

# International Confederation of Midwives

Annual & Financial Report 2021



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## List of Acronyms

APP	Asociación de Parteras Profesionales
CE	Chief Executive
HORTs	Head Office Regional Teams
ICM	International Confederation of Midwives
IPPPR	Independent Panel for Pandemic Preparedness and Response
JEDI	Justice, Equity, Diversity and Inclusion
MA(s)	Member Association(s)
MACAT	Member Association Capacity Assessment Tool
PPE	Personal Protective Equipment
RMC	Respectful Maternity Care
Sida	Swedish International Development Cooperation Agency
SoWMy	State of the World's Midwifery
SP	Strategic Priorities
SRMNAH	Sexual, reproductive, maternal, newborn, and adolescent health
SRHR	Sexual and reproductive health and rights
WRA	White Ribbon Alliance
YML	Young Midwife Leaders

## Our 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.*

## Message from the President

In my role as ICM President, it is with great privilege that I provide reflections on the passing year – one that will surely go down in midwife herstory as the origin of ICM's sustainability. This is not to say we weren't a credible, valued organisation before the introduction of our 2021–2023 Strategic Plan, but rather to acknowledge the fundamental change ICM has recently experienced, and the challenges and opportunities associated with change and growth.

In reflecting on 2021, I could not be prouder of my fellow Board Members and ICM's Head Office team, led by Dr. Sally Pairman, for their commitment to ICM's sustainability and their unwavering belief in this organisation and its potential. ICM's prosperity is the prosperity of our Member Associations and midwifery as a whole. Last year was our opportunity to establish new structures and processes to ensure our growth is measured, and inclusive of the global community we are proud to represent. By formalising the ways we work – both as a Board and a Head Office – we have set ourselves up for long-term success.

Within the context of change at the ICM, it's important acknowledge that our growth has and will present challenges, and that our response to these challenges will be the true indicators of our ability to prosper. ICM is a learning organisation – one that finds its way by leading with compassion, making mistakes and confronting challenges as a unified Board and Head Office. In 2021, we started introducing changes to ensure ICM's Board is equipped to manage a more professionalised ICM. One important way we will do this is by transitioning to a smaller board in 2023, with more equitable relationships between Board Members, ensuring all of ICM's leadership is more accessible to our MAs and the midwives they represent. We will also be transitioning into a competency-based Board, meaning future Board Members will be recommended to Council based on their skills within relevant areas such as governance and finance. These changes are cemented in our commitment to diversity and inclusion and driven by a desire to do away with unnecessary procedures and divisions.

We are also moving away from a hierarchical system of governance — disbanding the Executive Committee has removed the “us and them” dynamic between the Board and Executive Committee. Now we just have committees, and Board Members are involved in these committees based on their expertise. Similarly, in the past, ICM's President was responsible for taking on external speaking engagements. Now, we ask regional Board Members to represent ICM, bringing more diverse faces and voices to ICM's leadership. Last year, for the first time, we really began to take a thoughtful look at our leadership and embrace the fact that ICM is comprised of women, working for women, doing women's work. Recognising this, the Board has decided to move towards more feminist ways of working. For example, we have a more deliberative approach to decision-making, rather than the previous practice of majority rule. Now we listen to and value all Board member perspectives. If a Board member is reluctant to support a proposal, we seek to understand their concern, because sometimes the dissenting opinion brings an important consideration that others have missed.



## Message from the President

Franka Cadée

These important changes are taking place within the context of a global pandemic. I know that teams around the world, including our Board and Head Office, are also experiencing the stresses of tech-based communication, and we should not underestimate how this impacts our efforts to relate to one another and grow. In fact, it was only toward the end of 2021 – more than a year after this Board began its term – where we finally started to recognise and understand our distinct Board culture, thus finding our collective and individual voices. One exercise from this past year that has helped to solidify our identity and unify Board Members has been our work on the values of gender, equity, diversity and inclusion. A smaller, competency-based Board with fewer hierarchal structures is part of upholding these values but so, too, are new financial accommodations to ensure ICM can welcome Presidential candidates from all geographies and socio-economic backgrounds. Of all the changes in the past year, this commitment to prioritising the representation of our members is perhaps what I'm most proud of.

If 2021 was about building the foundation for monumental change, 2022 and 2023 will be the years we grow into and act on ICM's ambitious objectives. Any good structure is supported by a solid foundation and I'm confident that our work within 2021 has set us up to create a bigger and better home, not only for our Board Members, Head Office staff and Member Associations, but for midwives and women everywhere.

Now, on to 2022 and the 100-year anniversary of ICM!



**Dr. Franka Cadée**

President

## Message from the Chief Executive

What a year it has been! With the continued backdrop of the pandemic, ICM has taken important steps to transform strategically and grow its influence to continue to be a powerful voice for midwives and women globally.

With new supplementary funds from the Bill and Melinda Gates Foundation (BMGF) and core funding from the Swedish International Development Cooperation Agency (Sida) received during 2020, we entered 2021 with the goal of building a more sustainable ICM, one that focuses on strengthening ourselves, our Midwives' Associations, and our supporters. This meant we began the year with two big shifts in how the organisation was to operate: we expanded our staff and began to implement our Triennial Strategy. It was against this backdrop that the Head Office team and Board delivered so much for our members and profession: we announced the PUSH Campaign, pivoted our Congress to an entirely digital, month-long programme, released powerful global evidence for our profession and graduated a cohort of Young Midwife Leaders — these are only a few of the many programmatic and organisational accomplishments from 2021.

Significant growth in the organisation – from around 8 people in 2020 to 23 people at the end of 2021 – has allowed us to expand our capacity and offer more strategic leadership across our pillars of work. It has, however, brought with it a multitude of challenges, some of which have continued to be hampered by the ongoing pandemic and its effects. More than half of our team now work outside the Netherlands and everyone is connecting virtually. It is within this environment that we had to grapple with building trust in a time of change, galvanising behind our new shared vision, and creating clear and easy lines of communication amidst a fast-paced environment. We have not always got this right and I will be the first to admit that we underestimated the impact these changes would have on both a personal and professional level. What we have learned, however, is that in order to get everybody on board with a shared vision, we need to focus on explicitly seeking out and co-creating the culture, values, and behaviours we want the organisation to have. I am looking forward to our continued journey to refine this throughout 2022.

Implementing the first year of the Triennial Strategy meant we had to have a paradigm shift in the way we operated and, importantly, in the way we monitor and evaluate our learning. It's not enough for us to count how many programmes we have implemented or how many MAs we serve. In order to grow our strength and to position ourselves as a key organisation in this space, we need to more effectively understand our influence and build on this for future successes, such as: understanding how our young midwife leaders use their learnings in their communities beyond the programme; working with MAs to understand where the gaps in resources are and how we can help them in their in-country advocacy; reflecting on our own gender, equity and inclusion practices to identify and address our own biases and privileges. Responding to these learnings and building on them will allow ICM to become more confident in ourselves and in our work to enhance the profession of midwifery to the status it deserves.



## Message from the Chief Executive

Sally Pairman

What does this change represent? I believe we are seeing the beginnings of a new era of ICM, one that respects the learnings from the past but is ready to adapt and change to whatever future challenges we face. We are seeing attitudes changing towards midwives and more and more people understand that midwives' fight for better working conditions and autonomy is a fight for all future generations. In allowing for difficult and uncertain times now, we are creating a strong and resilient organisation that has a clear vision on how to best represent the many challenges facing midwives across every context.

So, I want to thank all of you for getting us to this point: for supporting us, for wrestling and pushing back on us, and for trusting us in difficult spells to allow the clearer days to come. I think you will find that this report exemplifies just how much we've been able to achieve within the very first year of an ambitious strategic plan. Considering the challenges presented by change and growth, I am particularly proud of the extent to which we've been able to meet and surpass our 2021 goals. We will continue to build on this momentum, gaining stability and fortitude as we push into the next 100 years of ICM.

Midwives and women everywhere should be proud too — now that we've budded it is time to bloom.

In partnership,

**Dr. Sally Pairman**

## I. Overview

*This report provides an overview of the main activities undertaken during 2021 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 in section 5.*

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. At the close of 2021 ICM's membership comprised 139 Midwives' Associations, located in 119 countries across every continent. ICM is organised into six regions (including seven sub-regions). These are:

1. Africa (Anglophone and Francophone)
2. Americas (North America & Caribbean and Latin America)
3. Western Pacific
4. Eastern Mediterranean
5. South East Asia
6. Europe (Northern, Central and Southern)

Through these members ICM speaks on behalf of more than one million midwives globally.

ICM accomplishes most of its work through its members and in close collaboration with global organisations, such as the World Health Organization (WHO), United Nations Population Fund (UNFPA) and other UN Agencies; government agencies such as The Swedish International Development Cooperation Agency (Sida); non-governmental organisations and civil society groups such as White Ribbon Alliance, Latter Day Saint Charities; donors such as the Bill and Melinda Gates Foundation, the New Venture Fund, Johnson and Johnson, Direct Relief and the MacArthur Foundation; healthcare professional associations such as the International Federation of Gynaecology and Obstetrics (FIGO), International Pediatric Association (IPA), and the International Council of Nurses (ICN).

As this report demonstrates, 2021 has marked an exciting and momentous turning point for the organisation; for the first time in memory, we were able to allocate significant resources to assessing and strengthening the organisation's capacity, systems, governance, and staff to align with a bold new strategy for 2021-2023 and support long term sustainability. At the same time, we have worked with our broader community to refine and launch a new professional framework for midwifery, reflecting a deeper understanding of the complexities and contributions of midwives within the countries and communities in which they work. We also announced the [PUSH Campaign](#) – a decade-long global movement for women and the midwives who protect and uphold their rights and bodily autonomy. Through PUSH and other key advocacy projects, we started the work of building a truly global movement for midwifery, in conjunction with members and partners and with women's voices at the centre.

This past year has been an exciting step in ICM's journey and for the profession of midwifery at large. We are thrilled to be embarking on a new era and approach to our work, and we look forward to learning, growing, and adapting with our Member Associations and partners for the next centennial.

## 2. The Context of our Work

*The history of the profession of midwifery is dynamic and rooted in the complex stories and strength of women and communities all over the world. So, too, is the history of ICM.*

Midwives stand with women to determine their birth experiences. ICM stands with our Member Associations to be stronger and more autonomous, to support midwives to serve women. ICM is a professional association of midwifery associations, whose members are predominantly women, caring for women, within the male-dominated field of medicine and a still-patriarchal society. We have faced challenges because of the power dynamics surrounding women's rights and midwifery, both organisationally and as individuals.

We have made steady progress in the face of these challenges. For the last 100 years, ICM has been the only international body working to support and strengthen the midwifery profession globally. We have been advocating for midwives to be in leadership positions and play key roles in decision-making, setting, and improving regulatory and educational standards, and continuously pushing for innovation and learning in the profession.

### Progress Amidst Adversity: Current Challenges for Midwifery

Midwives around the world are speaking up for women and communities amidst a global pandemic, conflict, natural disasters, and often staunch opposition to women's rights and sexual and reproductive autonomy.

The COVID-19 pandemic has caused significant disruptions in essential health services around the world. According to data collected last year by ICM, eighty percent of the MAs surveyed reported that women were afraid to attend maternity facilities for fear of contracting COVID-19. Thirty percent of maternity facilities have closed and been converted to support the COVID-19 response. Gender-blind responses to COVID-19 have resulted in curfews and lockdowns restricting movement, which has put the lives of women in labour and their babies at risk.

Amidst the pandemic, we again see all over the world, midwives risking their own lives to uphold women's rights and protect women and newborns. This role goes far beyond reducing maternal and neonatal mortality, and underscores the efforts of midwives to promote happier, healthier families and communities. Midwives are increasingly taking on additional health worker responsibilities, outside their scope of practice, to fill in gaps in health systems and support communities.

Gender inequality drives many of the challenges that midwives face. Midwives face gender-based discrimination, a lack of leadership opportunities, harassment, and pay inequity that discourages women (and men) from the midwifery profession and contributes to the workforce shortage.

