four members with responsibility for proposing new members of the Board and the Advisory Board. The Annual Meeting of Läkarmissionen elects the Nomination Committee each year. The Nomination Committee that was elected in May 2014 comprises Hans Hallström, Helen Lind Jaktlund, Urban Dahlström and Stefan Kinert.

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

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

Management of cash and cash equivalents

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

Läkarmissionen takes no currency risk in connection with payments because all decisions are made in SEK. In order not to expose individual projects to financial risk, Läkarmissionen applies a framework for currency exchange compensation. During 2014, exchange rates for most projects have been stable and no compensation has been made.

Of the securities that are financial fixed assets, the acquisition value of interest-bearing investments accounted for 24%, structured products 75% and other investments 1%.

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

EVENTS IN BRIEF DURING 2015

A large number of artists appeared for free at Jonas Gardell's show "Mitt enda liv", which raised SEK 500,000 in support of Läkarmissionen's aid projects in Kenya and the fight against Ebola.

Adresslotteriet will yield a surplus of over SEK 1.1 million for fiscal year 2014. The forecast is that results for 2015 will be even better.

The Läkarmissionen Board of Directors has approved an investment of approximately SEK 2 million in a new fundraising system that will reduce fundraising costs in the order of SEK 250,000 annually.

INCOME STATEMENT

<i>Amounts in TSEK</i>	Note	2014	2013
Operating revenue			
– Donations	3	132 996	125 012
– Grants	3	6 372	6 855
– Other revenue		4 109	3 333
Total operating revenue		<u>143 477</u>	<u>135 200</u>
Operating costs	4, 5, 6		
– Direct project costs	7	-113 003	-103 473
– Fundraising costs		-18 904	-19 894
– Administrative costs		-7 299	-7 453
Total operating costs		<u>-139 206</u>	<u>-130 820</u>
Operating income		4 271	4 380
Income from financial investments			
– Income from other securities and receivables held as fixed assets	8	1 850	2 460
– Other interest income and similar profit/loss items	9	258	299
Total profit/loss from financial investments		<u>2 108</u>	<u>2 759</u>
Profit/loss after financial items		6 379	7 139
Profit/loss for the year		6 379	7 139

BALANCE SHEET

<i>Amounts in TSEK</i>	Note	31.12.2014	31.12.2013
ASSETS			
Fixed assets			
Tangible fixed assets			
Land and buildings	10	3 475	3 909
Equipment	11	2 095	2 142
		<u>5 570</u>	<u>6 051</u>
Financial fixed assets			
Long-term investments held as fixed assets	12	26 160	30 336
Other long-term receivables	13	10 000	10 000
		<u>36 160</u>	<u>40 336</u>
Total fixed assets		41 730	46 387
Current assets			
Inventories			
Good for resale		11	28
Current receivables			
Other receivables		6 104	5 704
Prepaid expenses and accrued income	14	843	1 634
		<u>6 947</u>	<u>7 338</u>
Current investments	15	85	2 219
Cash and bank		<u>62 905</u>	<u>40 315</u>
Total current assets		69 948	49 900
Total assets		111 678	96 287
EQUITY AND LIABILITIES			
Equity			
Earmarked project funds	16	64 755	59 700
Profit/loss brought forward		26 017	23 933
Profit/loss for the year		6 379	7 139
		97 151	90 772
Current liabilities			
Accounts payable		2 422	2 333
Other liabilities		348	359
Accrued expenses and deferred income	14	11 757	2 823
		<u>14 527</u>	<u>5 515</u>
Total equity and liabilities		111 678	96 287
Pledged assets		None	None
Contingent liabilities		None	None

CASH FLOW STATEMENT

	Note	2014	2013
<i>Amounts in TSEK</i>			
OPERATING ACTIVITIES			
Operating income		4 271	4 381
Adjustment for non-cash flow items			
– Amortisation and impairment		719	834
– Profit/loss from disposal of financial fixed assets		967	1 647
Interest received		1 111	1 111
Dividends received		30	-
		<u>7 098</u>	<u>7 973</u>
Cash flow from operating activities before changes in working capital			
Changes in working capital:			
Change in inventories		17	-
Change in current receivables		391	3 082
Change in current investments		2 134	-1 887
Change in current liabilities		9 012	-4 117
		<u>18 652</u>	<u>5 051</u>
Cash flow from operating activities			
INVESTING ACTIVITIES			
Acquisition of tangible fixed assets		-238	-6 671
Net change in financial fixed assets		4 176	-2 779
		<u>3 938</u>	<u>-9 450</u>
Cash flow from investing activities			
Change in cash and cash items		22 590	-4 399
Cash and cash equivalents at beginning of year		40 315	44 714
Cash and cash equivalents at end of year	17	62 905	40 315

NOTES TO FINANCIAL STATEMENTS

Note 1 Accounting and valuation principles

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

The transition to K3 regulations has entailed a change in accounting principles, which in turn has required a recalculation of the comparative year 2013 in compliance with the new accounting principles.

