



International
Confederation
of Midwives

Annual & Financial Report

2022



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LIST OF ACRONYMS

AAP	American Academy of Pediatrics	MEL	Monitoring, Evaluation and Learning
AIME	Alliance for Improving Midwifery Education	MHTF	Maternal and Newborn Health Thematic Fund
APP	Asociación de Parteras Profesionales	MNCH	Maternal, Newborn, and Child Health
BMS	Bangladesh Midwifery Society	MOH	Ministry of Health
CAM	Canadian Association of Midwives	MSF	Midwifery Services Framework
CE	Chief Executive	NNCF	Nursing Now Challenge Fellowship
CIRHT	Center for International Reproductive Health Training	PPE	Personal Protective Equipment
COINN	Council for International Neonatal Nurses	RAM	Rwanda Association of Midwives
EMA	Estonian Midwives Association	RMC	Respectful Maternity Care
EML	Executive Midwife Leaders	RPC	Regional Professional Committees
ENAP	Every Newborn Action Plan	SEA	Southeast Asia
EPMM	Ending Preventable Maternal Mortality	SDG	Sustainable Development Goal
FAR	Finance, Audit, Risk	SDNM	Strategic Directions for Nursing and Midwifery
FIGO	International Federation of Gynaecology and Obstetrics	Sida	Swedish International Development Cooperation Agency
HBS	Helping Babies Survive	SoWMy	State of the World's Midwifery
HMA	Hungarian Midwives' Association	SP	Strategic Priorities
HMS	Helping Mothers Survive	SRMNAH	Sexual, Reproductive, Maternal, Newborn, and Adolescent Health
HORTs	Head Office Regional Teams	SRMNH	Sexual, Reproductive, Maternal, Newborn Health
ICM	International Confederation of Midwives	SRHR	Sexual and reproductive health and rights
ICN	International Council of Nurses	STAGE	Strategic and Technical Advisory Group of Experts for Maternal, Newborn, Child and Adolescent Health + Nutrition
IEC	Independent Election Committee	UHC	Universal Health Coverage
IMAR	Independent Midwives Association of Romania	UNFPA	United Nations Population Fund
IPA	International Pediatric Association	UNGA	United Nations General Assembly
JEDI	Justice, Equity, Diversity, and Inclusion	WHO	World Health Organization
J&J	Johnson and Johnson	WRA	White Ribbon Alliance
LDHF	Low-dose, high-frequency	YONM	Year of the Nurse Midwife (YONM)
LGH	Laerdal Global Health	YML	Young Midwife Leaders
MA(s)	Member Association(s)	50KHB	50,000 Happy Birthdays
MACAT	Member Association Capacity Assessment Tool		
MAZ	Midwives Association of Zambia		
MEAP	Midwifery Education Accreditation Programme		



ICM VISION

ICM envisions a world where every childbearing woman has access to a midwife's care for herself and her newborn.

ICM MISSION

To strengthen midwives' associations and to advance the profession of midwifery globally by promoting autonomous midwives as the most appropriate caregivers for childbearing women and in keeping birth normal, in order to enhance the reproductive health of women, their newborns, and their families.



Franka Cadée

MESSAGE FROM THE PRESIDENT

Over the past six years as President of the ICM Board, I have supported internal progress and developments that have transformed ICM into a reliable partner and the go-to organisation for anything pertaining to midwives and midwifery; 2022 was no exception.

In reflecting on 2022, I am incredibly proud of my fellow Board Members and ICM's Head Office team for their commitment to ICM's sustainability and their unwavering belief in this organisation and its potential. I have been entrusted to lead this year's amendments to the ICM governance structure, namely: moving toward a less bureaucratic, more competency-based Board with an independent election committee; and increasing opportunities for midwives from low-and-middle-income countries

(LMIC) to become President and Vice President. I am optimistic that this important work has paved the way for the next President and Board Members to lead ICM governance to best serve the prosperity of our Member Associations and midwifery as a whole.

As my tenure as ICM President comes to an end, I am proud to have contributed to improving ICM's stability and sustainability, relationships with partners, and reputation as a global leader for the profession of midwifery. These accomplishments have come as a result of ICM's collective resolve to harness feedback from partners, embrace our achievements, and learn from our challenges. These improvements are evident in the recent, significant growth of the multidisciplinary, international ICM head office team and in the implementation of several successful ICM programmes of work including the Midwifery Services Framework (MSF), the Young Midwife Leaders (YML) programme, and the newly launched Twin to Win programme—just to name a few.

I am grateful to have had the opportunity to collaborate with our Board Members and Head Office team to help ICM grow into the strong, resilient organisation it is today. It has been the first time that the President and the Chief Executive worked together for as long as six years, and we have stayed grounded and kept our focus on enabling midwives to do what they do best: delivering quality midwifery care and so sexual and reproductive justice for all.

I look forward to the renewed energy the next ICM President will bring. The newly appointed midwife will need to form a strong team with the Board members to provide strategic and inspirational leadership to ICM. To consolidate the substantial growth that ICM has recently experienced, the new President must also ensure that the organisation remains sustainable, and that income continues to diversify. Finally, I hope that the new Board will form a strong relationship with the Head Office team so that ICM governance can continue to strengthen ICM operations.

It has been an utmost pleasure to serve this final year as ICM President, and I have sincerely enjoyed performing my role as diplomatic liaison between ICM partners and member associations, and leader of the Board in its path toward more alignment, enthusiasm, and unity. I know only too well that the title of President is a temporary privilege, and over the course of this exciting journey, I have remained what I've always been: a proud midwife.

I look forward to observing ICM in its continued growth, as it expands along with the needs of society, remaining the consistent expert on and voice for midwives and midwifery worldwide.



Sally Pairman

MESSAGE FROM THE CEO

As we move into the final year of the triennium period, and mark our 100th year anniversary in 2022, the International Confederation of Midwives (ICM) takes immense pride in all that we have achieved this past year. Our work has never been more crucial, as women and gender diverse people around the world continue to face disproportionate challenges during pregnancy and childbirth. The current global context is outlined in a recent publication by the World Health Organization, which reported that a woman dies every two minutes due to pregnancy or childbirth-related causes. This sobering statistic underscores the urgency and importance of ICM's work to promote and strengthen midwifery care globally.

ICM has experienced significant growth, especially over the past year, which has necessitated strengthening our internal systems, processes and technologies. With the number of team members more than doubling over this triennium, we have devoted considerable resources to developing Human Resources policies, diversity and equity training, and improving internal communication tools and processes. Through our increased staff resources, in 2022 we have developed plans that crosscut our Operational Plan, including a Gender, Justice, Equity, Diversity, and Inclusion (G-JEDI) plan, a Sustainability Plan, and a Monitoring, Evaluation, and Learning (MEL) plan. We are particularly committed to ensuring that G-JEDI and sustainability principles are integrated into all ICM work and processes, recognising that midwifery is a profession that is predominantly female and that many midwives come from historically marginalised communities. By creating a more equitable and inclusive profession, we can improve outcomes for women and families everywhere.

Alongside this growth in ICM's operational team we have strengthened ICM's governance, implementing in 2022 the new Independent Election Committee that will support several governance changes to take effect in 2023, including a smaller, more equitable and more agile Board and a stronger focus on ensuring Board member governance competence. The strengthening at both governance and operational levels will support ICM in providing its global leadership role for midwifery and broader sexual and reproductive health and rights.

We are proud of the significant progress we have made on our strategic priorities through delivery of our operational plan. In addition to the cross-cutting plans mentioned above, we have also developed plans for strengthening midwifery education, midwifery regulation and Midwives' Associations, and begun working on new regional structures that will help us work more closely and effectively with our Member Associations (MAs). We launched the first of a planned series of ICM e-Learning modules, accredited midwifery schools in Laos PDR and Bangladesh through completing the pilot of our Midwifery Education Accreditation Programme (MEAP), delivered our revised Midwifery Services Framework (MSF) programme in Zambia, continued the Young/Executive Midwife Leaders (YML/EML) Programme, collaborated with Laerdal Medical on new learning tools for competency development and launched our Twin to Win Pilot Programme. We have also developed a comprehensive new professional framework for midwifery, available on our website, which outlines the essential components of a strong and autonomous midwifery profession with a distinct philosophy and individualised approach to care. Furthermore, through our advocacy and communications efforts, ICM has continued to support partnerships between midwives, with a particular

focus on midwives' associations. Through mentorship and strong regional support, midwives have been able to form networks, share knowledge and expertise, and work toward building a sustainable and strong profession. Our monitoring and evaluation of the implementation of these plans and programmatic work demonstrates our commitment to innovation and helps to showcase ICM's influence on improving health outcomes for women and their newborns through access to care from professional midwives.

As we move forward, ICM stands alongside global organisations that recognise the threat that climate change poses to women and communities worldwide; Climate change directly and indirectly contributes to adverse maternal health outcomes, increases in infectious disease and food insecurity, and diminished access to necessary sexual and reproductive health services. By continuing to advocate for midwives and women in vulnerable regions impacted by climate change, crisis, and conflict, and by increasing support, resources, and protection for midwives working in these settings, we can help to build a stronger and more resilient profession. We recognise the significant challenges that midwives operating in these contexts face, and we are working to provide training and resources to support them in their important work.

I would like to end by expressing my deep gratitude to the ICM Head Office Staff and Board members for their tireless efforts and dedication to our mission. Together, as the go-to organisation for all things midwifery, we will continue to make progress towards our shared goal of ensuring that all women and families receive safe, high-quality midwifery care.



Overview

This report provides an overview of the main activities undertaken during 2022 by the

INTERNATIONAL CONFEDERATION OF MIDWIVES (ICM)
KONINGINNEGRACHT 60, 2514 AE THE HAGUE
REGISTRATION CHAMBER OF COMMERCE: 27286042

It forms a backdrop to the annual financial report as set out on pages 70 to 88.

The International Confederation of Midwives (ICM) is a non-governmental organisation (NGO) that supports, represents, and works to strengthen professional associations of midwives throughout the world. This year, ICM proudly celebrated its centennial. For the last 100 years, ICM has been the only international body working to support and strengthen the midwifery profession globally. At the close of 2022, ICM's membership consisted of 140 midwives' associations (also referred to as member associations) representing 119 countries across every continent. Through these members, ICM represents more than one million midwives globally. ICM is organised into six regions (including seven sub-regions). The regions of focus include:

- ① **AFRICA** (Anglophone and Francophone)
- ② **AMERICAS** (North America & Caribbean and Latin America)
- ③ **WESTERN PACIFIC**
- ④ **EASTERN MEDITERRANEAN**
- ⑤ **SOUTHEAST ASIA**
- ⑥ **EUROPE** (Northern, Central, and Southern)

ICM accomplishes much of its work through its member associations and in close collaboration and partnership with global organisations such as: the World Health Organization (WHO), United Nations Population Fund (UNFPA), and other UN Agencies; healthcare professional associations such as the International Federation of Gynaecology and Obstetrics (FIGO), International Paediatric Association (IPA), and the International Council

of Nurses (ICN); government agencies such as The Swedish International Development Cooperation Agency (Sida); non-governmental organisations and civil society groups such as the White Ribbon Alliance (WRA), Latter-day Saint Charities; donors such as Laerdal Global Health, the Bill and Melinda Gates Foundation, Johnson and Johnson, Direct Relief, and the MacArthur Foundation.

Investing in midwives and increasing coverage of midwife-delivered interventions has the potential to avert 41% of maternal deaths, 39% of neonatal deaths, and 26% of stillbirths, equating to 2.2 million deaths averted per year by 2035.¹ We have been advocating for midwives to be in leadership positions and play key roles in decision-making, developing resources to raise the standards of midwifery care, supporting and strengthening midwives' associations, continuously pushing for innovation and learning in the profession, and advocating for the improved respect, autonomy, and status of midwives within systems and communities.

Throughout our 100-year history, as the only global midwifery professional organisation, we have implemented strategies that have strengthened midwifery, including setting [international definitions for the midwife, for the midwifery profession](#), and for the [midwifery scope of practice](#) as well as setting the global standards for midwifery [competence](#), [education](#), and [regulation](#). The story of the ICM reflects the strengths, weaknesses, threats, and opportunities faced by its member associations (MAs) against the backdrop of evolving global health priorities.

With the ongoing COVID-19 pandemic, rising environmental and humanitarian crises and conflicts, including the Russian War in Ukraine as well as growing pushback and opposition to women's health, rights, and bodily autonomy globally, midwives are on the frontlines – speaking up for women, gender diverse people and communities, determining and supporting their pregnancy, birth and postpartum experiences while providing essential reproductive health services. In many cases, midwives do so in the face of gender discrimination including inequality in education, leadership, and pay, a lack of respect and recognition and in times of crises, perilous working conditions.

This year, in achievement of the goals set out in our [Triennial Strategic Plan](#), we significantly grew ICM's capacity to support our MAs and the profession of midwifery. We are committed to building solid systems and foundations that will lead to long-term impact for our MAs, midwives globally, and for the individuals and communities they serve. Through our

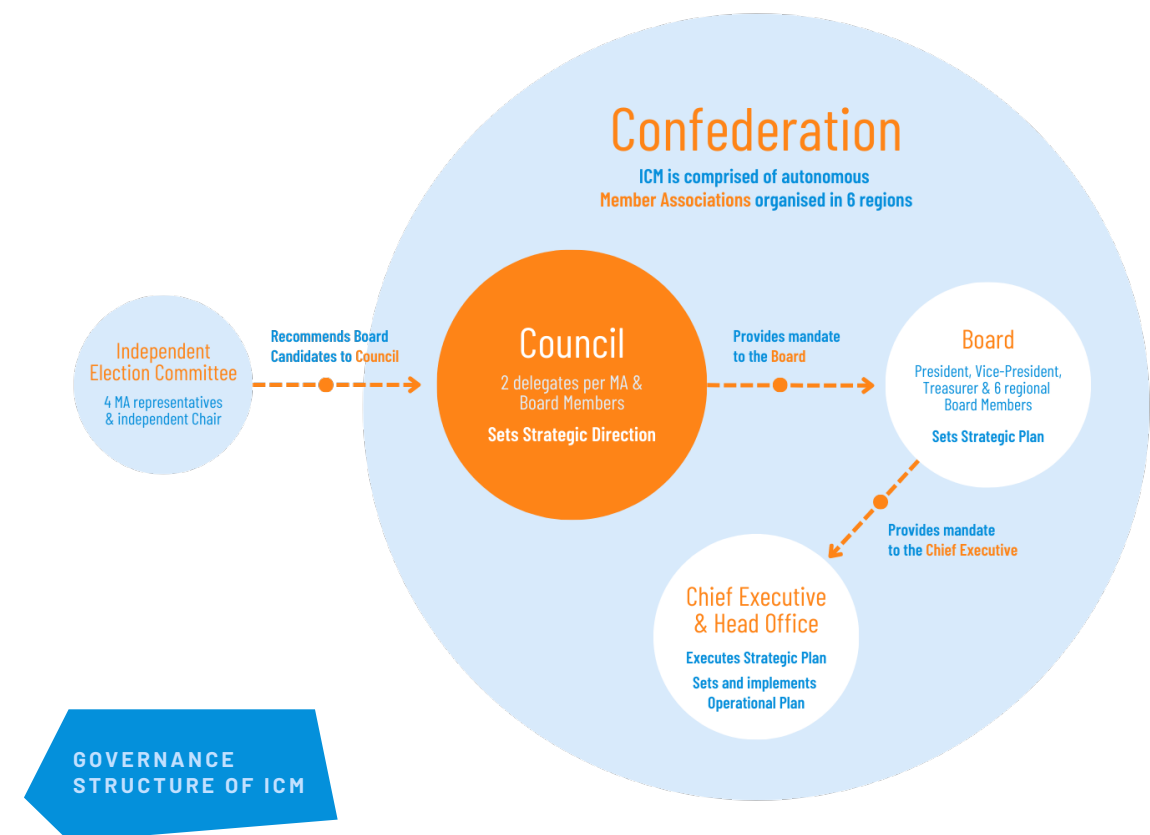
¹ Potential impact of midwives in preventing and reducing maternal and neonatal mortality and stillbirths. The Lancet, 2021. <https://www.thelancet.com/action/showPdf?pii=S2214-109X%2820%2930397-1>

dedicated Head Office staff, committed donors, and partners, and with the hard work of our community, MAs, and midwives, we are proud to be working every day to strengthen midwifery and support communities to thrive.

Celebrating our centenary in 2022, we are at a pivotal juncture in our organisational development. Our rich history shows that we have always stayed true to our core mission of supporting MAs and midwives around the world. To realise our mission, we have developed partnerships with global partners, continued to strengthen our organisational capacity, and designed and implemented successful projects, which are now evolving into a sustained long-term programme of work to implement [ICM's Professional Framework for Midwifery](#).

GOVERNANCE

ICM is governed by our MAs through our Council, the organisation's decision-making body, which sets ICM's strategic direction each Triennial Council Meeting. The ICM Council is made up of two delegates from each member association and the ICM Board. The Chief Executive and Head Office staff support the execution of the strategic plan through their operational activities.



BOARD MEMBERS

In 2022, Board comprised of 13 members, including the President, Vice-President, Treasurer along with regional representatives from each of the six ICM regions (including 7 sub-regions), making a total of 13 members. During 2022, one Europe Board member resigned, and the position was not filled because of the reduction in overall Board members to take effect in 2023.

ICM BOARD MEMBERS 2022			
ROLE	NAME	COUNTRY	REGION
President	Franka Cadée	Netherlands	
Vice President	Sandra Oyarzo Torres	Chile	
Treasurer	Vitor Varela	Portugal	
Board Member	Pandora Hardtman	United States of America	Americas (North America and the Caribbean)
Board Member	María Florencia Francisconi	Argentina	Americas (Latin America)
Board Member	Trude Thommesen	Norway	Europe (Northern Europe)
Board Member	Lisa Apini Welcland (resigned June 2022)	Germany	Europe (Central Europe) Position remained vacant
Board Member	Victoria Vivilaki	Greece	Europe (Southern Europe)
Board Member	Ann Kinnear	Australia	Western Pacific
Board Member	Emi Nurjasmi	Indonesia	Southeast Asia
Board Member	Dicko Fatoumata S Maiga	Mali	Africa (Francophone)
Board Member	Hilma Shikwambi	Namibia	Africa (Anglophone)
Board Member	Roa Altaweli	Saudi Arabia	Eastern Mediterranean

The ICM Council elects the President, and Vice-President, while regional Board Members are elected by the member associations in each sub-region as binding nominations that are endorsed by the Council. The Treasurer is appointed by the Independent Election Committee and ratified by the Council. Board Members are appointed for a three-year period with the opportunity of one re-election. The Chief Executive participates in Board meetings in a non-voting capacity.

The Board establishes committees as required including the Finance, Audit, and Risk (FAR) Committee and the Governance Committee. The President and the committees work closely with the Chief Executive to assist the Board with its oversight roles, particularly for financial, risk, and governance reform.