According to the [State of the World's Midwifery 2021](#) (SoWMy), there is a global shortage of 1.1 million sexual, reproductive, maternal, newborn, and adolescent health (SRMNAH) workers, 900,000 of which are midwives. Fully educated, licensed, and integrated midwives supported by interdisciplinary teams and an enabling environment can deliver an estimated 90% of essential SRMNAH services, but they make up less than 10% of the global SRMNAH workforce.

There is a growing body of evidence that scaling-up investment in midwifery would have great benefits in health outcomes, particularly for women and newborns. A recent Lancet study shows that investing in midwives to achieve universal access to skilled and regulated midwifery care could prevent two-thirds of maternal deaths, newborn deaths and stillbirths by 2035.<sup>1</sup>

## The Resiliency of Midwives –

### Examples from Countries

#### Haiti

*In Haiti last August, midwives continued to care for women and communities in the midst of a complex humanitarian situation resulting from a presidential assassination, a devastating earthquake, and a tropical storm all within a few weeks of each other.*

#### Peru

*In Peru, midwives are not considered frontline health workers and therefore were not provided with PPE, even when they were redeployed to hospitals managing COVID-19 cases.*

#### Afghanistan

*In Afghanistan, the Midwives' Association has worked tirelessly to advocate for the rights of women and their families and improved access to quality care for all Afghan people in the midst of a deepening conflict. The stoppage of international funding to the country means that Afghan midwives are desperately trying to provide essential childbirth care with very limited resources. As women with limited autonomy, Afghan midwives' movements have been restricted even as they are attempting to provide timely and responsive care. Despite these dangerous circumstances, Afghan midwives have continually put their own lives and safety at risk in an attempt to uphold care for birthing women and newborns.*

## 3. Delivering on our Strategic Plan: Progress during the First Year

**Against the backdrop of mounting challenges as well as potential for growth in midwifery, in 2021 our Board released an ambitious yet realistic Strategic Plan to ensure that we are fit for purpose going into our second centennial.**

<sup>1</sup> Nove, A et al. 1 January 2021. "Potential impact of midwives in preventing and reducing maternal and neonatal mortality and stillbirths: a Lives Saved Tool modelling study." The Lancet Global Health. Volume 9, Issue 1, E24-E32. [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30397-1/fulltext#seccestitle10](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30397-1/fulltext#seccestitle10). Accessed 4 March 2022.

This strategy positions us as an expert in creating, advising, influencing, and enabling the profession of midwifery globally. Through the tremendous dedication of our Head Office staff, commitment and support from our donors and partners, and hard work and perseverance of our global community of MAs and midwives, we have taken tangible steps to implement our ambitious Strategic Plan, and the results are clear. Together, we are strengthening the future of midwifery, saving lives, and supporting women, adolescents, newborns, and communities to thrive.

Our [Strategic Plan 2021-2023](#) clearly defines a set of Strategic Priorities (SPs) to fulfil our mission:

- 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 2021 was the first year of implementation of the Strategic Plan, our focus has been on modernising our organisational systems and structures for success and documenting our exciting progress and learnings against each of our strategic priorities.

### SP1: Drive innovation and Sustainability for the Future of Midwifery

We must be innovative and flexible to fulfil our mandate in the complex, diverse, and ever-evolving global landscape in which midwives work. This strategic priority confirms the direction we must continue to follow in order to remain a global leader in the midwifery community.

#### Internal Systems Strengthening

Strong organisational capacity is the bedrock for us to be able to learn and grow and adapt to the needs of our MAs to carry out their work. In the last few years, we have been fortunate to receive grants for core support from Sida and Direct Relief, independent of any project. These grants, in addition to a supplementary grant from the Bill and Melinda Gates Foundation, have been essential to our ability to be nimble and responsive to emerging needs (e.g. COVID-19), while dedicating much-needed resources to our organisational strengthening.

As part of our strategic planning process in 2020, for the first time, we used our own tool to assess our organisational capacity to deliver the ambitious new strategic plan. By utilising the updated Member Association Capacity Assessment Tool (MACAT), we were able to identify our own priorities for organisational strengthening, including:

- a. Structural strengthening and Head Office re-organisation;
- b. Systems strengthening, particularly finance, human resources, project management, communications, monitoring, evaluation, and learning;



During the Conference, Dr. Kaveri Mayra @Mayra\_K11 tweeted, "It's been a good month of learning something amazing, meeting someone amazing & contributing something amazing every Wednesday. Thank you #ICMCongress2021 @world\_midwives"

- c. Policy and procedure strengthening, including undertaking the development of a Gender and Justice, Equity, Diversity and Inclusion (JEDI) policy; and finally,
- d. A need for expansion/sustainability planning, including development of resource mobilisation and sustainability plans.

Over the last year, we have worked tirelessly to reorient our internal systems to respond to these identified needs. We organised the Head Office into five teams, all with clearly defined scopes and responsibilities (see Chart 1 and Annex). In 2021, we started developing our first-ever resource mobilisation and business development plan. We established a series of new and updated operational policies and practices overseen by the respective teams. We commenced development of a gender/JEDI plan and held a staff development workshop as a first step to exploring these issues for our team. Our Head Office team grew from 8 to 23 people located all over the world and in key regions, which gives us more capacity to implement the strategic plan and respond to the needs of midwives around the world, and in context-specific ways. See the Chief Executive's letter for her reflections on the challenges and achievements of these activities.

The Head Office is overseen by the Board of Directors, which is undergoing its own exciting improvements, as outlined below.

### Governance Strengthening

ICM is governed by an International Council, the decision-making body of our organisation, responsible for setting the strategic direction for ICM at each Triennial Council Meeting. The ICM Council is made up the Board, as well as of two delegates from each of our Member Associations. Our Board is comprised of office holders (President, Vice-President, Treasurer) and regional representatives from each of the six ICM regions (including seven sub-regions), a total of 13 members. The ICM Council is responsible for electing the office holders while regional Board Members are elected by the Member Associations in each sub-region and endorsed by the Council. Board Members are appointed for a three-year period with the opportunity of one re-election. To ensure a consistent touch point between Head Office and the Board, our Chief Executive participates in Board meetings in a non-voting capacity. For a full list of the 2021 Board Members, please visit the Annex of this report.

The President, Vice-President and Treasurer work closely with the Chief Executive, to achieve the strategic directions approved by Council and prioritised by the Board. The Board provides oversight of finances resource mobilisation, risk management, planning and liaison with global and regional partners. In 2021, the Board established three committees to further its work – a Finance, Audit and Risk committee chaired by the Treasurer, a Regional committee chaired by the Vice-President and a Governance committee chaired by the President.

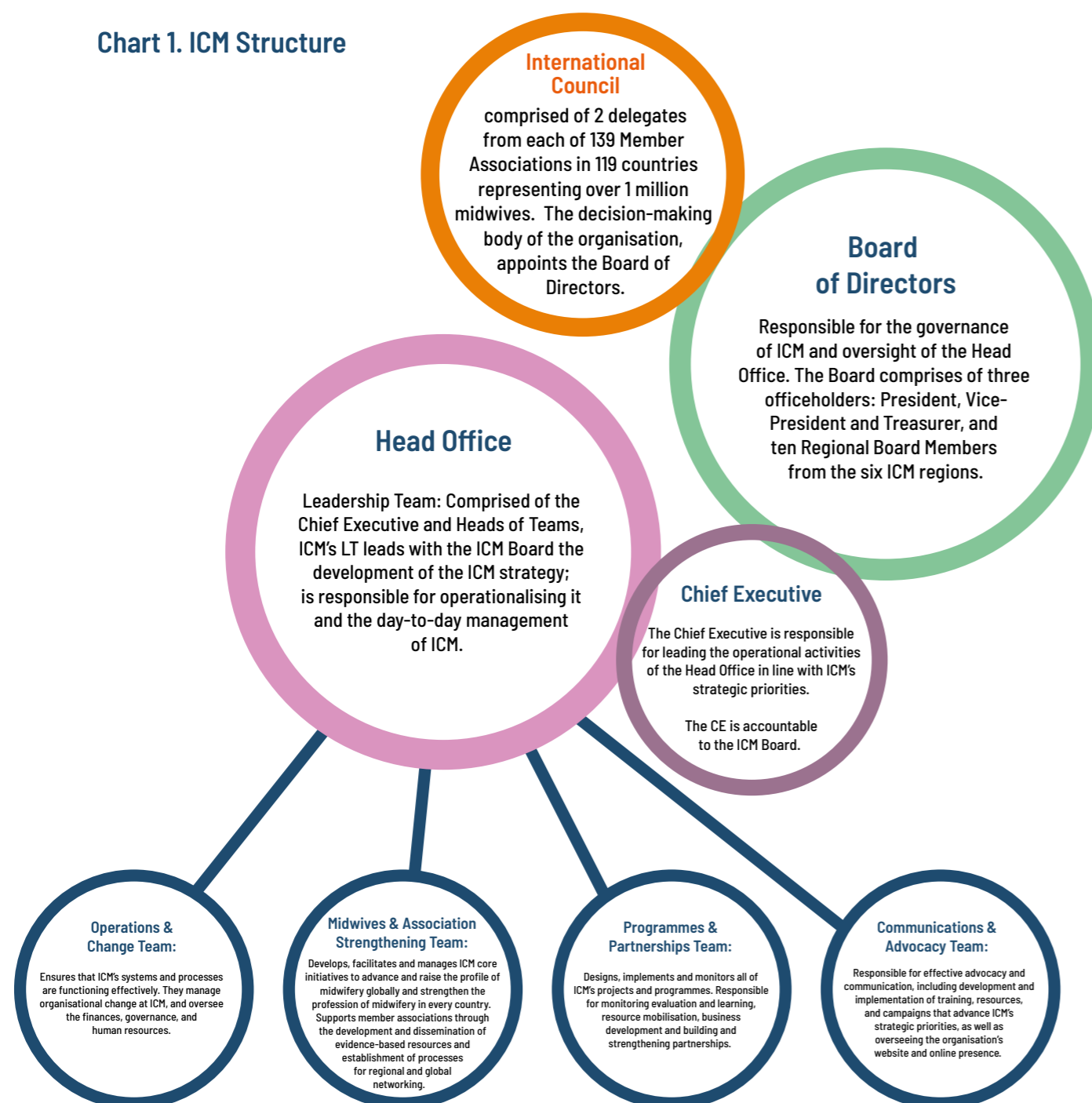
At its annual meeting in June 2021 the ICM Council approved changes to reform the governance of ICM with the aim of creating an agile, inclusive and sustainable ICM that is less hierarchical and more transparent. These changes included:

- The ICM By-laws to be replaced with Governance policies.
- The President, Vice President and Treasurer to no longer convene in an Executive Committee, but instead have the roles of chair in Board Committees.

- An Independent Election Committee to be established to support the Council and the Regions through the election processes to ensure a Board with the right skills for good governance.
- The Treasurer no longer needs to be a midwife but must be someone with required financial skills.

The Board Governance Committee subsequently led on the implementation of these changes and as discussed in the President's letter, the process has been both challenging and exciting. The full impact of these changes will likely not be seen until the next trimester but the governance reforms signal ICM's commitment to a more member-driven organisation that takes seriously its commitment to justice, equity, diversity, inclusion and sustainability.

**Chart 1. ICM Structure**



## Monitoring, Evaluation and Learning

In 2021, we also established a powerful new Monitoring, Evaluation, and Learning (MEL) system to better track the achievement of results and progress and ensure that the strategic plan is the foundation by which to orient and evaluate all our work. The backbone of our MEL system is our Theory of Change, which provides a conceptual framework for how our programmes, activities, and relationships with stakeholders will contribute to expected outcomes of our Strategic objectives 2021-23. The Theory of Change is allowing us to test our assumptions about how we are affecting change, continuously assess progress towards the outcomes of strategic priorities through Quarterly Reviews, and reflect on what is working well, and what needs to change so as to achieve an even greater impact. Through Quarterly Reviews, staff were able to discover synergies between their work to better meet the needs of ICM's members and the midwifery community through improved collaboration. Next year, we look forward to further embedding MEL practices, and continuing to build a culture of strategic focus, learning, and adaptation.