The following accounting principle has been changed as a result of the transition to K3: Wage subsidies and personnel costs are now recognised gross in compliance with K3.

Operating revenue

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

Direct project costs

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

Fundraising costs

Fundraising costs are the costs incurred while generating external revenue.

Tangible fixed assets

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

Financial fixed assets

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

Goods for resale

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

Other assets

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

Provisions and liabilities

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

Equity

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

NOTES TO FINANCIAL STATEMENTS

Amounts in TSEK

Note 2 Accounting judgements and estimates

Gifts reported in the balance sheet

Assets, primarily property, shares and other securities, donated to the Foundation have been reported under the item in Note 3 "Raised Funds from the General Public" in conjunction with asset disposal, and all unlisted securities and property for which the sale price can be accurately estimated have been reported in the financial statements.

Note 3 Operating revenue

Gifts reported in the balance sheet

Raised funds

	2014	2013
General public	93 136	95 939
Bequests	37 747	26 791
Gifts from second-hand shops	2 113	2 282
Total	132 996	125 012

Grants reported as revenue

Grants are distributed as follows

Radiohjälpen	3 500	4 100
Wage subsidies	2 872	2 755
Total	6 372	6 855

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

Average number of employees

	2014	2014	2013	2013
	Total employees	Number of men	Total employees	Number of men
Sweden	40	20	38	19
USA	1	1	1	1
Total	41	21	39	20

Gender distribution in the Board and executive management

	2014	2013
<i>Percentage of women</i>		
Board of Directors	27%	33%
Other senior executives	38%	28%

Salaries, other remuneration and social security contributions

	2014	2013
Board and CEO	700	611
Other employees	14 078	13 064
Total salaries and remuneration	14 778	13 675
Social security contributions	5 748	5 356
(of which pension costs)	(1 175)	(1 054)

NOTES TO FINANCIAL STATEMENTS

Amounts in TSEK

	2014	2013
Salaries and other remuneration distributed by country		
Sweden	14 373	13 278
USA	405	397
Total salaries and remuneration	14 778	13 675

Since H2 2014, remuneration has been paid to the President (40%). No commission-based remuneration has been issued. TSEK 111 (TSEK 108) of pensions costs regard the CEO. The notice period on the part of Läkarmissionen and its CEO is six months. Agreed current salary regarding salary and pension is payable during the notice period.

Note 5 Leasing

Leasing consists primarily of office space and office equipment. Leasing fees carried as expenses amount to 899 (900).

Future leasing fees in TSEK are due as follows:

	2014	2013
Within 1 year	900	899
1-5 years	2 900	3 300
After 5 years	1 000	1 500

The contract for rented premises extends to 2022.

Note 6 Depreciation/Amortisation

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

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

	2014	2013
Operating costs include depreciation/amortisation of:	719	834

Note 7 Direct project costs

	2014	2013
Development projects	89 187	80 254
Material aid	1 500	1 900
Information and advocacy in Sweden	6 922	7 707
Meetings/social activities	3 531	3 054
Svenska Journalen	5 385	4 697
Social care in Sweden	5 851	5 047
Miscellaneous	627	814
Total	113 003	103 473

NOTES TO FINANCIAL STATEMENTS

Amounts in TSEK

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

	2014	2013
Dividends	30	-
Interest	853	813
Profit/loss for disposal of shares	967	1 647
Total	1 850	2 460

Note 9 Other interest income and similar profit/loss items

	2014	2013
Interest	258	299
Total	258	299

Note 10 Land and buildings

	2014	2013
Opening acquisition value	4 344	-
Purchases	-	4 344
Closing accumulated acquisition value	4 344	4 344
Opening amortisation/depreciation	-435	-
Amortisation/Depreciation for the year	-434	-435
Closing accumulated amortisation/depreciation	-869	-435
Closing residual value according to plan	3 475	3 909

Note 11 Equipment

	2014	2013
Opening acquisition value	5 912	3 585
Purchases	238	2 327
Disposals	-3 362	-
Closing accumulated acquisition value	2 788	5 912
Opening amortisation/depreciation	-3 770	-3 370
Disposals	3 362	-
Amortisation/Depreciation for the year	-285	-400
Closing accumulated amortisation/depreciation	-693	-3 770
Closing residual value according to plan	2 095	2 142

Disposals relate primarily to office equipment and computers, and have taken place without impacting profit/loss.