BOARD MEETINGS

The Board continued to hold monthly electronic Board meetings during 2022, including a four-day meeting in April that included governance training. The Finance, Audit, and Risk (FAR) Committee and the Governance Committee continued to meet regularly throughout the year.

In October as international COVID-19 restrictions began to lift, Board Members travelled to the ICM Head Office in the Hague to meet in person for the first time in their tenure. Not only was it an opportunity for the Board to meet and work together, including training on governance, but it also served as a chance for ICM Head Office staff to connect and build relationships with the Board. While in the Hague, ICM Board members also participated in team building exercises with ICM's Head Office Regional Teams, whose responsibilities include facilitating communication and planning between regional MAs, regional Board members, and ICM Head Office staff.

"It was so important for the ICM Board to have the opportunity to connect in person after years of travel restrictions. We accomplished a great deal this week, and we've grown closer and stronger as a team."

FRANKA CADÉE, ICM PRESIDENT

COUNCIL MEETING

In 2022, the Council Meeting was held virtually for the third time since 2020. A key decision from this meeting was the approval of the Terms of Reference for the [Independent Election Committee \(IEC\)](#), following Council's agreement in 2021 to establish an IEC to support the Board election process for 2023. This decision concluded a series of governance changes made by the Council starting in 2020 including a reduction of the number of regional Board Members from 10 to 6 (2020), the replacement of the By-Laws with Board Governance Policies (2022), and decisions that the Treasurer is no longer required to be a midwife and that the Board structure does not require an Executive Committee (2021).

INDEPENDENT ELECTION COMMITTEE (IEC)

In 2021, the ICM Council agreed that an IEC would lead the process for appointments, and ensure plans are in place for the orderly succession to the Board. The IEC is independent of the Board but is accountable to the Board Governance Committee to fulfil its role. Established in 2022, the IEC's role includes:

- Assessing candidates nominated by ICM's MAs for Board positions using the ICM Board Competency Framework to identify skills, knowledge, and experience needed by the Board,
- Presenting back to the MAs in each region a list of suitable candidates for their consideration prior to regional elections for regional Board members,
- Presenting to Council Delegates a list of suitable candidates for President and Vice-President prior to Council elections,
- Selecting a Treasurer with appropriate financial and governance competencies, and
- Implementing plans for the organised succession of appointments to the Board.

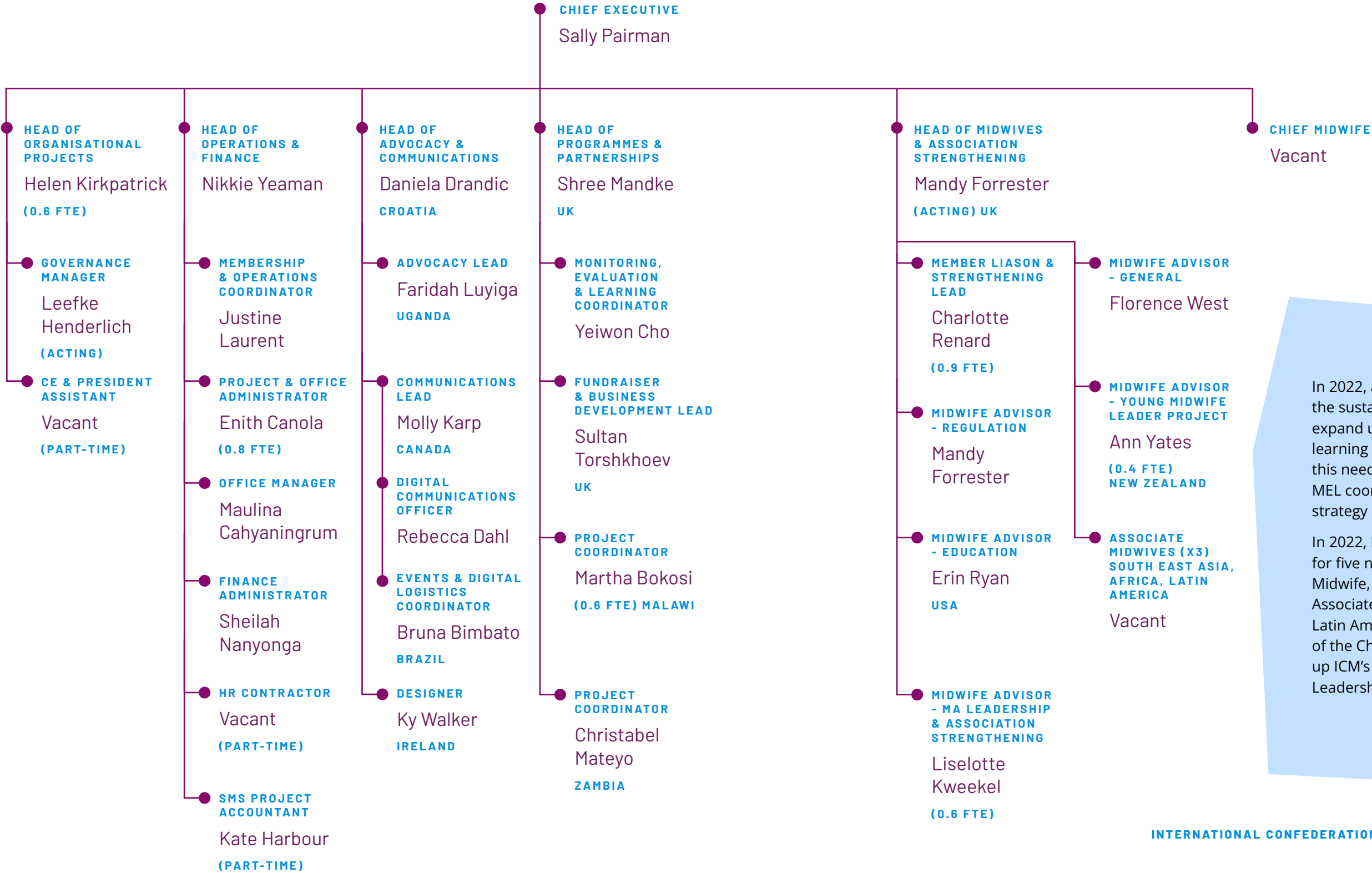
The IEC is comprised of four members and a Chair, who were selected after they responded to an Expression of Interest (EOI), based on their skills to perform the requirements of the role. All members must be current members of a full ICM MA. The IEC was appointed by the ICM Board Governance Committee, to which the IEC reports. The Chair of the IEC is selected based on their leadership skills, knowledge, and experience of the workings of election committees. During the establishment phase, from June 2022 until June 2023, the current ICM President will chair the IEC. Appointments to the Committee are voluntary and can be for a period of up to six years, which may be extended by a year to allow for the efficient handover of roles to new members. A fourth member of the IEC stood down from the role in February 2023 and will be replaced in the next triennium.

The IEC commenced work in October 2022 with training on components such as the competence framework, ICM strategy, justice, equity, diversity, and inclusion (JEDI), and oversight of the election process for the next Board election in June 2023. The Board updated the Terms of Reference for all Board Members prior to the call for applications in late 2022.

INDEPENDENT ELECTION COMMITTEE 2022			
ROLE	NAME	COUNTRY	ASSOCIATION
Chair	Franka Cadée	Netherlands	ICM President 2017 – 2023 Royal Dutch Association of Midwives
Member	Farah Babaey	Iran	Iran Scientific Association of Midwifery
Member	Catherine Collins-Fulea	United States of America	American College of Nurse-Midwives
Member	Anna af Ugglas	Sweden	Swedish Association of Midwives

HEAD OFFICE TEAM

Below are the staff members as of December 2022. Unless otherwise indicated, staff members are based at ICM’s office in The Hague.



In 2022, a central focus was our efforts to build the sustainability and growth of ICM and to expand upon the monitoring, evaluation, and learning (MEL) components of the work. To meet this need, the confederation brought on a new MEL coordinator to support an in-depth MEL strategy moving forward.

In 2022, ICM was also in the process of recruiting for five new midwife positions including a Chief Midwife, Head of the Midwives’ Team, and three Associate Midwife Advisors (one each based in Latin America, Africa, and South-East Asia). Part of the Chief Midwife role will include building up ICM’s regional structure and plan and ICM’s Leadership Plan.

Progress on Priorities

The content and updates included in ICM's 2022 Annual Report are organised in accordance with the three strategic priorities of the **Strategic Plan 2021-2023**, as outlined below.

SP1 Drive innovation and sustainability for the future of midwifery;

SP2 Develop, strengthen, and support the rollout of a new professional framework for midwifery;

SP3 Foster a movement for midwifery, enabling and strengthening partnerships, advocacy, and communications for midwifery, with women's voices at the centre; and

CROSS-CUTTING

Promote gender equality by employing a gender lens and prioritisation across all elements of the strategic plan

As Figure 1 shows, each of ICM's Strategic Priorities reinforce one another. For example, the movement for midwifery that we are focusing on in Priority 3 relies on the strengthened ICM and MAs that is achieved through progress on Priorities 1 and 2. And Priority 3 reinforces progress in the sustainability of midwifery (Priority 1) as well as improvements in the enabling environment for midwifery (related to Priority 2). We cannot foster a movement if we have weak, resource-constrained MAs. Therefore, Priorities 1 and 2 allow for the movement building to happen.

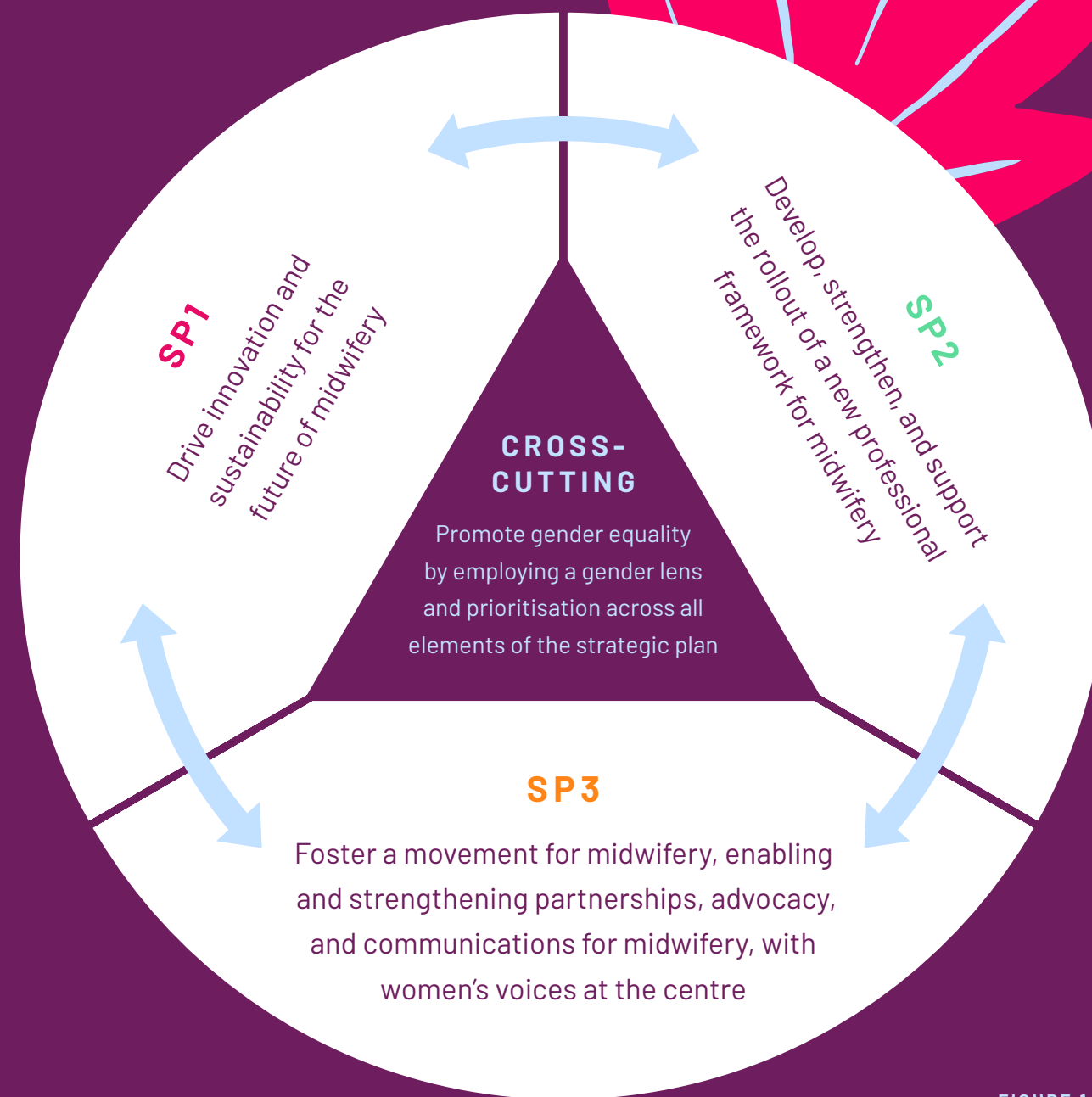


FIGURE 1.
INTERCONNECTEDNESS OF
ICM'S STRATEGIC PRIORITIES

PRIORITY 1

Drive Innovation and Sustainability for the Future of Midwifery

Outcome 1.1: ICM becomes a sustainable and innovative organisation which is responsive to the capacity needs of her members

Outcome 1.2: ICM becomes more responsive and creative in the capacity building of her members

To ensure the long-term future of the midwifery profession, we need to be a sustainable organisation, and as such we have embarked on the journey of strengthening organisational structures and systems as well as environmental and social responsibility and have undertaken efforts to become more financially robust. In tandem, our work has focused on supporting our MAs and midwives to both strengthen the profession and promote sustainability and impact across the world.

Funding ICM's Growth

We have worked to broaden our donors and maximise funds from existing funders. Building from initial core funding support from Direct Relief and the impactful contributions from the Swedish International Development Cooperation Agency (Sida), ICM secured new unrestricted funding through the Bill and Melinda Gates Foundation for the period October 2022 – December 2026. Sida's provision of core funding has provided ICM with the opportunity to focus on building and strengthening its internal capacity and mobilising resources to implement the 2021 – 2023 Triennial Strategy and to also lay strong foundations for a more sustainable ICM long-term. Collaboration with UNFPA in 2022 enabled a focus on developing midwifery education resources. In 2022, we ended several successful multi-year collaborative projects funded by FIGO, the McArthur Foundation, and Latter-Day Saint Charities. The Young Midwife Leader Programme, jointly funded by the an anonymous donor and the Johnson and Johnson Foundation continued in 2022. We also made an application to Lever for Change for a Maternal and Newborn Health

Award. The partnership with Direct Relief has also been rapidly expanded to include secure funding for supporting MAs in humanitarian settings, including those affected by the Russian War in Ukraine. An application was submitted to Direct Relief at the end of 2022 for additional core funding support. Finally, a new five-year partnership agreement with Laerdal Global Health (LGH) and Laerdal Medical that focused on ICM's education work was signed in November 2022.

Exact funding amounts can be found in the financial section of this report.

Research and case studies show what midwives already know to be true: resilience and perseverance are innate to midwifery. Midwives have continued to uphold care despite limited resources, stoppages in pay, and the stark reality of the COVID-19 pandemic, wars, and natural disasters. The world asks a lot of midwives – and they need our support.

1.1 ICM SUSTAINABILITY AND INNOVATION

Internal Systems and Processes for Governance and Operations

In 2022, we developed and began implementing a sustainability plan that works hand in hand with the three-year strategic plan and enables ICM to achieve its objectives with key stakeholders. This plan focuses on promoting midwifery as a sustainable model of care (economic, environmental, and social), supporting midwives to adapt to a changing world (e.g., climate change, limited access to clean water and sanitation, natural and human-made crises), and ensuring the long-term sustainability of ICM and our MAs. It includes guidelines for implementation and for communications and stakeholder engagement – key elements to building awareness of ICM's work and the midwifery ecosystem as well as ensuring ICM's ongoing success.

Additionally, ICM effectively and efficiently runs day-to-day operations using systems for human resources, knowledge management, project management, stakeholder management, finances, communications, events, and information technology (IT). In response to feedback received from the ICM members during the 2021 Biennial Member Needs and Expectations Survey meetings, ICM has revised the membership benefits to include new services such as access to the ICM e-Learning platform, representation as a member of one of the six ICM Regional Professional Committees (RPC) and access to support from the RPCs, and access to funding support in humanitarian emergencies. The newly introduced and current benefits are being integrated into a new document that will showcase the benefits in a clear and more appealing way and will be shared with members in 2023.

In response to feedback received from ICM staff, we conducted a survey to determine the best use of various virtual platforms. As a result, the ICM Head Office is now using Microsoft Teams for internal chats and communication and Zoom for engagements with larger external partners and our MAs. We also set up the parameters for utilising ClickUp, a project management tool that will support the Head Office team in 2023.

WithWomen

In an effort to diversify funding streams and support the development and implementation of governance and operational plans and support of our MAs, ICM founded the [WithWomen Charity](#) in December 2019. The Charity has no founding capital and is qualified as a subsidiary company with ICM as the head of the group. ICM currently serves as the treasurer on the Board of WithWomen.

In 2022 the WithWomen Board agreed with ICM that operational support for WithWomen would be provided by the ICM Head Office team. Late in the year, WithWomen promoted a campaign for individuals wanting to support the life-saving, life-enhancing work of midwives by donating to the WithWomen charity.


Gender Equality and Justice, Equity, Diversity, and Inclusion (JEDI)

We understand that the lived experiences of both our staff and our MAs differ greatly across regions and contexts. Justice, equity, diversity, and inclusion have been central tenants of ICM's work since its inception, underscored by the principles of the midwifery model of care, which

reinforces a 1:1 connection, rooted in respect between a midwife and the individual receiving care. With this in mind, in 2022, ICM hired a consulting company, Black Coconut LTD, to develop a JEDI and gender mainstreaming plan and roadmap for the organisation. In addition to the development of the plan and roadmap, both the Board and the staff attended awareness workshops.

Gender equality is also central to ICM's focus, underscored by the fact that women make up the majority of midwives globally and are the main recipients of care from midwives. Gender inequality drives many of the challenges that midwives face, including gender-based discrimination, a lack of leadership opportunities, harassment, and pay inequity that discourages women from the midwifery profession and contributes to the workforce shortage. Midwives also face challenges because of the power dynamics surrounding women's rights and midwifery, both organisationally and as individuals. Women and children suffer most when natural disasters and those caused by human activity occur; we have seen this happening as our member associations brace themselves to support an influx of displaced women and newborns from wars (e.g., Ukraine, Afghanistan) and natural disasters (e.g., Pakistan, Haiti). While the evidence is clear that scaling-up investments in midwifery would have great benefits in health outcomes, particularly for women, gender diverse people and newborns, gender inequality creates barriers that must be overcome to enable midwives everywhere to reach their potential and contribute to the achievement of such improved health outcomes.

