



Annual Report 2019



International Confederation of Midwives



International
Confederation
of Midwives

Strengthening Midwifery Globally



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ICM Vision

The International Confederation of Midwives (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, and the health of their newborn and their families.



Message from the President

As we approach the end of a triennium, ICM's strategic objectives and principles remain as important as ever. It continues to be a pleasure to be entrusted with the role of President of the International Confederation of Midwives, providing leadership for our 142 Midwives' Associations in 123 countries worldwide. In this past year we have harnessed the energy, enthusiasm and insights of midwives and our stakeholders so that we can lead the call for strengthened midwifery services around the world.

Our triennial strategy highlighted 'Quality, Equity and Leadership' as areas of strategic priority for ICM. These themes have focused our work and we are proud of what we have achieved in 2019.

Quality

- ICM has participated with WHO, UNFPA and UNICEF in the development of a joint report on Midwifery Education titled 'Strengthening Quality Midwifery Education for Universal Health Coverage 2030: Framework for Action'. This report identified a seven-step action plan to strengthen midwifery education: strengthen leadership and policy; gather data and evidence; build public engagement and advocacy; prepare educational institutions, practice settings and clinical mentors; strengthen faculty, standards, and curricula; educate students; monitor, evaluate, review and adjust.
- ICM's Essential Competencies for Midwifery Practice were updated and disseminated in October 2019. The updated competencies are organised into a framework of four inter-related categories; general competencies that apply to all aspects of a midwife's practice, and competencies that are specific to care during pre-pregnancy, antenatal, labour, birth and the postnatal period. The inter-related competencies reflect the ICM Definition and Scope of Practice of a Midwife and ICM's Philosophy and Model of Midwifery Care.

Equity

- Regional Board Members continue to take a leading role in representation activities in their region, working with Member Associations to enhance communication between ICM Head Office and the six regions.
- Via our programmes, communications, regional conferences and regional meetings, we have seized the opportunity to deliver expertise, resources, leadership and support to our Member Associations, partners and stakeholders to help strengthen midwife-led services in all settings.

Leadership

- ICM in collaboration with other United Nations, civil society and private sector partners organized the Fourth Global Midwifery Symposium at Women Deliver in Vancouver, Canada in June.
- Regional Board members have led the development and implementation of regional plans in line with ICM's strategy.
- Our Young Midwife Leaders programme continues to employ new approaches to leadership development, utilising interactive online learning methods, a webinar series and local and regional projects.

Internally, ICM continues to face funding challenges. Therefore, our focus continues to be on resource mobilisation and improving the efficiency of our systems.

A charity related to ICM called WithWomen was established on 16 December 2019. The mission of this entity is to improve accessibility to and competence of midwives through quality standards, advocacy and action, thereby improving midwifery standards, enhancing gender equality in midwifery and promoting quality childbirth services around the world. Having a charity associated with ICM provides



a mechanism for donors to financially support activities that align with ICM's core work, while also receiving a tax advantage for this support. WithWomen will be formally launched in 2020 at the 32nd Triennial Congress in Bali.

Designated by World Health Organization, 2020 will also be the first ever global Year of the Nurse and the Midwife. We warmly welcome the opportunity to acknowledge and celebrate these highly skilled, multi-faceted professional workforces, mainly of women, that represent and serve our diverse communities.

We look forward to your continued collaboration across this next triennium as we work together to support women and babies in every corner of the world by ensuring midwives are more visible, valued and accessible than ever before

With committment,

Franka Cadée



1. Introduction

This report provides an overview of the main activities undertaken during 2019 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 Seven

1.1 Overview

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 2019 ICM's membership comprised 142 Midwives Associations, representing 123 countries across every continent. ICM is organised into six regions (including 7 sub-regions).

These are:

1. Africa (Anglophone and Francophone)
2. Americas (North America & Caribbean and South 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 Organisation (WHO), United Nations Population Fund (UNFPA) and other UN Agencies; healthcare professional associations such as the International Federation of Gynaecology and Obstetrics (FIGO), International Paediatric Association (IPA), and the International Council of Nurses (ICN); government and non-governmental organisations, and civil society groups such as White Ribbon Alliance; donors such as Laerdal Global Health, the Bill and Melinda Gates Foundation, Johnson and Johnson, Sanofi Espoir Foundation, Direct Relief and the MacArthur Foundation.

1.2 Governance

ICM is governed by an International Council, the decision-making body of the organisation, which sets the strategic direction for ICM at each Triennial Council Meeting. The ICM Council is made up of two delegates from each Member Association and the Board. The Board is comprised of an Executive Committee (President, Vice-President, Treasurer) and regional representatives from each of the six ICM regions, a total of 13 members. The ICM Council elects the Executive Committee while regional Board members are elected by the Member Associations in each region and endorsed by the Council. Board Members are appointed for a three-year period with the opportunity of one re-election. The Chief Executive participates in Board meetings in a non-voting capacity.



The Executive Committee, and specifically the President, work closely with the Chief Executive, to achieve the strategic directions approved by Council and prioritised by the Board. The Board provides oversight of business development including liaison with global and regional partners, resource mobilisation and planning.



1.2.1 Board Members

ICM Board in 2019

President:	<i>Franka Cadée</i>	Netherlands	<i>Elected June 2017</i>
Vice President:	<i>Mary Kirk</i>	Australia	<i>Elected June 2017; regional Board member 2011 – 2017 (two triennia)</i>
Treasurer:	<i>Ingela Wiklund</i>	Sweden	<i>Elected June 2017; regional Board member June 2011 – June 2017 (two triennia)</i>

Africa region

<i>Fatoumata S Maiga Dicko</i> <i>Francophone Africa sub-region</i>	Mali	<i>Elected June 2017</i>
<i>Jemima Dennis-Antwi</i> <i>Anglophone Africa sub-region</i>	Ghana	<i>Regional Board member June 2014 – 2017</i> <i>Re-elected June 2017</i>

Americas region

<i>Sandra Oyarzo Torres</i> <i>South America</i>	Chile	<i>Regional Board member June 2014 – June 2017. Re-elected June 2017</i>
<i>Emmanuelle Hébert</i> <i>North America and Caribbean</i>	Canada	<i>Elected June 2017</i>

Western Pacific Region

<i>Hatsumi Taniguchi</i>	Japan	<i>Elected June 2017</i>
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South-East Asia region

<i>Emi Nurjasmí Indomo</i>	Indonesia	<i>Elected June 2017</i>
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Eastern Mediterranean region

<i>Rafat Jan</i>	Pakistan	<i>Regional Board member June 2014 – June 2017. Re-elected June 2017</i>
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Europe region

<i>Trude Thommesen</i> <i>Northern Europe</i>	Norway	<i>Elected June 2017</i>
<i>Serena Debonnet</i> <i>Central Europe</i>	Belgium	<i>Regional Board member June 2014 – June 2017. Re-elected June 2017</i>
<i>Rita Borg-Xuereb</i> <i>Southern Europe</i>	Malta	<i>Regional Board member June 2014 – June 2017. Re-elected June 2017</i>



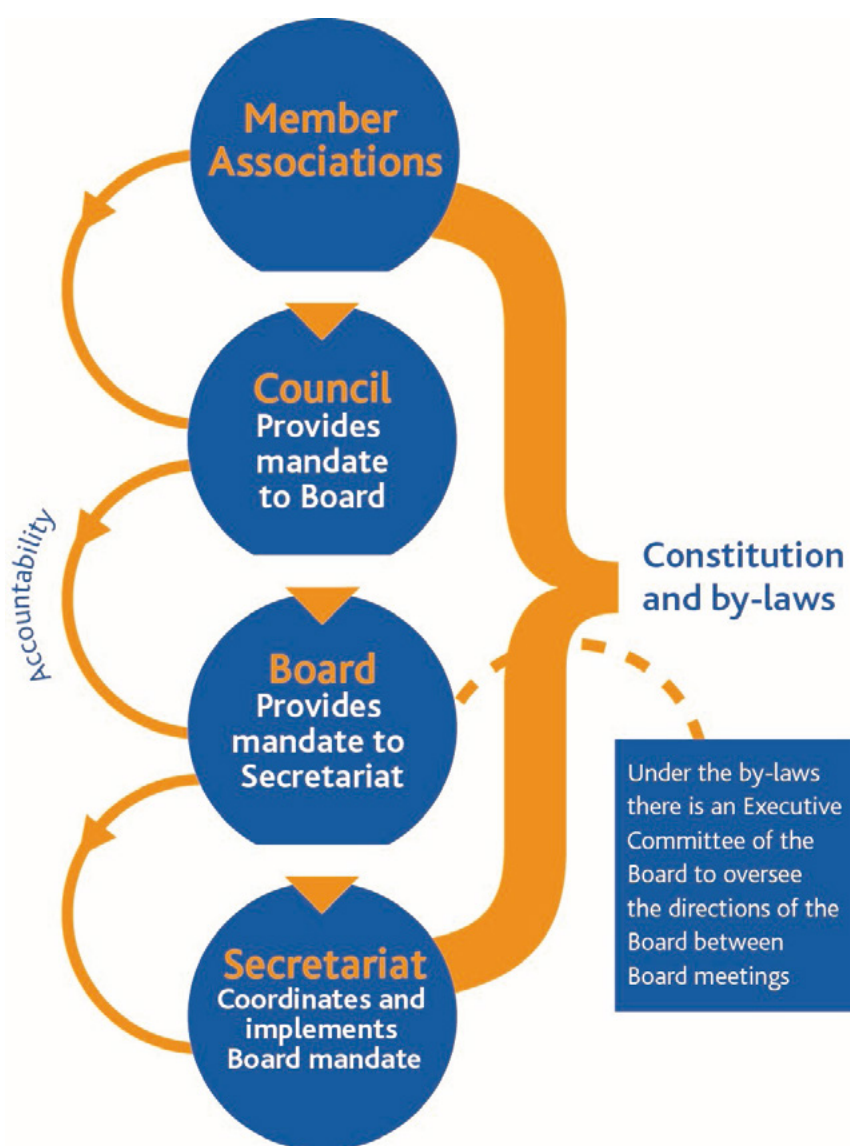
1.2.2 Board Meetings

The Board met face to face in The Hague from 14-17 May 2019. Electronic Board meetings were held in January, April (x2), September, October and November 2019.

Board members voted electronically on information provided by email in July, November and December 2019.

The Executive Committee met electronically fortnightly throughout the year and face to face in The Hague 6-8 February and 30 September – 2 October 2019.

1.3 Organisational structure





1.4 Operations

The ICM Board employs the Chief Executive who in turn employs the ICM staff. The ICM Head Office is based in The Hague in the Netherlands and most staff work from there.

The 2019 staff are:

- Chief Executive, Dr Sally Pairman
- Lead Midwife Advisor, Ann Yates
- Programme and Development Director, Mike Fawcett
- Midwife Advisor, Dr Florence West
- Midwife Advisor, Martha Bokosi (based in Malawi)
- Project Coordinator, Shantanu Garg (contract finished 30 June)
- Communications Manager, Sagal Ali
- Membership Manager, Charlotte Renard
- Governance Officer and Executive Assistant to the Chief Executive, Isabel Skukan (contract ended 15 October); replaced by Sigrid Engström
- Administrative Assistant, Sigrid Engström (change of position 15 October); Morgane Schmidt (commenced 2 December)
- Communications and Operations Assistant, Viviana Cubillos (0.5FTE)

Consultants:

- Project Manager (SMS/Gates Foundation Project), Shree Mandke
- Project Manager (UNFPA Project), Rachel Firth (Global Office Consulting)
- Finance Manager, Hans van Dongen
- Advocacy, Communications and Resource Mobilisation support, Global Office Consulting

1.5 ICM Standing Committees

ICM has five standing committees comprising elected and appointed members, to advise the Board and to carry out specific activities on behalf of the Board. Summaries of the activities of the standing committees in 2018 are provided below.

1.5.1 Education Standing Committee (ESC)

The Education Standing Committee advises the ICM Board on matters relating to midwifery education; makes recommendations to the Board on education activities that flow from the Strategic Plan; and undertakes projects that relate to midwifery education as directed by the ICM Board.