## Agility, Adaptation, and Responsiveness

Every two years, we conduct a Member Needs and Expectations Survey to collect feedback to learn how well we are addressing members' needs and advancing the profession. The insights from the survey also help us better understand our MAS' needs to guide the development of membership services and support to Associations. In 2021, we employed an in-depth approach by holding more than 50 discussions with small groups of MAs to hear from them about their needs and expectations of ICM. This approach paid off and 75% of our 139 MAs participated in the survey, which is a 25% increase from the 2019 survey.

Through these processes, MAs reported that ICM adds value to their work by:

- Offering a platform for networking and exchange between MAs;
- Facilitating access to guidelines for practising midwifery and improving the quality of the profession in their countries, and;
- providing an opportunity and a platform to amplify the voice of midwives about issues affecting the profession as a whole and representation in global dialogues.

There were also specific examples of our impact in strengthening MAs and supporting the profession as a whole. For example, our [Global Standards for Midwifery Education and Regulation](#) and [Essential Competencies for Midwifery Practice](#) have been used to improve midwifery education and/or regulation in Afghanistan, Comoros, Indonesia, Iran, Somalia, and Estonia, amongst others. [Our statement on COVID-19](#) helped midwifery practices in Fiji and elsewhere adapt to the current context. In Liberia, our support to the MA has helped earn it recognition as a professional body which contributed to a reduction in maternal and neonatal mortality in recent years. In Gabon and Sweden, our support and resources helped the MAs attract and retain more midwives. In Zimbabwe, participation in the ICM Young Midwife Leaders programme encouraged the MA to initiate its own mentorship programme.

In their responses, MAs also shared areas where we could provide support in strengthening their capacity to meet their own needs. We adapted to this information swiftly and in fundamental ways that are now embedded in our organisation. In particular, MAs identified a need to facilitate more opportunities for communication, collaboration, and coordination between MAs in the six regions. The need to work with us and other MAs in different languages was also a key piece of feedback. In response, we are deepening our regional focus moving forward.

Nova Scotia midwives @MidwivesNS tweeted, “Today we are sitting in the opening ceremonies of @world\_midwives 32nd International Confederation of Midwives Virtual Triennial Congress! We are joined by thousands of midwives from all around the world! #ICMCongress2021”



**Tekla Mbidi (Namibia):** “The YML programme has presented me with an amazing opportunity to understand the role and functions of ICM and its relationship with professional midwifery associations. Thus, my perspective about midwifery has completely changed and I am now able to confidently speak for and about midwives, the midwifery profession and practice. I have grown a global network of young midwives and experienced midwives including global leaders in midwifery.”

### Box 1: Revising the Midwives Association Capacity Assessment Tool (MACAT) – Lessons Learned

In 2014, ICM launched its Member Association Capacity Assessment Tool to provide insight into the organisational structure, operations, and strategy of MAs for purposes of capacity strengthening. In response to feedback, ICM revised the tool in 2019 to include a more inclusive feedback process and external facilitation.

Before piloting the new tool with MAs, ICM implemented the MACAT 2.0 internally, giving the project team some initial feedback to make minor revisions before it went to the full pilot stage. Five associations participated in the full pilot. One of the associations in Germany used it as part of a strategic planning process. Others used it as part of designing and delivering technical support. For example, the Canadian Association of Midwives delivered the MACAT in Somalia, Puntland, and Somaliland as part of their project activities. The feedback was overwhelmingly positive. MAs reported that the opportunity for individual and confidential input, as well as the stakeholder views, was most appreciated. Pilot participants reported, “The feedback we received was tough, but it was helpful.” And, “Contacting stakeholders was the most useful part of this work... This whole process helped us step back and think about which areas we need support in.”

The pilots provided ICM with valuable guidance on how to improve the tool design and implementation. The first change **focuses on pre-planning and readiness**, to ensure that MAs understand what MACAT 2.0 requires in terms of human resources and finances. New tools were developed to support this self-analysis.

**Language was another important feedback from the pilots.** The pilot countries represented different languages and the materials were only available in English. Some MAs translated the staff survey to ensure that survey respondents were able to participate without compromising confidentiality. In other cases, the facilitator was a local language speaker who was able to translate materials and conduct discussions for better understanding. Participants were most comfortable where the discussions, interviews, and materials were translated to the local language.

Despite our guidance encouraging **MAs to customise the questions, tools, and process** to meet the needs of the local context, pilot participants were initially hesitant to make any changes. We found we had to emphasise strongly the need to customise the MACAT 2.0 and the pilots provided us with tangible examples of how tools were more useful when adapted to the local context.

Finally, it is crucial that the **MA own and guide the MACAT 2.0 process**. Without that ownership, it will be difficult to ensure follow through on the changes that are identified. Building that ownership starts with the readiness assessment before the MA decides to proceed with MACAT 2.0 and continues well beyond the assessment to the monitoring of changes decided in the process.

MACAT 2.0 consists of a guide to the process and 12 resources to assist the users - templates for meetings, surveys, interviews, analysis. It will be available in early 2022. In its final version, MACAT 2.0 will be available in English, French and Spanish, ICM's three official languages.

## Regional Strengthening

As part of our operational plan, we are developing an overarching approach and region-specific work plans to support the regions in close collaboration with the regional Board Members and MAs, and newly dedicated Head Office Regional Teams and Regional Professional Committees (HORTs). The Head Office Regional Teams were introduced in late 2020 and the 2021 operational plan prioritised the allocation of dedicated staff to the six teams. Staff are allocated based on their regional knowledge and experience and language skills. The HORTs work in partnership with the Board Member(s) to build relationships with MAs in each region and understand specific regional contexts and needs. This has provided greater resource and flexibility to the regions, and the support required to drive the regional plans forward.

ICM Board Standing Committees for Education, Regulation and Research were disbanded in 2021 and instead Regional Professional Committees will be established in 2022. As operational committees, the Regional Professional Committees will help to build positive working relationships and networks between midwife educators, midwife regulators, midwife researchers, emerging leaders and Midwives' Associations within regions. The Regional Professional Committees will help communicate and implement ICM's work plans for strengthening midwifery education, regulation, research, and practice across and between ICM's six regions.

Responsiveness to the needs of our members is also exemplified in how we design the support we provide. We have begun facilitating workshops on specific issues that Associations identified as a priority for capacity strengthening or deeper dialogue; for example, in the last quarter of 2021, we held one virtual workshop in each of our six regions on advocacy and data use. These workshops helped familiarise our MAs with evidence-based advocacy, a skill that is essential to advancing the profession. Our regional engagement is designed to respond to the needs of our members and midwives in the regions, build relationships, and foster professional networks among and between MAs, Board Members, our staff, and regional technical bodies. Regional workshops are also intended to build a shared knowledge and understanding of the context MAs are working in to inform how we can best support midwives in these regions.

In addition to regional support, we continue to work with specific members and respond to their requests for individualised support and advocacy, often through letters and submissions related to changes taking place in midwifery in their countries. Our Member Associations also help us develop resources and in 2021, our members in Bangladesh, Canada, Germany, Puntland, Somalia and Somaliland participated in pilots of the revised Midwife Association Capacity Assessment Tool (MACAT) which is now updated and ready to be rolled out in 2022 (see Box 1).

## Digital and Mobile Tools and Knowledge Management Resources

Utilising and promoting more digital and mobile tools and knowledge-management resources to reach and support midwives and their associations is another way that we are responding to MAs' expressed needs. This includes reaching MAs and midwives at different stages of their professional development, and in different country contexts, where the degree of digital access may vary, and in different languages. The global pandemic and restrictions on travel have hastened our ability to assess and update our digital presence, including tools for communication and

information-sharing. This first year of the Strategic Plan implementation offered ample opportunities to test out different approaches.

## Virtual Triennial Congress

The COVID-19 pandemic caused us to first postpone our 2020 Triennial Congress until 2021 and then to transfer the planned face-to-face format to a virtual Congress. We adapted with great success. [ICM's 32nd Triennial Congress](#) – “Midwives of the World: delivering the future” – was the largest virtual gathering for midwives ever, attended by 1,971 delegates, including midwives from 106 countries! Participants included many first-time delegates, especially from low and middle-income countries, who could not have attended a face-to-face Congress due to financial limitations. Sponsorship from MacArthur Foundation, the New Venture Fund, Direct Relief, and UNFPA provided the funding for registration fees and internet data that enabled 177 midwives from low-and-middle income countries to participate in the Congress.

The virtual platform also offered great flexibility. The Congress was held across the five Wednesdays in June 2021 to minimise interruptions to delegates' important work. The programme was wide-ranging and designed to meet the diverse interests of midwives as far as possible. The virtual format also provided the opportunity to record and pre-record sessions, which offered greater accessibility for midwives globally. The format also allowed for virtual “corridor chats” and other opportunities for participants to network, the use of 3D/interactive technology by virtual exhibitors, and increased accessibility of posters. The support of partners was a significant factor in the success of the Congress and we are grateful to Johnson and Johnson Consumer Inc. (our premier sponsor), UNFPA, Ferring Pharmaceuticals, WHO, MSD for Mothers, Jhpiego Indonesia, Concept Foundation, WACI Health, Self-Care Trailblazer Group, Jhpiego, Johnson & Johnson Corporate Citizenship Trust, Laerdal Global Health, BMGF, IPAS, Save the Children, and exhibitors for their continued support of ICM and midwives.

Following the virtual Congress, we captured key ICM staff reflections and participant feedback in an internal report to inform future Congresses – such as wider promotion to improve the networking and interactive aspect of the programme. The 33rd Triennial Congress is planned to be held in-person in Bali in 2023, but it will also include on-demand recordings for virtual access.

In addition to the virtual Congress, we have carried through the focus on using digital and mobile tools to reach more midwives through other communications with members – a key suggestion from the Member Survey. For example, every month, our Board prepares a briefer to keep the global midwife community informed about its meetings and decisions. This briefer is now delivered in an audio message from a Board Member (rather than a written statement), which reaches midwives using a variety of technologies. In 2021 our monthly Board meetings and our annual Council meeting were all held virtually because the pandemic continued to limit travel.

## Next Generation of Midwives

We are excited to continue our Young Midwife Leaders (YMLs) programme, which provides selected early career midwives a unique opportunity to learn and develop

**Chris Adrien Kanakuze, Head of the Midwifery Programme at Kibogora Polytechnic,** *“MEAP has helped us to critically analyse our curriculum through a process called ‘curriculum mapping’ and has enabled us to evaluate our lecturers against ICM standards. Through this process, we’ve been empowered with the skills to design ways of improving the lessons we provide.”*

as leaders in their professional lives and the communities they work in. Funded by Johnson & Johnson Corporate Citizenship Trust, the two-year YML programme (2019 – 2020, extended to 2021 in response to COVID-19) provided support and paired new midwives with mentors, while also helping them broaden their understanding of key policy areas in maternal and newborn health and create innovative projects to address today's global health challenges.

Through this programme, we are having a positive ripple effect in the lives of the participating YMLs, the women and girls they work with directly, and the broader communities they work in. Graduates of the YML programme in 2021 are already helping to improve the quality of maternal health in their communities. After learning about the [Respectful Maternity Care \(RMC\) Charter](#), YML Luseshelo Simwinga from Malawi designed and implemented a project to promote the RMC in Ntchisi District Hospital labour ward through the provision of three sets of screen curtains for women to labour in privacy and boosting awareness of the ward health care workers through introducing them to the RMC charter. In Namibia, YML Tekla Shiindi-Mbidi partnered with the Independent Midwives Association of Namibia to host a workshop raising midwives' awareness of RMC using the [ICM Respect Toolkit](#) adapted to the Namibian context. Following this project, Ms. Mbidi is now working to ensure that midwifery pre-service education in Namibia incorporates RMC.

### Projects Supported Strategy Implementation

We undertook several externally funded projects in 2021 and each of them contributed in some way to our implementation of the first year of our triennial strategy. Importantly, these projects not only helped us to build resources for the strengthening of the midwifery profession globally they also enabled us to work proactively with members in various countries to help build the capacity of their associations through participation in projects. A summary of externally funded projects can be found in the annex.

The establishment of the Programmes and Partnership Team within the Head Office has brought greater focus and consistency to programme management, MEL, reporting and partner relationships.