In 2022, we developed two initiatives to support the inclusion of underrepresented voices, with two new features in our regular newsletter: the [History of Midwifery](#) and [Pass the Mic](#). The history section has focused on profiling a different element of ICM's history, for example, the role of Black midwives in advancing the profession in the United States and Pass the Mic provides a platform to underrepresented communities (e.g., midwives caring for women with disabilities, refugee women, trans midwives etc.) to speak on key issues and their lived experience. We are aware of the responsibility and role we play in promoting cultural safety and the elimination of racial disparities and gender inequalities and we work every day to support midwives and our MAs – advocating against inequalities and gender-based discrimination within health systems and addressing barriers at the systemic, policy, and programming levels. We are committed to ensuring that gender equality and JEDI lenses are applied to all progress markers and relevant activities and that these principles are fully integrated across all our work.



Through the Pass the Mic series, ICM lends its platforms to experts with knowledge and lived experience on a range of subjects related to identity and representation. The multimedia narrative series creates space and visibility for the underrepresented voices in our community, facilitates learning opportunities for both ICM and its member associations, and safeguards the trust women, gender diverse people and families have in our organisation and in midwives and midwifery. Pass the Mic marks important international days and events on ICM's digital channels several times annually.

1.2 BUILDING THE CAPACITY OF MEMBER ASSOCIATIONS (MAS)

Strengthening the capacity of MAS is one of the most valuable and unique roles that ICM plays. It is a key part of our current strategic plan, that we meet through various means and approaches based on feedback from our members. Our response to what we heard from members through key feedback surveys and personal connections has driven us to focus on localisation. We have also supported dedicated projects and programmes aimed at strengthening MAS to support midwives' ability to provide quality services to women and newborns. Key components of ICM's work to strengthen the capacity of MAS in 2022 are outlined below.

Localisation

Localisation has been a central thread of the fabric of ICM's work since its inception, and it is closely intertwined with ICM's priorities around sustainability, gender equality, justice, equity, diversity, and inclusion. This year, we made a steadfast commitment to clearly articulate localisation as a key component of our work. With additional core funding, we have developed an MA strengthening plan that includes supporting MAS to build out their staff and resource capacity as well as piloting a revised version of the Member Association Capacity Assessment Tool (MACAT) which included working alongside local MA facilitators. ICM's Board is also

reflective of the tenets of localisation, ensuring that leadership from the six regions helps drive ICM's direction and decision-making processes.

By providing support where needed to build midwives' capacity locally, ICM is working to ensure the sustainability of MAS and is putting leadership in their (own) capable hands. By supporting MAS efforts to advocate, fundraise, and champion midwifery as an autonomous profession, ICM is helping to localise the work to ensure that MAS and the midwives they support are ready to lead and thrive.

Stemming from our focus on localisation, we have delved deeper into our regions and countries over the last two years. The decision of the ICM Council to move to six regions led us to establish six regional Head Office Teams (HORTs). These teams work closely with the regional MAS and regional Board Member(s) to build relationships and share knowledge and understanding through regular regional meetings and workshops. In 2022, we formed Regional Professional Committees (RPCs) to support ICM's work to strengthen the midwifery profession regionally and globally and in alignment with the ICM Professional Framework.

Head Office Regional Teams (HORTs)

The HORTs officially kicked off in 2022. These teams serve as liaisons with the regional MAS and regional Board Member(s), staying abreast of current happenings in each of the six regions. HORTs are comprised of three to four members of the ICM Head Office Team (midwives and non-midwives). Their roles include supporting the regions with planning for meetings, developing agendas, gathering information, etc. HORTs have been important because of their contextual experience and expertise related to each specific region, as well as their ability to speak the language of the region to which they are assigned. Prior to HORTs, the liaising process was totally dependent on the personal networks of the individual Board Member(s) in the region. The creation of HORTs has enabled us to put more structure around knowledge management and the reporting process and to establish a more consistent approach to building up the knowledge and capacity of each region.

Regional Meetings and Workshops

As coordinators for each region, the HORTs and the ICM Board Members work together to prepare the agenda and the content for the regional meetings. In 2022 two meetings were followed by a 1.5-hour workshop run by ICM staff, the first on ICM's professional framework and the second on the implementation of ICM's new Independent Election Committee and

its role in ICM's 2023 Board election process. A third meeting was held just prior to the ICM Council meeting in June and provided an opportunity for the MAs to prepare for the council meeting and discuss some agenda items. The regional meetings offer a valuable opportunity for us to share new tools and information with MAs in each region and hear about issues they are grappling with and how ICM can best supplement their capacity.

In 2022 ICM's three regional meetings and two workshops were attended by approximately 1,000 midwives from more than 112 member associations. We conducted a feedback survey following the first and third meetings (and workshops) to evaluate the relevance of the topics discussed, the allocation of time, and the opportunity given for midwives to provide feedback. Over 210 midwives responded to the survey, giving ICM constructive and encouraging comments.

The survey showed that 99% of representatives felt the topics discussed at the regional meetings were appropriate for their region. In total, 72% of MAs said that the time allocated to regional meetings was just right, while 23% said it could be longer. 89% of MAs felt that they had an opportunity to voice their opinions about the topics discussed during the meeting. 77% of MAs said they feel confident enough to explain the ICM Professional Framework to other members and relevant stakeholders – a huge win underscoring ICM's achievement related to Strategic Priority Two.

One participant commented, "I love these meetings! I know they are so long, but we need the time to work out solutions and not just problems... if the point is raised globally that we need more midwives in government then we need direct tools to solve those problems and move forward. Perhaps the next meeting can be focused on responses to problems that arose in today's meetings. Thank you for everything! I love being a part of ICM!"

Regional Professional Committees (RPCs)

Prior to the 2022 creation of Regional Professional Committees (RPCs), ICM had Standing Committees focused on education, regulation, and research that reported to the Board. Based on feedback from the Standing Committee Chairs, in 2022 ICM disbanded the committees and issued a formal Expression of Interest (EOI) process to solicit members for the establishment of the RPCs. The RPCs are operational, working closely with HORTs and soon to be appointed ICM Chief Midwife who will be responsible for building out ICM's Regional Plan. Comprised of two midwife educators, two midwife regulators, two midwife researchers, two practising midwives and an emerging leader, the RPCs will help to build positive working relationships and networks between midwife educators, regulators, researchers, leaders, and MAs within each region. The RPCs will help ICM gather information about professional practice activities and priorities in each region, as well as communicate and implement ICM's work plans for strengthening midwifery education, regulation, research, and practice across and between ICM's six regions, contributing to the achievement of strategic and operational goals, especially in relation to Strategic Priority Two.

Meetings of the RPCs will be held quarterly, with the first kick-off meeting scheduled for early 2023.

ICM's Impact Through Building MA Capacity

ICM also implements time-bound projects and programmes designed to bolster the capacity of MAs. The approach to these projects varies from peer learning or "twinning," to emergency response, and institutional capacity strengthening provided by ICM. A selection of key projects and programmes we undertook to support MAs in 2022 are outlined below. In many cases, these projects support our operationalisation of more than one strategic priority.

Twin to Win Pilot Project

Stemming from MA requests for mentorship and partnership and with support from the Bill & Melinda Gates Foundation, ICM officially launched the first-ever Twin to Win pilot project – a two-year initiative where MAs from similar contexts are matched and supported to develop and deliver shared and individual projects. The twinning methodology focuses on fostering a cross-cultural, reciprocal partnership between two MAs working together to achieve joint goals. The method has been recognised as an effective way to improve the quality of midwifery care in health systems by means of building the leadership capacity of midwives from

both professional associations involved in the partnership equally. This structure creates a level playing field, allowing for open communication and knowledge sharing. MAs can learn from one another, support one another, and ultimately, enhance their region and the practice of midwifery by working together. The three main objectives of the pilot include:

- Build trusting relationships that enable MAs to personally and professionally grow and take on leadership roles,
- Increase capacity improvements of MAs, and
- Grow the midwifery network as a natural way to build communities of practice.

A total of 68 MAs joined an inspiration session hosted by ICM in September and 19 MAs applied to be part of the first cohort of the Twin to Win programme. ICM selected six MAs in October, pairing them based on location and language as well as economic and social context. The pairings for the pilot are: Uganda and Burundi, Guatemala and Costa Rica, and Mali and Senegal. These selections include twin pairs of English, Spanish, and French speaking MAs.

In November, ICM held the first meeting virtually with the Twin to Win cohort to discuss expectations and logistics. A three-day, in-person, meet-up was also held in Casablanca, Morocco where several workshops were conducted on twinning as a method. These workshops focused on writing project and communications plans and outlining joint goals within the twin pairs in a charter document. From 2023-2024, ICM will conduct a series of workshops with these pilot twin countries. This role involves providing interpretation during the meetings between all six MAs and navigating working across different countries, ages, and skill sets – all in an effort to strengthen midwifery associations.

Over the next two years, twins from Burundi and Uganda, Mali and Senegal, and Guatemala and Costa Rica will work together to create measurable and achievable projects. Each MA will also identify a Twin to Win Champion that will be trained by ICM to support MAs in launching and undertaking Twin to Win projects. This process will promote the sustainability of the project moving forward, putting the organisation of more pairings in the hands of local MA leaders. Following the two-year pilot, we will assess the pilot and share outcomes and results.

Building on twinning, we are working to link MAs to other MAs, educational developers, and regulators in their specific countries, as well as with global organisations, women's groups, and leading development entities, such as UNFPA and the World Health Organization (WHO). Additional information on Twin to Win can be found here and [here](#).

"I hope that this project will be successful for the midwife associations of both countries despite the cultural differences, so that we can provide warmer care for women and their families."

- ALEX

"I hope the links between Guatemala and Costa Rica will be strengthened and be a joint Latin American midwifery example."

- GRIZ

"After this project, I hope midwives in Burundi will be seen as important."

- AUGUSTIN

"I hope to learn from my colleagues in Uganda who have more experience than us."

- MIRELLA

"This project will make it possible to improve the relationships between midwives and the beneficiaries of their care for women."

- BIGUÉ

"We hope to have recruited more midwives to the association and improved our visibility as an association by learning from our twin."

- RITAH

"I hope twinning will strengthen the association and demonstrate the important role the association plays for midwives."

- ANNETTE

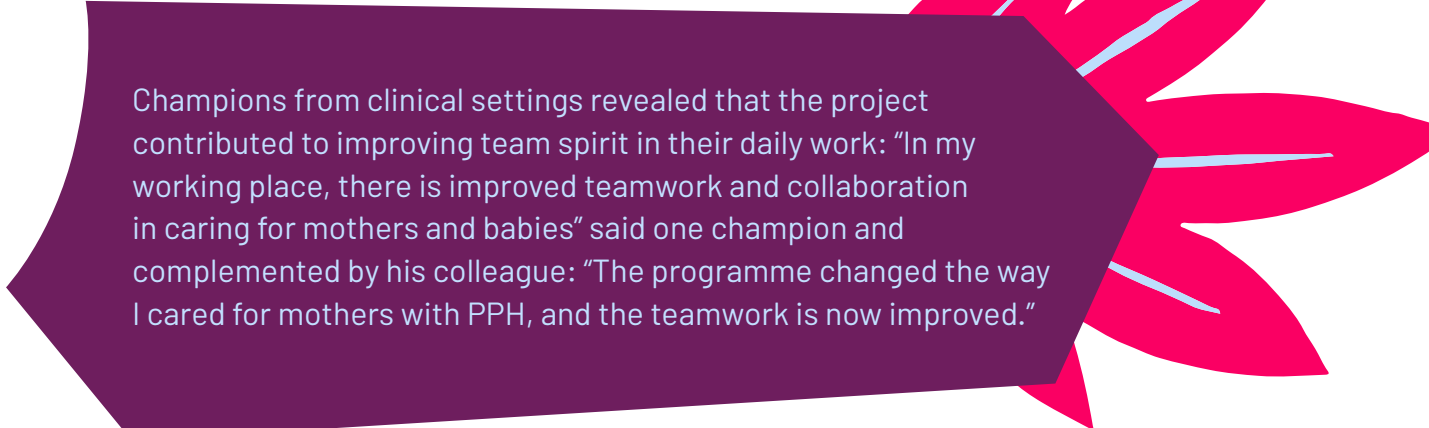


Rwanda More Happy Birthdays

Our original 50,000 Happy Birthdays project – implemented in Rwanda, Ethiopia, and Tanzania from 2018-2020 – was successful in training health workers with the skills and resources that would enable them to help women and prevent maternal deaths.

In 2021 and continuing into 2022, we had an exciting opportunity to continue supporting More Happy Birthdays in Rwanda through support from Latter-Day Saint Charities (LDSC). This project ran for eight months from August 2021 to June 2022 and provided refresher trainings for midwives and other health workers on Helping Mothers Survive (HMS) and Helping Babies Survive (HBS) suite of training resources and via short and repeated low-dose, high-frequency (LDHF) practice sessions. Building on the lessons from the 50,000 Happy Birthdays (50KHB) project (2018-2020), we added a focus on MA strengthening through improved governance and leadership. Using the MACAT, we worked with the Rwanda Association of Midwives (RAM) to assess their needs, identifying the need to improve member recruitment, run successful professional meetings, and convene events, including for the International Day of the Midwife. RAM shared information with the public by strengthening its website and reviewing and updating its outreach materials. Financial capacity strengthening led to the development of a position description and the recruitment of a Finance Manager, the purchase of new financial software, improvements in bookkeeping, financial monitoring, and record keeping, and the development of project management skills including utilising the project management cycle. Additionally, RAM hired a member of the association to work as MEL consultant. This consultant worked to develop a MEL system including a logical framework, qualitative surveys to assess progress, and regular reporting using local capacity. As a result, project management improved, member recruitment (and consequently membership funds) increased, and financial management procedures became more efficient. An internal audit at ICM underscored the robust financial systems in place in Rwanda as a result.

Collaboration using digital tools was another key achievement that reached beyond RAM to government and other professional associations. We worked with RAM to create tools for greater cooperation, including a Google Drive. We also worked with Maternity Foundation on how to use their digital Safe Delivery App, which was incorporated into the HMS and HBS training. As a result of the successful application of these tools, the Ministry of Health requested meetings with RAM to share project learnings and tools. The collaboration enabled better understanding within the profession and increased respect for midwives from doctors, nurses, and others from across the health sector.



Champions from clinical settings revealed that the project contributed to improving team spirit in their daily work: “In my working place, there is improved teamwork and collaboration in caring for mothers and babies” said one champion and complemented by his colleague: “The programme changed the way I cared for mothers with PPH, and the teamwork is now improved.”

Ukraine Emergency Grant

When humanitarian emergencies occur, midwives are well-positioned to deliver primary health services, including quality and respectful maternal and newborn care. The Russian war in Ukraine has significantly impacted women and children in the region, as over 90% of the more than six million Ukrainian refugees are from these most vulnerable categories. Among the women in this group, we estimate that approximately 9% are pregnant.

Midwives and their associations are at the front lines of the war in Ukraine, providing assistance, health care, and other social services needed by refugees. Migrant and refugee women are at an increased risk of sexual violence, unwanted pregnancies, and exposure to sexually transmitted diseases. Additional risks include malnutrition, poor sanitation, and lack of maternity care, including psychological care in pregnancy, labour, and postpartum.

In March 2022, we conducted a preliminary assessment in partnership with the MAs in the Eastern Europe region to find out about their needs and their involvement in the Ukrainian crisis. Through these initial consultations, several urgent needs were identified in the Ukrainian neighbouring countries where MAs operate. Following this, we applied for and received funding from Direct Relief, to provide direct financial assistance to MAs in Europe working with the Ukrainian refugees. We designed a rapid response grant process where MAs can request funds for salaries, supplies, services, and any other Ukraine emergency-related needs as they arise.

We received applications from three MAs in Estonia (Estonian Midwives Association), Hungary (Hungarian Midwives' Association), and Romania (Independent Midwives Association of Romania), and after a review and due diligence process, we were able to transfer funds to them to implement their projects.

MA GRANTS AWARDED	
ASSOCIATION	AMOUNT
Estonian Midwives Association	\$7.021,70
Independent Midwives Association of Romania	\$112.619,00
Hungarian Midwives Association	\$146.387,06

The **Hungarian Midwives' Association (HMA)** project was divided into two parts. The first part was to coordinate the procurement and distribution of supplies to Ukrainian refugee camps in Hungary. The second part, which began at the end of December 2022, included the provision of equipment and supplies to the hospital in Berehove, Ukraine, and to provide psychological assistance to Ukrainian midwives.

Between September 1 and October 14, 2022, the first part of the project was fully implemented. During this period the HMA was able to:

- Provide assistance to two refugee camps in need of support. The camps were located in Záhony and Budapest (around 300km away from each other) and accommodated 150-200 people.
- Make five visits to the refugee camps and deliver donations of food, diapers, hygiene products, vitamins, medicines, food, and drinks for a total of \$18,890.

Read more about the HMA response ([full HMA report](#) and [photos](#)).

The **Estonian Midwives Association (EMA)** received funding to purchase hygiene products (diapers and menstrual products) and distribute them to Ukrainian war refugees at the Estonian reference points. The budget was €6,876 and the EMA has been able to distribute products between four Estonian cities, and between two locations in one city (Tallinn). By early 2023, EMA has distributed all items for this piece of work.

See EMA's response here ([photos](#)).

The **Independent Midwives Association of Romania (IMAR)** received funds from ICM's Direct Relief funding to support access to sexual and reproductive health services for refugee women. During this reporting period, the IMAR accomplished the following:

- As facilitators the IMAR collated information from 1217 refugee families and mapped their needs to provide information and facilitate access to health services.

- Through the hiring of an extra person (co-financed by UNICEF) to work in their call centre for reproductive health and support for refugees, they received and solved more than 1356 calls. More than 2842 people benefited from the dissemination of information at Romexpo centre (the biggest centre for donations and services for refugees in Bucharest).
- The IMAR provided translation services for 187 refugees in medical clinics
- The IMAR provided support for 206 registrations of refugees with family doctors.
- The IMAR distributed hygiene products, supplements, contraceptive products, vaccines, and medicine to 600 women and children.
- The IMAR provided family planning, teenagers' sexual and reproductive health education, prenatal and postnatal education classes, and medical services to 108 women.
- In addition, in collaboration with a legal support company and their designated lawyer they provided the refugees with all necessary legal support.

Read more from IMAR ([stories](#) and [photos](#)).

MAs have requested ongoing support for programmes like this, underscoring the need for sustainable solutions to support maternal and newborn care services as conflict and crises arise.

ICM and its partners are working to support midwives' associations in Europe as they care for Ukrainian refugee women and their families; procure and distribute supplies such as food, hygiene products, and bus and train tickets to women and children; place families in accommodation and provide other essential services.

ICM has designed a rapid response grant process through which member associations (MAs) can request funds to support their work caring for Ukrainian refugees. MAs in countries near Ukraine have requested funds for translators, mental health providers, and other professionals as well as supplies such as hygiene and sanitary products, bedding, clothing, and funding for transportation fees.