ICM Education Standing Committee Members 2017-2020

Co-Chairs*: Dr Melissa D Avery, Dr Mieke Embo, Dr Michelle Newton
Board member liaisons: Rita Borg-Xuereb and Trude Thommesen
ICM Head Office staff liaison: Florence West

Africa region:

- Elizabeth Namukombe Ekong; Uganda/ University (Anglophone Africa)
- Marion Subah; Jhpiego/Liberia office (Anglophone Africa)
- Vacancy for Francophone Africa

Americas region

- Melissa Avery*; USA/ University Minneapolis (North America, Caribbean)
- Katherine Camacho Carr; USA/ University (North America, Caribbean)
- Cathy Ellis; Canada/ University of British Columbia, Vancouver (North America, Caribbean)
- Carol Nelson; USA/ MANA (North America, Caribbean)



- Marcia Skinner-Rollock; Trinidad & Tobago (North America, Caribbean)
- Camilla Schneck; Brazil/Federal University of Rio Grande do Sul (Latin America)

Europe region

- Marie Berg; Sweden/ University of Gothenburg (Northern Europe)
- Jayne Marshall; UK/ University (Northern Europe)
- Sue Way; UK/ University Bournemouth (Northern Europe)
- Margriet Pluymaekers; The Netherlands/ University of Rotterdam (Northern Europe)
- Annette Dalsgard; Denmark/ University (Northern Europe)
- Karin Brendel; Switzerland/ University (Central Europe)
- Geneviève Castiaux; Belgium/ University college (Central Europe)
- Mieke Embo; Belgium/ University College & University (Central Europe)
- Ute Lange; Germany/ University (Central Europe)
- Ana Mivsek Polona; Slovenia/ University University of Ljubljana-Faculty of Health Sciences; Midwifery Department (Central Europe)
- Rita Borg-Xuereb; Malta/ University (Southern Europe)
- Trude Thommesen; Stavanger University Hospital, Norway (Northern Europe)

Western Pacific region

- Janice Butt; Australia
- Michelle* Newton; Australia/ University
- Judith McAra- Couper; New Zealand/ University

South East Asia region

- Vacant position

Eastern Mediterranean region

- Kanaan Iman, Lebanon/ University

Key Activities 2019:

1. Activities in collaboration with ICM Board and Head Office:
 - a. Selection of awardees for the ICM/Johnson & Johnson Education Awards 2019
 - b. Management of project to review ICM Position Statements, co-ordination by co-chair Michelle Newton
 - c. Participation of the co-chair, Melissa Avery, in the ICM competency assessment project with Commission of Graduates of Foreign Nursing Schools (CGFNS).
2. Representation on the ICM Scientific Professional and Programme Committee.
3. Writing and submitting of abstracts for the ESC workshops for Congress in Bali:
 - a. 'Building a Skilled Midwifery Education Workforce for the 21st Century and Beyond: A Workshop to Explore the Challenges and Generate Solutions in Preparing the Midwife Teacher/Lecturer'.
 - b. 'Transforming Midwifery Practice Through the Development of Critical Thinking, Reflection and Cultural Capability'.
 - c. 'Quality Midwifery Care: Integrating and Embedding Respectful Midwifery Care into Midwifery Curricula'.
 - d. 'Sharing Midwifery Knowledge and Experience: ICM Essential Competencies for Midwifery Practice'.
4. Attendance and participation in global education activities.
5. Online meetings with ESC co-chairs, ESC-members, Head Office liaison and the liaison Board Members: 21/02/2019, 28/05/2019, 26/9/2019, 19/10/2019.



1.5.2 Research Standing Committee (RSC)

The Research Standing Committee advises the ICM Board on matters relating to midwifery Research; makes recommendations to the Board on research activities that flow from the Strategic Plan; and undertakes projects that relate to midwifery research as directed by the ICM Board. The RSC meets (electronically) every two months..

ICM Research Standing Committee members 2017-2020

Co-Chairs*: Deborah Davis, Lesley Dixon, Jenny McNeill (from 2020)
Board member liaisons: Dr Jemima Dennis-Antwi and Hatsumi Taniguchi
ICM Head Office staff liaison: Ann Yates

Africa region

- Dr. Ann Phoya; Malawi (Anglophone Africa)
- Amata Gnagna; Togo (Francophone Africa)

Americas region

- Liz Darling, Canada; (North America and Caribbean)
- Lisa Kane Low; USA, (North America and Caribbean)
- Cris Alonso; Mexico (South America)

Europe region

- Susan Crowther; United Kingdom (Northern Europe)
- Sarah Church; United Kingdom (Northern Europe)
- Christine Morin; France (Central Europe)
- Fatima Leon; Spain (Southern Europe)

Western Pacific region

- Mary Steen; Australia

South East Asia region

- Kusmayra Ambarwati; Indonesia

Eastern Mediterranean region

- Vacant position

Key Activities 2019:

1. Six meetings of the committee were held in 2019 alternating between day and evening to accommodate different geographical regions.
2. Membership remained stable with representation from the Eastern Mediterranean region remaining vacant. All other ICM regions were represented.
3. Activities in collaboration with ICM Board and Head Office:
 - a. Selection of recipients for the ICM/ Johnson & Johnson Research and Marie Goubran award 2019.
 - b. Re-design of application process for above awards.
 - c. Review of ICM Position Statements as allocated by ESC.
4. Co-chair membership on the ICM Scientific Professional and Programme Committee.
5. Educational materials were developed for Member Associations to help facilitate participation in ICM congress:
 - a. Development of presentation on how to write an abstract for ICM congress prepared in English, Spanish and French.
 - b. Development of presentation on how to deliver a conference presentation prepared in English, Spanish and French.
6. Preparation for RSC workshops at Bali congress.
7. The co-chairs of the RSC represent ICM on the "Research priorities working group" chaired by Holly Kennedy. This group met frequently in 2019 with one of the RSC chairs attending each meeting electronically. The group is progressing an international agenda relating to research priorities.



1.5.3 Regulation Standing Committee (RegSC)

The Regulation Standing Committee advises the ICM Board on matters relating to midwifery regulation; makes recommendations to the Board on regulatory activities that flow from the Strategic Plan; and undertakes projects that relate to midwifery regulation as directed by the ICM Board.

ICM Regulation Standing Committee members 2017 - 2020

Co-Chairs: Karen Guilliland (SPCC member Bali Congress), Sue Bree
Board liaisons: Mary Kirk and Emi Nurjasmi Indomo
Head Office Staff liaison: Martha Bokosi

Africa region

- Lilian Dodzo; Zimbabwe (Anglophone Africa)
- Everlyne Rotich; Kenya (Anglophone Africa)
- Sylvia P. Hamata; Namibia (Anglophone Africa)
- Vacancy for Francophone Africa

Americas region

- Kris Robinson; Canada (North America and Caribbean)
- Eduardo Lillo Gonzales; Chile (South America)

Europe region

- Jessica Read; United Kingdom (Northern Europe)
- Lisa Welcland; Germany (Central Europe)
- Marianne Benoit Truong Cahn; France (Central Europe)
- Vitor Varela; Portugal (Southern Europe)

Western Pacific region

- Karen Guilliland; New Zealand
- Sue Bree; New Zealand

South East Asia region

- Prof. Dr. Sudha A. Raddi; India

Eastern Mediterranean region

- Vacant position

Key Activities 2019:

1. Activities in collaboration with ICM Board and Head Office:
 - a. Participation of the co-chair, Karen Guilliland, in the ICM competency assessment project with Commission of Graduates of Foreign Nursing Schools (CGFNS).
 - b. RegSC members promoted and/or participated in their Member Associations contributions to the SoWMy survey.
 - c. RegSC members participated in the Australasian research study on continuity of care.
2. Participation in all meetings of the ICM Scientific Professional and Programme Committee (SPPC)
 - a) Co-chair Karen Guilliland attended SPPC meetings.
 - b) RegSC members reviewed abstracts for ICM Triennial Congress 2020 and agreed to chair sessions as requested.
3. Communication
 - a) Ongoing committee communication relating to abstract submission, attendance and representation at Bali congress. All members of the RegSC plan to attend Bali congress.
 - b) Forwarded ICM Regulation Tool Kit to Russian midwives, Japan Government representative/women's group and Japanese Midwives Association and Lao Midwives Association.



- c) Co-Chair Karen Guilliland presented the ICM regulation standards and policy guidelines at Japanese (six presentations across the country) and Portuguese midwifery conferences. RegSC member, Vitor Varela, also gave a presentation on ICM's role in advocating for midwifery autonomy at a conference in Lisbon, Portugal.
- d) RegSC member Jessica Read reported that the first Chief Midwifery Officer for NHS England was appointed in April 2019. This is extremely significant for the profession as Professor Jacqueline Dunkley Bent sits alongside the Chief Nursing Officer for England and advises the Department of Health on midwifery. Jacqueline links with the Nursing and Midwifery Council (NMC) on midwifery regulation and works closely with the Royal Colleges; RCM, RCN and RCOG. She is currently establishing a team of midwife officers across seven regions in England.
- e) RegSC member Sylvia Hamata reported good progress on new regulatory legislation in Namibia that will establish midwifery regulation that is separate from nursing. The Independent Midwives Association of Namibia is recognized as the representative body for midwives and has led much of the implementation of regulation for midwives, including training on regulatory processes.
- f) ICM RegSC member Lilian Dodzo reported good progress in Zimbabwe on advocating for a Nurses and Midwives Council to replace the Nurses Council; integrating ICM midwifery competencies into the Midwifery Practice Regulations; development of a Code of Ethics; extension of midwifery education from 12 to 24 months and implementation of online continuing professional development.

1.5.4 ICM Scientific Professional and Programme Committee (SPPC)

The SPPC advises the Board on all matters related to the Scientific Professional programme of the Triennial Congresses. The committee is responsible for planning the programme and ensuring its quality. Its role in this context is the management and assessment of abstract submissions; determination of conference sub-themes; proposal of plenary speakers to the Board, population of the scientific programme, oversight of operation of daily programme, communications and relationship management of reviewers and presenters, and evaluation of the Congress programme.

ICM Scientific Professional Programme Committee members 2017-2020

Co-Chairs:	Marian van Huis (Europe Region, The Netherlands) and Debra 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)
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
Board liaisons (not attending face to face meetings):	Ingela Wiklund, Rafat Jan

Key Activities 2019

Participation in all meetings of the ICM Scientific Professional and Programme Committee (electronic meetings and face-to-face meeting in The Hague, August 2019)

- Managed review process for more than 2200 abstracts (highest number to date)
- Moderated the external review process
- Selected abstracts for acceptance, waitlist and decline; informed submitters
- Grouped and sorted abstracts into themes and created the programme for all concurrent sessions in scientific programme



1.5.5 Finance and Resource Committee (FiRe Committee)

The Finance and Resource Committee advises the Board on the discharge of its fiduciary responsibilities in resource management and governance. Previously named the Finance and Risk Committee (FARC), the terms of reference were updated in 2019 and the name was changed to better reflect focus on finance and resource mobilisation. The FiRe Committee includes voluntary external members appointed by the Board for their administrative, financial, and commercial experience and knowledge about the business of the ICM, laws of associations and foundations, financial reporting and (international) auditing standards.

ICM Finance and Risk Committee members 2019

<i>Chair, ICM Treasurer;</i>	Ingela Wiklund
<i>ICM Chief Executive;</i>	Sally Pairman
<i>ICM Finance Manager;</i>	Hans van Dongen
<i>External members:</i>	Martin Groez, Sjoerd van der Velde, Jeremy Webb, Robin Willing
<i>Co-opted ICM Board Member:</i>	Mary Kirk
<i>Co-opted ICM staff Member:</i>	Mike Fawcett (Head Office liaison with committee)

Key Activities 2019

New FiRe Committee members were appointed in 2019. Meetings were held in February, May and October. Key activities included advising on relevant operational policies, establishment of a charity for ICM, ICM’s Membership Fee structure and ICM’s financial sustainability plan.

2. Core Activities

ICM continued with its overall remit to “strengthen midwifery globally” by working closely with its Member Associations through a variety of activities.

2.1 Membership

In 2019 we welcomed eight new Full Member Associations, one new Associate Member Association and one Affiliate Member Association. Two associations transitioned from Associate to Full Member. One Member Association had their membership terminated (Zhejiang Midwives’ Association, China).

ICM continued to work with groups of midwives to formally establish associations and with non-member associations working to fulfil ICM’s membership criteria. We anticipate further new member associations in 2020.

In 2019 the new Member Associations are:

Costa Rica	South America	Asociacion de Profesionales de Enfermeria Obstetrica de Costa Rica (APEOCR)	2019	Full
Fiji	Western Pacific	Fiji Midwifery Society	2019	Full
Guinea Bissau	Africa Francophone	Guinean Association of Midwives and Obstetrician Nurses (AGUIPEO)	2019	Associate
Hungary	Central Europe	Hungary Midwives Association	2019	Full
Iran	Eastern Mediterranean	Iran Scientific Association of Midwifery (ISAM)	2019	Full
Iraq	Eastern Mediterranean	Iraqi Midwives Association	2019	Full
Jordan	Eastern Mediterranean	Jordan Nurses and Midwives Council	2019	Affiliate
Lebanon	Eastern Mediterranean	Ordre des Sages-Femmes du Liban	2019	Full



Mexico	South America	Asociación de Parteras Profesionales (APP)	2019	Full
Balkan region	Central Europe	Balkan Midwives Association	2019	Full

The following Member Associations transitioned from Associate to Full members

Myanmar	South East Asia	Myanmar Nurse and Midwife Association	2018	Full since April 2019
South Sudan	Africa Anglophone	South Sudan Nurses and Midwives Association	2015	Full since April 2019

2.2 Strengthening Member Associations

In accordance with ICM's mission to 'strengthen Midwives' Associations and to advance the profession of midwifery globally', strengthening Member Associations is at the core of everything we do.