### SP2: Develop, Strengthen, and Support the rollout of a new Professional Framework for Midwifery

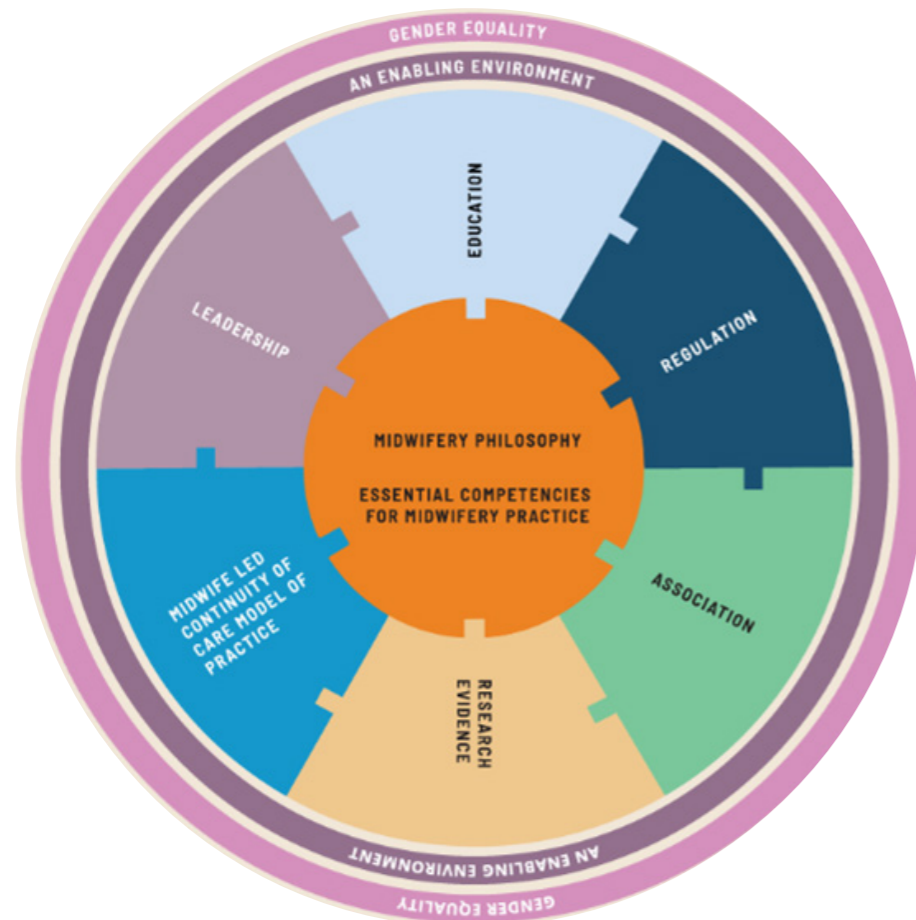
The first “Professional Framework for Midwifery” was developed in 2009 and was made up of three pillars: education, regulation, and association. These pillars were underpinned by the essential competencies for midwifery practice and by midwifery research. The Professional Framework has become the yardstick by which MAs and midwifery advocates can evaluate the status of midwifery in a particular context, and push for improvements.

In 2021, we embarked on a critical, collaborative process with leaders in the field to update the [Professional Framework for Midwifery](#) in order to reflect the deeper complexities and key components needed for a comprehensive and strong midwifery profession. In 2021, we started using this enhanced framework in all of our work. It builds on the original framework, expanding on the core tenets to include leadership, the midwifery philosophy, the enabling environment, the

**Dr. Dariya Mukamusoni, Vice Chancellor of Kibogora Polytechnic in Rwanda,** *“Being able to offer an internationally accredited midwifery programme is an indicator that the programme meets international standards and that the students in the programme will be able to provide high-quality, midwife-led care. We are very proud of this achievement.”*

midwife-led continuity of care model, commitment to gender equality and justice, equity, diversity, and inclusion, and continuing to prioritise awareness around the importance of midwifery as an autonomous profession. It highlights those unique aspects that make the midwifery profession distinct, such as the midwifery philosophy and the midwife-led model of care.

**Chart 2. The Revised Professional Framework**



The Professional Framework underpins all our work and the work of midwives around the world. Key highlights from the past year in developing and rolling out the Professional Framework for midwifery include:

- **Continuing to promote midwifery as an autonomous profession with a distinct philosophy and approach to care** in all our materials, representation in global discussions, and our resources to support MAs to use the new Professional Framework in their leadership and advocacy. MAs report that the updated framework is already being used to advocate for changes in countries. In 2022, we will provide specific workshops on the Professional Framework for our MAs in regions to help them better understand the various tenets.
- **Facilitating an enabling environment for midwives in our global advocacy and regional engagement.** In 2021, we also partnered with Ariadne Labs to develop and publish a policy [brief](#) to be used in engagement with decision-makers to show the policy environment necessary for midwives to effectively practise their full scope of work. In 2022 we will pilot this policy brief as a

component of the Midwifery Services Framework process we expect to facilitate in Zambia.

- **Strengthening midwifery education, regulation, associations, leadership, and model of care.** In our long-standing Strengthening Midwifery Services project, funded by BMGF, we are using the Professional Framework to develop education, regulation and MA strengthening plans to help the MAs implement all aspects of the Professional Framework in the contexts where they work, including through more virtual activities.

In 2021, we were also very excited to document the experience of Kibogora Polytechnic in Rwanda, which received the first-ever ICM [Midwifery Education Accreditation Programme \(MEAP\)](#) accreditation in late 2020. Kibogora's Advanced Diploma in Midwifery is a three-year direct entry programme that qualifies midwives for registration in Rwanda. Earning MEAP accreditation means that their pre-service midwifery educational programme meets ICM's [Global Standards for Midwifery Education](#).

Also in Rwanda, in 2021 we implemented Phase 1 of the More Happy Birthdays project to improve maternal and child health in partnership with the Rwanda Association of Midwives with funding support from Latter Day Saint Charities. The project includes provider training, improved access to information about clinical guidelines, and improving facility-based data collection. In the first six months of the project medical students and midwifery students were trained together for the first time in the University of Rwanda's history, which is important because it increases collaboration across healthcare professionals. During that training, we reached 1018 health professionals consisting of 194 master trainers who will go on to train other midwives using a cascading approach.

- **Synthesising and driving research, evidence, and essential competencies for the profession of midwifery.** ICM is a leader in gathering quality and effective evidence to drive change. ICM collaborated with UNFPA and the World Health Organization to publish the landmark [State of the World's Midwifery 2021](#), which provides critical data on the benefits of investing in midwives, and the costs of current under-investment in the SRMNAH workforce. Also in 2021, ICM and White Ribbon Alliance launched the [Midwives' Voices, Midwives' Demands](#) initiative that surveys midwives to understand what they need to better serve women in their care and for themselves as midwives. The survey results will be used to inform the development of targeted advocacy agendas at country level as well as globally. Advocacy takes time to make lasting changes, and we expect to be able to document the full impacts of advocacy using What Women Want and SoWMy in the coming years.

Additionally, in 2021, ICM drew on the knowledge of our MAs to complete ambitious research, funded by UNFPA, the impact of the responses to COVID-19 on midwives' ability to provide services. Our findings will be published in 2022, but preliminary findings are already being used to push governments to recognise midwives as priority health workers in need of protective equipment and other essential supplies, and that midwifery associations have important contributions to make in pandemic response planning. ICM drew on these research findings when it participated in the midwifery EXCHANGE facilitated by the Independent Panel for Pandemic Preparedness and Response (IPPPR) that helped identify learnings from midwifery to inform appropriate responses to future pandemics.

A key feature of the update to the Professional Framework was the addition of gender equality as an overarching tenet that impacts midwives' work, and the bodily autonomy of the women and girls who receive the majority of SRMNAH services. This focus on gender

comes out of growing recognition by our members and leadership of the links between the challenges faced by women and those faced by midwives. ICM is increasingly taking a stand for gender equality, as it is essential to advance the profession, and ultimately to impact the lives of women and communities.

### **SP3: Foster a Movement for Midwifery, Enabling and Strengthening Partnerships, Advocacy, and Communications for Midwifery, with Women's Voices at the centre**

Advocacy and communications are powerful approaches that ICM and its partners use to shift policies, practices, and attitudes around midwifery and gender equality – essential to advancing the profession.

#### **Leveraging Advocacy and Communications for Midwives and Women**

In July 2021, ICM and partners launched the momentous, new [PUSH Campaign](#), a decade-long global movement for women and the midwives who protect and uphold their rights and bodily autonomy. As the host for the Campaign's governance and operations, we have taken critical steps to build staff capacity for advocacy and communications and raise dedicated funds to implement this important work and maintain momentum. But the Campaign is a collective effort built on and driven by a diverse group of partners aligned around common goals, developed in consultation with women.

The Campaign will unleash the transformative power of midwives globally and in priority geographies by: (1) Increasing funding for more midwives; (2) Improving midwifery education and training; (3) Improving midwives' pay, working conditions and career progression; (4) Increasing midwives' status, recognition and decision-making; and (5) addressing harmful gender norms that are preventing women and girls from experiencing their rights. While the core Campaign goals remain the same across geographies, it will support context-specific priorities in different countries.

In 2021, we started working with our partners to firmly embed gender equality and women's rights within ICM's external communications, including the PUSH Campaign. In partnership with the White Ribbon Alliance (WRA), we engaged gender equality advocates and midwives from global and grassroots organisations to participate in a series of virtual workshops with the goal of developing messages on midwifery from the perspective of the sectors they represent. This deeper narrative about the breadth and depth of midwifery's contributions expands their role beyond women and other birthing people to the fields of sexual and reproductive health, anti-racism and discrimination, and human rights. These messages will help place midwives front and centre in discussions of gender equality, leadership, decent work, pay equity, and human rights – and demonstrate the power of midwives' work to bolster the efforts of advocates everywhere who are fighting for equity. We've since integrated these messages into ICM's core messaging matrix, as well as earned media opportunities, speeches delivered by ICM leadership for the SoWMy launch and across ICM and PUSH social media channels. They will continue to be an integral component of how we frame midwifery to our stakeholders.

#### **Supporting the Advocacy and Communications Capacity of Midwives and MAs**

One of our key values is to support midwives to advocate for themselves and the communities they serve. Following the development of our Advocacy Toolkit last year, ICM partnered with WRA to conduct SMART Advocacy workshops for midwives in key countries (see box below). This direct in-country advocacy support will continue in the years to come and will align with the PUSH Campaign efforts in countries.

Also last year, we released our [International Day of the Midwife Toolkit and Resource Pack](#), funded by UNFPA. This toolkit draws on the State of the World's Midwifery 2021 with key graphics and messages to unpack and interpret the data that helps midwives and MAs use the data in advocacy and celebrations. We also collaborated with Direct Relief to develop the Global [Midwives Hub](#), a digital data resource with interactive maps and filter/search features to support midwives and MAs to better understand the state of their profession and the need for safe delivery services in their countries. This information can help individuals and groups to advocate for midwife-led continuity of care and to strengthen maternal and newborn health services in the specific country or region where they are working. For example, in Namibia, the Independent Midwives' Association of Namibia designed a survey on the Hub to document where in the country midwives are working, as well as awareness about Respectful Maternity Care and advocacy issues affecting the profession. The Association will use the data to push for midwifery to be recognised as an autonomous profession and to inform advocacy for improved maternal and newborn health policies within Namibia.

#### **SMART Advocacy Trainings**

##### **Kenya**

*As part of work that will feed into Campaign activities in Kenya, we partnered with the Midwives Association of Kenya and White Ribbon Alliance Kenya to convene a SMART advocacy workshop involving a coalition of local partners to identify the most urgent priorities, including that midwifery be recognised as a standalone profession, and that key counties improve recruitment, retention, and working conditions for midwives.*

##### **India**

*A similar SMART advocacy workshop was conducted with the Society of Midwives in India (SOMI) which led to two main objectives to advocate for autonomous midwifery and the establishment of Midwife Led Care Units (MLCUs) at the national and state levels.*

We continued to strengthen the advocacy capacity of midwives by highlighting in our monthly newsletter specific topics from our Advocacy Toolkit for Midwives, published in 2020. For example, in March 2021 we had an 'Advocacy Spotlight' focusing on the importance of defining the target audience, or the people or person you need to persuade that your issue is important. The Advocacy Toolkit and many other resources are published on our website, which received 134,000 visitors last year, a 14% increase from the previous year. Most of these users are new to the website.