Policy Brief on the Importance of MAs

Building from the impressive work of MAs, we have partnered with the Canadian Association of Midwives (CAM) and their team of researchers to document the impact of MAs in several countries. This research culminated in a policy brief for the Canadian government and a subsequent project to rewrite the brief for ICM, assessing the research with a global lens. This policy brief, which will include feedback from interviews conducted with MAs, will underscore the importance of, and what approaches work for MAs. The policy brief that is underway will serve as a resource for both ICM advocacy as well as for MAs, highlighting best practices and benefits of MAs in-country and globally. The MA version will be a tailored guide with visual depictions and best practices, further building the community of practice that ICM is working to foster.

Additional Support to MAs

We work to support MAs when and where they need it, and MAs frequently contact us for assistance on a variety of matters. For example, the National Yemen Midwives Association asked ICM to intercede on their behalf and connect with the Ministry of Health (MoH) in Yemen. ICM was able to talk with the MoH about the importance of midwives, connecting them with the MA. The two are now working in partnership. We have been working on improving access to ICM resources for MAs, for example, working with our MA in Kyrgyzstan to provide materials in Russian. We have also been working with the Israeli Midwives Association in their efforts to raise the profile and knowledge about midwifery in-country.

1.3 SHOWCASING MA SUCCESSSES

Central to our work are efforts to support the success and growth of the MAs across the six ICM regions. We are proud to celebrate the successes and strengths of each MA and will continue to support their endeavours as we work collaboratively to strengthen the profession of midwifery. This past year, we contributed to considerable advances to midwifery made by our MAs in Bangladesh, Rwanda, Mexico, and Zambia.

Strengthening Advocacy Capacity in Mexico

Mexico has a long and deep history of traditional midwifery. However, professional midwifery is nascent and not well integrated into the health system in Mexico. In 2017, ICM supported 30 midwives from Mexico to join the ICM congress for the first time. The Congress, held in Toronto that year, was inspiring for the midwives who returned to their communities intent on building professional midwifery in Mexico.

Following the Toronto milestone, ICM secured support from the MacArthur Foundation to strengthen our Mexican MA's (APP - Asociación De Parteras Profesionales) advocacy capacity. As a first step, we worked with the MA to complete a baseline assessment of advocacy skills and competency. We developed a series of workshops, attended by 50 midwives each, based on the advocacy skills needing development: 3 focused on skills building, and 2 were on analysis and evidence. We used this experience to develop an advocacy assessment tool that is currently being used with other MAs and has been adapted into an e-learning format which allows us to reach more midwives.

The project aimed to respond to the objectives of the MacArthur initiative, as well as government recommendations and strategies suggested by midwives in Mexico. Both aim to increase the availability of midwives in Mexico and to improve their integration into the health system thereby contributing to improved access, availability, and quality of midwifery services for women and their newborns in the country. In 2022, we supported the APP to conduct an advocacy needs assessment exercise, focused on advocacy planning, conducting advocacy, and advocacy processes, which would later inform a strategy and package of resources to support APP to advocate for a stronger midwifery profession that can improve health outcomes for women, newborns and families.

As a result of this work, APP, with technical support from ICM, developed an advocacy plan with the priority areas for advancing midwifery in Mexico. APP also developed a virtual platform for midwives, which helps midwives separated by geography to feel a sense of community, share information, gain insights from their colleagues, and encourage one another. It is facilitated by APP at the highest level, keeping its membership updated on the execution of the advocacy plan as well as skill-building opportunities.



Advocacy Needs Assessment for Bangladesh Midwifery Society

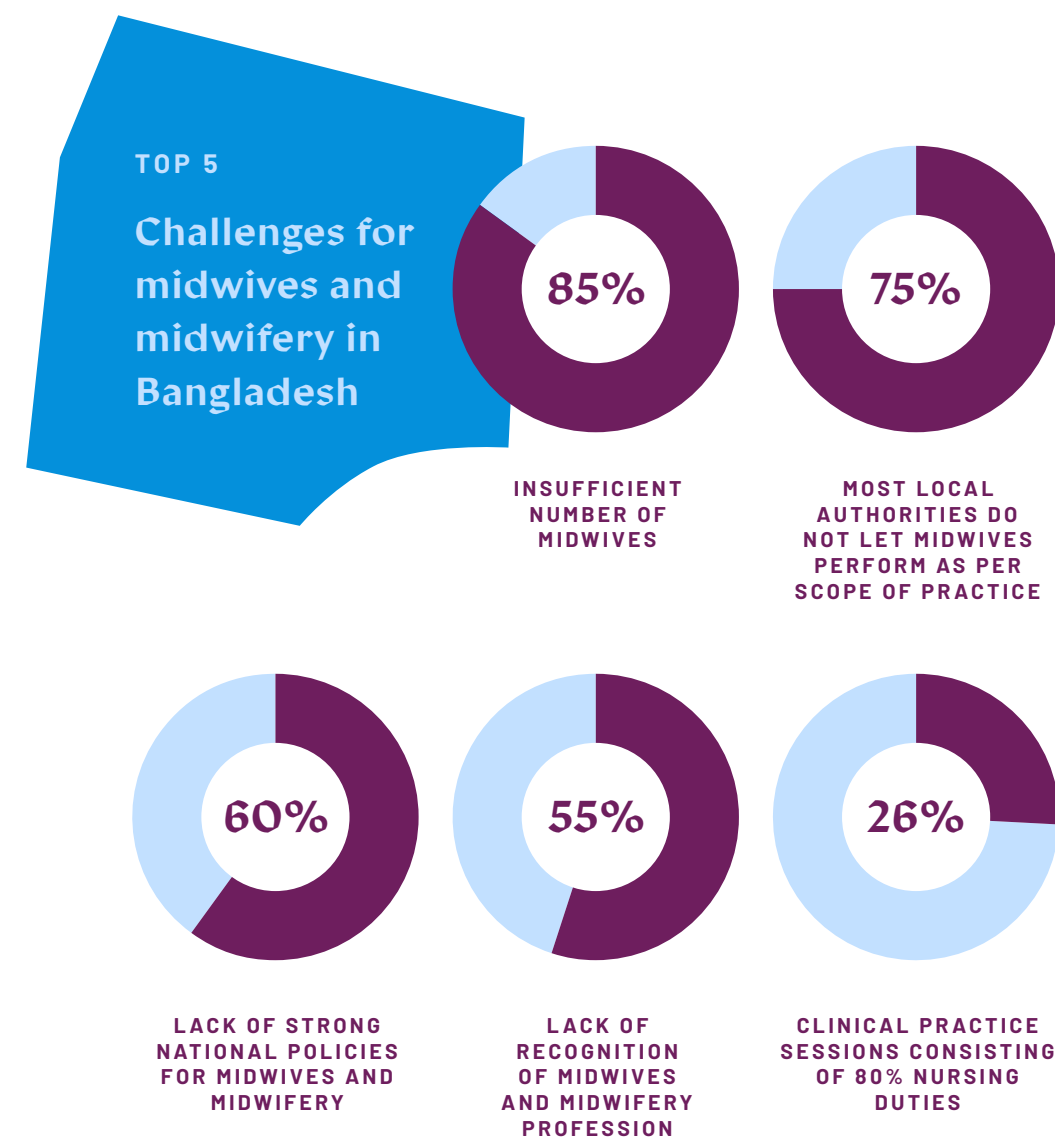
ICM has been working with the Bangladesh Midwifery Society (BMS) for a number of years. BMS was also a frontrunner country for ICM's Midwifery Services Framework (MSF) project (2015-2017) that supported Bangladesh to create a midwifery cadre that is robust and broad. This year, BMS, with support from ICM, successfully conducted an Advocacy Needs Assessment (ANA) exercise. This exercise guided a strategy and package of resources to support BMS to advocate

for a stronger midwifery profession that can improve health outcomes for women, newborns, and families in Bangladesh.

The ANA process kicked off with a guided survey of BMS members and stakeholders, which was followed by two validation workshop sessions with approximately 15-20 participants in each. These workshops enabled BMS to explore and assess the association's skills, resources, knowledge, and practices specific to advocacy. Ultimately, this exercise guided a strategy and package of resources to support BMS to advocate for a stronger midwifery profession that can improve health outcomes for women, newborns, and families in Bangladesh. We are also working with BMS on localising fundraising through the recruitment of an officer to support this work, creating capacity at the local level. The [ANA Workshop Final Report](#) outlines the key findings, key challenges, successes, and recommendations for the way forward garnered from both the initial survey conducted and through the outcomes of the in-depth workshops. We also provided a small fund to BMS to create a network and advocate for the midwifery profession to local authorities. From this support, BMS organised five advocacy programmes with local-level leaders and stakeholders in December 2022. Building from our support in 2022, approximately 60 advocacy meetings were held with stakeholders, 20 midwife leaders enrolled and completed over 20 trainings, and 5 midwife leaders graduated from the Nursing Now Challenge Fellowship (NNCF).

The assessment resulted in the development of an action plan to address the advocacy gaps identified by participants during the workshops. ICM used the assessment to design the content for the subsequent advocacy skills-building workshop aimed at building the advocacy capacity of BMS and its members. Additionally, BMS members identified potential solutions to the top five midwifery challenges in Bangladesh (below) and through the various sessions about advocacy and its key components,

they were equipped with the knowledge and skills needed to take the work forward. ICM has used the outputs of the assessment to design and package resources to support BMS to advocate for a stronger midwifery profession to improve health outcomes for women, newborns, and families in Bangladesh. ICM is also a new implementing partner for UNFPA Southeast Asia (SEA) as of November 2022, working with BMS to help build capacity across the region, including work to identify a resource mobilisation officer.



PRIORITY 2

Develop, Strengthen, and Support the Rollout of a New Professional Framework for Midwifery

Outcome 2.1: ICM-developed systems and processes are used to support the implementation of midwifery as an autonomous profession, separate to Nursing in countries

Outcome 2.2: MAs operate as effective, independent professional organisations that lead on implementing the Professional Framework in their countries

2021-2022 served as a critical period of focus where we updated the [Professional Framework for Midwifery](#) and used it in all our work. These updates served to reflect the evolution of the profession while better representing midwifery as it exists in the world today. This guide serves as an informative guiding tool for ICM, members, partners, and key stakeholders in the midwifery space. Below are key pieces and partnerships that served to reinforce the use of and strengthen the Professional Framework for Midwifery.

"ICM is the global standard setter for the midwifery profession. This is super important."

- ICM DONOR

2.1 MIDWIFERY AS AN AUTONOMOUS PROFESSION

In 2022, we continued to support the push for midwifery as an autonomous profession, underscoring that it is most effective at supporting women and communities when midwives are recognized and respected as professionals and are integrated into health systems. We have done this through:

- Rolling out tools such as the Midwifery Services Framework (MSF) to strengthen member associations and support them to engage governments to reinforce midwifery as the heart of maternal, newborn, and child health (MNCH).
- Reviewing and updating the ICM regulation standards, toolkit, and other resources that provide guidance to MAs to build relationships with Ministries of Health and midwife regulators.
- Disseminating education resources and guidance, developing guidance where needed, and facilitating the building of relationships between MAs, country midwife educators and Ministries of Education and Health.
- Establishing the PUSH Campaign to promote midwifery as an autonomous profession, building a movement of supporters and allies, and facilitating partnerships between MAs, women's and reproductive rights organisations.

We do all this work alongside member associations, key partners like UNFPA, and others who understand the importance of midwives.

Midwifery Services Framework (MSF) in Zambia

The Midwifery Services Framework (MSF) was created by ICM in close collaboration with UNFPA and WHO in 2015 and has since been used to support the development and strengthening of midwifery services across six countries. MSF focuses on building a quality midwifery workforce and implementing the midwife-led model of care. The MSF process was updated during the COVID pandemic as a result of external evaluation of the 2015-2017 pilot and by engaging a wider set of country actors responsible for improving maternal and new-born health outcomes.

Zambia was the first country where ICM was able to utilise the new approach from the beginning. The MSF work in Zambia is a solid example of localisation in action – helping the country to apply evidence, standards, and guidance to improve the policy and programming environment for implementing midwifery services in order to improve maternal and newborn health outcomes.

In 2022, in order to drive the localisation forward, we identified and conducted a week-long [training for 15 Zambian](#) public health, MNCH and SRHR experts on how to use MSF to identify and address systemic gaps in the Maternal and Newborn Health system. Creating the capacity locally, to facilitate MSF process, rather than having someone from outside the country come in to do the facilitation, has resulted in local ownership and championship for establishing women-centred MNH services. These local experts are also involved in mapping existing governmental structures such as taskforces and technical working groups to determine ways in which MSF priorities can be embedded and implemented.

ICM supported the local MSF experts to organise a [stakeholder training and orientation](#) where all partners came together to talk about the status of maternity services. Stakeholders at this meeting included UNICEF, UNFPA, midwifery education schools, NGOs, and regulating bodies in Zambia focused on midwifery services. Participants identified priority areas related to midwifery that might need attention such as education, regulation, workforce, midwifery leadership, and the enabling environment, and the establishment of working groups to advance topic areas and compiled them into a report that was shared with the Permanent Secretary of Health, Prof Lackson Kasonka. This report coincided with the culmination of the Zambia's National Health Strategic Plan for Health (NHSP) 2022-2025. This presented an opportunity to try to embed the identified priorities into the plan. From this work, the Permanent Secretary suggested having sites that pilot the midwifery-led model of care – a huge win for midwifery in Zambia.

In just the first year of this work, there has been a lot of progress on advancing technical midwifery leadership within the MoH, which is a key aspect of integrating midwifery into the health system. The MoH are also discussing midwifery leadership at provincial and district levels to supplement the existing nursing officers.

Another key outcome of this work has been closer working relationship between MoH and MAZ. For example, MAZ is now represented on the technical working group for the maternal, perinatal surveillance, and response team. The Technical Working Group gives inputs on medical reasons for complications and deaths and supports the government to come up with clear strategies that will help to mitigate these challenges and bridge gaps in the future. Another outcome has been that MAZ has developed a strategic plan to ensure complementarity with government efforts and sharing it with stakeholders.

An important opportunity arose when Zambian President, Hakainde Hichilema, announced that he wants every health facility to have maternity services. MAZ worked to develop the framework to be implemented in

all public health facilities. MAZ has voiced concerns about staffing and is currently pushing to ensure the government increases the midwifery workforce. To sustain momentum, MAZ is also working to engage the government and push them to include respectful maternity care in midwifery and nursing education and training. The Association is also working with the Nursing and Midwifery Council of Zambia to see how to standardise education to ensure that midwifery education is on par with international standards.

All of this progress is underpinned by our deliberate focus on supporting and strengthening MAZ to ensure that they continue to grow sustainably. We have been working with MAZ to understand their fundraising needs and strengthen their organisational systems such as financial management and governance. Through ICM's support, MAZ employed a resource mobilisation officer as well as a staff member responsible for financial management and administration. In 2023, MAZ plans to conduct advocacy and leadership training with the MAZ President and executive members and will focus on continuing to grow the association.

This work was made possible through support from the Bill & Melinda Gates Foundation. We are also working with MAZ to secure core funding that is not tied to a specific project but can be used to strengthen the association as they respond to emerging issues and opportunities.

The Strategic and Technical Advisory Group of Experts for Maternal, Newborn, Child, and Adolescent Health + Nutrition (STAGE)

The Strategic and Technical Advisory Group of Experts for Maternal, Newborn, Child, and Adolescent Health + Nutrition (STAGE) was formed in 2020 in response to a call for coordinated global leadership aligned with the WHO reform process. As a group of 30 partners, including ICM, the work of STAGE involves providing strategic and technical guidance to the WHO Director General. In 2022, STAGE established a Working Group on Midwifery with the brief to develop a guidance document by the end of 2023 for countries that are actively planning to transition to a midwifery model of care. Three sub-committees have also been formed focused on (1) the needs of midwives, (2) targets for strengthening health systems and health facilities, and (3) policies to support the necessary enabling environment. ICM's CEO co-chairs the overarching Midwifery Working Group and ICM midwives are also part of the membership of the sub-committees, one as co-chair. In our work with STAGE, we collaborate with multiple partners, including UN Agencies, bilateral organisations, foundations, and others outside of the midwifery space.

Midwifery Education Development Pathway (MPath)

Throughout 2022, ICM continued to build resources targeted to midwifery educators through our MPath programme. These included Programme Guides for direct entry midwifery and post-nursing registration pre-service midwifery education programmes developed concurrently with UNFPA's sample curricula. We also produced guidance on midwifery clinical practice and assessment. MPath resources and support can help midwife educators to strengthen pre-service midwifery education programmes as necessary.



Joint Midwifery Education Project with Laerdal

Building from a relationship with Laerdal that began in 2010, this year marked a new progression in our partnership — the creation of a Joint Midwifery Education Project. In the first phase, we are co-creating and piloting digital learning tools to support student midwives to develop the skills necessary to achieve the ICM midwifery competencies. These resources will be launched at ICM's Triennial Congress in Bali in 2023. Through the development of a robust long-term partnership agreement with Laerdal, ICM is no longer just an implementing partner, but an equal contributor and peer.

Lao PDR Achieves International Accreditation of Midwifery Education

Quality midwifery education is essential for having highly skilled, professional midwives. While some governments, midwifery associations, and regulatory bodies have developed midwifery education standards, few have the systems needed to promote regular quality improvement efforts and/or external assessments using those standards. ICM's MEAP (Midwifery Education Accreditation Programme) provides both accreditation and re-accreditation processes, and it can support existing accreditation processes or fill existing gaps. Using the ICM Global Standards for Midwifery Education and the Essential Competencies for Midwifery Practice, the MEAP provides an independent assessment of midwifery education programmes, certifying whether they meet the standards and identifying areas of good practice.

MEAP, funded by the Bill and Melinda Gates Foundation, is a key regulatory and educational mechanism that serves to assess whether pre-service midwifery education programmes meet the ICM's Global Standards for Midwifery Education. MEAP offers accreditation approval based on an independent assessment of an institute's midwifery educational programme(s) to determine the extent to which it meets ICM standards. MEAP not only serves as a quality label but also enables consistent midwifery education processes and graduate outcomes.

In 2022, ICM, in consultation with UNFPA Lao PDR (Laos), chose three colleges in Laos to be part of the second pilot project for the MEAP. The three colleges in Laos underwent an 18-month quality improvement process led by UNFPA Laos. UNFPA hosted three workshops to support schools in key areas for improvement. Once the schools completed this series of workshops, they were invited to apply for the MEAP pilot. The ICM MEAP assessment team members were on-site in Laos for 11 days.

and upon the recommendation of the MEAP assessment team, ICM Board took the decision to accredit the Colleges in December 2022.

The schools in Laos, along with schools in Bangladesh and Rwanda who were also included in this pilot MEAP project, were the first schools in the world to complete the process. The Rwanda programme was accredited in 2020 and the other programmes were accredited in December 2022. Accreditation through MEAP is a great step in the direction of regulated, standardised midwifery education all over the globe, and supports the efforts of countries to reduce maternal and newborn deaths and improve the quality of midwifery care.