In 2019 we continued our focus on strengthening the ICM regions and building the capacity of Member Associations (MAs). Main activities included:

- Europe region meeting and development of regional work plans (x 3)
- Africa Region conference in Namibia, including regional meeting and development of regional plans (x 2); side meetings between MAs and ICM leadership to discuss MA issues
- Capacity-building activities in externally funded projects
 - 50,000 Happy Birthdays in Ethiopia, Rwanda and Tanzania, funded by Laerdal Global Health
 - Revision and update of the Midwives' Association Capacity Assessment Tool (MACAT) as part of the Strengthening Midwifery Services (SMS) project, funded by the Bill and Melinda Gates Foundation
- Member Association Survey: A second survey of members was undertaken in 2019 to understand better how ICM is serving its members and their needs. The results will inform the strategic planning process to be undertaken at the ICM Triennial Council meeting in Bali in 2020.
- Participation at MAs' national conferences through attendance or by video message as follows:

Host	Event	Month	Country	Representatives
German Association of Midwives	2019 Congress	May 2019	Bremen, Germany	Rita Borg-Xuereb [Regional Board Member]
Nordic Federation of Midwives	21st Nordic Federation of Midwives (NRM) Conference and Europe regional meeting	May 2019	Reykjavik, Iceland	Franka Cadée [President] Ingela Wiklund [Treasurer] Regional Board Members Trude Thommesen Serena Debonnet Rita Borg-Xuereb ICM Staff Members Florence West Shantanu Garg
Association of Ontario Midwives	Conference - 25 years of publicly funded midwifery and the restoration of Indigenous midwifery in Ontario, Canada.	May 2019	Ontario, Canada	Sally Pairman [CE] provided a video message



Society of Midwives India	SOMI 14th National Conference	Sept 2019	Raipur, India	Franka Cadée [President] provided a video message
Croatian Chamber of Midwives	10 year anniversary event	Sept 2019	Porec, Croatia	Franka Cadée [President] provided a video message
Chilean Midwives Association	185th anniversary since the creation of the School of Midwives	Sept 2019	Chile	Franka Cadée [President]
Turkish Midwives Association	National Midwifery Congress	Nov 2019	Ankara, Turkey	Rita Borg-Xuereb [Regional Board Member] Dr Florence West [ICM Staff Member]
Association Professionnelle des Sages-Femmes	Congress	Nov 2019	Monaco	Serena Debonnet [Regional Board Member]

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

The theme for the 2019 International Day of the Midwife was ‘Midwives: Defenders of Women’s Rights’.

For IDM, ICM ran a survey which asked members about their experiences with inequality in their practice and countries. The survey received over 2,000 responses. Via the survey, we also asked members to nominate midwives in their communities who were defending women’s and midwives’ rights.

We picked eight champions from the survey nominations across the different ICM regions who were pushing the gender envelope in their communities and showcased their work before and during IDM. These midwives fought for and defended women’s rights including advocating for women’s sexual and reproductive rights, pay equity for women and midwives, and human rights more broadly.

Thompson Reuters Foundation published an opinion piece by Franka Cadée, titled ‘Why midwives should stand up and fight for women’s rights’.

2.4 Regional Conferences and Meetings

2.4.1 Europe Region Meeting, Iceland

The ICM Europe region meeting was held in Iceland just before the Nordic Federation of Midwives’ regional conference in May. This was another successful meeting that produced work plans for each of the Europe sub-regions.

2.4.2 Africa Region Conference and Meeting, Namibia

The third regional conference of this transition triennium was the Africa region conference run in Namibia in September. ICM co-hosted this event with the Independent Midwives Association of Namibia.



The theme for the conference was **“midwives leading the way for quality and equity in Africa”**, and addressed the challenges of delivering mid-wifery care in a vast and sparsely populated county.

The conference was highly successful with attendance from more than 300 midwives and well supported by partners and sponsors. For the first time we ran pre-conference workshops including a UNFPA strategy launch, Young Midwife Leaders workshop, Respectful Maternity Care workshop and a workshop on Essential Care in Labour and Birth supported by Laerdal Global Health.

The regional meeting was also well-attended and work plans were produced for both Francophone Africa and Anglophone Africa. ICM President, Chief Executive and regional Board Members were pleased to have many side meetings with African Member Associations to better understand their contexts and challenges.

2.4.3 Regional Conferences and Meetings for the Future

Following a review of the regional conferences and meetings held in this triennium, the Board has confirmed that six regional conferences will be run in the next triennium, three in each of 2021 and 2022 and the triennial Congress in Abu Dhabi in 2023.

2.5 Partner collaborations

2.5.1 Midwifery Symposium: “Empowered Midwives, Transformed Communities”

ICM, UNFPA, WHO and JPHEIGO co-hosted this one-day symposium, held on 2 June just prior to Women Deliver Conference in June 2019. ICM facilitated a session on the ‘enabling environment’ exploring three thematic areas:

- Professional environment
- Practice environment
- Economic and social environment

Following the symposium, ICM, CAM and Toyin Saraki’s Wellbeing Foundation Africa hosted a reception to celebrate midwives globally.

2.5.2 Women Deliver: The Power of Community - Co-hosts ICM and FIGO

On the 6th June ICM co-hosted with FIGO, a round table discussion under Chatham House Rule, titled “is the Midwife-obstetrician relationship a danger to women?”

For obstetricians and midwives to be better equipped to provide the quality care that women want and need during the childbirth continuum we must work collaboratively in respectful and equal relationships, each recognising, understanding and valuing the contribution of the other.

Starting the dialogue was a first important step in this process. We plan to develop further sessions for future dialogues to break down the barriers that have constrained the professions and respectful quality care for women.



2.5.3 Strengthening Midwifery Education Report Launch at the 72nd World Health Assembly.

The WHO, ICM, UNFPA and UNICEF report, 'Strengthening quality midwifery education for Universal Health Coverage 2030: Framework for action' was launched at the Assembly.

2.5.4 Commission on Graduates of Foreign Nursing Schools (CGFNS)

ICM and CGFNS have signed a MOU and are collaborating on the development of a global process for assessing the competence of individual midwives as an international mechanism for use by educators and regulators, including for credentialing of midwives.

2.5.5 State of the World's Midwives Report 2021

UNFPA, WHO, ICM and UNICEF are collecting data and preparing for the 3rd State of the World's Midwifery Report to be published in 2021. ICM is surveying its Member Associations to gather data for the report and has run several webinars in French, Spanish and English to help Member Associations understand the process. We expect that the final results will also be available through the Midwives Map on ICM website. Two preliminary reports will be published in 2020 – on the impact of care from midwives and on the investment case for midwifery.

2.5.6 World Health Organization India

At request of WHO India, ICM developed two new midwifery curricula for India. A team of five midwife educator consultants developed:

- 18-month post nursing pre-service midwifery curriculum (Nurse Practitioner Midwife)
- 6-month Midwife Educator curriculum

The India Nursing Council will now decide how these curricula will be used.

2.6 Preparations for ICM Triennial Congress Bali 2020

The theme for the ICM Congress in 2020 is 'Midwives of the world: Delivering the future'. The Scientific Professional Programme Committee has set the following sub-themes that will be integrated across the programme.

- Midwives **protect** the future through up to date competencies
- Midwives **invest** in the future through women and family centred quality care
- Midwives **advocate** for the future through effective empowerment
- Midwives **secure** the future through strong regulatory mechanisms

During 2019 the focus was on reviewing the abstracts and developing the Congress scientific programme and securing sponsorship and exhibitors.

2.7 Representation

ICM represents midwives and the midwifery profession at global and regional levels and supports our Member Associations with advocacy at local level. ICM also represents midwives and midwifery through provision of technical advice to the World Health Organization and others and through collaborative activities with partners. Representation is provided by ICM Board Members, ICM staff members and individual midwives at the request of ICM. Global representation positions ICM among other key global health actors, and ensures midwifery remains a part of global conversations on maternal and newborn health.



2.7.1 Women Deliver, Vancouver

The Women Deliver Congress 'The Power of Us!' took place 3-6 June in Vancouver. ICM Chief Executive, Sally Pairman, attended along with:

- Franka Cadée [President] delivered a speech at an EDTECH talk about the future of health worker training
- Hatsumi Taniguchi [regional Board Member] was invited and funded as ICM's #SheDecides ambassador and spoke at the #SheDecides WD session
- Sandra Oyarzo Torres [regional Board Member] was invited and funded by JHPIEGO as a speaker
- Emmanuelle Hébert [regional Board Member] was a panellist at the ICM/UNFPA/WHO midwifery pre-congress workshop as well as at a session organised by the Canadian Association of Midwives (CAM).
- Florence West [ICM staff member] was invited and funded to attend by Laerdal Global Health and participated in activities related to the 50,000 birthdays project.

2.7.2 The 72nd World Health Assembly (WHA)

In May ICM President and Chief Executive attended the WHA. Sally Pairman (CE) represented ICM on the panel that launched the joint WHO, UNFPA, ICM report, 'Framework for Action, Strengthening Quality Midwifery Education'.

ICM's nominee, Sandra Oyarzo Torres, was selected by Women in Global Health as a 'Heroine of Health' and ICM President and Chief Executive attended the Heroines of Health dinner to support & celebrate her achievement.

ICM also convened several bilateral meetings with a broad spectrum of partners.

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

In July, ICM co-hosted the Partnership for Maternal, New-born and Child Health (PMNCH) Board meeting in The Hague together with the Bernard van Leer Foundation and the Dutch Foreign Ministry. During this meeting, Helen Clark the former Prime Minister of New Zealand was announced the new PMNCH Chair.

Since January 2019 ICM's President, Franka Cadée, has been a member of the Executive Board of PMNCH, representing and chairing the Health Care Professional Associations (HCPA) Constituency. Franka Cadée is also part of the Humanitarian and Fragile settings working group of PMNCH.

2.8 Other representation

In 2019 ICM participated in and provided technical advice on a number of advocacy initiatives, global campaigns, and partnership efforts. These included:

January

World Health Organization – Sally Pairman [CE] and Florence West [ICM staff member] were invited as experts to work on the WHO toolkit, including material for updated WHO Guidelines on aspects of the pregnancy and childbirth continuum. This work continued throughout the year, mostly by electronic meetings.

February

World Health Organization – Emi Nurjasmi Indomo [regional Board Member] attended a South East Asia Regional Meeting in New Delhi to strengthen nursing and midwifery education and services to improve reproductive, maternal and newborn health in South-East Asia. Sally Pairman (CE) joined the meeting via video conference link and provided a presentation on midwifery regulation.



UNFPA – funded Sandra Oyarzo Torres [regional Board Member] to attend a meeting with Civil society partners and allies in Panama to reflect on current challenges in South America regarding civil rights and gender discrimination in order to move forward with the ICPD agenda (International Conference on Population and Development) and the Montevideo Consensus.

March

White Ribbon Alliance - Dutch Branch – Franka Cadée [President] was honored to receive a WR-NL award for her commitment to midwives & women.

3rd Annual Philips Avent Scientific Symposium, Berlin – Franka Cadée [President] attended to discuss the role of midwives breastfeeding on a panel exploring ‘Proven and practical approaches to breastfeeding; from hospital to home’.

2nd meeting of the Network for Improving Quality for Maternal, Newborn and Child Health, 12-14 March, Addis Ababa, Ethiopia – ICM was represented by Mr Yeshitila Tesfaye and Mr. Zenebe Akale, Executive Director and President respectively, of the Ethiopian Midwives Association.

April

World Health Organization – The President and the Chief Executive had ICM's first official meeting in Geneva with the WHO Director General (DG) Dr Tedros and the Deputy Director General (DDG) Dr Zsuzsanna Jakab and Anshu Banerjee, the WHO Director of Universal Health Coverage (UHC) and life course department. ICM conveyed the importance of the autonomous position of midwives and our key role in Sexual and Reproductive Health and Rights (SRHR).

Departments of Reproductive Health and Research (RHR) and Maternal, Child and Adolescents Health (MCA), in collaboration with other Departments, World Health Organization – Ann Yates [ICM Lead Midwife Advisor] was funded by WHO to attend a scoping meeting in Geneva focusing on the need to prioritize postnatal care interventions to improve maternal and newborn outcomes and identify key questions to be addressed by the updated guideline.

World Health Organization – funded Ingela Wiklund [Treasurer] to attend a Maternal and Perinatal Health Executive Guideline Steering Group Meeting in Geneva.

6th International 10th National Congress of Midwifery Students in Turkey – funded Rita Borg-Xuereb [regional Board Member] to attend their Congress at Sivas Cumhuriyet University, Turkey.

World Health Organization - funded Trude Thommesen [regional Board Member] to represent ICM at an expert group meeting in Geneva regarding mistreatment during childbirth within the context of human rights and violence against women co-hosted and funded by Department of Reproductive Health and Research, WHO and UN Special Rapporteur on violence against women.

Partnership for Maternal, Newborn & Child Health (PMNCH) Executive Board - Franka Cadée [President] participated in electronic meetings

Istanbul Medipol University – invited and funded Rafat Jan [regional Board Member] to attend their 2nd International Midwifery Conference as ICM representative.

May

Partnership for Maternal, Newborn & Child Health (PMNCH) Fragile Settings Working Group – Franka Cadée [President] participated in a meeting in Geneva.

Dubai Ministry of Health and Prevention – funded Rafat Jan [Regional Board Member] to participate in regional policy dialogue for Eastern Mediterranean Region Nursing and Midwifery leaders, held in Dubai.

International Day of the Midwife (IDM) – Franka Cadée [President] participated in a live Instagram chat.

World Health Organization IDM celebrations – Sally Pairman [Chief Executive] provided a video message.

June

UNFPA LAC and the MacArthur Foundation – Franka Cadée [President] and Sandra Oyarzo Torres [regional Board Member] attended a high-level meeting about strengthening midwifery in Mexico.



International Council of Nurses (ICN) – Franka Cadée [President] represented the ICM at the International Council of Nurses (ICN) Congress 2019 in Singapore.

July

PAHO/WHO - funded Sandra Oyarzo Torres [regional Board Member] to represent ICM on an expert Working Group meeting in Panama City to establish a regional standard to define and monitor the extremely severe maternal morbidity (ESMM).

WHO Online Guideline Development Group – Professor Lesley Page represents ICM on this group, but was unable to attend the meeting in July.