#### **Providing thought Leadership and Technical Expertise in Global and Regional Partnerships**

Over the last five years, ICM has been increasingly called upon to represent the perspectives of midwives in global partnerships and processes. ICM's role as the global voice for midwifery is a testament to our growing institutional capacity and visibility, and the growing recognition

## Box 2: Association Strengthening through Advocacy Workshops: A Case Study of the Asociación de Parteras Profesionales (APP), Mexico

In 2021, we developed a comprehensive Advocacy Needs Assessment (ANA) Tool for MAs to help them to explore and assess their skills, resources, knowledge, and practices related to existing systems supporting their advocacy activities. We collaborated with the Asociación de Parteras Profesionales (APP) in Mexico to pilot the tool. The pilot consisted of an advocacy needs assessment which informed 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 in Mexico.

Following the needs assessment and a series of skills-building workshops provided by ICM, APP has re-organised itself and revised their systems to support midwives to team up with women to be advocates for what they know makes sense. Several midwives who participated in the workshops credit APP as a source of their strength to bring about necessary changes. The Association has given them a voice to advocate for improvements for midwives and midwifery services, and a platform to come together to accomplish more together than they could individually. The midwives are extremely grateful with the support from ICM and being able to identify and be part of a larger group of midwifery professionals from around the world.

Maria Guadalupe Hernández, the APP President, said: “The workshops gave APP members the advocacy skills and confidence to advocate with stakeholders in Mexico. They feel more empowered to engage with decision makers and partners about the key midwifery issues they identified during the workshops. We have [improved our systems to] allow for documentation of experiences and more and more midwives are sharing data from different locations to help inform plans to improve midwifery services, reinforcing the role of midwifery in reducing maternal deaths. It’s amazing how they are connecting with each other!”

APP also acknowledged learning the importance of working with women in their advocacy efforts. Guadalupe added: “Now that we are working more and directly with women, this is getting documented and there are continuous ways of learning from one another on the importance of working with women who we are advocating for, while they also advocate for midwives.”

Piloting the tool with the APP brought about significant learning for ICM including the importance of creating context-aware resources that go beyond just translation. We will utilise the lessons learnt from working with the MA in Mexico to further refine the Advocacy Needs Assessment Tool, the advocacy training needs of MAs and the implementation strategy.

by external stakeholders that midwives have an important perspective to contribute. For example, in 2021 ICM joined several WHO Technical Advisory groups and Working Groups, including (the list is not exhaustive):

- WHO Antenatal Care Guidelines
- WHO Abortion Guidelines
- The Home-Based Record Implementation Guide
- The Global Maternal and Perinatal Death Surveillance and Response (MPDSR) WHO Technical Working Group
- The Mother and Newborn Information for Tracking Outcomes and Results (MoNITOR) WHO Technical Advisory Group.
- The Strategic and Technical Advisory Group of Experts for Maternal, Newborn, Child, and Adolescent Health + Nutrition (STAGE)

Through our participation in these working groups ICM brings the perspectives of midwives to guidelines and technical advice that is provided by WHO to Member States globally. For example, our participation contributed to the newly released WHO global abortion guidelines fully decriminalising abortion and recommending expanding abortion services including through midwifery. When implemented, this guidance will help ensure that women are treated with dignity and humanity and that care is based on robust and up-to-date evidence.

With the launch of the State of the World’s Midwifery (SoWMy) 2021, ICM and the life-enhancing role of midwives was profiled extensively by mainstream, industry and regional media outlets, such as [Forbes](#) and [The Guardian](#). This increasing visibility for the organisation shows a trend in mainstreaming midwifery.

Importantly, a number of ICM Midwives’ Associations were responsible for generating media attention and further amplifying the collective voice of our profession. In places like the United Kingdom and Sweden, midwives led movements to advocate and garner public awareness for much-needed changes in maternity services and the working conditions of midwives.

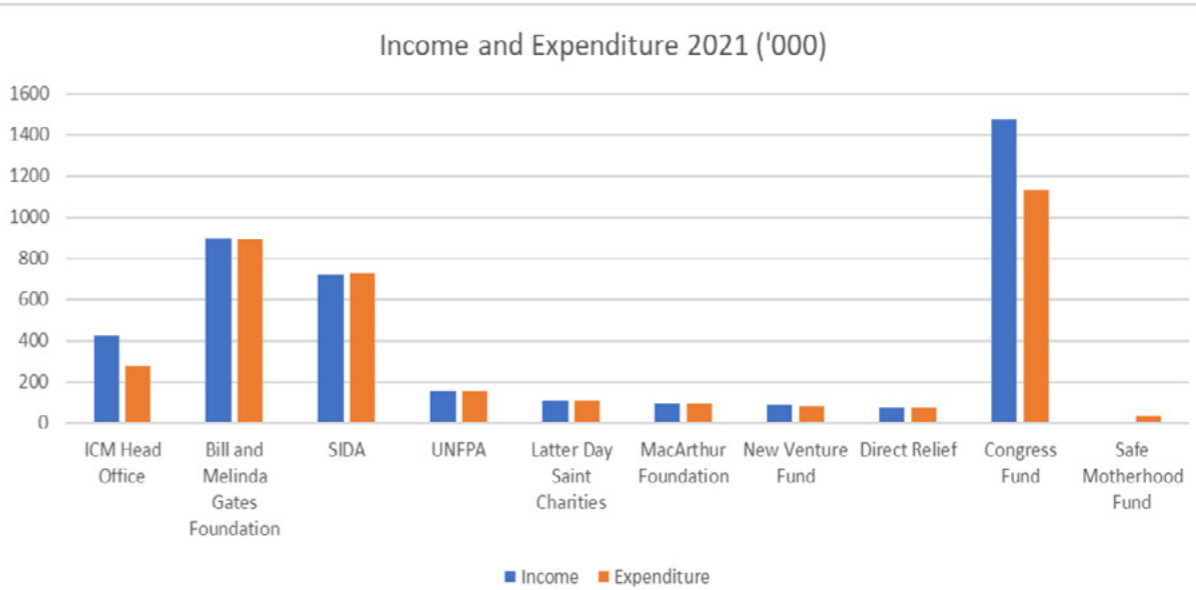
# Executive Summary to the Financial Statements

This Financial Report sets out the result of the activities described above in the year 2021. The year closed with a positive result of €477,822. The main reasons for this result were:

- Our Triennial Strategy for the years 2021 to 2023 has a large focus on the future sustainability of ICM. The year 2021 was the first full year we enjoyed core funding from the Swedish International Development Cooperation Agency (Sida) and we had brought forward a balance from core funding received in 2020 from Direct Relief. These funds have helped us to grow our Head Office team to start the delivery of our ambitious strategic plan as well as provide funds for other core costs.
- Due to the global COVID19 pandemic, we decided in 2020 to postpone our Triennial Congress in Bali until 2021. Instead of a face-to-face Congress we organised a Virtual Congress on each Wednesday in the month of June 2021. Losses due to the postponement of the Congress in Bali were absorbed in the Virtual Congress budget. We incurred extra costs for the creation of the virtual platform where the Congress was to be held, as well as an increased fee to our implementing partners for the additional work in 2021. Nevertheless, the Virtual Congress was a financial success. Sponsors remained committed to the Virtual Congress format and we were able to secure additional fundraising for the sponsorship of midwives' participation in the Virtual Congress.
- Besides the new grants for Congress sponsorship, we also attracted funds for three new projects. We signed a grant agreement with the Bill and Melinda Gates Foundation for a research project on Midwife-Led Birthing Centres. The research will document experiences with Midwife-Led Birthing Centres 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 US\$907,396. Furthermore, after the successful graduation of Young Midwife Leaders in the first half of 2021, we developed the next Young Midwife Leader programme for the period 2022-2023. We successfully raised funds for this programme through a US\$150,000 grant from Johnson & Johnson Foundation and a US\$ 250,000 grant from the New Venture Fund. Finally, after a successful inception phase in 2020 for the More Happy Birthdays project, ICM received further funding in 2021 from the Latter Day Saint Charities for the project's implementation phase.
- The global COVID19 pandemic continued to impact on our ability to implement projects at the scale or pace we had budgeted. This inhibited our ability to recover overheads as budgeted. Nevertheless, after achieving a positive result for the first time in three years in 2020, we're satisfied to continue this trend in 2021.
- ICM remains a going concern.

# Summary Income and Expenditure 2021

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 Operating Reserve is defined as "an amount sufficient to maintain ongoing operations and programmes for a set of 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.

Based on the approved budget 2022 the target minimum Operating Reserve is calculated as €363.000.

On 31 December 2021 our general reserves, after the appropriation of results, total €291.576. This is €71.424 short of our goal. The ongoing Covid-19 pandemic has meant continued delays in project implementation. 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.

## 4. Next Steps

For the last 100 years, ICM has been the only international body working to support and strengthen the midwifery profession globally. We have struggled as champions of a gendered profession navigating patriarchal systems, and experienced tremendous achievements despite adversity.

This year we embarked on a new phase of our journey, aligning our staffing, systems and structure behind our ambitious new Triennial Strategy. Core funding from Sida provided us with the opportunity to assess the changes we need to make in order to ensure that we can grow sustainably while reflecting the diversity of the MAs we represent. We did all of this in the midst of a pandemic, on top of our current programmes.

With this reinforced foundation, in 2022 and 2023 we will continue to advance the midwifery profession and boldly challenge gender inequality, pay inequity for midwives, and work for women's SRHR services and bodily autonomy. We are excited to see the results our strengthened capacity reflected into our work, the global midwifery community, and the women we stand behind.

In this new era, we appreciate our past while being ready to adapt in a rapidly evolving world. We have appropriate systems in place to ground all our work in the strategic plan, while continuing to learn and grow stronger with midwives and women to bring about change. We look forward to delving deeper into documenting the outcomes and impacts of our activities and programmes on our members and the profession as a whole. Our approach is becoming more context driven, adapting to the different realities where midwives and MAs live and work and developing improved communication mechanisms and resources that are more tailored than before. We are excited to further strengthen our ability to engage with MAs and refine our support.

We are proud of our tremendous accomplishments in 2021, and our first 100 years of service to the midwifery profession. We look forward to maintaining this momentum into our second centennial.

## 5. Financial Statements

### 5.1 Balance Sheet as at 31 December 2021

	Notes	2021 EUR	2020 EUR
<b>Assets</b>			
<b>Fixed assets</b>			
Tangible fixed assets	5.6.1	28,683	31,643
Intangible fixed assets	5.6.1	<u>6,044</u>	<u>10,594</u>
		<b>34,727</b>	<b>42,237</b>
<b>Current assets</b>			
Receivables	5.6.2	425,603	136,871
Work in progress	5.6.3	-	31,178
Cash at bank and in hand	5.6.4	<u>4,131,353</u>	<u>3,828,983</u>
		<b>4,556,956</b>	<b>3,997,032</b>
<b>Total Assets</b>		<b><u>4,591,683</u></b>	<b><u>4,039,269</u></b>
<b>Equities and liabilities</b>			
<b>Equity</b>			
Unrestricted reserves			
General reserves	5.5.1	291,576	158,311
Earmarked reserves	5.5.1	<u>533,108</u>	<u>187,802</u>
		<b>824,684</b>	<b>346,113</b>
Restricted funds	5.5.2	<u>16,792</u>	<u>17,542</u>
		<b>841,476</b>	<b>363,655</b>
<b>Long Term Liabilities</b>			
Project funding	5.7.1		<b>1,019,179</b>
<b>Short Term Liabilities</b>			
Creditors	5.7.2	86,286	4,962
Accruals	5.7.2	48,497	61,210
Tax	5.7.2	34,162	23,506
Project advances	5.7.2.1	11,744	(3,314)
Other payables	5.7.2	<u>695</u>	<u>864</u>
		<b>181,384</b>	<b>87,228</b>
<b>Grants/ Subsidies</b>			
Core funding	5.7.3.1	229,575	213,256
Project funding	5.7.3.2	<u>3,339,247</u>	<u>2,355,951</u>
		<b>3,568,822</b>	<b>2,569,207</b>
		<b><u>3,750,206</u></b>	<b><u>2,656,435</u></b>
<b>Total Equities and liabilities</b>		<b><u>4,591,683</u></b>	<b><u>4,039,269</u></b>