Alliance to Improve Midwifery Education (AIME)

Established last year by UNFPA, ICM, WHO, and UNICEF, along with other partners, including Laerdal, the [Alliance to Improve Midwifery Education \(AIME\)](#) is an initiative focused on improving quality sexual, reproductive, maternal, newborn, child, and adolescent (SRMNCAH) services by prioritising the training, education, and professionalisation of midwives. Using the WHO, ICM, UNFPA, and UNICEF Framework for Action for Strengthening Quality Midwifery Education for Universal Health Coverage (UHC) 2019, AIME works to coordinate midwifery educational activities globally and encourage collaborations and effective use of resources. The first in-person, regional workshop was held in Nairobi, Kenya in June 2022 and served as a meeting point for African partners and Steering Group members (ICM, WHO, UNFPA) to come together to deliver on the framework of action. In total 75 people from 23 countries attended. At this gathering, we led a series of workshops on topics such as direct entry curricula, midwifery regulation and advocacy, and a breakout session we co-led with our partner Laerdal on developing skills for midwifery competence, a few of which were voted as top sessions of the event.

Through the creation of AIME, we can facilitate greater dissemination and implementation of ICM's standards and competencies into pre-service and in-service midwifery education globally. No other profession in the health sector has an entity like ICM that serves as the marker for effective standards and competencies. We understand our key role in AIME, and we are committed to listening to what has been done on country levels through our MAs and bringing those challenges and successes to other leaders in the space, creating a movement for impact. The next AIME meeting will be held in Bangkok, Thailand in March 2023.

Regulation

In Ghana, ICM was commissioned by the Tropical Health Education Trust (THET) to do a gap analysis of midwifery regulations. This consultancy contributed to ICM's understanding of regulations and the support that MAs need in order to effectively lobby and advocate for enhanced midwifery representation – a critical focus for ICM.

Midwifery Leadership

The YML and EML Programmes

For the new cohort of Young Midwife Leaders (YML), 2022 was an exciting year. It was also the first full year of the Executive Midwife Leaders (EML) programme, which focuses on pairing one elected, more senior leader from a MA with a YML based in the same country. As an added feature to the 2021-2023 YML programme, the EML training is aimed at MA executives. Five selected pilot countries—who have a participant in the YML programme and who met the selection criteria—were invited to elect one member of their MA's executive leadership group to join the EML programme. The YML programme participant and the executive member of the MA then complete a joint project, working together to enhance impact. This year, there are 15 YMLs and 5 EMLs involved. Ten of them are paired together as a YML/EML partnership, and ten are individuals.

"This programme is the best thing that could have happened in my professional life. We all are from different countries in the programme but now we are a community of practice. Many younger midwives are inspired by me and want to get involved. I am becoming a better leader for my community, and I am developing more and better communication skills as the communications officer at the MA. I have a better point of midwifery globally. My big dream as a midwife is to see a big change in the health system in my country. This programme is my best tool."

- JEFFTHANIE MATHURIN (HAITI)

Through this pilot, the MA executives undergo training, mentoring, and other activities along with YML participants, developing their leadership skills to contribute to developing and expanding the capacity of their respective MAs. The YMLs and EMLs collaborate on a joint project, complete trainings both in-person and through e-learning platforms, and engage in mentorship and support with each other, building and strengthening their MA. As an example, YML/EML pair, Anita Kusaasira and Hadijah Nakatudde from Uganda, are working on their joint project focused on advocacy for respectful maternity care. Together they spent 2022 building a plan to roll out their project, which includes webinars and training for in-service midwives and pre-service midwives in the central and eastern regions of Uganda.

Attendance at global conferences, trainings, and events is an important aspect of learning for YMLs and EMLs. Meeting in person and having the opportunity to speak about their work in public forums cements the team dynamic and forms strong bonds within their community of practice. In 2022, Frederica Enyonam Hanson, an EML from Ghana attended the Center for International Reproductive Health Training (CIRHT) Conference in Kigali through the support of ICM. At the conference, she spoke on a WHO platform about the importance of ensuring midwives have the capacity to provide abortion-related services. Others attended the International Normal Labour and Birth Research Conference in Denmark in September and the MOTH midwives' storytelling workshop in October, engaging with midwives from around the world. YMLs also led a presentation on May 5th, International Day of the Midwife, at an award ceremony for midwives with key dignitaries in attendance. The Normal Labour and Birth Research conference provided an opportunity for us to host a meeting for the new cohort of YMLs and EMLs and facilitate a meeting for MAs, YMLs, and EMLs with UNFPA in order to create and strengthen linkages with their local offices.

The YML programme serves to build the capacity of MAs, strengthen midwives and their community of practice, create mentorship and cross-learning relationships to share knowledge and experiences, and enhance training and advocacy for midwifery as a profession – all critical elements that bolster midwives and their work.

"At one point I was thinking of leaving the midwifery career and this programme changed how I feel about midwifery, and it shaped how I see midwifery today. Midwifery is much more than being present during delivery. It is more than a mother and baby – it has advocacy, leadership – it is broad. You can have an opportunity to do any of those things within this profession. It shaped my love for midwifery again and helped me to connect with different places – within the MA and outside. I started to participate more in the MA because of the opportunities offered through ICM. Previously, I was just a midwife, now I want to see the association improve and I want to see how best we can improve the midwifery profession in the country."

- ANITAH KUSAASIRA (UGANDA)

"As an EML, I have learned a lot. The YMLs are much younger than me. Sometimes I am amazed with how they use social media to share their knowledge and advocate. I am learning a lot from them. You realise that it is about the way we tell the story that makes it interesting. Learning how to tell a story on how to advocate for an issue, we have learned a lot. To see how we can reach these policyholders, in a short space of time, and are able to deliver a message on point – it is very educational and helpful."

- FREDRICA HANSON (GHANA)

"The major reason why I applied to be an EML was because there are very few programmes that are streamlined to midwives. I have done other fellowships but it was too broad. People don't understand what we have to face as midwives. That is why I applied. It gave me what I wanted. Not only was it really good with leadership but it was great at helping me to understand midwifery properly as a profession – exposing me to midwifery on a global level. It made me understand that I wasn't alone in my anger about maternal health concerns. I realised we all have the same problems. After the programme, I felt the need to pay it forward to other young midwives. I am always looking for other young midwives to mentor. I wanted to write more about midwifery so I started my substack where I write about issues around midwifery. I also found the MA programme that I am doing in London through ICM."

- OLAJUMOKE ADEBAYO (NIGERIA)

PRIORITY 3

Foster a Movement for Midwifery, Enabling and Strengthening Partnerships, Advocacy, and Communications for Midwifery, with Women's Voices at the Centre

Outcome 3.1: MoH includes woman-centred, midwife-led continuity of care services in their national plans

Outcome 3.2: The midwifery profession is significantly strengthened through effective partnerships with national, regional and global allies and stakeholders leading to improved quality of care for women and newborns.

Advocacy and communications are powerful tools that ICM and its partners use to advance midwifery and gender equality. Strategic Priority 3 is about using advocacy and communications to build a movement around improving policies, practices, and attitudes around midwifery and gender equality. This also includes advocacy to ensure an enabling environment for midwifery as an autonomous profession that stands with women and expands the set of partners that support midwives and women.

3.1 NATIONAL PLANS CENTRING WOMEN AND MIDWIFE-LED CONTINUITY OF CARE

See the MSF section in Priority 2.

3.2 PARTNERSHIPS WITH NATIONAL, REGIONAL, AND GLOBAL ALLIES

We recognise our responsibility to serve as a convenor, connector, and catalyst, both within the midwifery sector and outside – representing the interests of MAs and midwives across new sectors, allies outside of the midwifery space, decision-makers, and non-traditional partners, and expanding the recognition and support midwives receive. In order to achieve the mission and vision of ICM, partnerships have been critical.

World Health Organization

Over the past decade, our collaboration with WHO has accelerated and intensified. We have been a non-state actor in official relations with WHO since 1957. Amongst other things, this status requires that we develop three-yearly collaborative arrangements with WHO, supporting its work. The focus of this work since 2017 has been on strengthening midwifery education, including referral to each organisation's standards and guidelines in implementation work, technical input into WHO resources and targeted support to ICM's MAs involved in WHO implementation projects (e.g., Sierra Leone, India, Pakistan, Malawi, Liberia) and co-development (with both WHO and UNFPA) of key guidance documents and research, as mentioned above. With WHO, we have contributed to various sections of the WHO interprofessional midwifery toolkit (essential labour and birth, newborn, abortion care and respectful care). We are also a global partner on the WHO Strategic Directions for Nursing and Midwifery (SDNM) adopted at the World Health Assembly in 2022 and contributing to strategic discussions in countries. Midwives from Burundi, Bangladesh, South Sudan, and Liberia participate alongside ICM in the WHO-led ENAP/EPMM Advocacy and Accountability Working group, working to ensure that midwives in countries are actively engaged in country action planning and monitoring progress on maternal and newborn health targets and milestones through the Every Newborn Action Plan (ENAP) and Ending Preventable Maternal Mortality (EPMM).

United Nations Population Fund (UNFPA)

UNFPA is another global partner with whom ICM works closely. UNFPA's Maternal and Newborn Health Thematic Fund (MHTF) programme (Phase three, 2018 – 2022) seeks to make childbirth safer for all women, girls, and newborns. These efforts include UNFPA's Midwifery Global Programme which specifically focuses on helping to build a competent, well-trained, and well-supported midwifery workforce in low-resource settings. In

2022, UNFPA and ICM continued to collaborate on (a) coordinating a global approach to strengthening the midwifery profession and improving the quality of care by midwives and (b) strengthening quality midwifery education. Our workplan supported the development and finalisation of a series of technical resources on quality midwifery education and participation in various global and regional steering committee meetings focused on partnership strengthening, technical consultations, joint coordination and rollout of the resources in collaboration with other major global midwifery partners. This work includes supporting the initiation and development of the Alliance to Improve Midwifery Education (AIME), as mentioned above, delivering a regional workshop on midwifery education in Africa in Q4 2022, and planning for the delivery of a similar workshop on South-East Asia in Q1 2023.

Laerdal Global Health (LGH)

LGH joins ICM, UNFPA, WHO, and others as founding partners of AIME. ICM's relationship with Laerdal Global Health is longstanding, mainly focusing on training midwives and others with emergency childbirth skills. Recently Laerdal Medical has begun working on pre-service midwifery education, developing simulation models and other virtual technologies to help students build both competence and confidence. ICM is working closely with Laerdal on these pre-service midwifery education resources and together we will pilot tools in some of the target countries of other partners such as WHO, thereby amplifying and coordinating the expertise and resources of several partners for greater impact.

The Partnership for Maternal, Newborn, and Child Health (PMNCH)

Through membership in the Partnership for Maternal, Newborn, and Child Health (PMNCH), we work alongside more than 1200 organisations across 10 constituencies. As a member of the Health Care Professionals constituency, we work closely with the International Federation of Gynaecology and Obstetrics (FIGO), the International Pediatric Association (IPA), the American Academy of Pediatrics (AAP), the International Council of Nurses (ICN), and the Council for International Neonatal Nurses (COINN). Current activity includes the development of a joint statement on respectful maternity care.

In 2022, we worked with the Health Workforces Workstream at PMNCH, with FIGO, ICN, and others to produce collaborative statements on workforce safe medicines and medicine safety that launched on Universal Health Day. We also worked in partnership with the Burnet Institute,

COINN, FIGO, IPA, ISA, UNICEF, UNFPA, WHO, and the White Ribbon Alliance (WRA) to produce the Preventing and Addressing Stillbirths Across the Continuum of Care: A global Advocacy and Implementation Guide, with ICM leading on the chapter focused on antenatal care. We also participated in the Meeting on Micronutrients in Pregnancy, hosted by the WHO in Geneva.

Direct Relief

Improving standards of midwifery care and bringing attention to the essential role of midwives is a theme that continues through our partnership with Direct Relief. Our work is both practical and data-driven, through the distribution of Midwives' Kits and other resources in low-income countries and in areas of disaster relief and humanitarian need, and by leveraging data to empower midwives in their efforts to inform policymakers of their vital role in saving lives and strengthening communities. The [ICM/Direct Relief Global Midwives' Hub](#) is a digital data resource where midwives and midwives' associations can discover information about the state of their profession and the need for safe delivery services. This information helps them to advocate for midwife-led continuity of care and to strengthen maternal and newborn health services within their countries and regions.

White Ribbon Alliance

Advocacy is at the heart of our partnership with White Ribbon Alliance, a civil society organisation and another long-standing partner that shares our passion for bringing attention to the needs and wishes of women and families during the childbirth continuum and of midwives as the solution to saving the lives of women and their newborns during childbirth. ICM and WRA have worked closely on several initiatives around respectful maternity care and about gathering information about what women want and what midwives need to improve maternal and newborn health services. WRA's Smart advocacy training has been included in recent work to strengthen midwives' associations in Mexico, India and Bangladesh and it is an integral component of our Young Midwife Leader programme.

In addition to WHO, UNFPA, PMNCH, Laerdal, Direct Relief and WRA, we have been working closely with government organisations such as Sida, other non-governmental organisations, such as: The Maternity Foundation, Rotary International, Latter-day Saint Charities. We regularly collaborate with a wealth of other partners. For example, ICM is a member of FP2030, where we elevate the voices of midwives and the women they serve to advance access to family planning.

WHO, ICM, ICN Triad Meeting

WHO, ICN, and ICM convened the 9th Triad meeting, held virtually from 9-11 May 2022, with over 650 delegates. Country-based Chief Nursing and Midwifery Officers, presidents of midwifery and nursing associations, professional regulators, midwifery and nursing educators, and others from 165 countries participated.

The meeting focused on country-level operationalisation of the Global Strategic Directions for Nursing and Midwifery 2021-2025, as adopted by the Seventy-fourth World Health Assembly in resolution WHA74.15. Participants affirmed and recognised the impact that the COVID-19 pandemic has had on both midwives and nurses, underscoring the importance of safe and supportive work environments and the need for collaboration around advocacy and policy in order to achieve universal health coverage and the attainment of the SDGs.

Participants at the Triad meeting committed to a series of actions including work to accelerate the implementation of the Global Strategic Directions for Nursing and Midwifery 2021-2025, adopting innovative approaches to strengthen the capacity and optimal management of workforce teams, increased investments in the education, skills, jobs, safeguards, and protections and health and care workers, among many others.

Preparation for ICM 33rd Triennial Congress

ICM is currently in the process of preparing for the 33rd [ICM Triennial Congress](#), to be held June 11-14, 2023, in Bali, Indonesia. The 2020 Congress was postponed due to the COVID-19 pandemic and was instead held virtually in 2021. The 2023 Congress will be the first opportunity for midwives globally to meet in-person since 2017.

PUSH Campaign

Launched in 2022, the PUSH Campaign is a decade-long global campaign that centres midwives to reduce maternal and neonatal mortality, advance reproductive justice, and shift underlying gender norms that undervalue women's rights, lives, and work. The Campaign ties together Sustainable Development Goal (SDG) 3, focused on good health, and SDG 5, focused on gender equality, to elevate midwives in funding and policy priorities and build public awareness of the unique and integral role midwives play in achieving better outcomes for women, gender diverse people and newborns and upholding reproductive rights – all critical components

to advancing gender equality. PUSH focuses on positioning midwifery as a human rights issue, rather than just a health issue, through a brand identity that is new, fresh, and exciting. The Campaign was officially launched at the United Nations General Assembly (UNGA) in New York in September 2022. Additional information about the event can be found below.

ICM is actively hosting the secretariat for the PUSH campaign, and in 2023 a full multi-stakeholder steering committee will be in place. Given that this is a ten-year campaign, 2022 served as a year of evolution. The campaign will utilise visual storytelling, a documentary series, photojournalism, exhibitions, and other frameworks in various regions and specific locations including North America/USA, Latin America, Southeast Asia/Pakistan, Europe/Ukraine, Western Pacific/New Zealand and Australia, and Africa.

A key element of the PUSH Campaign this year has focused on mobilising resources for midwives. This work involves crowding in traditional and non-traditional funders focused on reproductive justice and gender equality, elevating and aligning midwifery in donor priorities and funding decisions, and elevating the importance of midwifery in multilateral spaces, via policy, profile, and funding. To date, the Campaign has prioritised bilateral, multilateral, philanthropic, and private sector donors - including Canada, the United States, France, Sweden, Germany, Japan, UAE and Global Financing Facility. PUSH is working with the Canadian Association of Midwives (CAM) to develop a collective advocacy strategy for funding. A donor engagement plan is underway, including key events, moments, and policy development opportunities. To date, PUSH has raised \$1M of its \$3M goal.

Additionally, targeted policy and advocacy that is locally led will inform increased and improved education and training, including a focus on better pay and resources as well as recognition, status, and increased decision-making power for midwives. A focus on driving national and regional change through partnership, coalition building, and shared planning is central to the PUSH Campaign's work and mission. The global communication campaign of PUSH ultimately focuses on shifting public perceptions of midwifery globally and driving the demand for midwives among women and families. The communications efforts work to reach across the gender equality space as well as the health space. Materials have been translated into 15+ languages and are easily available and accessible across various platforms and media monitoring is underway to keep abreast of midwifery happenings around the world. This communications plan focuses on engaging key influencers and driving progress into 2023.

In October 2022, the TOR for the Steering Committee for the PUSH Campaign was developed during an in-person meeting and the governance model was put forward to be agreed upon. The Steering Committee for the Campaign is diverse and brings together stakeholders from across aligned sectors (e.g., health, gender equality, development, SRHR, etc.). To date, five policy asks have been developed, two regional coordinators have been on-boarded, the regional work has been launched, and the regional workplans have been developed to move forward action across South Asia and East Africa. In July, two regional digital forums were held with over 80+ people in attendance. In Kenya, PUSH is currently supporting a senator meeting on a healthcare bill with MAK and WRA.

The PUSH Campaign has two regional coordinators, Patricia Nudi Orawo and Neha Mankani, based in East Africa and Southeast Asia, who are tasked with conducting a series of advocacy-related activities, including stakeholder mapping, mapping of the political landscape, identification of policy issues, and sensitising stakeholders to the PUSH Campaign. Both coordinators advocate for midwifery rights as part of the larger push for women's rights, particularly as it relates to SRHR and maternal health. In executing the first tranche of their work plan, they identified target countries within their respective regions. In East Africa, this work includes connecting with and mobilising organisations across Kenya, Tanzania, Zambia, and Malawi. In Southeast Asia, it includes sensitising organisations to the PUSH Campaign across Pakistan, Nepal, and India. Together, they have sensitised over 50 organisations within their respective regions. Both have developed strong partnerships with national WRA organisations, and both have held a global partner update in July 2022, where attendees heard more about the PUSH campaign and learned about the status of midwifery in the regions directly from a variety of stakeholders dedicated to SRHR, maternal health, and gender equality in their jurisdiction. All activities are done in conjunction with national midwives' associations.