September

Swedish Midwives Association – funded Franka Cadée [President] and Ingela Wiklund [Treasurer] attended a Round Table meeting in Stockholm to discuss issues of SRHR. Meetings were also held with the Swedish Development Agency (Sida) and the Swedish Ministry of Foreign Affairs.

Cengage Learning, Inc (Steven Spitalnik and Giancarlo Liumbruno) – funded Trude Thommesen [regional Board Member] to represent ICM at the 2nd Annual International Symposium for the Global Eradication of Rh Disease in Florence, Italy.

United Nations General Assembly (UNGA) - JHPIEGO side event: Power on the Path to UHC 2030: Nurses and Midwives as Navigators, Innovators and Accelerators – Emmanuelle Herbert was funded by Jhpiego to represent ICM and speak at this side event in New York.

UNGA - Women in Global Health side event: Delivering on UHC: From the Guideline to the Frontlines – funded Sandra Oyarzo Torres to represent ICM and speak at this event in New York.

October

Laerdal Global Health, Maternity Foundation, Save the Children and UNICEF – Ann Yates [ICM Lead Midwife Advisor] was funded by UNICEF to attend a meeting in Norway regarding Building Newborn Capacity in Humanitarian Settings.

UNICEF – funded Ann Yates [ICM Lead Midwife Advisor] to represent ICM at an Every Newborn Action Plan meeting in New York.

New Zealand College of Midwives and Pasifika Midwives Aotearoa – co-hosted a Pacific Midwives Forum at Auckland University, New Zealand. Auckland University funded Mary Kirk [Vice President] to represent ICM at the meeting.

November

1st European MUNet Conference – funded Franka Cadée to speak at the conference in Barcelona, Spain.

PMNCH 24th Board Meeting, Nairobi – attended by Franka Cadée,

ICPD25, Nairobi – Franka Cadée [President] attended a meeting consisting of over 10.000 delegates renewing their commitment to Sexual and Reproductive Health and Rights (SRHR), 25 years after the first ICPD Cairo in 1994.

Franka Cadée presented a statement from participants at ICM's Africa region conference, held earlier in the month) about midwives' commitment to SRHR.

The President also represented ICM at the SheDecides champion meeting, spoke on a panel and chaired a session about the teamwork needed to implement and sustain midwife-led continuity of care.

Bill & Melinda Gates Foundation (BMGF) and USAID - ICM attended two meetings in Dakar, Senegal:

1. Preventing PPH, attended by Fatoumata Dicko [Regional Board Member]
2. Leadership in Maternal and New-born Health attended by Franka Cadée [President]

The latter meeting resulted in a new commitment by the Gates Foundation and USAID to organise bi-annual global conferences until 2030 to increase the momentum towards the UN Sustainable Development Goals.



International Paediatric Association, Displaced Children's Workshop, Turkey – Victoria Vivilaki, Associate Professor of Midwifery, University of West Attica, Athens, represented ICM at this workshop.

December

UNFPA/ICM strategy meeting – Franka Cadée [President] and Sally Pairman [CE] represented ICM at this meeting in New York.

Bill & Melinda Gates Foundation (BMGF) – Hannah Dahlen [Professor of Midwifery, Western Sydney University, Australia] represented ICM at a high-level meeting in New York, funded by the Bill and Melinda Gates Foundation regarding Averting an Impending Cesarean Section Disaster in LMICs.

Throughout Year

WHO Maternal and Perinatal Death Surveillance and Response (MPDSR) Technical Working Group (TWG) – Ank de Jonge represents ICM on this TWG. Marianne Nieuwenhuijze is the alternate. Most meetings are electronic with a face-to-face meeting each year. Emmanuelle Hébert represented ICM at the face to face meeting in New York in March 2019.

WHO Toolkit Technical Advisory Group – Essential Childbirth Care - Sally Pairman and Florence West represent ICM on the working group developing modules on labour and birth care.

WHO Toolkit Technical Advisory Group - Essential Post-Partum Family Planning – Ann Yates (ICM Lead Midwife Advisor) and Florence West (Midwife Advisor) represent ICM on the working group developing the family planning module.

WHO Collaborating Centres for Nursing and Midwifery Executive Board – Jemima Dennis-Antwi (Board member) represents ICM on this group.

UNFPA, ICM, WHO State of the World Midwifery Report (SoWMy) 2021 – Franka Cadée (President) represents ICM on the Governance Group; Sally Pairman and Charlotte Renard (Membership Officer) represent ICM on the Core Working Group; Professor Sally Tracy (University of Sydney, Australia) represents ICM on the Technical Working Group.

3. Projects and Programmes

3.1 Strengthening Midwifery Services (SMS) Project

In partnership with the Bill and Melinda Gates Foundation (BMGF)

The Strengthening Midwifery Services (SMS) project (2018-2021) focuses on:

- Reviewing and revising the **Midwifery Services Framework (MSF)**: a tool to support the development and strengthening of midwife-led services across countries, based on the lessons learned from the 6-country pilot in 2015-17; Training more MSF facilitators and testing the revised MSF in one new country.
- Reviewing and revising the **Midwives' Association Capacity Assessment Tool (MACAT)** and building national Midwives Associations' capacity to advocate for and deliver high quality midwife-led services and to help MAs to be better equipped to manage the day-to-day operations of the Association.
- Revising, implementing and evaluating the **Midwifery Education Accreditation Programme (MEAP)** - a mechanism to accredit pre-service midwifery education programmes against the ICM global standards for midwifery education, with three midwifery education program providers.
- Designing a **Midwifery Education Pathway (MPath)** as a resource to assist pre-service midwifery education programme providers to increase their capacity to meet ICM standards.
- Translating and disseminating the ICM **Essential Competencies for Midwifery Practice** revised and updated in the first Gates project and developing a global standard for assessing the ICM essential competencies.

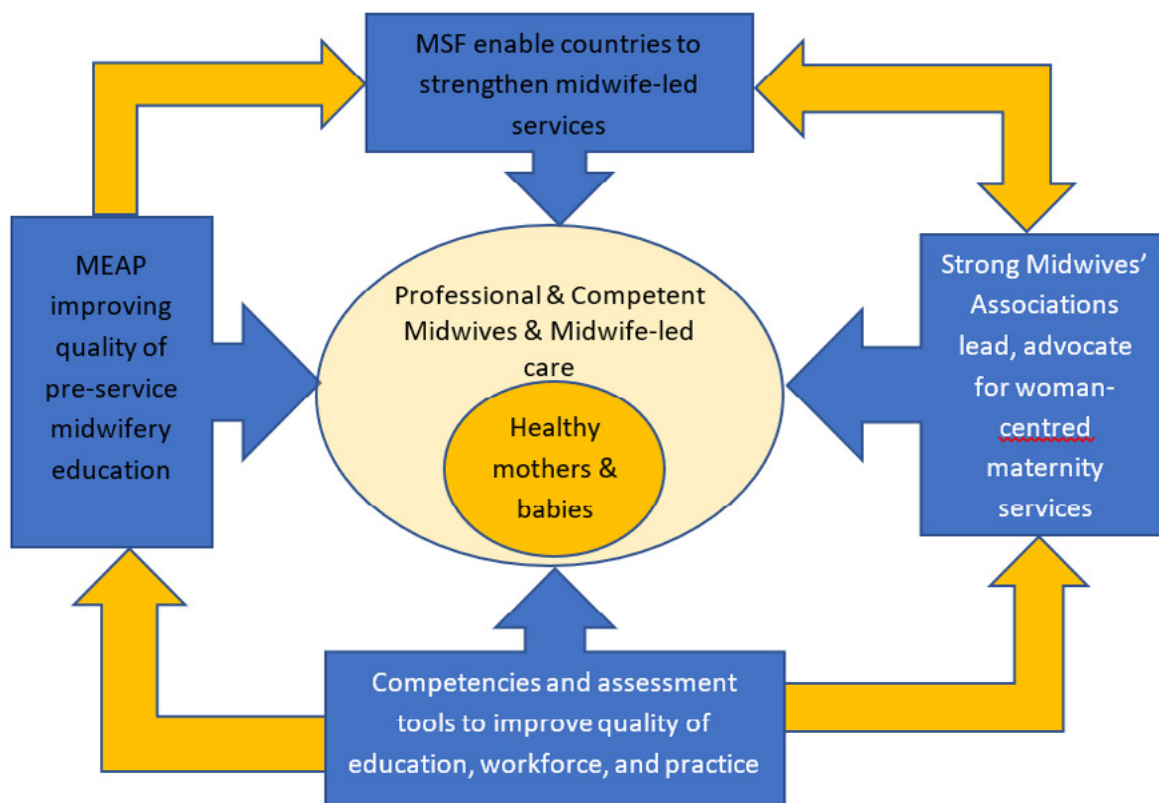


The four main components of the SMS project link directly to the core work of ICM. The Midwifery Services Framework (MSF) is a framework for integration of midwife-led services into national health planning systems (first component). ICM works to improve the capacity of Member Associations (second component) and to bring the Member Associations and ministries of health into a joint process to integrate midwife-led services into the maternal and newborn health care systems.

This is supported through a third component of the project, the Midwifery Education Accreditation Programme (MEAP). The intent here is to assess the quality of education received by midwives thereby identifying areas for improvement of pre-service education for high quality services - without well-educated midwives, the MSF cannot be fully implemented.

The fourth component focuses on promoting and assessing midwives' competencies as the foundation of quality midwifery care. The competencies need to be embedded in pre-service education, midwifery registration processes and in continuing professional development. The development of a global assessment process aims to enable assessment of individual midwife competencies at the point of registration and for continuing competence.

Each of these components is in itself essential, but it is by combining these components that we begin to strengthen the quality of midwifery care and midwife-led services and, over time, contribute to reductions in maternal and neonatal mortality and morbidity. The graphic below shows inter-relationships between the above components and how the SMS Project will help ICM to improve maternal and newborn health.





3.2 50,000 Happy Birthdays Project

In partnership with Laerdal Global Health (LGH)

In 2018 ICM and LGH expanded the original 10,000 Happy Birthdays Project in Malawi and Zambia, into Ethiopia, Rwanda and Tanzania with the ambitious target of an additional 20,000 happy birthdays between January 2018 and March 2020.

The goal of the 50,000 Happy Birthdays Project is to contribute to saving more lives at birth, reducing mortality and ensuring a better birth experience for women and their families by strengthening midwives' competencies in life-saving skills at the time of birth and respectful maternity care.



ICM supports its Member Associations in the project countries to train midwives, other healthcare providers and students using the simulation-based Helping Mothers Survive (Jhpiego) and Helping Babies Survive (American Academy of Paediatrics) training modules and the Low-Dose, High-Frequency (LDHF) approach. Multi-disciplinary training and frequent, short post-training practice sessions are encouraged to improve skills development and communication between midwives, nurses and doctors caring for women and newborns at the time of birth.

Through this project, ICM has built the Member Associations' capacity in project management, networking/resource mobilisation and provision of continuing professional development to the health workforce. Association members have represented the 50,000 Happy Birthdays project and their association at international conferences and have increased individual and association collaboration in the region. The HMS and HBS training modules are being integrated into National in-service and pre-service curricula, helping to ensure quality care of women and newborns.

An external Monitoring, Evaluation and Learning (MEL) field visit by consultant Novametrics is planned for January/February 2020, the results of which will be presented at ICM Triennial Congress in Bali, 2020.

3.3 Strengthening Midwifery in Mexico

In partnership with the MacArthur Foundation

This project in Mexico built on a previous project in 2017 where ICM supported the capacity-building of Midwives Associations in Mexico. In 2018 several midwives from Mexico were supported to deliver presentations at the Americas' region conference in Paraguay. A no-cost extension enabled ICM and its associations in Mexico to attend a stakeholder meeting to support strengthening of midwifery in Mexico. Further activities will take place before the project finishes in November 2020.

3.4 Strengthening Midwifery Education programs in French Speaking Africa

In partnership with Sanofi Espoir Foundation

This three-year project was completed at the end of 2019. Midwife educators in Madagascar, Cote d'Ivoire and Comoros have been trained in competency-based education (CBE) methodologies and supported by mentors as they begin to use these new teaching methods. Midwifery curricula have been reviewed and updated in the three countries. The CBE teachers are now able to teach and



mentor others to incorporate CBE into their teaching practices with the aim of improving pre-service midwifery education and developing the competence of midwife students and new graduates.

3.5 Strengthening Midwifery Services

In partnership with UNFPA

ICM has developed a diverse range of professional standards and resources that serve as global benchmarks for quality midwifery services. These resources focus on midwifery education, regulation, association and competencies which guide and strengthen the development of the midwifery profession, midwifery services, and midwives themselves as the key providers of quality maternal and newborn care.

ICM's 2019 Workplan with UNFPA delivered a broad range of initiatives that will further contribute to the professionalisation of midwifery globally and the strengthening of ICM national member associations locally and regionally. The project supported:

- Advocacy for International day of the Midwife 2019
- Development of an Advocacy Toolkit for Member Associations
- Development of a Facilitator Guide for running a one-day Respect workshop
- Development of a Guide for Mentoring for Midwives
- Development of two online courses
 - Facilitation of Respectful Care workshops
 - Core concepts in midwifery practice
- Development of four modules for ICM's online Consultancy Service training (co-funded by Johnson and Johnson)
- UNFPA/ICM Midwifery symposium at Women Deliver
- UNFPA activities at the ICM Africa region conference in Namibia
- Partnership meetings between ICM and UNFPA

3.6 Young Midwife Leaders (YML) Programme

In partnership with Johnson and Johnson

J & J (Global division) approved a Young Midwife Leaders programme that uses a new approach to leadership development, utilising interactive online learning methods, a webinar series and projects. The programme commenced in 2019 and 10 Young Midwife Leaders were selected from over 70 applications.