## 5.2 Statement of Income and Expenditure for the year ending 31 December 2021.

	Note	Budget 2021 (Euro)	Actual 2021 (Euro)	Actual 2020 (Euro)
<b>INCOME</b>				
Membership Fees	5.9.1.1	406,359	400,674	366,755
Grants/Subsidies	5.9.1.2			
Core funding		875,265	777,831	211,680
Project funding		1,819,556	1,407,933	1,415,685
Other income	5.9.1.3	1,111,600	1,467,721	14,564
<b>Total Income</b>		<b>4,212,780</b>	<b>4,054,159</b>	<b>2,008,684</b>
<b>EXPENDITURE</b>				
Personnel	5.9.2.1	1,447,897	1,384,266	854,705
Board	5.9.2.2	30,200	31,679	27,416
Representation	5.9.2.2	2,000	131	3,696
Professional services	5.9.2.3	158,200	231,231	266,430
General office costs	5.9.2.4	136,677	173,622	115,914
Events and programmes	5.9.2.5	2,115,192	1,775,188	730,693
<b>TOTAL EXPENDITURE</b>		<b>3,890,166</b>	<b>3,596,117</b>	<b>1,998,854</b>
<b>OPERATIONAL RESULT</b>		<b>322,614</b>	<b>458,042</b>	<b>9,830</b>
Financial (income)/cost	5.9.2.6	16,800	(19,780)	(4,159)
<b>NET RESULT</b>		<b>305,814</b>	<b>477,822</b>	<b>13,989</b>
<b>APPROPRIATION OF RESULT - ADDITION/(DEDUCTION)</b>				
General reserves		203,525	133,265	58,451
Safe Motherhood Fund		(53,500)	(27,969)	1,918
Membership Fee Assistance Fund				
Congress Fund		155,789	373,585	(29,046)
Congress Interpretation Fund				(4,610)
Regional Conference Fund			(309)	(12,119)
Dorothea Lang Fund			(750)	(604)
<b>TOTAL APPROPRIATION OF RESULT</b>		<b>305,814</b>	<b>477,822</b>	<b>13,989</b>

## 5.3 Statement of Cash Flows

Statement of cash flows for the year ending 31 December 2021

	2021	2020
<b>Cash flow operational activities</b>		
Net generated result	477,822	13,989
<b>Adjustment for:</b>		
Depreciation	10,497	10,619
	10,497	10,619
<b>Change in current assets and liabilities</b>		
Receivables	(288,732)	319,061
Work in progress	31,178	463,915
Liabilities	74,593	1,558,127
	(182,962)	2,341,103
<b>Total cash flow operational activities</b>	<b>305,357</b>	<b>2,365,711</b>
<b>Cash flow of financial activities</b>		
Investments	(2,987)	-
<b>Total cash flow of financial activities</b>	<b>(2,987)</b>	<b>-</b>
<b>Change of cash in hand and at bank</b>	<b>302,370</b>	<b>2,365,711</b>
Cash at 31 December	4,131,353	3,828,983
Cash at 1 January	3,828,983	1,463,272
<b>Change of cash in hand and at bank</b>	<b>302,370</b>	<b>2,365,711</b>

## 5.4 General Notes to the Balance Sheet and Statement of Income and Expenditure

### 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. ICM's governance structure and processes are 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. This change will be implemented in 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 2021 there are 139 Member Associations 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, 2021 ICM had a claim of € 17,237 (31-12-2020: € 14,018) 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 31-12-2021 amounts to -/- €11,633 and the valuation per December 2021 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 have 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 2021 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.

For comparative purposes, the comparative figures for the previous financial year have been adjusted in some places. These adjustments do not have an impact on equity as of January 1, 2020, or on earnings for 2020.

## 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 come 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.

## 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 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.

## 5.5 Notes to Balance Sheet Equity

### 5.5.1 Unrestricted Reserves

	Balance 1 January 2020	Funds	Deferred received Income	Fund related costs	Transfers	Balance 31 December 2021
<b>General Reserve</b>	158,311	133,265				291,576
<b>Earmarked Reserves</b>						
Safe Motherhood Fund	169,130	649	-	(28,618)	-	141,161
Membership Fee						
Assistance Fund	9,132	-	-	-	-	9,132
Congress Fund	8,312	444,144		(70,559)		381,897
Regional Conference Fund	1,227			(309)		918
<b>Subtotal Earmarked Reserves</b>	187,801	444,793	-	(99,486)	-	533,108
<b>Total Unrestricted Reserves</b>	<b>346,112</b>	<b>578,058</b>	<b>-</b>	<b>(99,486)</b>	<b>-</b>	<b>824,684</b>

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.

### 5.5.2 Restricted Funds

	Balance as per 1 January, 2020	Funds	Deferred Congress Income	Fund related costs	Transfers	Balance 31 December 2021
<b>Dorothea Lang Donation Fund</b>	17,542			(750)		16,792
<b>Total Restricted Funds</b>	<b>17,542</b>	<b>-</b>	<b>-</b>	<b>(750)</b>	<b>-</b>	<b>16,792</b>

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 2021. In the period 2018-2021 a total amount of € 6,738 was spent on this project.

## 5.6 Notes to the Balance Sheet Assets

### 5.6.1 Tangible and Intangible Assets

Description	Tangible Assets		Intangible Fixed Assets		Fixed Assets ICM Total
	IT equipment	Office furniture	Sub Total	Web site	
Net book value 1 January	5,186	26,457	31,643	10,595	<b>42,237</b>
Additions in 2021	2,987	-	2,987	-	<b>2,987</b>
Depreciation 2021	(2,421)	(3,526)	(5,947)	(4,550)	<b>(10,497)</b>
<b>Net book value 31 December</b>	<b>5,752</b>	<b>22,931</b>	<b>28,683</b>	<b>6,045</b>	<b>34,727</b>

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

The percentage for depreciation of office furniture was 10%.

### 5.6.2 Receivables

	December 31, 2021	December 31, 2020
<b>Debtors</b>		
Membership fee	36,152	22,756
Other debtors	18,891	36,447
Provision doubtful debtors	(19,873)	(6,342)
<b>Subtotal debtors</b>	<b>35,170</b>	<b>52,861</b>
<b>Other receivables</b>		
Grants/Subsidies	16,081	21,247
WithWomen Charity	17,237	14,018
Prepayment	26,744	7,725
Virtual Congress 2021 results	309,519	
Other receivables	20,852	41,021
Provision doubtful receivables	-	-
<b>Subtotal other receivables</b>	<b>390,433</b>	<b>84,011</b>
<b>Total receivables</b>	<b>425,603</b>	<b>136,872</b>

### 5.6.2.1 Rotary (in Other Debtors)

	<i>Balance 1 January 2021</i>	<i>Subsidy received</i>	<i>Expenses</i>	<i>Balance 31 Dec 2021</i>
Rotary (regarding Membership Associations)	24,040		(24,040)	-
<b>Total</b>	<b>24,040</b>	<b>-</b>	<b>(24,040)</b>	<b>-</b>

Rotary Norway in combination with Rotary in Malawi and Zambia provided funding to further roll out the 10K HMS-HBS programme in the countries. ICM supported this work in 2018 and 2019. The outstanding debt could not be collected in 2021 and was written off.

### 5.6.2.2 Grants/Subsidies

	<i>Balance 1 January 2021</i>	<i>Subsidy received</i>	<i>Expenses</i>	<i>Balance 31 Dec 2021</i>
United Nations Populations Fund (UNFPA)	21,247	(155,595)	150,429	16,081
<b>Total grants/subsidies</b>	<b>21,247</b>	<b>(155,595)</b>	<b>150,429</b>	<b>16,081</b>

The UNFPA provided funding to ICM in 2021 for, amongst others, sponsorship to our Virtual Congress, our celebration of the International Day of the Midwife and the publication of the joint ICM/UNFPA e-magazine A Moment for Midwives.

### 5.6.3 Work in Progress

	<i>Balance 1 January 2021</i>	<i>Receipts 2021</i>	<i>Expenses 2021</i>	<i>Balance 31 Dec 2021</i>
Activated cost for work relating to:				
Virtual Congress 2021	10,144	299,378	(309,522)	-
Congress 2023	21,034		(21,034)	-
<b>Total work in progress</b>	<b>31,178</b>	<b>299,378</b>	<b>(330,556)</b>	<b>-</b>

After postponing the 2020 Congress in Bali due to the global COVID-19 pandemic, we organised a Virtual Congress in 2021. The balance at year end is the balancing amount for ICM's capitation fees and the positive results of the Virtual Congress and is presented under 5.6.2 Receivables.

The Board decided that the 2023 Congress will be held in Bali instead of Abu Dhabi. Costs pre-financed by ICM for the Congress in Abu Dhabi were written off from Work in Progress in 2021.

### 5.6.4 Cash at Bank and in hand

	<i>Balance 31 December 2021</i>	<i>Balance 31 December 2020</i>
Cash in hand	996	845
Cash at bank	4,130,357	3,828,138
<b>Total cash</b>	<b>4,131,353</b>	<b>3,828,983</b>

Cash is at free disposal of ICM.

## 5.7 Notes to the Balance Sheet Liabilities

### 5.7.1 Long Term Liabilities

	<i>2021</i>	<i>2020</i>
Bill and Melinda Gates Foundation - SMS Project	-	1,019,179
<b>Total</b>	<b>-</b>	<b>1,019,179</b>

### 5.7.2 Short Term Liabilities

	<i>Balance 31 December 2021</i>	<i>Balance 31 December 2020</i>
Creditors	86,286	4,962
Accruals	48,497	61,210
Tax	34,162	23,506
Project advances	11,744	(3,314)
Other payables	695	864
<b>Total short term liabilities</b>	<b>181,384</b>	<b>87,228</b>

### 5.7.2.1 Project Advances

	<i>Balance 1 January 2021</i>	<i>Advance</i>	<i>Settled advances</i>	<i>Balance 31 Dec 2021</i>
Rwanda Association of Midwives - More Happy Birthdays project	1,795	53,678	(67,217)	(11,744)
Bangladesh Midwifery Society - Strengthening Midwifery Services project	-	5,385	(5,385)	-
Other	48,544		(48,544)	-
Provision unsettled advances	(47,025)		47,025	-
<b>Total grants/subsidies</b>	<b>3,314</b>	<b>59,063</b>	<b>(74,121)</b>	<b>(11,744)</b>

### 5.7.3 Grants/Subsidies

#### 5.7.3.1 Core Funding

	<i>Balance January 2021</i>	<i>Subsidy Received</i>	<i>Expenses</i>	<i>Currency revaluation</i>	<i>Balance 1 Dec 2021</i>
Swedish International Development and Cooperation Agency (Sida)	154,828	787,179	(712,432)		229,575
Direct Relief	58,429	-	(58,429)		-
<b>Total core funding</b>	<b>213,257</b>	<b>787,179</b>	<b>(770,861)</b>	<b>-</b>	<b>229,575</b>

**Direct Relief** donated USD100,000 (€82,500) of unrestricted funds for the period October 2020 – October 2021 to cover core costs and support ICM's efforts in relation to the COVID-19 pandemic.

**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.

### 5.7.3.2 Project Funding

	Balance 1 January 2021	Subsidy received	Expenses	Balance 31 Dec 2021
MacArthur Foundation	110,088	-	(89,809)	20,279
Bill and Melinda Gates Foundation				
- SMS project				
- From short term Liability	1,935,065	-		
- From long term Liability	1,019,179	-	(692,298)	2,261,946
Bill and Melinda Gates Foundation				
- MLBC project	-	582,088	17,568	599,656
Latter Day Saint Charities	9,810	192,858	(106,018)	96,650
Laerdal Global Health	12,847	-	(12,847)	-
Direct Relief	17,697		(17,697)	-
Johnson & Johnson - Congress				
sponsorship	156,544		(144,044)	12,500
Johnson & Johnson - Awards	103,948	-	8,798	112,746
Johnson & Johnson - YML	9,952	129,598	(11,985)	127,565
New Venture Fund - YML	-	105,723	(2,257)	103,466
New Venture Fund - Virtual				
Congress sponsorship	-	78,372	(78,372)	-
International Federation of Gynecology				
and Obstetrics (FIGO)	-	12,705	(8,266)	4,439
<b>Total project funding</b>	<b>3,375,130</b>	<b>1,101,344</b>	<b>(1,137,227)</b>	<b>3,339,247</b>

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 ends on 31 March 2022.