In 2022, work in East Africa involved arranging a meeting with policymakers from the Health Senate Committee in Kenya, working with CAM to advance policy around midwifery in Tanzania, conducting a mapping in Zambia of key stakeholders in partnership with ICM as well as ongoing sensitization to the PUSH Campaign. In Southeast Asia, coordination efforts supported a photovoice exhibition for WOW Pakistan and a leading photojournalist documented the role of midwives in crisis during the flooding. Additionally, a planning workshop was held in preparation for the lead-up to the Triennial Congress in Bali in 2023.

This year, the groundwork was underway to set the stage for a US-focused campaign, working in partnership with the Brunswick Group. Discussions

focused on an art exhibit on bodily autonomy, specifically focused on women in the United States, as many are not utilizing midwives and it offers a large, potential donor market. The PUSH team also met with the New York State Department of Health which is looking at how they develop a policy pathway to deliver the blueprint for maternal health in the United States.

As the next steps, we are developing communications and engagement strategies, with the aim of building coalitions across national and regional spaces with consideration for upcoming grants to be delivered by PUSH and WRA. We will also be heavily involved in the activation of PUSH at the Women Deliver Conference in July 2023. Additionally, two new philanthropists have made pledges in 2022 to support the PUSH Campaign in 2023.

3.3 ADVOCACY AND COMMUNICATIONS

Advocacy

We are actively working to increase the visibility of MAs and build a community of practice through **focused advocacy efforts** that include assessing MA advocacy needs, developing corresponding resources, including an **advocacy toolkit** developed with UNFPA, supporting sessions for MAs on advocacy, conducting SMART advocacy trainings, facilitation of regional workshops with MAs, using ICM's social platforms to tell stories of impact, and creating coalitions of partners to support the efforts of the PUSH Campaign.

Advocacy Skills Building Support for ICM staff, Board, YMLs & EMLs, and MAs

As part of efforts to provide advocacy support to midwives and midwifery advocates, we have developed several training and skills-building programmes and resources. These include: Advocacy 101, a beginner level of training for advocacy for midwives and midwifery; SMART Advocacy, a more technical level of advocacy focusing on how to achieve "quick wins" - opportunities that have the potential for success in the short term; Tailored Data and Advocacy, a training to enhance and inform evidence-based advocacy; and general advocacy support to promote midwives and the midwifery profession in various contexts. During 2022, through the various advocacy programmes, ICM built the advocacy capacity of its staff, Board, Young Midwife Leaders, and Executive Midwife Leaders as well as midwives and midwifery advocates from various MAs. In collaboration with White Ribbon Alliance, ICM trained MAs in Malawi, Kenya, and India in SMART Advocacy.

Additionally, we continue to facilitate learning through the Advocacy [eLearning module](#) on the ICM eLearning platform. This module complements advocacy skill-building workshops that tend to have limitations on the number of midwives that can attend, and the amount of time dedicated. The module provides a self-paced approach and allows for more time to optimally cover the advocacy-related concepts for midwives and midwifery advocates who have reported being very busy at work. The module is available to all midwives, member associations, midwife educators, regulatory authorities, and other ICM stakeholders.

Through the [Global Midwives' Hub](#), midwives around the world can undertake research and advocate for their profession and communities. At the beginning of December, Direct Relief hosted a Global Midwives' Hub virtual session, with their team, the ICM team, and our member associations from Namibia, Argentina, and Switzerland. This session served as a space to restart the collaboration and discuss future projects for the Hub. The digital resource, a collaboration between ICM and Direct Relief, provides actionable data about the state of the profession in various countries and worldwide, which can be used to advocate for midwives and midwifery.

[Midwifery Education Workshop for East and Southern Africa Region](#)

UNFPA East and Southern Africa Regional Office, together with the Alliance to Improve Midwifery Education (AIME), hosted a regional midwifery education workshop in Nairobi Kenya in November 2022.

The workshop brought together AIME partners: UNFPA, WHO, UNICEF, ICM, Liverpool School of Tropical Medicine, Jhpiego, Laerdal Global Health, USAID Momentum, and midwifery representatives, including global, regional, and country partners working on midwifery education to share and review new technical updates, resources, activity plans and share positive efforts being made to improve the quality of midwifery education.

[Championing the role of health workers in advancing self-care for SRHR](#)

ICM was part of discussions on self-care as part of World Health Worker Week, UHC Day, and other events. In April 2022, Annet Kanyunyuzi, the President of the National Midwives Association of Uganda joined experts from across the self-care landscape around the world at the Second Annual Member Summit, organized by the Self-care Trailblazers Group. The summit highlighted accomplishments in self-care and discussed various themes including the role of health workers in advancing self-care. Together with Hadijah Nakatudde, an Executive Midwife Leader with ICM, Annette Kanyunyuzi, also co-authored a blog titled: [Midwives are key to enabling self-care and achieving health for all](#).

"The AIME workshop was timely, as it brought out the key issues which most midwives of today and educators are struggling with. If every midwife can retain these key competencies and apply them in their clinical practice, many lives of women and babies will be saved."

- SARAH NGOMA, PRESIDENT OF THE MIDWIVES' ASSOCIATION OF ZAMBIA (MAZ)

Communications

[Website](#)

The ICM website was updated on a weekly basis with new information on ICM projects, MA initiatives, and industry news. Over the last year, the website was maintained while plans for a new ICM website have been put into motion. In 2022, 128,000 individual visitors visited the ICM website.

[Newsletter](#)

The ICM newsletter continued to go out monthly, publishing themed content related to the ICM 100 campaign. These included advocacy pieces under the campaign "Pass the Mic," and the History of Midwifery campaign. By the end of 2022, ICM had 17,960 newsletter subscribers, which is an increase of almost 10,000 over the previous period.

[Traditional Media](#)

The combination of COVID-19 and the Year of the Nurse and the Midwife (YONM) meant that ICM received an influx of media requests from journalists around the world. The communications and advocacy team was also proactive in reaching out to media with specific story angles, for example, [Midwives and Climate Change](#).

[Social Media](#)

ICM continued to use social media as a channel for advocating for midwives and maternal and new-born health, across several key channels:

- **Facebook:** ICM's Facebook page gained 2,373 new followers in 2022. ICM posted on Facebook 346 times in 2022, and those posts reached nearly 1.5 million accounts.
- **Twitter:** ICM's Twitter account gained 1,400 new followers in 2022 and earned 372,000 total impressions. 474 posts were shared in 2022.

- **Instagram:** ICM's Instagram account gained 2,285 new followers in 2022. 121 posts shared during the year reached 45,371 accounts.
- **LinkedIn:** ICM's LinkedIn account gained 2,700 new followers in 2022. ICM posted over 300 times on LinkedIn this past year and earned over 400,000 impressions on those posts.
- **YouTube:** ICM's YouTube Videos got 15,029 views, and the channel gained 300 new subscribers in 2022. 23 new videos were uploaded over the year.

Communications Platforms for ICM Member Associations

We launched regional Facebook groups to encourage intraregional networking and support, and to facilitate communication between ICM Head Office, Board, and members. The groups have gained membership from an average of 50-100 members, with the exception of the Southeast Asia and Western Pacific groups, whose engagement has remained particularly low. Our Advocacy and Communications team will continue efforts in 2023 to increase engagement in these groups to the benefit of its members. The Advocacy and Communications team has also developed and leveraged digital survey tools to gather MA inputs on local news or projects that could benefit from ICM's global reach and promotion.

ICM's Visual Identity

Throughout 2022, ICM worked to re-align our branded products and templates to reflect our brand guide. Taking inspiration from our 100 years of progress visual identity, we infused our colour palette and imagery with vibrancy to improve the experience of our brand in the digital space. We updated templates for print and digital use, from reports to social media and email. This work has set us up to embark on a critical project that will take most of 2023, elevating and refining ICM's visual brand as we build out a new website.

Advocacy and Communications Highlights

ICM's Centennial Celebration – 20th September

On September 20th, we brought our key partners and funders together to celebrate our 100th anniversary and the history and trajectory of ICM and midwifery. Unlike other celebrations and events over the past two years which have taken place exclusively online, we were able to host this intimate gathering in-person in New York, alongside the United Nations General Assembly (UNGA).

UNGA is a busy week for the global health community — we wanted to ensure our event was low-key and celebratory, while still leveraging the opportunity to remind guests why a resourced ICM is vital to the strength of midwives' associations and the growth and potential of midwifery. Throughout the week and during our centennial celebration, our message to funders and partners was clear: ICM and its member associations are well positioned to advance midwifery, and by advancing midwifery we can advance gender equality, sustainable health systems, sexual and reproductive health and rights and virtually every aspect of community well-being. We were proud to bring this message to the global stage and proud to do this work on behalf of midwives and midwives' associations around the world.

Beyond this in-person birthday celebration, we marked ICM's centennial through the following activities:

- **#MidwifeMemories:** To ensure our centennial celebration was as much about its midwives' associations and their members as it was about ICM's contributions to midwifery, we invited our MAs to share memories about their organisational milestones, which we then republished across our social media channels. Click [here](#) to read a few of these memories.
- **Pass the Mic:** In the final half of 2022, ICM's Advocacy and Communications team conducted interviews with underrepresented members of our community to spotlight and learn from different perspectives and inform our work moving into the next 100 years of ICM and midwifery. As part of this series, we spoke with trans midwives providing care to trans parents, as well as an expert in care for disabled women and gender diverse people. This series will continue into 2023 and beyond. Click [here](#) to watch the video interviews created for this series.
- **History of Midwifery:** Throughout 2022, each issue of the monthly ICM newsletter included an examination of a different aspect of ICM's history or the history of the midwifery profession. Click [here](#) for an example of this initiative on the development of midwifery in Anglophone Africa.

International Day of the Midwife – 5th May (IDM)

The theme for this year's International Day of the Midwife was 100 Years of Progress in celebration of ICM's centennial anniversary. The main activities for this year's IDM included:

- Virtual parties for our midwives' associations and their members and invited midwives to share memories of their midwifery careers,

- The first-ever [IDM website](#) with resources to support midwives and their associations to advocate for the profession, before, during, and after IDM, and
- Launch of an [animation](#) exploring the next 100 of ICM and midwifery and what the world would look like if midwives received the investment they deserve and require.

Here are a few key highlights of the content shared by ICM during IDM:

- [Recording: ICM Virtual Party for the International Day of the Midwife \(1PM CEST\)](#) - 577 attendees attended this virtual event, and 1,700 responded to the event as “interested.”
- [Recording: ICM Virtual Party for the International Day of the Midwife \(8PM CEST\)](#) - 411 attendees attended this virtual event, and 945 responded to the event as “interested.”
- Over the course of 2022, the IDM Toolkit website had over 17,000 users visit the page. The traffic hit a peak on IDM, when the website saw 6,205 new users. Over 10,000 users engaged with the website by means of downloading a file for their own use, which equates to nearly 60% of all IDM toolkit visitors using the website in the way it was intended to be used.
- The IDM animation was viewed on YouTube over 1,400 times.
- [A summary of the IDM metrics can be found in this presentation](#)

Launch of the PUSH Campaign – 18th September

Alongside the 77th United Nations General Assembly, we brought together a room of iconic gender equality activists to formally launch the [PUSH Campaign](#) – a decade-long, global movement for women and the midwives who protect and uphold their rights. The event’s panellists, [Ana Barreto](#), [Jennie Joseph](#), [Paula Eiselt](#), and [Tonya Lewis Lee](#), reminded our guests that you don’t need a uterus to advocate for midwives and the full spectrum of SRHR care they provide. Their panel discussion focused on the maternal health crisis in the US and the specific policy and attitude shifts required to ensure Black women’s lives, rights and needs are valued equally to that of their white counterparts. The main takeaway? The US needs more midwives — Black midwives in particular — and women need the education and support to demand high-quality, culturally relevant midwifery services. We need a movement to bring together state-based and national actors in the gender equality and midwifery sectors to develop unified policy demands and garner widespread awareness of the potential of midwives and midwifery. We need PUSH.

Click here to watch a recap of the [PUSH launch event](#).





Building from the work undertaken to date, the next phase of ICM's development for the 2023-2026 triennium will solidify ICM's position as an expert in creating, advising, influencing, and enabling the profession of midwifery globally. We play a unique and vital role as the only organisation specifically focused on supporting associations of midwives and their midwife members around the world. We will continue to advocate for midwives, working to change the mindset of governments, leaders, and key stakeholders driving policy change that impacts midwives around the world. We will build out a leadership plan and regional structures and a plan to support better communication within and between regional MAs. We will adapt to new challenges, including climate change, disaster preparedness, and humanitarian crises that impact the health of families and communities, reinforcing ICM as a leader in supporting midwives and championing the profession globally.

We will build on successful pilots and projects, including the MSF work in Zambia, the next phase of the PUSH Campaign, and new programmatic activities such as Twin to Win, and direct support to YMLs and EMLs, to continue to build the sustainability of ICM and its member associations. Additionally, a new "donor compliance and grants management" function within ICM will help us support future large-scale re-granting processes with MAs and other sub-grantees, further underscoring our commitment to localization in action.

BUDGET SUMMARY 2023

As a result of the Sida grant requirements and in line with introducing a Full Cost Recovery Policy, ICM is moving from a cost-based budgeting approach to an outcome-based (or activity-based) budgeting approach. This new approach to budgeting more strongly links ICM's strategy to its budget. The operational plan is developed annually in line with the Strategy and annual outcomes are identified. The costs of the activities needed to achieve these outcomes are calculated and funding is allocated. This approach supports ICM to identify and plan to recover all costs of implementing its Strategy.

The financial forecast for the income and expenses for 2023 is summarised below.

INCOME (X € 1,000.-)	
Membership fees	494
Grants / Subsidies	
Core Funding	2,221
Project Funding	2,501
Other income	20
TOTAL INCOME	5,236
EXPENDITURES	
Personnel cost	2,353
Events and Programmes	2,372
Board	95
Representation	47
Professional services	134
General office cost	183
TOTAL EXPENDITURES	5,184
Operational result	52
Financial cost	-18
TOTAL RESULT	34

Financial Overview

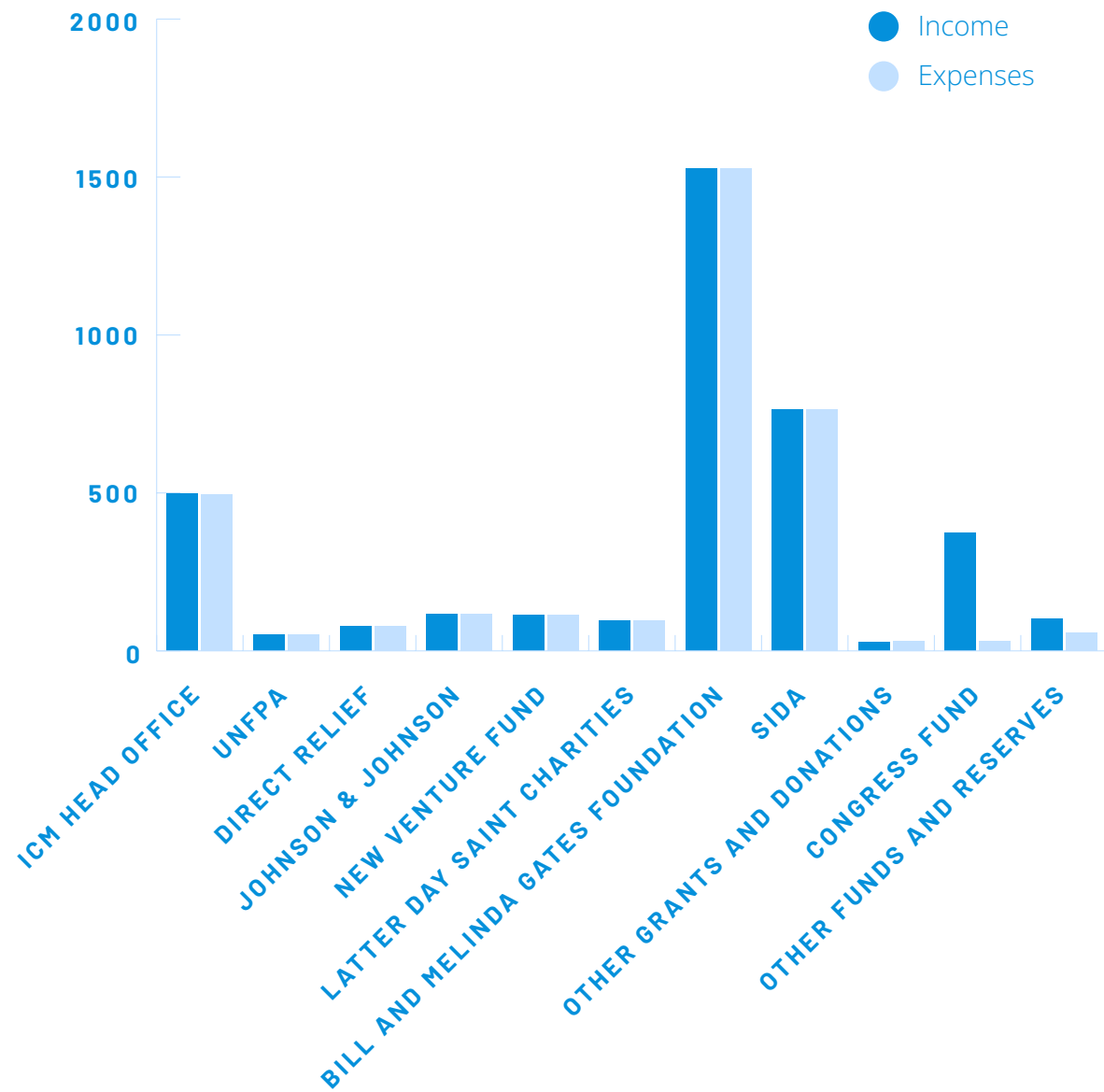
EXECUTIVE SUMMARY TO THE FINANCIAL STATEMENTS

This Financial Report sets out the result of the activities described above in the year 2022. The year closed with a positive result of € 384,425. - The main reasons for this result were

- The 2021 – 2023 Triennial Strategy has a strong focus on the future sustainability of ICM that continued to be successfully implemented in 2022. In 2022 the core funding from the Swedish International Development Cooperation Agency (Sida) continued and we received additional new core funding from the Bill and Melinda Gates Foundation. Additionally Direct Relief's grant to support to midwife associations with Ukrainian refugees contained a portion of core funding for ICM. These funds helped the delivery of our ambitious strategic plan as well as providing funds for other core costs such as the strengthening of ICM's Head Office team.
- Due to the global COVID 19 pandemic, the Triennial Congress 2020 in Bali was postponed, and, for the first time, we ran a Virtual Congress in 2021. The agreement with the venue for the original meeting in Bali in 2020 was renewed for the Triennial Congress 2023, but against a reduced space and participants as we anticipate that fewer participants will attend this congress. The reduced contract for 2023 led to a credit from BNDCC of appr. € 400,000. -, related to the prefinanced venue cost for 2020. This amount, minus the ICM expenses for Congress 2023, was added to Congress Fund.
- Beside the additional core funding in 2022, ICM also attracted funds for a new project, the PUSH Campaign. PUSH is a multi-stakeholder decade-long campaign that centres midwives to accelerate progress to achieving the UN Development Goals, SDG 3 and SDG 5. We received \$ 100,000 each from the New Venture Fund and the Private Philanthropists (via Chapel & York US Foundation). Direct Relief also supported this campaign with a grant of \$ 200,000.
- Direct Relief also provide additional funding to support midwifery services for refugees and displaced persons affected by the Ukraine War.
- The global COVID 19 pandemic continued to impact on our ability to implement projects at the scale or pace we had budgeted in the early part of 2022. This inhibited our ability to recover overheads as budgeted. Nevertheless, while less than budgeted, we are satisfied with the positive result which continued the trend for the current triennium.
- ICM remains a going concern.