The Young Midwife Leaders are undertaking online education in leadership, and each participant is receiving mentoring. The mentors and mentees have both been afforded the opportunity to benefit from mentorship training.

In 2019 the YMLs established an online community of practice and will be working to extend it to include young midwives from across all regions of ICM in 2020 as a component of their group project. Each YML is also undertaking an individual project to support their association.

A webinar series giving the YMLs insight into midwife leaders across the globe will run in 2020 and the Young Midwife Leaders will also host a session at the ICM Congress in Bali in June 2020. The programme will finish at the end of 2020.



3.7 Midwife Awards 2019, funded by Johnson and Johnson (JJCI)

Marie Goubran Agent of Change Award 2019 - Awarded to Veronica Oduro-Kwarteng (Ghana) (see 6.9.11.2)

ICM Research Awards 2019 (x 2) - Awarded to:

- Beti Co (Guinea Bissau) for her research on the role of midwives in raising awareness on the importance of parent involvement in appropriate sensory stimulation of the newborn, the case of the Maternity in the Simao Mendes Hospital in Bissau, in Guinea Bissau
- Cesa Pratiwi (Indonesia) for her research on supporting women in Indonesia who have perinatal mental health problems.

ICM Education Awards 2019 (x 2) Awarded to:

- Emma Nghitanwa (Namibia) for her Project on developing practical skills in simulation training for midwifery educators in Namibia.
- Lamya Allam (Morocco) for her project on the development of basic and continuous education module for midwives about violence against women, girls and children.

Midwife Touch Ambassadors Recognition Sponsorship Programme

This programme was created in 2019 to recognise midwives who have participated in, embraced and activated their learning from the JJCI Sponsored Touch Ambassador workshops held at three conferences in 2018 and 2019:

- 2018 ICM Regional Conference, Dubai
- 2018 ICM Regional Conference, Paraguay
- 2019 ICM Regional Conference, Namibia
-

Winners will be announced early 2020 and will attend the 32nd Triennial Congress of ICM in Bali, Indonesia in 2020.

Midwives in Action Video Sponsorship Programme

The Midwives in Action Video Programme pilot programme commenced in 2019. The programme aims to catch video footage of midwives providing pregnancy and postnatal care to mothers and their newborn babies, with the objective of increasing the visibility of midwives and the work they do to enhance the health of mothers and babies. From a number of submissions, three ethnically diverse countries, Japan, New Zealand and Namibia, were selected.

3.8 ICM History Project

A volunteer group of previous ICM Board members and Chief Executives is undertaking a project on behalf of ICM to write the 100-year history of ICM. Work began in 2016 and the book is due for completion in 2021 with publication in 2022. While the writing team are working voluntarily ICM has been able to provide limited financial support through the Dorothea Lang Fund. Work on the history project is progressing well, thanks to the efforts of this energetic group of midwives.



4. Regional Reports

4.1 ICM Europe region report (Northern, Central and South European Region)

Provided by Trude Thommesen (Northern Europe sub-region), Serena Debonnet (Central Europe sub-region), Rita Borg-Xuereb (Southern Europe sub-region).



The ICM Europe region consists of 40 Midwives Associations (MAs) in total. The European Regional meeting was held on 1st May in Reykjavik, Iceland.

In general, midwives in the Europe Region are providing high quality, evidence-based midwifery care. Increasing numbers of midwives are undertaking and publishing research and completing higher educational qualifications such as Masters' and PhDs. Some countries are considering the introduction of direct entry in midwifery, others are discussing extending the midwifery education programme to a Masters' Degree.

Continuing Professional Education (CPD) is well embedded across the region including leadership and team-building programmes. Some MAs reported the need for country specific CPD programmes, other countries reported that there is little or no funding for CPD.

MAs indicated that they are striving to establish Midwife-led units and in some cases plans were underway. Conversely other MAs reported that the high insurance rates are demoralising midwives working outside hospital settings. Some MAs are concerned for midwives' working conditions; they reported heavy workloads, limited resources and high attrition rates.

Medicalization of childbirth remains the prime challenge in the region, which has implications for individual women, midwives and the midwifery profession. As a direct result the number of women choosing to birth at home has decreased.

There is also increased focus on pregnant and labouring women from outside Europe; immigrants and asylum seekers/refugees.

Many MAs reported that they make very good use of media technology with midwives actively using opportunities for advocacy through TV, radio, twitter, face book, websites, journals and e-journals. One MA embarked on a marketing campaign, via contracting the services of a marketing company to change the image of the midwife.

Midwives need to be more politically active and occupy more leadership posts. There are high hopes among MAs that the International Year of the Nurse and the Midwife 2020, will make a positive difference in their region.

4.2 Americas region report

Provided by Emmanuelle Hébert (North America and the Caribbean sub region), Sandra Oyarzo Torres (South America sub region).

In the midst of social movements in South America, midwives have been active in the regional movement alongside women fighting for the recognition of their human, sexual and reproductive rights. Generating alliances with women's organisations at the global and local level, makes visible the role of midwives, not only as professionals, but also as women and allies.



In spite of the prevailing anti-gender and rights climate in most of the region, ICM Member Associations together with the partners, have made progress in strengthening the pillars of the profession. Gains have been made in education and regulation and new associations have emerged. Midwives from America are more visible in media, in conferences, in high-level meetings. Many conferences and continuing education workshops have taken place.

Increasing inclusivity of all midwives (indigenous, colour, gender) can be seen, in order to better serve the needs of all populations.

However, there are still important challenges related to stagnation in the reduction of maternal mortality in Latin America and the Caribbean (LAC), lack of respectful maternal care, high numbers of unnecessary caesarean sections, and the lack of recognition of the rights of women, children, and adolescents to exercise their sexual and reproductive health rights.

In North America and the Caribbean poor recognition and too few midwives reduce the potential impact that midwives could make on improving health outcomes.

Most midwives' associations are concerned for midwives' working conditions; they report heavy workloads, limited resources; high attrition rates as midwives leave the profession; and inadequate and variable levels of remuneration for employed midwives. The lack of recognition of the midwifery profession, and the midwifery model, as a central part of the reproductive health of the population is also a major cause of the difficult working conditions.

There is no doubt that midwives in the region will continue to make progress in strengthening their leadership and working together with other professionals and women's organisations in civil society will become more involve in decision-making bodies, with the ultimate aim of putting women and their families at the centre of care.

4.3 South East Asia Region Report

Provided by Emi Nurjasmi Indomo

ICM's South East Asia Region consists of 6 countries that have Midwives Associations. Successes in this region in 2019 have included:

- The Indonesian Parliament ratified the Midwifery Act in February as a form of legal protection and certainty for communities and midwives
- India, Indonesia, Bangladesh, Nepal and Sri Lanka participated in a regional meeting in February to strengthen midwifery and nursing education and services to Improve reproductive, maternal and neonatal health
- The Indonesia Midwives Association held a seminar, supported by UNFPA Indonesia and Global Affairs Canada, in Jakarta on 9th May 2019 to celebrate International Day of The Midwife. The theme of the seminar was "Women and girls have the right to access sexual and reproductive health services anywhere in the world". The event was attended by more than 200 stakeholders including WHO, UNICEF, Jalin, JHPIEGO, Ministry of Health, professional organisations and midwifery institutions.

The World Health Organization facilitated three meetings in this region in 2019 relating to Maternal and Newborn Health, Family Planning and Midwifery. The purpose of these activities was to improve care and family planning and to raise awareness of policy, regulation and WHO guidelines.

The majority of Member Associations in this region attended and utilised the opportunity to share the practice and progress of midwifery in each country including information on education, regulation and policy. For example:

- Nepal has started to improve midwifery education and qualification by introducing an 18-month post-nursing midwifery education programme



- In Bangladesh the first cohort of midwives have graduated from a newly introduced 3 year direct-entry midwifery education programme.

In December WHO convened an Expert Group Consultation in Delhi to review and finalize a regional Strategic Direction for strengthening midwifery. Member Associations in the region participated. Data collection for SoWMy 2021 has commenced in several countries.

4.4 Eastern Mediterranean Region Report

Provided by Rafat Jan

In 2019 the region welcomed three new Member Associations from Lebanon, Jordan and Iraq.

Other successes in this region in 2019 have included:

- The Saudi Arabia Association President joined the Government Office and convened a conference. Materials were also developed and published in English and Arabic titled “Mother Health Passport” <https://www.moh.gov.sa/Documents/Book-2019-04-24-001.pdf>
- Pakistan held a Regional Midwifery Summit attended by various countries including Afghanistan, Iran, Nepal and Turkey. Bangladesh and Indonesia attended online. The Health Minister of the Province attended the opening ceremony.
- Tunis held a workshop for French midwives on midwifery competencies sponsored by UNFPA. Post workshop they disseminated a report via the Arab Midwifery Network.
- Iran, midwives represented EMRO at the WHO regional meeting in Tehran and strongly advocated that midwives should be included in regional meeting agendas because documentation provided was only for nurses.
- A Midwifery team from Pakistan developed a book on family planning and post abortion care with McMaster University Midwifery team. This is an interactive e-book which will afford free access on computer and handheld devices.
- Eastern Mediterranean Region members were invited by the Dubai Nursing department in the Ministry of Health to engage in their meetings. Midwives from Lebanon attended and presented their work on competencies.

Members from the EM region have identified that it would highly beneficial for ICM materials to be translated into Arabic for use in the education of Arabic speaking midwives providing care for women and their families. These materials can then be disseminated across Arabic speaking countries.

4.5 Western Pacific Region Report

Provided by Hatsumi Taniguchi

The ICM Western Pacific Region consists of 18 Midwives’ Associations (MAs). The region is characterized by a mix of high-income and low-income countries.

Regional Members in Asian regions report that a noticeable decrease in the birth rate is being experienced. (South Korea (1.05), Taiwan (1.13), Hong Kong (1.13), Japan (1.43))

Successes in this region in 2019 have included:

- The development of advanced midwifery education via a Masters program in Australia, Japan and New Zealand.
- The revision of midwifery guidelines to enhance quality assurance and cultural competence in Australia, Japan and New Zealand.
- Mongolian & Vietnamese MAs delivered workshops to address midwives’ skills in antenatal and postpartum care

Members report that the lack of midwives in each region presents challenges and that there are also improvements to be made with regards to Universal Health Coverage in the region.



4.6 Africa Region Report

Prepared by Jemima Dennis Antwi (Anglophone Africa sub-region) and Fatoumata S Maiga Dicko (Francophone Africa sub-region).

The ICM African region consist of 34 Midwives Associations (MAs) (17, Anglophone Africa and 17, Francophone Africa).

Midwifery Associations (MAs) in Africa have been engaged with improving systems of Midwifery Education, Regulation, Advocacy and Association leadership strengthening through various strategies and activities.

Successes for the Anglophone Region have included:

- Holding of the ICM Africa Regional Conference at Namibia in September 2019 with 314 in attendance from Africa, Bangladesh, Belgium, Canada, Denmark, Netherlands, Norway, Pakistan, Switzerland, New Zealand, United Kingdom, United States of America
- CPD for midwives in countries such as Nigeria and Sierra Leone to ensure continual competence.



Successes for the Francophone Region have included:

- Mobilization of midwifery associations around the issue of maternal neonatal and infant mortality
- Regular holding of the midwife day commemoration in all countries
- Advocacy for resource mobilization with partners

Overall, there was the development of an ICM Africa Triennial Regional Workplan that focuses on:

Quality: improvement in communication with and among the Associations; board member selection, planning for the next Africa regional conference and attendance to the 32nd ICM Triennial congress at Bali-Indonesia

Equity: In development

Leadership: Need for skills development in resource mobilisation, proposal writing, development of grant application, regional database of experts and advocacy for midwives to participate at high level meetings and committees

There have also been challenges to success:

Anglophone Region: These have included limited staff, poor working environments and equipment, limited supportive policies, limited or no regulation and financial weakness in some associations.

Francophone Region: Lack of professional order for midwives in some countries; Lack of adequate teaching materials for quality training of midwives (skills laboratories in schools and internship sites; Insufficient funds for the implementation of planned activities

MAs hope to mobilise more resources to sustain their activities and ensure more participation at the Triennial Congress in Bali.

Events of critical interest to ICM participation in Africa include meetings of the West African College of Nursing (and Midwifery), East, Central and Southern Africa College of Nursing (ECSACON); FASFAF and WAHO



5. Communications and Advocacy

5.1 Website

The website is continually updated with information on the organisation, partners, Member Associations and advocacy. ICM's core documents such as definitions, standards, position statements, essential competencies and resources and tools are available on the website.

5.2 Newsletter and social media toolkits

The ICM newsletter continues to go out monthly. The newsletter engagement has increased again from 30% to approximately 55%. The newsletter contact list is updated regularly.

ICM distributed Social Media toolkits monthly to all partners and associations with messaging and graphics for key advocacy days each month. Providing these resources makes it easier for our associations to advocate effectively and join in global conversations on relevant themes and topics pertinent to midwifery. This is in keeping with our ICM strategic plan to lead the way in global advocacy efforts to raise demand for midwives.