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).

In 2021 we were successful in attracting another grant from the Bill and Melinda Gates Foundation. This grant is for a research project on Midwife-Led Birthing Centres. 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 US\$907,396 (€ 801,303).

The More Happy Birthdays project in Rwanda, funded by **Latter Day Saint Charities** is building on the success of the 50,000 Happy Birthdays project and enable more midwives to continue saving lives at birth. After a successful inception phase in 2020, ICM received further funding in 2021 for the implementation phase. The Rwanda Association of Midwives was sub-granted to carry out training activities in Rwanda.

**Laerdal Global Health** had contributed funding towards the 10,000 and 50,000 Happy Birthdays projects in previous years. In 2020 they contributed towards the inception phase of the More Happy Birthdays project. This was all successfully concluded in 2020 and in 2021 the outstanding balance could be transferred to our general funds to meet ICM's future objectives.

In 2019 **Direct Relief** granted an amount for the update and distribution of the Midwife KIT. At the start of 2021 Direct Relief agreed that the remaining balance should be used to sponsor the participation of midwives in our Virtual Congress.

ICM had received funds from **Johnson & Johnson** for sponsorship of our 2020 Congress in Bali. After the Congress was postponed and converted to a Virtual Congress in 2021, Johnson & Johnson remained committed to their sponsorship and the funds were recognised as such. A small remainder is transferred towards the 2023 Congress in Bali.

**Johnson & Johnson** provided funding for the ICM education and research awards and the Marie Goubbran Agent for Change Award in each year of 2019, 2020 and 2021. This programme continues to be postponed due to the global COVID-19 pandemic.

After the successful graduation of Young Midwife Leaders in the first half of 2021 we developed the next Young Midwife Leader programme for the period 2022-2023. We successfully raised funds for this programme through a US\$150,000 (€ 129,598) grant from **Johnson & Johnson Foundation** and a US\$ 250,000 grant (€211,446) from the **New Venture Fund**.

The **New Venture Fund** also provided a new grant of US\$93,517 (€ 78,372) this year for the sponsorship of midwives from low- and middle-income countries to our Virtual Congress in 2021.

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

## 5.8 Off Balance Rights, Obligations and Agreements

### 5.8.1 Annual Financial Obligations

The rent for the ICM office (Koninginnegracht 60, The Hague) amounts to € 43,860.- annually. The contract expires on 31 May 2025.

The lease for the Xerox machine amounts to € 7,022 annually; the contract expires in 2024.

### 5.8.2 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 5.5.6.3 Work in Progress. These amounts will be settled when sufficient funds are available from participant registrations and receipt of funds from sponsors and exhibitors.

### 5.8.3 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 in development in the second half of 2021. As part of ICM's risk management process we considered the ongoing global COVID-19 pandemic to pose a risk to our ability to organise a Congress in Bali in 2023. Five scenarios were developed to manage that risk and presented to the Board in November 2021. The five scenarios included face-to-face delivery of the Congress in Bali; cancellation of face-to-face congress and transfer to a fully virtual format; simple hybrid model comprising a face to face congress with recorded sessions available on demand after the Congress ends; a fully hybrid model comprising a face-to-face congress combined with live streaming and possible remote presenters; cancellation of the 2023 Congress. The Board chose the simple hybrid option.

The Board decided that if the COVID-19 pandemic makes the face-to-face component impossible to run safely, the Congress will be cancelled altogether. A final decision about cancellation will be made six months before the Congress in January 2023.

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 \$390.000, of which 60% is deposited \$234.000 as a minimum guarantee. The balance of the 2020 BNDCC deposits will be credited to ICM and will be utilised for future payments for Congress 2023.

### 5.8.4 Other Considerations

The ongoing COVID-19 pandemic continues to have an effect on how ICM undertakes its day-to-day business. On a positive note, as we've learned to adapt to interact and collaborate online our Head Office team has seen growth outside of the Netherlands through the hiring of contractors in different places in the world.

## 5.9 Notes to Statement of income and Expenditure

### 5.9.1 ICM Income

#### 5.9.1.1 Membership Fees

	2021 Budget	2021 Actual	2020 Actual
<b>Membership fees</b>	<b>406,359</b>	<b>400,674</b>	<b>366,755</b>

In 2021 one new midwife association joined ICM.

At the start of 2021 we adopted a new fee structure for our membership fees which resulted in an increase of 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. A three-year payment plan was implemented to cushion the increase in the fees for our members. Therefore, a further increase of membership fee income is to be expected in 2022 and in 2023 when the discount ends.

### 5.9.1.2 Grants/Subsidies

ICM is supported from several funding partners to carry out the activities that are fundamental to help strengthening the profession of midwifery globally and create a highly skilled workforce of midwives.

The supporting partners and their amount of support in 2021 were:

	2021 Budget	2021 Actual	2020 Actual
<b>Core subsidies</b>			
Swedish International Development and Cooperation Agency (Sida)	875,265	720,448	188,950
Direct Relief		57,383	22,730
<b>Total Core subsidies</b>	<b>875,265</b>	<b>777,831</b>	<b>211,680</b>
	2021 Budget	2021 Actual	2020 Actual
<b>Grants, donations and sponsorship</b>			
UNFPA	127,344	150,789	214,989
MacArthur Foundation	112,284	91,511	366
Bill and Melinda Gates Foundation	1,272,502	899,848	667,825
Latter Day Saint Charities	135,288	110,057	114,881
Laerdal Global Health	-	3,755	222,285
Direct Relief	16,121	17,697	11,308
Johnson & Johnson	2,743	14,744	171,242
New Venture Fund	77,932	84,742	-
International Federation of Gynecology and Obstetrics (FIGO)	13,333	8,271	-
Other grants and donations	62,009	26,519	12,789
<b>Total Core subsidies</b>	<b>1,819,556</b>	<b>1,407,933</b>	<b>1,415,685</b>
<b>Total grants/subsidies</b>	<b>2,694,821</b>	<b>2,185,764</b>	<b>1,627,365</b>

### 5.9.1.3 Other Income

	2021 Budget	2021 Actual	2020 Actual
<b>Income from fundraising</b>	-	-	440
<b>Income for funds and reserves</b>			
Safe Motherhood Fund	1,500	649	2,065
Congress Fund	1,110,100	1,464,685	-
Regional Conference Fund	-	-	3,976
<b>Total income for funds and reserves</b>	<u>1,111,600</u>	<u>1,465,334</u>	<u>6,041</u>
<b>Other</b>			
Donations Board members	-	1,200	5,000
Consultancy services	-	1,158	2,500
Other	-	29	583
<b>Total other</b>	<u>-</u>	<u>2,387</u>	<u>8,083</u>
<b>Total other income</b>	<u><b>1,111,600</b></u>	<u><b>1,467,721</b></u>	<u><b>14,564</b></u>

The Japanese Nursing Association (JNA) supported the Safe Motherhood Fund to enable midwives from developing countries to attend the Virtual Congress in 2021.

The income in the Congress Fund is ICM's capitation fee from the Virtual Congress. The positive result of the Congress is added to the Congress Fund via the appropriation of results.

## 5.9.2 ICM Expenditure

### 5.9.2.1 Personnel Costs

	Budget 2021	Actual 2021	Actual 2020
Gross salaries	595,771	545,531	469,817
Social charges	124,199	67,719	54,591
Contractor fees	666,096	719,991	327,635
Other personnel costs	61,831	51,025	2,662
<b>Total Personnel costs</b>	<u><b>1,447,897</b></u>	<u><b>1,384,266</b></u>	<u><b>854,705</b></u>

ICM employs staff on payroll in the Netherlands and Sweden. On 31 December 2021 10 staff members (7.35FTE during 2021) were employed at ICM Head Office as compared to 6 staff members (6.57 FTE during 2020) in December 2020.

Other members of the Head Office Team work and live in other countries and are therefore contractors. On 31 December 2021 13 contractors were under contract as part of ICM Head Office, compared to 7 contractors in December 2020.

In total 11 new team members joined in 2021 and 2 team members left in 2021.

In 2020 the contractor's costs were presented as consultancy costs. It included the costs of contractors who would be considered part of the Head Office team and consultant assist in the delivery of our events and programmes. To give fairer view these costs are now split between personnel costs for contractors and consultancy costs under events and programmes.

### 5.9.2.2 Board and Representation Costs

	Budget 2021	Actual 2021	Actual 2020
Board costs	30,200	31,679	27,416
Representation	2,000	131	3,696
<b>Total Board and Representation</b>	<u><b>32,200</b></u>	<u><b>31,810</b></u>	<u><b>31,112</b></u>

Considering the international membership of the ICM Board, the ongoing global COVID-19 pandemic has meant that all Board meetings were held virtually during 2021. Likewise for the representation activities of our Board members and Head Office team members.

### 5.9.2.3 Professional Services

	Budget 2021	Actual 2021	Actual 2020
Audit	30,000	69,318	49,929
Translations	100,000	131,532	96,643
Legal fees	23,600	28,396	13,281
Financial support	-	-	98,397
Salary administration	4,600	1,985	2,454
Other professional services	-	-	5,726
<b>Total professional services</b>	<u><b>158,200</b></u>	<u><b>231,231</b></u>	<u><b>266,430</b></u>

A change in accounting for audit fees took place. Whereas the audit costs for the previous financial year were recognised in the year the audit was carried out. Now those costs are accrued to be included in the financial year the audit is concerned with. The accruals are based on the fees stipulated in the engagement letter between ICM and the auditors.

ICM focused on equity between its members by increasing the number of documents and communications that were available in all three official languages and by producing the website in three languages. In 2021 progress was made in the development of an e-learning platform. This has meant increased translation costs to be able to offer the modules in English, French and Spanish.

In 2021 financial support was taken over by contractors whose costs are reported under Personnel Costs.

In 2021 we did a large review of our operational policies and started on the development of our governance policies in lieu of the by-laws. For some of these additional legal reviews and opinions were sought.

### 5.9.2.4 General Office Costs

	Budget 2021	Actual 2021	Actual 2020
Head Office rent	43,493	44,879	76,467
ICT and communication	49,730	52,365	19,883
Other cost	43,454	76,379	19,564
<b>Total general office costs</b>	<b>136,677</b>	<b>173,623</b>	<b>115,914</b>

The other costs include a provision for doubtful debtors.

Previously depreciation costs and bank costs were presented as financial costs. This is now presented under General Office Costs - Other. For comparison the 2020 actuals are also moved to that category.

### 5.9.2.5 Events and Programmes

	Budget 2021	Actual 2021	Actual 2020
Local staff	-	14,251	64,828
Consultancy costs	669,334	399,627	358,556
Travel costs	60,627	8,446	55,925
Venue and accommodation	-	49,568	81,903
Other direct costs	211,945	117,263	169,481
Congress and Regional Conferences	1,173,286	1,186,033	
<b>Total events and programmes</b>	<b>2,115,192</b>	<b>1,775,188</b>	<b>730,693</b>

Due to the ongoing COVID-19 pandemic project activities continued to be delayed or carried out in an online format. Therefore direct project costs continue to be lower than budgeted this year.

In 2020 consultancy costs were presented under Personnel Costs. To give a fairer view of our expenditure these costs are now split between Personnel Costs for the contractors who form part of our Head Office team and consultants who are hired to assist the delivery of our events and programmes.

### 5.9.2.6 Financial Income and Cost

	Budget 2021	Actual 2021	Actual 2020
Interest	6,000	218	-
Exchange rate differences	10,800	(19,999)	(4,159)
<b>Total financial (income)/cost</b>	<b>16,800</b>	<b>(19,780)</b>	<b>(4,159)</b>

In 2021 ABN Amro bank lowered the threshold for credit interest on EUR balances to €100,000. We hold cash at bank in EUR, USD and SEK and only convert to EUR when necessary to avoid credit interest as much as possible.

Previously depreciation costs and bank costs were presented as financial costs. This is now presented under General Office Costs - Other. For comparison the 2020 actuals are also moved to that category.