Summary Income and Expenditure 2022

The table below shows the main areas of income and expenditure.



Policy regarding cash at bank in hand

ICM's policy is to keep liquid assets freely available.

Reserves Policy

ICM's Reserve Policy was reviewed, updated, and approved by the Board in December 2020.

In the policy the minimum amount for the General Reserve is defined as "an amount sufficient to maintain ongoing operations and programmes for a set period of time, measured in months."

The target minimum is defined as the amount that equals three months of the average operating cost. The calculation of the average operational cost includes all recurring and predictable costs with the exception of depreciation, in kind and other non-cash expenses.

The target amount is calculated each year after the approval of the annual budget by the Board.

In the approved annual report 2021 the target minimum General Reserve is calculated as €363,000. On 31 December 2022 our general reserves, after the appropriation of results, total €291,935. This is €71,065 short of our goal. The effects of Covid-19 pandemic continued to impact project implementation in the first part of 2022. This created a knock-on effect where budgeted overheads could not be charged. Lower overhead recovery meant that unrestricted income had to be used to meet core expenditure, decreasing our results.

Although there was an overall positive result in 2022 from € 384,425, most of that result was caused by a crediting from the venue in Bali regarding the rental of the venue for 2020.

Financial Statements 2022

1. BALANCE SHEET (AFTER APPROPRIATION OF THE RESULT)

Balance Sheet as at 31 December 2022

	Notes	2022 EUR	2021 EUR
ASSETS			
Fixed assets			
Tangible assets	5.1	31,571	28,683
Intangible assets	5.1	6,319	6,044
		37,890	34,727
Current assets			
Receivables	5.2	392,668	425,603
Work in progress	5.3	370,904	-
Cash at bank and in hand	5.4	3,805,294	4,131,353
		4,568,866	4,556,956
TOTAL ASSETS		4,606,756	4,591,683
EQUITY AND LIABILITIES			
Equity			
Unrestricted reserves			
General reserves	6.1	291,935	291,576
Earmarked reserves	6.1	879,092	533,108
		1,171,027	824,684
Restricted funds	6.2	54,874	16,792
		1,225,901	841,476
Short-term liabilities			
Creditors		58,846	86,286
Accruals		40,167	48,497
Tax		75,078	34,162
Project advances		-	11,744
Other payables		25,784	13,195
		199,875	193,884
Grants/Subsidies			
Core funding	6.4.1	881,463	229,575
Project funding	6.4.2	2,299,517	3,326,747
		3,180,980	3,556,322
		3,380,855	3,750,206
TOTAL EQUITY AND LIABILITIES		4,606,756	4,591,683

2. STATEMENT OF INCOME AND EXPENDITURE

Statement of income and expenditure for the year ending
31 December 2022

	Notes	Budget 2022 EUR	Actual 2022 EUR	Actual 2021 EUR
INCOME				
Membership fees	8.1.1	448,713	444,249	400,674
Subsidies Core funding	8.1.2	969,373	840,568	777,831
Project funding	8.1.2	3,169,033	1,932,871	1,407,933
Other income	8.1.3	5,250	150,947	1,467,721
TOTAL INCOME		4,592,369	3,368,635	4,054,159
EXPENDITURE				
Personnel	8.2.1	1,749,021	1,472,369	1,384,266
Board	8.2.2	96,500	62,435	31,679
Representation	8.2.2	26,000	64,767	131
Professional services	8.2.3	70,600	203,281	231,231
General office costs	8.2.4	127,047	111,840	173,622
Events and programmes	8.2.5	2,408,229	1,082,546	1,775,188
TOTAL EXPENDITURE		4,477,397	2,997,238	3,596,117
OPERATIONAL RESULT		114,972	371,397	458,042
Financial income/cost	8.2.6	-20,116	13,028	19,780
NET RESULT		94,856	384,425	477,822

APPROPRIATION OF RESULT - ADDITION/(DEDUCTION)

General reserves	106,656	359	133,265
Safe Motherhood Fund	-	5,008	-27,969
Membership Fee Assistance Fund	-	-	-
Congress Fund	-	340,975	373,585
Congress Interpretation Fund	-	-	-
Regional Conference Fund	-	-	-309
Chapel & York	-	39,577	-
Dorothea Lang Fund	-11,800	-1,494	-750
TOTAL APPROPRIATION OF RESULT	94,856	384,425	477,822

3. STATEMENT OF CASH FLOWS

Statement of cash flows for the year ending 31 December 2022

	2022	2021
Cash flow operational activities		
Net generated result	384,425	477,822
Adjustment for		
Depreciation	10,844	10,497
	10,844	10,497
Change in current assets and liabilities		
Receivables	32,934	- 288,732
Work in progress	-370,905	31,178
Liabilities	-369,351	74,592
	-707,322	- 182,962
Total cash flow operational activities	-312,053	305,357
Cash flow of financial activities		
Investments	-14,006	- 2,987
Total cash flow of financial activities	-14,006	- 2,987
Change of cash in hand and at bank	-326,059	302,370
Cash at 31 December	3,805,294	4,131,353
Cash at 1 January	4,131,353	3,828,983
Change of cash in hand and at bank	-326,059	302,370

4. GENERAL NOTES TO THE FINANCIAL STATEMENTS

General

The International Confederation of Midwives (ICM) was established in 1922 and has been housed in two countries throughout its existence. ICM moved from England to the Netherlands in 2000 and was established as a Dutch Association in 2005. Until 2022 ICM's governance structure and processes were reflected in the Constitution and By-laws. In our 2021 Council Meeting a decision was made to replace ICM's By-laws with Governance policies, and this change was implemented in June 2022.

With support from partners and donors ICM continues to work on strategies to strengthen the profession of midwifery globally and promote autonomous midwives. Many activities focus on supporting the development of educated, regulated and professional midwives as the vital workforce necessary for countries to provide quality health services for mothers and their newborns.

One measure of success is the stability in ICM Membership. At year end 2022 there are 141 Member Associations (2021 = 142) from 119 countries. New applications for membership are received on a regular basis and from time-to-time Member Associations withdraw or are excluded from membership, generally because of inability to pay membership fees over several years.

Group Structure

On December 16th 2019 the WithWomen Foundation was established, with its listed address as Koninginnegracht 60, 2514 AE The Hague.

The purpose of the Foundation is to improve access to and competence of midwives by means of quality standards, advocacy, and action, and to enhance gender equality in midwifery and promote quality childbirth services globally. The Foundation received the charity status "Algemeen Nut Beogende Instelling" (ANBI) on December 19, 2019.

The Board of the Foundation comprises three members, an independent chair, a secretary and ICM as treasurer. Board members are jointly authorised.

As of December 31, 2022, ICM had a claim of € 33,720. - (31-12-2021: € 17,237) on the Foundation, included in the other receivables.

The Foundation has no Founding Capital and is qualified as a subsidiary company with ICM as the head of the group. The equity of the Foundation per 31-12-2022 amounts to - €27,068 and the valuation per December 2022 amounts to nil.

Using the exemption according to article 407, lid 2 sub a Title 9 BW2 (of the Dutch constitution) the Foundation is not consolidated by ICM.

Change in accounting principles

No change in accounting principles has taken place in the reporting period.

General principles for the financial statements

The generally accepted accounting standards in the Netherlands applying to not-for-profit organisations have been applied. The financial statements 2022 are prepared according to the guideline RJ micro and small sized entities C1 “small sized not for profit organisations”.

The financial statements have been prepared using the principle of purchase value. If not otherwise indicated, all assets and the equity and liabilities are stated at face value. Revenues and costs are recognised on accrual basis.

Comparison with previous year

The valuation principles and method of determining the result are the same as those used in the previous year, with the exception of changes as set out in the relevant section, if applicable.

Principles for the valuation of assets and liabilities

Fixed assets

The tangible and intangible fixed assets are stated at purchase value. The depreciation method used for the office machinery and website is linear based on a lifecycle of 5 years, and for office furniture it is linear based on a lifecycle of 10 years.

Receivables

All receivables are recorded with fair value and valued against amortised cost. The fair value and the amortised cost are both equal to the nominal cost. Any necessary provision due to possible bad debts has been deducted. The provision has been determined based on an individual assessment of the claim.

Liquid assets

All liquid assets are valued at nominal value. If any resource is not freely available, it has been taken in account with the valuation of it.

Work in progress

Costs related to the Triennial Congress are recorded in the year to which they relate. Funding for these costs comes from the income generated by the Congress and will be attributed to the ICM budget. The balance sheet reflects the outstanding amounts which will be reconciled at the end of Congress when all funds are accounted for.

Equity

The equity of the organisation is divided into different funds and reserves, which are defined as restricted funds or unrestricted reserves.

The unrestricted reserves include the general reserve, which serves as an assurance for the continuation of the activities of the International Confederation of Midwives, and earmarked funds available for activities defined by the ICM Board. Restricted reserves are only available for specifically defined activities as stated in the Terms of References of the funds, defined by the donors or external contributors to the funds.

Current liabilities

Borrowing and payables are initially recognised at fair value and valued against amortised cost, which equals nominal cost.

Principles of the Statement of Income & Expenditure

Unrestricted funds raised, inheritances and donations are recorded in the year in which they have been received or as per the date the receipt becomes certain. Other income and expenditure will be accounted for in the relevant reporting period to which they relate.

During the year a midpoint daily exchange rate is used for the transfer of foreign currencies to or from Euros. At year end, monetary assets and liabilities will be (re)valued against the closing rate.

Membership fees are calculated prior to the year they are related to and using the most recent information about the numbers of midwives of the member as stated in its annual member survey.

Fundraising activities comprise the balance of income and expenditures of fundraising activities. Income and expenditures are accounted for in the relevant reporting period to which they relate.

Principles of the Statement of Cash Flows

The overview is stated with the indirect method. This means that the change in cash is explained by the changes of the other balance lines.

5. NOTES TO BALANCE SHEET ASSETS

5.1 Tangible and intangible assets

	Tangible assets			Intangible assets	Total assets
	<i>IT</i>	<i>Office furniture</i>	<i>Subtotal</i>	<i>Website</i>	<i>Total</i>
Net book value 1 January	5,752	22,931	28,683	6,045	34,728
Additions in 2022	9,602	600	10,202	4,745	14,947
Disinvestment	-941	-	-941	-	-941
Depreciation 2022	-2,839	-3,534	-6,373	-4,471	-10,844
Net book value 31 December	11,574	19,997	31,571	6,319	37,890

The percentage for depreciation of office equipment and the website was 20%.
The percentage for depreciation of office furniture was 10%.

5.2 Receivables

	<i>Balance 31 December 2022</i>	<i>Balance 31 December 2021</i>
Debtors		
Membership fee	54,092	36,152
Other debtors	20,135	18,891
Provision doubtful debtors	-33,947	-19,873
Subtotal debtors	40,280	35,170
Other receivables		
Grants/Subsidies	8,046	16,081
WithWomen Charity	33,720	17,237
Prepayment	44,047	26,744
Advances workshops/meetings	157,672	-
Virtual Congress 2021 results	70,962	309,519
Other receivables	37,941	20,852
Subtotal other receivables	352,389	390,433
TOTAL RECEIVABLES	392,668	425,603

5.2.1 Grants / Subsidies

	<i>Balance 1 January 2022</i>	<i>Subsidy received</i>	<i>Expenses</i>	<i>Balance 31 December 2022</i>
UNFPA	16,081	16,081	-	-
Laerdal	-	-	8,046	8,046
TOTAL GRANTS/SUBSIDIES	16,081	16,081	8,046	8,046

The final payment from UNFPA regarding the Annual Work Plan 2021 was received in January 2022.

In November 2022, ICM and Laerdal Global Health AS started a project to co-develop midwifery education content for competency skills & behaviour formative checklists. The agreement provides for a lump sum payment to ICM of €38,350 to cover projected related activities and resources.

5.3 Work in Progress

	<i>Balance 1 January 2022</i>	<i>Receipts 2022</i>	<i>Expenses 2022</i>	<i>Balance 31 December 2022</i>
Activated cost for work relating to:				
Congress 2023	-	-	370,904	370,904
TOTAL WORK IN PROGRESS	-	-	370,904	370,904

The Board decided that the 2023 Congress will be held in Bali instead of Abu Dhabi. The preparatory activities that lead to the 2023 Congress are (partly) prefinanced by ICM.

5.4 Cash at bank and in hand

	<i>Balance 31 December 2022</i>	<i>Balance 31 December 2021</i>
Cash in hand	2,107	996
Cash at bank	3,803,187	4,130,357
TOTAL CASH	3,805,294	4,131,353

Cash is at free disposal of ICM.

6. NOTES TO BALANCE SHEET LIABILITIES

6.1 Unrestricted Reserves

	<i>Balance 1 January 2022</i>	<i>Movements</i>	<i>Fund related income</i>	<i>Fund related costs</i>	<i>Balance 31 December 2022</i>
General Reserve	291,576	359	0	0	291,935
Earmarked Reserves					
Safe Motherhood Fund	141,161		5,692	-684	146,169
Membership Fee Assistance Fund	9,132		-	-	9,132
Congress Fund	381,897		421,540	-80,564	722,873
Regional Conference Fund	918		-	-	918
Subtotal Earmarked Reserves	533,108		427,232	-81,248	879,092
TOTAL UNRESTRICTED RESERVES	824,684	359	427,232	-81,248	1,171,027

The "Safe Motherhood and Development Fund" supports individual midwives or Midwives' Associations in resource-poor countries with high maternal mortality and morbidity rates.

The Membership Fee Assistance Fund exists primarily to support ICM Member Associations (or Midwives Associations applying for membership of ICM) that, due to (demonstrable) financial reasons, are unable to pay all or part of the annual ICM membership fee.

The Congress Fund is used to cover expenses made by or on behalf of ICM in the preparation of Triennial Congresses.

The Regional Conference Fund is used to cover expenses made by or on behalf of ICM in preparation of Regional Conferences.

6.2 Restricted Funds

	<i>Balance 1 January 2022</i>	<i>Funds</i>	<i>Fund related costs</i>	<i>Balance 31 December 2022</i>
Dorothea Lang Donation Fund	16,792	-	-1,494	15,297
Chapel & York	-	95,393	-55,816	39,577
TOTAL RESTRICTED FUNDS	16,792	95,393	-57,310	54,874

Dorothea Lang, a retired midwife in the United States of America, has provided funds to sponsor midwives to attend future Congresses. The Board agreed in 2018 to earmark € 8,500 over four years as a contribution to the costs of the ICM History Project that is due for completion in 2022. In the period 2018-2022 a total amount of € 8,233 was spent on this project.

In 2022 a **Private Philanthropist** (via Chapel & York US Foundation) donated \$ 100,000 to ICM to support the PUSH campaign in 2022 and 2023.

6.3 Short Term Liabilities

	<i>Balance 31 December 2022</i>	<i>Balance 31 December 2021</i>
Creditors	58,847	86,286
Accruals	40,167	48,497
Tax	75,078	34,162
Project advances	-	11,744
Other payables	25,783	13.195
TOTAL SHORT-TERM LIABILITIES	199,875	193,884

6.4 Grants / Subsidies

6.4.1 Core funding

	<i>Balance 1 January 2022</i>	<i>Subsidy received</i>	<i>Expenses</i>	<i>Currency revaluation</i>	<i>Balance 31 December 2022</i>
Swedish International Development and Cooperation Agency (SIDA)	229,575	745,489	-763,640	14,848	226,272
Direct Relief	-	559,360	-76,928	-13,695	468,737
Bill and Melinda Gates Foundation	-	202,593	-	-16,139	186,454
TOTAL CORE FUNDING	229,575	1,507,442	-840,568	-14,986	881,463

Sida confirmed a grant of SEK 32,000,000 (€3,077,110) for the period of August 2020 to December 2023 to help cover ICM's core costs to achieve the goals of its 2021 – 2023 Triennial Strategy.

Direct Relief donated \$583,000 in 2022 to provided financial support to midwife organisations in countries around Ukraine to help them with the Ukraine refugees in these countries. Part of this grant is also allocated to strengthen ICM core activities.

Bill and Melinda Gates Foundation besides the ongoing project financing, they also confirmed a reinvestment through a new core grant, "Next Phase of ICM Strengthening Midwifery Globally". This grant provides ICM with core funding of \$4,500,000 from 28 October 2022 to 31 December 2026.

6.4.2 Project funding

	<i>Balance 1 January 2022</i>	<i>Subsidy received</i>	<i>Expenses</i>	<i>Currency revaluation</i>	<i>Balance 31 December 2022</i>
MacArthur Foundation	20,279	-	-20,279	-	-
Bill and Melinda Gates Foundation - MLBC project	599,656	201,068	-231,012	29,034	598,746
Bill and Melinda Gates Foundation (SMS)	2,261,946	-	-1,296,115	160,919	1,126,750
Latter Day Saint Charities	96,650	-	-94,997	-1,652	-
Direct Relief PUSH project	-	205,065	-	-18,611	186,454
Johnson & Johnson - Awards	112,746	-	-	6,280	119,026
Johnson & Johnson - YML	127,565	-	-115,604	676	12,637
New Venture Fund – YML/ PUSH	103,466	215,824	-112,527	-6,568	200,196
UNFPA	-	100,853	-50,671	-	50,182
International Federation of Gynecology and Obstetrics (FIGO)	4,439	4,661	-3,620	46	5,526
TOTAL PROJECT FUNDING	3,326,747	727,471	-1,924,825	170,123	2,299,517

The no cost extension of the 2018 MacArthur Foundation grant was used in 2021 to sponsor the participation of Mexican midwives in our Virtual Congress, to organise an advocacy workshop and to support the development of our e-learning platform. The no cost extension ended on 31 March 2022 and the project is closed.

The Strengthening Midwifery Services (SMS) project, funded by the Bill and Melinda Gates Foundation was initially approved for three years from 2018 – 2020 and extended with a supplementary grant from 2020-2022. The total project is worth €4.24 million (\$4.8million).

Another grant from the Bill and Melinda Gates Foundation is for a research project on Midwife-Led Birthing Centres (MLBC). The research will document experiences with midwife led birthing centers and propose a model of care that can provide high quality, respectful, cost-effective midwifery care to mothers and newborns. The project takes place between September 2021 and April 2023 and has a total value of \$907,396 (€801,303).