5.3 Social Media

ICM continues to use social media as a channel for advocating for midwives and maternal and newborn health. Our social media channels during 2019 were Facebook, Twitter and Instagram.

Facebook

ICM's Facebook page had 33,177 likes on 31 December 2019, which was an increase of 19.91 % over the previous year. 234 posts were made throughout the year, and the most engaging theme was the theme of International Day of the Midwife 2019: Midwives – defenders of women's rights!. This theme resulted in 22,267 reactions (likes etc), 2,017 comments and 3,470 shared posts.

Twitter

ICM's Twitter account had 18,917 followers on 31 December 2019, which was an increase with 12.21% over the previous year. 516 posts were made throughout the year, and the most engaging theme was the theme of International Day of the Midwife 2019: Midwives – defenders of women's rights!. This theme resulted in 491 likes and 281 retweets.

Instagram

2019 was the first year that ICM used Instagram. The account had 3,904 followers on 31 December 2019. 105 posts were made throughout the year and the most engaging theme was the theme of International Day of the Midwife 2019: Midwives – defenders of women's rights!. This theme resulted in 4,643 likes and 121 comments.

5.4 Advocacy Workshops

This year at the ICM Africa Regional Conference, ICM ran advocacy workshops in French and English. The workshops had a strong focus on educating midwives about the impact of advocacy at different levels. They provided midwives with examples of effective advocacy activity and impact it can have, globally, nationally and at a community level. The workshops provided an opportunity and platform for the attendees to work together and come up with strategies to address different policy issues they may wish to change in their country or in Africa. The workshops were a great success and will continue in future regional conferences, with the advocacy toolkit also launched in 2019 and more advocacy workshops taking place throughout 2020.



6. Future Outlook

In response to ICM's difficult financial situation the ICM Board, in 2019, developed a Sustainability Plan. This is a 'living' document that sets out cost cutting measures as well as measures to increase revenue. The focus on financial sustainability has led to broader considerations:

- ICM is taking an organisational approach to long term sustainability and working through what this may mean for the way that ICM operates its business.
- ICM is reconsidering how to manage business and how to support our members by using more electronic technology, including experimenting in 2020 with running regional meetings and small conferences using real time video-conferencing technologies.
- ICM is looking creatively at how to generate more of its own income, including changes to the membership fee structure to increase both equity between associations and income to ICM; and developing more income-generating services.

During 2019 ICM staff applied for a large number of grants. Some were successful and a new project funded by Latter Day Saint Charities will commence part way through 2020. Two other grants of significance are expected to be approved to commence during 2020. The Bill and Melinda Gates Foundation has agreed to consider amendments to the existing grant that will fund new advocacy and communications activities, extension of existing project activities over an extended timeframe and new activities. These latter, in particular, will focus on supporting ICM to build internal capacity to deliver on an expanded programme of work to build the midwifery profession globally.

The Swedish Development Agency, SIDA, is also considering a proposal from ICM that will help fund ICM to build the capacity of its Head Office to better lead activities that will support the capacity-building of ICM's Member Associations.

These grants, if approved, will provide support and time for ICM to develop its organisational capacity and its business plans and activities. The aim is that ICM will be more self-sufficient in the future, generating most of its own income, and less reliant on external funders for its survival.

ICM will have existed for 100 years in 2022 and it is working hard to ensure it is an effective organisation that supports midwives and midwifery for another hundred years.

The worldwide pandemic caused by the Corona virus (COVID-19) will have an effect on ICM's activities in 2020, but at the time of writing we are uncertain what this impact may be. For more details we refer to item 7.7 Subsequent Events.

7. Financial Overview

7.1 Executive Summary

This Financial Report sets out the result of the activities described above in the 2019 year. The year closed with a negative result of -€ 247,947. The main reasons for this negative result were:

- lower allocation of office costs to projects (overhead) and less staff allocation to projects because:
 - Some projects that had been budgeted were approved later than expected and resulted in late receipt of grant funding and later than expected commencement of projects.
 - Evaluation of the MSF program 2017-2018 caused a delay in executing the planned activities for the SMS programme in 2019 resulting in a lower than expected allocation of staff costs and overhead against the project.
 - There was higher than expected staff time devoted to writing grant proposals. Some of



these proposals were directly related to strengthening the capacity of ICM headquarters and stimulating the development of new income resources to cover core activities. Not all proposals were successful.

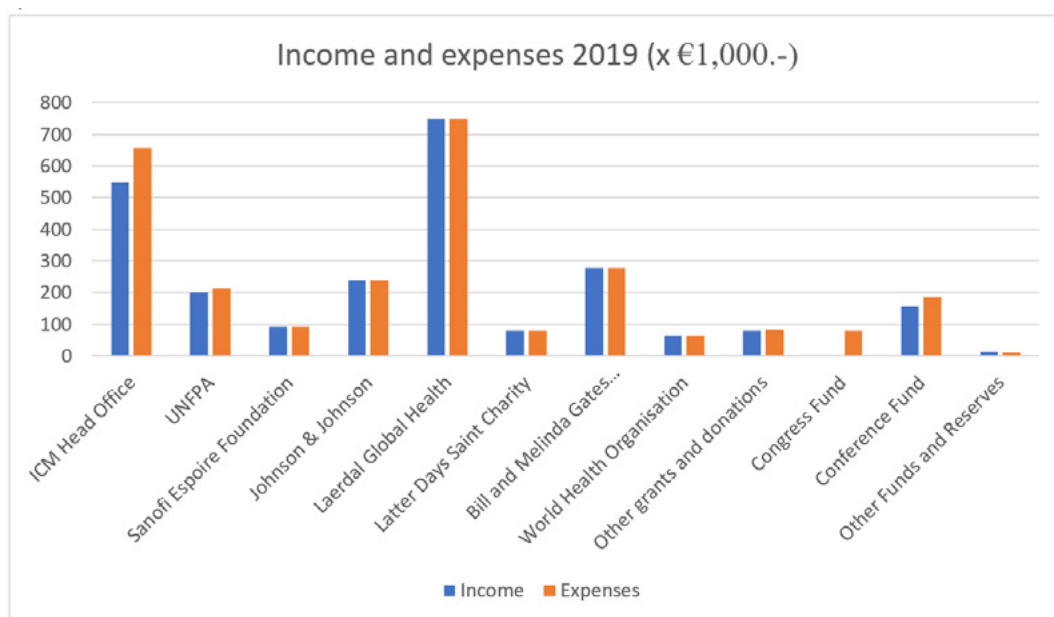
- As money is spent from specific funds (restricted and unrestricted funds) their balance has decreased.
- The General Reserve was further reduced because it was used to cover losses in 2019.

This result could have been worse had it not been for:

- The profit from the regional conference in Namibia due to higher than expected sponsorship, and
- Savings in external rentals for meetings that are now able to be held at ICM's new premises.
- It is more evident than ever before that ICM needs to generate income, other than membership fees, to cover the expenses related to core ICM work. ICM remains highly dependent on external project funding.

7.2 Summary Income and Expenditure 2019

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



7.3 Policy regarding cash at bank in hand

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

7.4 Reserves Policy

ICM's policy is to maintain a general reserve at a minimum of 30% of the core operational budget, to cover at least three months of ICM core tasks expenditures, to ensure solvency.

In 2019, the accounts closed with a solvability of 16 %.



7.5 Financial Statements

7.5.1 Balance sheet as at December 31, 2019

(After appropriation of the result to reserves and funds)

	Notes	December 31, 2019 EUR	December 31, 2018 EUR
Assets			
Fixed assets			
Tangible fixed assets	7.5.5.1	37,712	44,063
Intangible fixed assets	7.5.5.1	<u>15,144</u>	<u>19,693</u>
		52,856	63,756
Current assets			
Receivables	7.5.5.2	459,246	298,521
Work in progress	7.5.5.3	495,093	571,410
Cash at bank and in hand	7.5.5.4	<u>1,463,272</u>	<u>920,279</u>
		2,417,611	1,790,210
Total Assets		2,470,467	1,853,966
Equities and liabilities			
Equity			
Unrestricted reserves	7.5.5.5		
General reserves		99,860	239,791
Earmarked reserves		<u>231,660</u>	<u>336,353</u>
		331,520	576,144
Restricted funds	7.5.5.6	18,146	<u>21,469</u>
		349,666	597,613
Liabilities			
Creditors	7.5.5.7	33,638	54,599
Accruals		64,072	81,527
Other payables		1,650	17,224
Tax		<u>15,402</u>	<u>35,105</u>
		114,762	188,455
Grants/Subsidies	7.5.5.8	<u>2,006,039</u>	<u>1,067,898</u>
		2,120,801	1,256,353
Total Equities and liabilities		2,470,467	1,853,966



7.5.2 Statement of income and expenditure for the year 2019

	<i>Note</i>	<i>Budget (Euro)</i>	<i>Actual 2019 (Euro)</i>	<i>Actual 2018 (Euro)</i>
Income				
Membership Fee income	7.9.1	376,058	375,274	371,867
Income subsidies/ grants	7.9.2	2,464,801	1,801,563	1,415,571
Income Fundraising activities	7.9.3	18,000	1,400	-
Income Funds and Reserves	7.9.4	12,900	168,755	171,114
Other income	7.9.5	1,500	5,000	1,563
Subtotal Income		2,873,259	2,351,992	1,960,115
Expenses				
Personnel costs	7.9.6	1,421,008	1,299,183	1,160,023
Board and representation	7.9.7	152,020	97,870	93,945
Professional Services	7.9.8	184,946	168,197	71,300
General Office cost	7.9.9	119,017	111,365	110,324
Cost events and program	7.9.10	1,131,581	749,232	592,384
Cost Funds and Reserves	7.9.11	2,900	155,206	234,289
Subtotal Expenses		3,011,472	2,598,275	2,262,265
Operational Result		-138,213	- 246,283	- 302,150
Depreciation		-11,000	- 11,976	-10,220
Financial income		1,000	15,323	6,523
Financial cost		-12,300	- 5,011	- 5,858
TOTAL RESULT		-160,513	- 247,947	- 311,705
Appropriation of the result				
Add to/deduct from general reserves		-	- 139,931	-215,278
Add to/deduct from Safe Motherhood Fund		-	+ 4,139	- 48,619
Add to/deduct Regional Conference Fund		- 84,747	-30,147	43,493
Add to/deduct from Congress fund		- 75,766	-79,259	- 88,896
Add to/deduct from Dorothea Lang Fund		-	- 1,558	- 3,826
Add to/deduct from Marie Goubran Fund		-	- 1,191	+ 1,421
Total Appropriation of the result		- 160,513	- 247,947	- 311,705



7.5.3 Cash flow overview (using indirect method)

	2019		2018
Cash flow operational activities			
Net generated result	- 247,947		311,705
<u>Adjustment for:</u>			
Depreciation	<u>11,976</u>	11,976	<u>10,220</u> 10,220
Change in current assets and liabilities			
Receivables	- 160,725	163,057	
Work in progress	76,318	- 96,991	
Liabilities	<u>864,448</u>	<u>219,712</u>	
	<u>780,040</u>		<u>285,778</u>
Total cash flow operational activities	544,069		- 15,707
Cash flow of investments			
Investments	- <u>1,076</u>	- <u>65,538</u>	
Cash flow financial activities		- 1,076	- 65,538
Change of cash in hand and at bank		<u>542,993</u>	<u>- 81,245</u>
Cash at December, 31	1,463,272		920,279
Cash at January, 1	<u>920,279</u>		<u>1,001,524</u>
Change of cash/bank		<u>542,993</u>	<u>- 81,245</u>

7.5.4 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 (1 June 2010).

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 growth in ICM Membership with new Midwives' Associations continuing to join the Confederation. At year end 2019 there are 142 Member Associations from 123 countries. New applications for membership are received on a regular basis.

Group Structure

On December 16th 2019 the WithWomen Foundation was established, with its listed address as Koningin-negracht 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.

The first financial year ends on December 31, 2020. Per December 31, 2019 ICM has a claim of € 3,074.- on the Foundation, included in the other receivables.

The Foundation has no Founding Capital, is qualified as a subsidiary company with ICM as the head of the group.

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.

General principles for the statement of the financial report

The generally accepted accounting standards in the Netherlands applying to not-for-profit organisations have been applied. The annual report 2019 is 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 bases.

Comparison with previous year

The valuation principles and method of determining the result are the same as those used in the previous years, with the exception of changes as set out in the relevant section, if applicable. In 2019 the presentation of the statement of income and expenditures was changed in accordance with the guidelines from RJ C1 “small sized not for profit organisations”. The main goal is to present a more transparent total view of all income and expenditure from all ICM sources. Reclassifications applied in the current year are also applied in the budget and previous year for comparison only. Reclassifications do not impact the financial position nor the result of the confederation.

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 will be deducted. The provision will be 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 will be 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 recognized at fair value and valued against amortized cost.

Principles of the statements of income and 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.

In the case of foreign values a midpoint daily exchange rate is used for the transfer to or from Euros.

With the execution of activities for projects and reserves, staff time is allocated to these activities based on time registration in the HR-system and reflective of the budget for project activities; invoices from consultants and other suppliers are directly allocated to the activities they belong to; a percentage is used to cover the indirect expenses. This percentage can be different per project and is stated in the contract.

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 his 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 cash flow overview

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.