NOTES TO FINANCIAL STATEMENTS

Amounts in TSEK

Note 12 Long-term investments held as fixed assets

	2014	2013
Opening acquisition value	30 336	27 557
To be added	906	9 371
Outgoing	-5 082	-6 592
Closing accumulated acquisition value	26 160	30 336
Book value	26 160	30 336
Market value	26 246	30 102

Specification of long-term investments

Mutual funds	311	309
Fixed income funds	6 144	5 241
Structured products	19 705	24 786
Total	26 160	30 336

Investments have been placed in accordance with the distribution and risk profile specified in the Foundation's investment policy and designated with a 1.7 rating on a 7-point scale, in which 1 is the lowest risk level and 7 the highest. Valuation has been based on acquisition value. Securities that mature within one year have been individually assessed and, wherever necessary, their value has been written down.

Note 13 Other long-term receivables

	2014	2013
Opening acquisition value	10 000	10 000
Closing accumulated acquisition value	10 000	10 000
Book value	10 000	10 000

The entire receivable is due in 2022.

Note 14 Accruals

	2014	2013
Prepaid expenses and accrued income		
Other items	843	1 634
Total	843	1 634

Accrued expenses and deferred income

Holiday provision	2 530	2 230
Accrued social security contributions	399	331
Other items	8 828	262
Total	11 757	2 823

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

NOTES TO FINANCIAL STATEMENTS

Amounts in TSEK

Note 15 Current investments

	2014	2013
Opening acquisition value	2 219	331
To be added	-	2 219
Closing	-2 134	-331
Closing accumulated acquisition value	85	2 219
Book value	85	2 219
Market value	122	2 387

Note 16 Equity

	Earmarked project funds	Profit/loss brought forward	Total equity
Opening balance	59 700	31 072	90 772
Earmarked by the Board for specific projects	64 755	-64 755	-
Utilisation	-59 700	59 755	-
Profit/loss for the year	-	6 379	6 379
Closing balance	64 755	32 396	97 151

During 2014, 27 268 has been earmarked by donors. These gifts have been fully disbursed in the areas that were earmarked by the donors.

Note 17 Cash and cash equivalents at end of year

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

	2014	2013
Bank balance	47 905	28 315
Current investments, equivalent to cash	15 000	12 000
Total	62 905	40 315

Stockholm 16th April, 2015.



Sten-Gunnar Hedin, President



Bo Guldstrand, 1st Vice President



Per Andelius



Margareta Arvidsson



Staffan Hellgren, 2nd Vice President



Christian Holmgren



Nils Arne Kastberg



Agneta Lillqvist Bennstam



Ingemar Näslund



Erik Kennet Pålsson



Maria Wiss



Johan Lilja, Direktor

My audit report has been submitted on 16th April, 2015.



Åsa Thelin

Authorised Public Accountant
Mazars SET Revisionsbyrå AB

AUDITOR'S REPORT

To the Board of Läkarmissionen – stiftelse för filantropisk verksamhet.
Org. no. 802005-9989

Report on the Annual Accounts

I have audited the annual accounts of Läkarmissionen – stiftelse för filantropisk verksamhet for 2014.

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

Auditor's responsibility

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

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

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

Opinions

In my opinion, the annual accounts have been prepared in accordance with the Annual Accounts Act and present fairly, in all material respects, the financial position of the foundation as of 31 December 2014 and its financial performance [and cash flows] for the year in accordance with the Annual Accounts Act.

Report on other legal and regulatory requirements and statutes

In addition to my audit of the annual accounts, I have also audited the administration of the Board of Directors of Läkarmissionen – stiftelse för filantropisk verksamhet for 2014.