The More Happy Birthdays project in Rwanda, funded by Latter Day Saint Charities ended in June 2022.

Johnson & Johnson provided funding for the ICM education and research awards and the Marie Goubran Agent for Change Award in each year of 2019, 2020 and 2021. This programme was postponed due to the global Covid-19 pandemic and the need for ICM to switch to a virtual congress in 2021. Awardees were notified in 2022 that their awards will be allocated in 2023, allowing them to attend the 2023 Triennial Congress in Bali.

Johnson & Johnson, together with The New Venture Fund, provided funding to extend the support of Young Midwife Leaders through the period of 2021- 2023. The component of the YML project that was funded by Johnson and Johnson ended on 31 October 2022.

Direct Relief and The New Venture Fund also awarded ICM with grants to support the PUSH Campaign.

In 2021 ICM entered into a \$20,000 (€16,940) contract with FIGO to participate in their project Improving access to essential medicines to reduce PPH morbidity and mortality (IAP). The project work was completed in 2022.

7. OFF BALANCE RIGHTS, OBLIGATIONS AND AGREEMENTS

7.1 Annual financial obligations

The rent for the ICM office (Koninginnegracht 60, The Hague) amounts to € 49,850.- annually. The contract expires on 30 June 2025, and can be extended for 5 years until 30 June 2030. Afterwards the agreement will be extended by 5 years each time.

The lease for the Xerox machine amounts to € 8,295 annually; the contract expires in 2024.

7.2 Council Meeting and Triennial Congress

According to the statutes, ICM is obligated to hold a Council meeting annually, and no later than six months after the close of the Confederation's year (ICM Constitution, Article 12, clauses i, ii). Every three years ICM holds the Council meeting together with its Triennial Congress.

The location of the Triennial Congress is chosen five years in advance. The Congress includes scientific programming and other activities including a multi-faith service and opening ceremony. Participants are largely midwives from around the world along with partner organisations, sponsors, and exhibitors.

Planning and organisation of the triennial Congresses begins during the previous two triennia (five years beforehand). Contracts with the Congress venue, the Congress Management Team and the local conference organising company are signed. The ICM Board approves the final Congress budget. Actual costs for the Congress are reported in the year they fall and are only part of the annual financial report in the year that the Congress is executed. ICM is responsible for the obligations that are connected to the Congress in the years leading up to the Congress and in the year of the Congress.

In the pre-Congress years ICM pre-finances payments to suppliers, according to the execution of contracts and agreements. The total pre-financed amount for Congresses, in case it appears, can be found in section 5.3 Work in Progress. These amounts will be settled when sufficient funds are available from participant registrations and receipt of funds from sponsors and exhibitors.

7.3 Triennial Congress 2023 Bali

After a successful Virtual Congress in 2021 and with the decision to hold the 2023 Congress in Bali instead of Abu Dhabi a budget was developed in 2022. As part of ICM's risk management process we considered the ongoing global Covid-19 pandemic to pose as a limited risk to our ability to organise a Congress in Bali in 2023. The Board chose a simple hybrid model comprising a face-to-face congress with recorded sessions available on demand after the Congress ends.

The agreement with the Bali Nusa Dua Congress Centre (BNDCC) for 2020 was renewed for 2023, and the expected budgeted amount for the venue for Congress 2023 is \$394,850, of which \$ 384,000 is now deposited for guarantee.

BUDGET CONGRESS 2023 BALI		
INCOME		
Registration Fees participants	\$	934,049
Sponsorship and Exhibition	\$	525,000
TOTAL INCOME	\$	1,459,049
COST		
Meeting Space	\$	233,542
AV/ Technical Equipment	\$	313,476
Media	\$	34,971
IT & Graphic Design	\$	32,500
Exhibition and Posters	\$	13,002
Food and Beverages	\$	186,640
Social Programme	\$	97,450
Staff	\$	13,520
Speaker and Guests	\$	26,000
Accommodation	\$	97,170
Board meeting	\$	3,430
Council meeting	\$	85,827
Other meetings	\$	12,000
Transportation	\$	1,500
Financial cost	\$	26,776
Contingency	\$	10,000
Management fees	\$	271,172
TOTAL COST	\$	1,458,976
BUDGETED RESULT	\$	73

7.4 Other considerations

The ongoing Covid-19 pandemic continues to influence how ICM undertakes its day-to-day business with delays to implementation of projects. However, as international travel opened again in mid-2022, we have worked hard to make up for the earlier delays and bring our implementation back on track.

8. NOTES TO STATEMENT OF INCOME AND EXPENDITURES

8.1 ICM income

8.1.1 Membership fees

	<i>Budget 2022</i>	<i>Actual 2022</i>	<i>Actual 2021</i>
Membership fees	448,713	444,249	400,674

In 2022 3 new midwife associations joined ICM and 4 member associations were terminated.

At the start of 2021 we adopted a new fee structure for our membership fees which resulted in an increase in membership fee income. The fees are now determined by the number of active midwives in each association, their country's Human Development Index (HDI) group and their country's Gross National Income relative to that of their HDI group.

8.1.2 Grants / Subsidies

ICM is supported by several funding partners to carry out the activities that are fundamental to help strengthen the profession of midwifery globally and create a highly skilled workforce of midwives. The supporting partners and their amount of support in 2022 were:

<i>Description</i>	<i>Budget 2022</i>	<i>Actual 2022</i>	<i>Actual 2021</i>
Core subsidies			
Swedish International Development and Cooperation Agency (Sida)	969,373	763,640	720,448
Direct Relief	-	76,928	57,383
Total Core subsidies	969,373	840,568	777,831
Grants, donations and sponsorship			
UNFPA	-	50,671	150,789
MacArthur Foundation	-	20,279	91,511
Bill and Melinda Gates Foundation	2,765,232	1,527,127	899,848
Latter Day Saint Charities	58,161	94,997	110,057
Laerdal Global Health	-	8,046	3,755
Direct Relief PUSH	-	-	17,697
Johnson & Johnson	130,320	115,604	14,744
New Venture Fund	215,320	112,527	84,742
International Federation of Gynecology and Obstetrics (FIGO)	-	3,620	8,271
Other grants and donations	-	-	26,519
Total grants, donations, sponsorship	3,169,033	1,932,871	1,407,933
TOTAL GRANTS/ SUBSIDIES	4,138,406	2,773,439	2,185,764

8.1.3 Other income

	<i>Budget 2022</i>	<i>Actual 2022</i>	<i>Actual 2021</i>
Income from fundraising	-	-	-
Income for funds and reserves			
Safe Motherhood Fund	1,000	5,692	649
Congress Fund	-	-	1,464,685
Chapel & York	-	95,392	-
Regional Conference Fund	-	-	-
Total income for funds and reserves	1,000	101,084	1,465,334
Other			
Donations Board members	-	650	1,200
Stichting WithWomen	-	16,283	-
Tropical Health and Education Trust	-	23,613	-
Refund staff insurance	-	7,266	-
Consultancy services	-	207	1,158
Other	4,250	1,844	29
Total other	4,250	49,863	2,387
TOTAL OTHER INCOME	5,250	150,947	1,467,721

The Japanese Nursing Association (JNA) supported the Safe Motherhood Fund to enable midwives from developing countries to attend the Congress in 2023.

A Private Philanthropist, via Chapel & York US Foundation, donated \$ 100,000 to ICM.

The Tropical Health and Education Trust and ICM worked together on the Implementation of "The Future International Workforce Programme" that aims to address the global shortage of nurses, but in this project, it was specific aimed on the situation in Ghana.

8.2 ICM Expenditure

8.2.1 Personnel costs

	<i>Budget 2022</i>	<i>Actual 2022</i>	<i>Actual 2021</i>
Gross salaries	930,035	617,284	545,531
Social charges	187,447	107,282	67,719
Contractor fees	560,339	694,667	719,991
Other personnel costs	71,200	53,136	51,025
TOTAL PERSONNEL COSTS	1,749,021	1,472,369	1,384,266

ICM employs staff on payroll in the Netherlands, Sweden, and Croatia. On 31 December 2022 15 staff members (9.77 FTE during 2022) were employed at ICM Head Office as compared to 10 staff members (7.35 FTE during 2021) in December 2021.

Other members of the Head Office team work and live in other countries and are therefore contractors. On 31 December 2022 12 contractors were under contract as part of ICM Head Office, compared to 13 contractors in December 2021.

8.2.2 Board and representation costs

	<i>Budget 2022</i>	<i>Actual 2022</i>	<i>Actual 2021</i>
Board costs	96,500	62,435	31,679
Representation	26,000	64,767	131
TOTAL BOARD AND REPRESENTATION	122,500	127,202	31,810

With the influence of Covid under "control" the board from ICM had again a face-to-face meeting in The Hague in October 2022. The other meetings of the board were all virtual.

The normalised situation in the world also allowed staff and board members from ICM to participate more than in previous years in all kinds of activities direct or indirect related to midwifery subjects.

8.2.3 Professional services

	<i>Budget 2022</i>	<i>Actual 2022</i>	<i>Actual 2021</i>
Audit	45,000	106,148	69,318
Translations (part of consultants)	-	-	131,532
Legal fees	23,600	88,849	28,396
Financial support (part of staff cost)	-	-	-
Salary administration	2,000	3,180	1,985
Other professional services	-	5,104	-
TOTAL PROFESSIONAL SERVICES	70,600	203,281	231,231

The audit costs for 2022 are based on the fees stipulated in the engagement letter between ICM and the auditors. Beside the cost for 2022 there was extra cost for the audit of the virtual congress 2021, SIDA organizational improvement audit and extra cost for closing the audit of 2021.

In the budget 2022 it was decided that the cost for translation in English, French and Spanish, will be allocated to the consultancy budget, part of the Events and Programmes, since translation was done by consultants and/or consultancy firms.

In 2022 review of the operational policies and the development of the governance policies in lieu of the by-laws were finished. For some of these, and due to the increase in staff and staff on contract settled in different countries, additional legal advice was sought.

8.2.4 General office costs

	<i>Budget 2022</i>	<i>Actual 2022</i>	<i>Actual 2021</i>
Office cost	44,000	50,230	44,879
ICT and communication	56,298	31,007	52,365
Other cost	26,749	30,603	76,379
TOTAL GENERAL OFFICE COSTS	127,047	111,840	173,623

The office cost includes beside the rent also local taxes and cleaning cost.

8.2.5 Events and Programmes

	<i>Budget 2022</i>	<i>Actual 2022</i>	<i>Actual 2021</i>
Local staff	-	39,735	14,251
Consultancy costs	1,765,101	1,055,105	399,627
Travel costs	299,774	137,411	8,446
Venue and accommodation	-	90,417	49,568
Other direct costs	343,354	158,482	117,263
Congress and Regional Conferences	-	-398,604	1,186,033
TOTAL EVENTS AND PROGRAMMES	2,408,229	1,082,546	1,775,188

The global COVID19 pandemic continued to impact on our ability to implement projects at the scale or pace we had budgeted in the first half of 2022. This was compounded by a slower than anticipated recruitment of project-related staff and consultants.

The postponement from the 2020 Congress in Bali and the actual Virtual Congress 2021, both due to COVID limitations, were the reason that the venue in Bali, already paid at that moment, was cancelled. A new agreement was set up with BNDCC for the Bali 2023 Congress. Under the assumption that the size of the 2023 Congress will be less than in previous congresses a reimbursement of the venue rent from 2020 was received. This amount was added to the Congress Fund in 2022.

8.2.6 Financial income and cost

	<i>Budget 2022</i>	<i>Actual 2022</i>	<i>Actual 2021</i>
Interest	500	177	218
Bankcost	6,000	10,288	-
Depreciation	11,616	10,844	-
Exchange rate differences	2,000	-34,337	-19,999
TOTAL FINANCIAL (INCOME)/COST	20,116	-13,028	-19,780

In November 2022 ABN Amro bank stopped the credit interest on all balances to €100,000. We hold cash at bank in EUR, USD and SEK and only convert to EUR when the rates are in our favor.

Auditor's Report



4you audit

085 488 19 00

info@4youaccountancy.nl

www.4youaccountancy.nl

Maerten Trompstraat 25, 2628 RC Delft

International Confederation of Midwives

To the Board

Koninginnegracht 60

2514 AE The Hague

Date: 14 April 2023

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Reference: 1597-2022

INDEPENDENT AUDITOR'S REPORT

A. Report on the audit of the financial statements 2021 included in the annual report

Our opinion

We have audited the financial statements 2022 of International Confederation of Midwives, based in The Hague.

In our opinion the accompanying financial statements give a true and fair view of the financial position of International Confederation of Midwives as at 31 December 2022, and of its result for 2022 in accordance with the RJK C1 'Kleine-organisaties-zonder-winststreven' (Guideline for annual reporting C1 'Micro and small sized not for profit organisations' of the Dutch Accounting Standards Board).

The financial statements comprise:

1. The balance sheet as at 31 December 2022;
2. The statement of income and expenditure for the year ending 31 December 2022 and
3. The notes comprising of a summary of the accounting policies and other explanatory information.

Basis for our opinion

We conducted our audit in accordance with Dutch law, including the Dutch Standards on Auditing. Our responsibilities under those standards are further described in the 'Our responsibilities for the audit of the financial statements' section of our report.

We are independent of International Confederation of Midwives in accordance with the 'Verordening inzake de onafhankelijkheid van accountants bij assurance-opdrachten' (ViO, Code of Ethics for Professional Accountants, a regulation with respect to independence) and other relevant independence regulations in the Netherlands. Furthermore we have complied with the 'Verordening gedrags- en beroepsregels accountants' (VGBA, Dutch Code of Ethics).

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

4you

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Date: 14 April 2023
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B. Report on the other information included in the annual report

The annual report contains other information, in addition to the financial statements and our auditor's report thereon. The other information consists of:

- Vision and mission;
- Message from the President;
- Message from the CEO;
- The activity and Board report;
- Other information as required by the Dutch Accounting Standard RJK C1;
- Income and expenditures by source.

Based on the following procedures performed, we conclude that the other information is consistent with the financial statements and does not contain material misstatements.

We have read the other information. Based on our knowledge and understanding obtained through our audit of the financial statements or otherwise, we have considered whether the other information contains material misstatements.

By performing these procedures, we comply with the requirements of the Dutch Standard 720. The scope of the procedures performed is substantially less than the scope of those performed in our audit of the financial statements.

The Board is responsible for the preparation of other information, including the Board report in accordance with the Dutch Accounting Standard RJK C1 'Kleine-organisaties-zonder-winststreven' (Guideline for annual reporting C1 'Micro and small sized not for profit organisations' of the Dutch Accounting Standards Board).

C. Description of responsibilities regarding the financial statements

Responsibilities of the Board for the financial statements

The Board is responsible for the preparation and fair presentation of the financial statements in accordance with the Dutch Accounting Standard RJK C1 'Kleine-organisaties-zonder-winststreven' (Guideline for annual reporting C1 'Micro and small sized not for profit organisations' of the Dutch Accounting Standards Board). Furthermore, the Board is responsible for such internal control as the Board determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

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2514 AE The Hague

Date: 14 April 2023
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As part of the preparation of the financial statements, the Board is responsible for assessing the company's ability to continue as a going concern. Based on the financial reporting framework mentioned, the Board should prepare the financial statements using the going concern basis of accounting, unless the Board either intends to liquidate the confederation or to cease operations, or has no realistic alternative but to do so.

The Board should disclose events and circumstances that may cast significant doubt on the company's ability to continue as a going concern in the financial statements.

Our responsibilities for the audit of the financial statements

Our objective is to plan and perform the audit engagement in a manner that allows us to obtain sufficient and appropriate audit evidence for our opinion.

Our audit has been performed with a high, but not absolute, level of assurance, which means we may not detect all material errors and fraud during our audit.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. The materiality affects the nature, timing and extent of our audit procedures and the evaluation of the effect of identified misstatements on our opinion.

We have exercised professional judgement and have maintained professional scepticism throughout the audit, in accordance with Dutch Standards on Auditing, ethical requirements and independence requirements. Our audit included among others:

- identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, designing and performing audit procedures responsive to those risks, and obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the confederation's internal control;

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2514 AE The Hague

Date: 14 April 2023
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- evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management;
- concluding on the appropriateness of management's use of the going concern basis of accounting, and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the confederation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause a company to cease to continue as a going concern;
- evaluating the overall presentation, structure and content of the financial statements, including the disclosures; and
- evaluating whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant findings in internal control that we identify during our audit.

Delft, 14 April 2023
Audit 4you B.V.

Signed by
J. Eenhoorn RA

Other Information

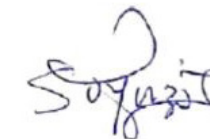
For the independent Auditors report, please refer to page 89.

The Articles of Association do not describe the allocation of profit.
Therefore, the ICM Council approves the profit appropriation.

On behalf of the Board, date: 14th April 2022



F. CADÉE
PRESIDENT



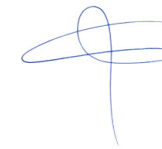
S. OYARZO TORRES
VICE PRESIDENT



V. VARELA
TREASURER



H. SHIKWAMBI
BOARD MEMBER




F. DICKO
BOARD MEMBER



P. HARDTMAN
BOARD MEMBER



E. INDOMO
BOARD MEMBER



A. KINNEAR
BOARD MEMBER



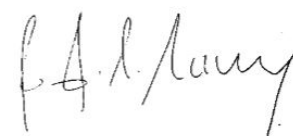
R. ALTAWELI
BOARD MEMBER



T. THOMMESEN
BOARD MEMBER



M.F. FRANCISCONI
BOARD MEMBER



V. VIVILAK
BOARD MEMBER

Annexes

1. INCOME AND EXPENDITURES BY SOURCE (X € 1,000.-)

	ICM	SIDA	Bill and Melinda Gates Foundation	Johnson & Johnson	Latter Days Saint Charities	New Venture Fund	Direct Relief	ICM Funds	Other grand and donations	Total
INCOME										
Membership fees	444									444
Subsidies Core funding		764					77			841
Project funding	4		1,527	116	95	113			78	1,933
Other income	50							101		151
TOTAL INCOME	498	764	1,527	116	95	113	77	101	78	3,369
EXPENDITURE										
Personnel	317	513	485	30	31	36	5	15	38	1,472
Board	30	32								62
Representation	46	13	6							65
Professional services	168	16						19		203
General office costs	111									112
Events and programmes	-163	189	1,036	85	64	77	72	-317	43	1,083
TOTAL EXPENDITURE	509	764	1,527	116	95	113	77	-283	81	2,999
OPERATIONAL RESULT	-11	0	0	0	0	0	0	384	-3	370
Financial (income)/cost	14									14
NET RESULT	3	0	0	0	0	0	0	384	-3	384

Expenditures are allocated to the funding sources based on actual spending on time spent by staff and contractors X tariff, invoices from consultants and other direct cost and considering a markup for covering ICM overhead. Expenditures are covered by donor funding and membership fees.





International
Confederation
of Midwives