7.5.5 Disclosure notes to the balance sheet

7.5.5.1 (In-) Tangible fixed assets

<i>Description</i>	<i>Tangible Fixed Assets</i>			<i>Intangible Fixed Assets</i>	
	<i>Office equipment</i>	<i>Office furniture</i>	<i>Sub Total</i>	<i>Web site</i>	<i>ICM Total</i>
Purchase value 1st January	37,923	35,258	73,180	22,748	95,929
Accumulated depreciation per 1st January	-27,369	-1,749	-29,118	-3,055	-32,173
Balance per 1st January	10,554	33,508	44,062	19,694	63,756
Investments in 2019	1,076		1,076		1,076
Depreciation 2019	-3,901	-3,526	-7,427	-4,549	-11,976
Purchase value per 31st December	38,999	35,258	74,257	22,748	97,005
Accumulated depreciation per 31st December	-31,270	-5,275	-36,545	-7,604	-44,149
Balance per 31st December	7,729	29,983	37,712	15,144	52,856

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



7.5.5.2 Receivables

	<i>December 31, 2019</i>	<i>December 31, 2018</i>
Debtors		
Debtors membership fee	72,710	47,305
Provision doubtful debtors	- 25,049	- 5,885
WHO	67,439	2,182
Sanofi Espoir Corporate Foundation	39,659	-
Associations Zambia and Malawi	24,040	15,541
Other Debtors Projects	9,372	6,212
Subtotal debtors	188,171	65,355
Other receivables		
UNFPA	60,545	-
EngenderHealth	6,503	6,503
Advances to projects	129,138	186,581
Ministry of Health Sudan	9,513	9,513
Regional Conference	16,342	-
Prepayments	24,256	7,533
Others	24,778	23,036
Subtotal	271,075	233,166
Total receivables	459,246	298,521

7.5.5.2.1 UNFPA

	<i>2019</i>	<i>2018</i>
Balance on 1st January	- 19,694	-
Add: Expenses 2019/2018	202,434	-
Extract: Received subsidy 2019/2018	-122,195	-
Balance at 31st December	60,545	-

The final report for 2019 was sent to UNFPA in January 2020 as planned. The remaining amount was received in 2020. The amount from the opening balance is specified in the annual report 2018, see also item 7.5.5.8 Grants and Subsidies.

7.5.5.2.2 World Health Organisation

	<i>2019</i>	<i>2018</i>
Balance on 1st January	2,182	-
Add: Expenses 2019/2018	65,257	2,182
Extract: Received subsidy 2019/2018	-	-
Balance at 31 December	67,439	2,182

ICM performed an expert review and finalised the curriculum and syllabus for Nurse Practitioner in Midwifery (NPM) and NPM Educators in India.

7.5.5.2.3 Sanofi Espoir Corporate Foundation

	<i>2019</i>	<i>2018</i>
Balance on 1st January	-51,001	-
Add: Expenses 2019	90,660	-
Extract: Received subsidy 2019	-	-
Balance at 31 December	39,659	-



The Sanofi Espoir Corporate Foundation agreed in July 2016 to provide funding to strengthen Mid-wifery education in French-speaking African countries with Madagascar, Comoros and Ivory Coast as pilots for the first two years. A no-cost extension was approved to finish the project by December 2019.

For income and expenses 2018 see item 6.5.5.8.3

7.5.5.2.4 Associations in Malawi and Zambia

	2019	2018
Balance on 1st January	15,541	-
Add: Expenses 2019	8,499	15,541
Extract: Received subsidy 2019	-	-
Balance at 31 December	24,040	15,541

The Rotary Norway in combination with Rotary in Malawi and Zambia provided funding to further roll out the 10K HMS-HBS program in the countries. ICM supported this work in 2018 and 2019.

7.5.5.3 Work in Progress

	<i>January 1, 2019</i>	<i>Received 2019</i>	<i>Expenses 2019</i>	<i>December 31, 2019</i>
Activated cost for work relating to:				
Congress 2020 Bali	556,009	94,747	18,430	479,691
Congress 2023 Abu Dhabi	15,401	-		15,401
Total work in progress	571,410	94,747	18,430	495,093

The outstanding amounts represent the expenses related to future congresses that ICM has pre-financed. The amounts will be settled with the PCOs when sufficient funds are available.

7.5.5.4 Cash at bank and in hand

	<i>December 31, 2019</i>	<i>December 31, 2018</i>
Cash in hand	895	191
Cash at bank	1,463,165	920,088
Total cash	1,463,272	920,279

Cash is at free disposal of ICM.

7.5.5.5 Unrestricted Reserves

	<i>December 31, 2019</i>	<i>December 31, 2018</i>
General reserves		
Balance at January 1	239,791	455,069
Transfer to/from restricted reserves	-	- 50,000
Add/deduct as a result of the Confederation	-139,931	- 165,278
Balance as of December 31	99,860	239,791



7.5.5.5.1 Earmarked reserves

	<i>Balance as per January 1, 2019</i>	<i>Funds</i>	<i>Deferred received Income</i>	<i>Fund related costs</i>	<i>Transfer reserves</i>	<i>Balance per December 31,2019</i>
Safe Motherhood and Development Fund	162,500	4,248	-	109	574	167,213
Congress Interpretation Fund	4,610	-	-	-	-	4,610
Membership Fee Assistance Fund	9,132	-	-	-	-	9,132
Regional Conference Fund	43,493	156,399	-	186,546	-	13,346
Congress Fund	116,618	-	-	79,259	-	37,359
	336,353	160,647	-	265,914	574	231,660

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

The Congress Interpretation Fund was established to provide interpretation services during a Triennial Congress in languages other than French and Spanish (the official ICM languages).

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 was established in 2018 to cover expenses made by or on behalf of ICM in preparation of future Regional Conferences. ICM began organising the Regional Conferences centrally from Head Office, in cooperation with local Associations of Midwives, in 2018. The Regional Conference in Namibia 2019 was successful.

7.5.5.6 Restricted Funds

	<i>Balance as per January 1, 2019</i>	<i>Funds received</i>	<i>Deferred Congress Income</i>	<i>Fund related costs</i>	<i>Transfer general reserves</i>	<i>Balance per December 31,2019</i>
Funds						
Marie Goubran Memorial Fund	1,486	8,109	-	9,300	-295	-
Dorothea Lang Donation Fund	19,705	-	-	1,558	-	18,146
Swiss Midwives Association Donation Fund	279	-	-	-	-279	-
Total restricted funds	21,469	8,109	-	10,858	-574	18,146

The Marie Goubran Memorial Fund was established to recognise midwives in countries with special needs and limited funding opportunities, who demonstrate similar leadership and commitment, by rewarding them for their outstanding achievement with the Marie Goubran Agent for Change Award. In 2019 Johnson & Johnson provided funds for an award in the years 2019, 2020 and 2021.

Dorothea Lang, a retired midwife in the United States of America, has provided funds to sponsor midwives to attend future Congresses in Toronto and Bali. The Board has agreed to earmark €7,500 as a contribution to the costs of the ICM History Project that is due for completion in 2021.

The Swiss Midwives Association Donation Fund was established as a contribution to the translation of Congress/Council documents and other ICM materials into French.



7.5.5.7 Liabilities

	<i>December 31, 2019</i>	<i>December 31, 2018</i>
Consultants	30,564	53,342
Office cost	1,124	450
Other suppliers	<u>1,950</u>	<u>807</u>
Total creditors	33,638	54,599
Financial Costs (audits/support)	4,312	14,000
Consultants/ workshop cost	59,760	67,050
Other invoice to receive	-	477
Total accruals	64,072	81,527
Pre-received	462	16,185
Other payables	<u>1,188</u>	<u>1,039</u>
Tax	1,650	17,224
	<u>15,402</u>	<u>35,105</u>
Total liabilities	114,762	188,455

7.5.5.8 Grants/Subsidies

7.5.5.8.1 MacArthur Foundation

	<i>2019</i>	<i>2018</i>
Balance on 1st January	122,976	26,326
Add: Subsidy 2019/2018	-	162,335
Extract: Expenses 2019/2018	<u>-12,332</u>	<u>-65,685</u>
Balance at 31 December	110,644	122,976

The MacArthur Foundation provided an additional grant provided in 2018 to support Mexican Midwives to attend the regional Conference in November 2018 in Paraguay and support strengthening midwifery in Mexico. A no cost extension is approved for using the remaining amount in 2020.

7.5.5.8.2 Bill and Melinda Gates Foundation

	<i>2019</i>	<i>2018</i>
Balance on 1st January	656,579	20,669
Add: Subsidy 2019/2018	997,384	751,726
Extract: Expenses 2019/2018	<u>-277,425</u>	<u>-115,816</u>
Balance at 31 December	1,376,538	656,579

In June 2018 the Bill and Melinda Gates Foundation provided a grant for the period 2018-2020 to strengthen Midwifery Services in a number of countries through activities that build from the earlier grant. Additional work needed to be done to finetune the outcome from the first grant to the needs from the implementing partners, leading to delays in commencement of some project activities. Implementation of the programme in 2019 was further delayed because of various contextual issues in some countries and a no-cost extension was agreed to finish the work in the period 2020-2021.

7.5.5.8.3 Sanofi Espoir Corporate Foundation

	<i>2019</i>	<i>2018</i>
Balance on 1st January	-	334,897
Add: Subsidy 2019/2018	-	-
Extract: Expenses 2019/2018	-	<u>-283,896</u>
Balance at 31 December	-	51,001

See for the 2019 output item 6.5.5.2.



7.5.5.8.4 Johnson & Johnson

	2019	2018
Balance on 1st January	62,809	128,248
Add: Subsidy 2019/2018	436,717	149,922
Extract: Expenses 2019/2018	<u>-237,480</u>	<u>-215,361</u>
Balance at 31 December	262,046	62,809

The Young Midwife Leaders (YML) programme started in 2019, sponsored by Johnson & Johnson, and aims to establish a culture of leadership within the midwifery profession, at member association, country and regional levels by identifying prospective young leaders and facilitating them to develop leadership skills, engage in national policy dialogues and influence change.

Johnson & Johnson provided in 2018, via the Resource Foundation, a grant to support resource management at ICM, a side event during the UNGA in New York, a meeting in Geneva (WHA) and developing a Consultancy Service Training. This programme finished in June 2019.

Johnson & Johnson provided new funding for the ICM education and research awards and the Marie Goubran Agent for Change Award in each year of 2019, 2020 and 2021.

7.5.5.8.5 Laerdal

	2019	2018
Balance on 1st January	141,505	-53,907
Add: Subsidy 2019/2018	937,028	657,028
Correction Outstanding invoice Zambia		4,186
Extract: Expenses 2019/2018	<u>-835,044</u>	<u>-465,802</u>
Balance at 31 December	243,489	141,505

Laerdal Global Health sponsored a project to train 10,000 midwives and other health care providers in Helping Mothers Survive Bleeding after Birth (HMS-BAB) and Helping Babies Breathe (HBB). ICM continued to support Midwives Associations in Malawi and Zambia in 2019 as they took the lead on the continuation of the project with funding support to them from Rotary Norway and Rotary international.

In 2018 Laerdal Global Health provided a new grant to support the training of an additional number of midwives in Rwanda, Tanzania and Ethiopia to achieve 50,000 Happy Birthdays. The duration of the project is from November 2017 through March 2020. ICM leads this project in collaboration with the Midwives Associations in each country.

7.5.5.8.6 UNFPA

	2019	2018
Balance on 1st January	-	-
Add: Subsidy 2019/2018	-	172,898
Extract: Expenses 2019/2018	-	<u>-153,204</u>
Balance at 31st December	-	19,694

See for 2019 income and expenses item 7.5.5.2.

7.6. Off Balance rights, obligations and agreements

7.6.1 Annual financial obligations

The rent for the ICM office (Koninginnegracht 60, The Hague) amounts to € 42,640.- annually. The contract expires on 31 May 2025.



The lease for the Xerox machine amounts to € 7,237 annually; the contract expired in 2019 and is recently renewed for 5 years.

7.6.2 Triennial Congress 2020 Bali

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). Once every three years the meeting is held together with a Congress – the Triennial Council meeting (ICM By-Laws, Article 12, clause 1). Certain decisions must be made at this meeting as set out in the Constitution (Article 12, clause ii) and the By-Laws (Article 12, clause 2). These items of business include receipt of the Annual Report, Annual Accounts and Auditor's certification; approval, amendment or rejection of business or resolutions on professional issues; election and appointment of Board Members; determine any amendments to the By-Laws and consider appeals in relation to membership. It is usual for the ICM Council to also set strategic directions for the next three years to guide the Board in developing the triennial strategy.

The location of the triennial Congress is chosen five or six years in advance. The Congress has four days of scientific programming and two days of 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 or six years beforehand) and organisation for the next Congress in Bali in June 2020 is well underway. Contracts with the Congress venue and the local conference organising company were signed in 2015. The ICM Board approved the final Congress 2020 budget in November 2018 with a total amount of \$ 2.8 million. 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 Congress 2020 in Bali that fell in 2019 can be found in section 7.5.5.3 Work in Progress. These amounts will be settled when sufficient funds are available from participant registrations and receipt of funds from sponsors and exhibitors.

7.6.3 Triennial Congress 2023 Abu Dhabi

In 2017, following an agreed process, the ICM Board selected Abu Dhabi as the site for the 2023 Congress. The budget for this Congress is in development. To date the costs pre-financed by ICM relate to site visits and can also be found in section 7.5.5.3 Work in Progress. These amounts will be settled when sufficient funds are available.