Responsibilities of the Board of Directors

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

Auditor's responsibility

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

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

Opinions

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

Stockholm, 16 April 2015



Åsa Thelin

Authorised Public Accountant

THE BOARD OF DIRECTORS



The Board from left to right:

Agneta Lillqvist Bennstam

Member of the Board since 2005. Doctor, Ludvika

Mainly interested in health care and development issues in African countries. Active in insurance medicine. Member of the Uniting Church in Sweden reference group for health and medical care. Previous assignments/appointments: 17 years as a missionary in DR Congo. Company doctor.

Maria Wiss

Member of the Board since 2014. Deacon in the Church of Sweden, Jönköping
 Passionate about training & education and self-sufficiency issues. Previous assignments/appointments: 25 years as CEO and company manager in the hotel and restaurant business. Experience of and commitment to development aid in India.

Ingemar Näslund

Member of the Board since 1986. Associate Professor of Oncology, Huddinge
 Committed to aid in health care, literacy and microcredit. Inventor and entrepreneur in cancer treatments. Previous assignments/appointments: Chief Physician at Radiumhemmet, Karolinska Universitetssjukhuset.

Erik Kennet Pålsson

Member of the Board since 2014. Deacon in the Catholic Church, Tyresö
 Prioritises aid programmes in literacy. Church planter and deacon engaged in the Catholic Diocese of Stockholm and in ecumenism. Author. Member of the Board of Svenska Soldathemsförbundet.

Sten-Gunnar Hedin

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

Staffan Hellgren

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

Bo Guldstrand

First Vice-President. Member of the Board since 1995. Businessman, Stockholm
 Special interest in Läkarmissionens literacy programmes and projects in Eastern Europe. President of Human Bridge. Previous assignments/appointments: company manager, various board assignments.

Christian Holmgren

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

Margareta Arvidsson (seated)

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

Nils Arne Kastberg (seated)

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

Per Andelius (not in the photo)

Member of the Board since 1995. Insurance lawyer, Bromma
 Committed to training & education and microfinance as an aid form. Independent consultant. Holds/has held various board appointments in pension foundations, health care companies and credit market companies.

**MANY THANKS TO OUR LOCAL PARTNERS FOR A FRUITFUL COLLABORATION
AND AN ENRICHING EXPERIENCE DURING 2014!**



Afghanistan

International Assistance Mission Afghanistan (IAM), Operation Mercy Afghanistan

Argentina

Fundacion Nueva Esperanza

Bangladesh

Adventist Development and Relief Agency Bangladesh (ADRA), Koinonia

Brazil

Agência Social de Talentos, Centro Educational do Menor para Assistência e Reintegração (CEMEAR), Ibraema

Burkina Faso

Assemblée de Dieu du Burkina Faso (AMI)

Burundi

Mothers' Union Burundi

Central African Republic

Roland Marary

Chad

International Aid Services Chad (IAS)

Democratic Republic of the Congo

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

Ecuador

Alfalit Ecuatoriano

El Salvador

Alfalisal

Ethiopia

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

Guatemala

Alfagat Elohim Ministries

Haiti

Alfalit Haiti

Honduras

Alfasic
Asociación para una Sociedad más Justa (ASJ)

India

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

Iraq

Human Bridge

Kenya

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

Lebanon

Medair

Liberia

Foya-Borma Hospital, ZOA Liberia

Mauretania

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

Mexico

Contrato Social para la Educacion y la Transformacion A.C (CoSoET)

Moldova

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

Mozambique

Associação Comunitária Matsatse, Alfalit Moçambique, Church Mission Action (CMA), Kubatsirana

Nepal

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

Nicaragua

Alfanic

Niger

International Aid Services Niger (IAS), Stromme Foundation West Africa

Pakistan

Salamat-e-Hazara, TEAM Pakistan

Palestine/Israel

Swedish International Relief Association (SIRA)

Panama

Pan Alfalit

Paraguay

Alfalit del Paraguay

Philippines

Medair, Woord en Daad

Romania

Life and Light Foundation

Russia

Priut Masha

Rwanda

Association Garuka

Senegal

Case des Jeunes Femmes

Sierra Leone

Medair

South Africa

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

South Sudan

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

Sudan

International Aid Services Sudan (IAS)

Sweden

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

Syria

Human Bridge

Tanzania

Free Pentecostal Churches Association i Tanzania (PCAT), Free Pentecostal Churches of Tanzania (FPCT), Nkinga Hospital

Uganda

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

Ukraine

Pentecostal Union, Ukraine Aid

USA

Five Talents, Nordic Relief Alliance