## 5.10 Budget Summary 2022

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 will more strongly link 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 new approach will support ICM to identify and plan to recover all costs of implementing its Strategy.

The financial forecast for the income and expenses for 2021 is summarised below.

### INCOME

Membership fees	448,713
<b>Grants/Subsidies</b>	
Core funding	969,373
Project funding	3,169,031
Other income	5,250
<b>TOTAL INCOME</b>	<b>4,592,367</b>

### EXPENDITURE

	TOTAL EXPENDITURE	Personnel costs	Events and Programmes	Board	Representation	Professional Services	General Office Costs	Finance (income)/cost
<b>Priority 1 - Drive Innovation and Sustainability for the future of midwifery</b>	1,238,211	530,929	692,282	15,000				
<b>Priority 2 - Develop, strengthen, and supporting the rollout of a new professional framework for midwifery</b>	953,996	404,278	549,718					
<b>Priority 3 - Foster a movement for midwifery, enabling and strengthening partnerships, advocacy, and communications for midwifery, with women's voices at the centre</b>	1,299,692	226,039	1,047,653		26,000			
<b>Overheads</b>	1,005,598	587,760	118,575	81,500		70,600	127,047	20,116
<b>TOTAL EXPENDITURE</b>	<b>4,497,497</b>	<b>1,749,006</b>	<b>2,408,228</b>	<b>96,500</b>	<b>26,000</b>	<b>70,600</b>	<b>127,047</b>	<b>20,116</b>
<b>RESULT</b>	<b>94,870</b>							

## 6. Auditor's Report

### International Confederation of Midwives

#### To the Board

Koninginnegracht 60  
2514 AE DEN HAAG

Date: May 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 2021 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 2021, and of its result for 2021 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 2021;
2. the profit and loss account for 2021 and
3. the notes comprising 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.

### 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 Chief Executive;
- the Board report as included in chapters 1 through 4;
- other information as required by the Dutch Accounting Standard RJK C1.

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 Accounting Standard RJK C1 and 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.

Management is responsible for the preparation of other information, including the management report in accordance with the Dutch Accounting Standard RJK C1.

### 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. 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.

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;
- 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, May 2022

**Signed by Mr. J. Eenhoorn RA**

Maerten Trompstraat 25,  
2628 RC Delft  
Tel. 085 488 19 00  
E-mail [info@4youaccountancy.nl](mailto:info@4youaccountancy.nl)  
Internet [www.4youaccountancy.nl](http://www.4youaccountancy.nl)

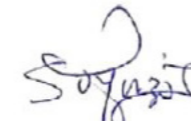
## Other Information

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: June 2022



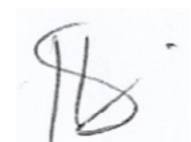
**F. Cadée**  
**President**



**S. Oyarzo Torres**  
**Vice President**



**V. Varela**  
**Treasurer**



**H. Shikwambi**  
**Board Member**



**F. Dicko**  
**Board Member**



**P. Hardtman**  
**Board Member**



**M.F. Francisconi**  
**Board Member**



**E. Indomo**  
**Board Member**



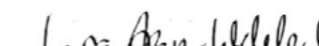
**A. Kinnear**  
**Board Member**



**R. Altaweli**  
**Board Member**



**T. Thommesen**  
**Board Member**



**L. Apini-Welcland**  
**Board Member**



**V. Vivilaki**  
**Board Member**

## 7. Annexes

### 7.1 Head Office Staff Members 2021

Role	Name	Country
Chief Executive	Sally Pairman	Netherlands
Head of Programmes and Partnerships	Shree Mandke	United Kingdom
Head of Midwives and Association Strengthening	Ann Yates	Netherlands
Head of Advocacy and Communications	Rachel Firth	United Kingdom
Head of Operations and Change	Devrol Dupigny	Netherlands
Executive Assistant to Chief Executive and President	Helen Kirkpatrick (part time)	Netherlands
Monitoring, Evaluation and Learning Lead	Toochi Egbe	United Kingdom
Fundraising and Business Development Lead	Sultan Torshkoev	United Kingdom
Project Coordinator	Martha Bokosi (part time)	Malawi
SMS Project Coordinator	Christabel Nachizya Mateyo	Zambia
Midwife Advisor - Education	Erin Ryan	United States of America
Midwife Advisor - Regulation	Many Forrester	United Kingdom
Midwife Advisor - General	Florence West	Netherlands
Midwife Advisor – Leadership and Association Strengthening	Liselotte Kweekel (part time)	Netherlands
Member Liaison and Strengthening Lead	Charlotte Renard	Netherlands
Communications Lead	Molly Karp	Canada
Digital Communications Lead	Rebecca Dahl	Canada and Netherlands
Advocacy Lead	Faridah Luyiga Mwanje	Uganda
Governance and HR Manager	Sigrid Engstrom	Sweden
Office and Procurement Manager	Morgane Schmidt (part time)	Netherlands
Operational Support Coordinator	Justine Laurent	Netherlands
Financial and Quality Controller	Pascal Bodmeijer	United Kingdom
Project Accountant	Kate Harbour (part time)	Netherlands

### 7.2 Board Members 2021

Role	Name	Country
President	Franka Cadée	Netherlands
Vice-President	Sandra Oyarzo Torres	Chile
Treasurer	Vitor Varela	Portugal
Regional Board Member, Anglophone Africa	Hilma Shikwambi	Namibia
Regional Board Member, Francophone Africa	Fatoumata Dicko	Mali
Regional Board Member, Latin America	Florencia Francisconi	Argentina
Regional Board Member, North America & Caribbean	Pandora Hardtman	USA/Guyana
Regional Board Member, Eastern Mediterranean	Roa Altaweli	Saudi Arabia
Regional Board Member, Central Europe	Lisa Apini-Welcland	Germany
Regional Board Member, Northern Europe	Trude Thommesen	Norway
Regional Board Member, Southern Europe	Victoria Vivilaki	Greece
Regional Board Member, South East Asia	Emi Nurjasmi	Indonesia
Regional Board Member, Western Pacific	Ann Kinnear	Australia

## 7.3 Board Committees: Education, Regulation and Research Standing Committees

### Standing Committees

Membership during 2021 until dissolution of the committees. See note below.

	Education	Regulation	Research
<b>Co-chairs</b>	Mieke Embo (SPPC member Bali Congress) Melissa Avery Michelle Newton	Karen Guilliland (SPPC member Bali Congress) Sue Bree	Deborah Davis (SPPC member Bali Congress) Jenny McNeill
<b>ICM Head Office liaison</b>	Florence West	Martha Bokosi	Ann Yates
<b>Anglophone Africa</b>	Namukombe Ekong Elizabeth Subah Marion	Lilian Dodzo Everlyne Rotich Sylvia P. Hamata	Dr. Ann Phoya
<b>Francophone Africa</b>	Vacant	Vacant in 2021	Amata Gnagna
<b>North America &amp; Caribbean</b>	Melissa Avery Katherine Camacho Carr Cathy Ellis Carol Nelson Marcia Skinner-Rollock	Kris Robinson	Liz Darling Lisa Kane Low
<b>Latin America</b>	Sondre Schneck	Eduardo Lillo Gonzales	Cris Alonso
<b>Eastern Mediterranean</b>	Iman Kanaan	Vacant in 2021	Vacant in 2021
<b>Northern Europe</b>	Marie Berg Trude Thommesen Annette Dalsgard Jayne Marshall Margriet Pluymaekers Sue Way	Jessica Read	Susan Crowther Sarah Church

<b>Central Europe</b>	Karin Brendel Geneviève Castiaux Mieke Embo Ute Lange Ana Mivsek Polona	Lisa Welcland Marianne Benoit Truong Cahn	Christine Morin
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<b>Southern Europe</b>	Rita Borg Xuereb	Vitor Varela	Fatima Leon
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<b>South East Asia</b>	Vacant in 2021	Prof. Dr. Sudha A. Raddi	Kusmayra Ambarwati
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<b>Western Pacific</b>	Janice Butt Michelle Newton Judith McAra-Couper	Karen Guilliland Sue Bree	Mary Steen Deborah Davis
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**Note:** In 2021 the Board decided to disband the Education, Regulation and Research Standing Committees. This decision was reached in consultation with the co-chairs of the committees and recognising that the standing committee structure is no longer fit for purpose in an ICM where there is more capacity in the Head Office to lead in these areas. The Standing Committees will be replaced in 2022 with Regional Professional Committees comprising midwife educators, regulators, researchers and emerging leaders. As operational committees, these groups will work closely with the Head Office Regional Teams to roll out the implementation of the updated Professional Framework for Midwifery and to promote stronger integration of its elements within each region.

## 7.4 Scientific Professional Programme Committee for the 2021 Virtual Triennial Congress

**Co-Chairs:** Marian van Huis (Europe region, The Netherlands) and Debrah Lewis (Americas region, Trinidad)

**ICM ESC Chair:** Mieke Embo (Europe region, Belgium)

**ICM RSC Chair:** Deborah Davis (Western Pacific region, Australia)

**ICM Reg SC Chair:** Karen Guilliland (Western Pacific region, New Zealand)

**Co-Host Association Representative:** Andari Wuri Astuti (South East Asia region, Indonesia)

**Co-opted member:** Atf Gherissi (Eastern Mediterranean region, Tunisia)

**ICM Chief Executive:** Sally Pairman

## 7.5 Regional Meetings in 2021

14 October 2021	South East Asia
19 October 2021	Eastern Mediterranean
4 November 2021	Western Pacific
17 November 2021	Africa
24 November 2021	Europe
8 December 2021	Americas

## 7.6 Summary of Projects

Funder	Project name	2021 activities	Project dates
<b>MacArthur Foundation</b>	Strengthening Midwifery in Mexico	Midwives sponsored to participate in ICM's Virtual Triennial Congress	Commenced 2018; no cost extension to 2022
		Advocacy workshop	
		Translation of advocacy materials for workshop and e-learning modules	
<b>Bill and Melinda Gates Foundation</b>	Strengthening Midwifery Services project	Updating and piloting of MACAT	2018 – 2021, extended by supplementary grant from 2020 - 2022
		Development of Enabling Environment Policy Brief	
		Development of Midwifery Education Development Pathway (MPATH) resources	
		Implementation of Midwifery Education Accreditation Programme (MEAP)	
		Implementation of Midwifery Services Framework	
		Development of Midwifery Professional Framework	
<b>Bill and Melinda Gates Foundation</b>	Midwife-Led Birthing Centre project	Project initiation phase	September 2021 – April 2023

## 7.6 Summary of Projects

Funder	Project name	2021 activities	Project dates
<b>Latter Day Saint Charities</b>	More Happy Birthdays	Training of midwives and other maternal and newborn health providers in Rwanda in Helping Mothers Survive and Helping Babies Survive suite of training resources  Implementation phase	September 2021 – April 2022
<b>Johnson &amp; Johnson Corporate Citizen's Trust</b>	YML	Leadership programme  Participation in ICM Virtual triennial Congress	Jan 2019 – Dec 2020; no-cost extension to August 2021
<b>Johnson &amp; Johnson Foundation and New Venture Fund</b>	YML 3.0	Selection phase	November 2021 – October 2023
<b>International Federation of Gynecology and Obstetrics (FIGO)</b>	Improving access to essential medicines to reduce PPH morbidity and mortality	Technical advice  Joint statement  Co-development of tools and resources  In-country implementation through MAs in 8 countries  Co-lead two workshops	1 April 2021 – 31 July 2022
<b>UNFPA</b>	Workplan 2021	Virtual Congress sessions and midwife sponsorship  IDM Toolkit  ICM/UNFPA e-magazine  COVID19 Research  Technical advice	March 2021 – December 2021

**International Confederation of Midwives  
La Confédération internationale des sages-femmes  
Confederación Interacional de Matronas**

Koninginnegracht 60,  
The Hague 2514 AE  
The Netherlands

Telephone +31 70 3060 520  
Fax +31 70 3555 651

Email [info@internationalmidwives.org](mailto:info@internationalmidwives.org)

**[www.internationalmidwives.org](http://www.internationalmidwives.org)**



**International  
Confederation  
of Midwives**

Strengthening Midwifery Globally