7.7. Subsequent events

The global pandemic caused by the Coronavirus (COVID-19) is causing serious health problems worldwide and extraordinary measures that are impacting on governments, individual citizens and businesses, including having impacts on business continuity. At the time of writing (March 2020) ICM is impacted in two main ways – the ICM triennial Congress in Bali in June 2020 and changes to the way that ICM undertakes its day to day business.

The triennial Congress in Bali.

It is no longer appropriate or possible to hold this Congress in June 2020. The ICM Board held an emergency meeting on 11 March 2020 and decided to postpone the Congress. The Board used three principles in making this decision:



- To do no harm to ICM's members, its partners and its organisation
- To keep ICM moving forward
- To take advantage of all new opportunities

ICM has been able to secure the venue in Bali for new dates in May/June 2021 at no additional cost. All participants, sponsors, exhibitors and suppliers have been notified. ICM has offered to carry current registrations forward to 2021 as well as current contracts and agreements with sponsors, exhibitors and suppliers. Most have chosen to carry existing arrangements forward and the conference organisers are currently in the process of updating contracts for 2021 and also providing refunds to those who request them. To date less than 4% of those registered have requested refunds because they are unable to attend on the new dates.

A new budget is being developed for consideration by the Board. Additional expenses are expected but cannot yet be quantified. ICM will need to extend its contracts with the conference organisers and is currently negotiating these fees. Some suppliers are likely to change their terms and fees to try to recoup in 2021 some of the losses they faced in 2020. Hotel bookings are being re-negotiated. Some exhibitors and sponsors may also request changes to terms of contracts. ICM expects it will take up to three months before all budget changes are known and a new budget can be presented to the Board. Decisions may need to be made about how to reduce costs and increase revenue.

The ICM Board is also aware that the impact of the coronavirus may not be resolved by 2021 and that there may be further impacts on travel costs and the willingness of individuals to travel to attend larger gatherings such as the ICM Congress. The Board will keep abreast of developments globally and further decisions may need to be made.

ICM's day to day business

The second main impact of the country responses to the coronavirus relates to how ICM undertakes its day to day business. The Dutch government has requested all those who can work from home to do so and all ICM staff are able to comply. All staff have laptops and internet connections and are making use of videoconference technologies and social media tools to continue their work. ICM's global partners are also using the same measures and many meetings that would previously have been face to face are now being held by video conferences.

The ICM Council meeting in 2020 will be held electronically and preparations are underway. The ICM Council has a Council-only area on the ICM website where meeting papers can be uploaded and discussed. Videos are being made by staff and Board members to introduce various papers for discussion before electronic voting takes place. Meetings for regional delegates are being planned using video-conference technology for 'real time' discussions and for election of regional Board members.

At this time ICM expects to continue its work with minimal interruption. The circumstances provide new opportunities for ICM to utilise electronic technologies for communication and this experience will inform future activities and modes of communication. There may also be some savings in travel costs during 2020.

Other considerations

It is not possible at this time to know the impact of the coronavirus on ICM's Member Associations, but it is likely to be especially significant in those countries where the economy, infrastructure and health systems are weak and those that are also fragile because of war, civil unrest or environmental disasters. Some midwives working in these countries have already died as a result of exposure to the coronavirus. More are likely to die. Midwives may also face loss of income due to non-payments to them or family members or from unemployment of family members. There is likely to be a flow on effect to Member Associations through loss of members and loss of fees. This in turn may increase the number of ICM Member Associations who default on payments to ICM. This risk is limited because the majority of members fees were received in early 2020. In addition, the majority of external funding is from grants of multiple years and has also been received. There may be delays with some activities because of travel restrictions and the timeframes of some projects may need to be extended.



Based on the knowledge we have at this time we conclude that, for the short term, the continuity of ICM is not directly at risk. However, we are very aware that the rapidly increasing spread of the virus worldwide will cause extreme health and economic problems that may affect the continuity of ICM's Member Associations across the world and, these issues in the end might cause an uncertain future for ICM.

7.8. Appropriation of the result

The statement of profit and loss for the year 2019 closes with a negative result of -€247,947. According to the statutes and anticipating the Council decision in June 2020, this result will be appropriated as follows:

Add to Safe Motherhood Fund	+ €	4,248
Transfer from Marie Goubran Fund and Swiss Donation Fund	+ €	574
Deduct from Safe Motherhood Fund	- €	109
Deduct from Dorothea Lang Donation Fund	- €	1,558
Add to Marie Goubran Fund	+ €	8,109
Deduct from Marie Goubran Fund	- €	9,300
Transfer from Marie Goubran Fund to Safe Motherhood Fund	- €	295
Transfer from Swiss Donation Fund to Safe Motherhood Fund	- €	279
Add to the Regional Conference Fund	+ €	156,399
Deduct from Regional Conference Fund	- €	186,546
Deduct from Congress Fund	- €	79,259
Deduct from the general reserve	- €	139,931
Total result	- €	247,947

7.9. Disclosure notes to statement of income and expenditures

7.9.1 Membership fee income

	<i>2019 Budget</i>	<i>2019 Actual</i>	<i>2018 Actual</i>
Income Membership fee	376,058	375,274	371,867

New Midwives Associations joined ICM in 2019. The increase in membership fee income resulted from new members and from the new fee calculation system approved by the Board in 2018.

7.9.2 Income from grants, donations and sponsorship

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 2019 was:

	<i>2019 Budget</i>	<i>2019 Actual</i>	<i>2018 Actual</i>
UNFPA	148,694	202,434	183,594
Laerdal Global Health	617,761	748,649	465,802
Latter-Day Saint Charities	-	78,732	-
Bill and Melinda Gates Foundation	1,062,540	277,425	115,816
Sanofi Espoir Corporate Foundation	268,163	90,660	283,896
World Health Organisation	-	65,257	-
Johnson & Johnson	228,570	237,480	215,361
Rotary Norway	3,911	8,499	15,541
EngenderHealth	-	-	20,506
MacArthur Foundation	135,162	12,332	65,685
New Venture Fund	-	58,212	18,485
Well Being Foundation	-	7,720	8,100
Other grants and donations	-	14,163	22,785
Total subsidies	2,464,801	1,801,563	1,415,571



Some grants also included sponsoring midwives to attend the Regional Conference in Namibia and supported a number of workshops and meetings at that conference.

The evaluation of the initial grant of the Bill and Melinda Gates Foundation (2017-2018) on the SMS programme caused additional preparatory work on the Midwifery Service Framework and delayed the execution of the planned activities in 2019.

7.9.3 Income from Fundraising

	<i>2019 Budget</i>	<i>2019 Actual</i>	<i>2018 Actual</i>
Income from MEAP	10,000	-	-
Income HMS Training	8,000	1,400	-
Total income fundraising	18,000	1,400	-

In 2019 a successful training on HMS_BAB was provided to a limited number of healthcare workers.

7.9.4 Income from Funds and Reserves

	<i>2019 Budget</i>	<i>2019 Actual</i>	<i>2018 Actual</i>
Income Safe Motherhood Fund	-	4,248	2,849
Income Marie Goubran Memorial Fund	-	8,109	7,500
Income Regional Conference Fund	12,900	156,399	160,765
Total Income from Funds and Reserves	12,900	168,756	171,114

The Japanese Nursing Association (JNA) and the Japanese Academy of Midwives (JAM) supported the Safe Motherhood Fund to enable midwives from developing countries attending Congress and Regional Conferences.

Johnson & Johnson supported the ICM educational and research awards and the Marie Goubran Memorial Fund. This latter fund recognises a midwife, who demonstrates leadership and commitment, in countries with special needs and limited funding opportunities.

The Regional Conference in September 2019 in Namibia was attended by more than 250 interested people. The income is from registration and sponsorship.

7.9.5 Other income

	<i>2019 Budget</i>	<i>2019 Actual</i>	<i>2018 Actual</i>
Other income	<u>1,500</u>	<u>5,000</u>	<u>1,563</u>
Total other income	1,500	5,000	1,563

Other income concerns a personal donation of a Board Member to support ICM's professional development in 2019.

7.9.6 Personnel costs

	<i>2019 Budget</i>	<i>2019 Actual</i>	<i>2018 Actual</i>
Salaries expenditure	642,150	576,482	603,575
Social charges	79,993	79,742	79,219
Consultancy cost	690,665	635,958	470,602
Other personnel costs	<u>8,200</u>	<u>7,001</u>	<u>6,627</u>
Total cost personnel	1,421,008	1,299,183	1,160,023



At December 31, 2019 9 staff members (8.92 fte during 2019) were employed at ICM Head Office as compared to 10 staff members (9.03 fte during 2018) in December 2018. Two staff members left in 2019, one was replaced internally, and that position was then replaced with the addition of a new staff member.

In 2019 budgeted grant agreements were finalised later than expected, ongoing grants were sometimes delayed due to unexpected additional preparatory work and extra staff work was necessary to complete a number of grant request in time. Due to these delays more time was spent on grant proposals. This meant that income budgeted to cover salaries of ICM staff working on projects was less and staff costs had to be paid from core funds. About 56.9% of all staff time was allocated to projects and events, budget was planned for 75%.

Also in 2019 ICM needed more consultants to assist with proposal writing, resource mobilisation and fundraising activities.

In 2019 the staff timesheet system was introduced and provided a more solid base for the allocation of time (and money) from staff to (core and project) activities. Although there were some minor issues in the beginning and further development is necessary the system has already provided useful information to help ICM with several reports and requests.

7.9.7 Board and representation

	2019 Budget	2019 Actual	2018 Actual
Board costs	84,600	60,215	52,967
Representation	<u>67,420</u>	<u>37,655</u>	<u>40,979</u>
Total costs	152,020	97,870	93,945

The actual cost for Board and representation are less than originally budgeted. The Board/EC successfully took actions, such as increasing electronic meetings instead of face to face and using medium priced hotel accommodation, that lowered costs. The new office, with an adequate meeting room, saved the costs of a venue for face to face meetings.

More than before ICM obtained third party funding for representation on different occasions such as Women Deliver, WHO and WHA meetings and the Regional Conference in Namibia.

7.9.8 Professional Services

	2019 Budget	2019 Actual	2018 Actual
General Services staff supporting	98,946	85,748	19,562
Audit	20,000	49,028	10,000
General Services ICM supporting	<u>66,000</u>	<u>33,421</u>	<u>41,738</u>
Total professional services	184,946	168,197	71,300

The professional services include financial support, HR and salary support and support for advocacy, communications and resource mobilisation. Part of these cost are related to preparatory work for Congress and the Regional Conference in Namibia and also for internal and external communication with stakeholders.

The increase of the audit cost is a result of the delay of the audit on the Annual Report 2018 due to the missing information of Congress 2017 in Toronto.

Part of the general ICM support could be covered by grants and donations. Due to the financial situation of ICM a number of activities were not executed.



7.9.9 General offices

	<i>2019 Budget</i>	<i>2019 Actual</i>	<i>2018 Actual</i>
Accommodation cost	68,057	66,880	72,920
ICT and communication	45,960	41,729	27,184
Other cost	5,000	19,978	10,220
Total General Office cost	119,017	128,587	110,324

The general office costs increased due to an extra provision for potential losses on membership fees.

7.9.10 Events and program

	<i>2019 Budget</i>	<i>2019 Actual</i>	<i>2018 Actual</i>
Local staff	-	72,594	56,885
Travel cost	295,310	115,544	129,419
Meals & incidentals	354,227	206,638	113,838
Venue and accommodation	301,632	197,277	151,804
Stationary and materials	152,512	131,135	109,139
Awards	27,500	26,044	31,298
Total	1,131,581	749,232	592,384

Due to late approval of projects and late receipt of grant funding a number of projects started much later than expected. Establishing projects and finalising the budgets can only start after the approval of these projects and staff costs cannot be applied against grants until the funds are received. This delay in several large projects is the main reason that the direct cost for projects are significantly lower than budgeted. ICM has applied for no-cost extensions for several projects because the deliverables are not achievable in the shortened project timeframes.

Part of the cost is related to the education and research awards and Marie Goubran leadership award funded by Johnson and Johnson.

7.9.11 Funds and Reserves

	<i>2019 Budget</i>	<i>2019 Actual</i>	<i>2018 Actual</i>
1. Safe Motherhood Fund	-	-	1,468
2. Marie Goubran Fund	-	5,967	6,079
3. Dorothea Lang Fund	2,900	1,558	3,826
4. Regional Conference Namibia/Dubai and Paraguay	-	133,842	134,020
5. Congress 2017 Toronto	-	-	58,548
6. Congress 2020 Bali	-	13,839	30,348
Total Funds and Reserves	2,900	155,206	234,289

7.9.11.2 Marie Goubran Memorial Fund

Veronica Oduro-Kwarteng from Ghana was awarded the Marie Goubran Agent of Change Award (now funded by Johnson and Johnson) for her work in 2018-2019 in Kumasi, Ghana that focused on improving the knowledge and skills of midwives and others in helping babies breathe.

7.9.11.3 Dorothea Lang Fund

The expenditure for the fund concerns the contribution to the costs of the ICM History Project for 2019. That project is due for completion in 2021.



7.9.11.4 Regional Conference Fund

The Regional Conference Fund was established in 2018 to cover expenses made by or on behalf of ICM in preparation of future Regional Conferences. ICM started organising the regional conferences, in cooperation with the local Association of Midwives, in 2018.

In 2019 the Regional Conference was organised in September in Windhoek, Namibia. As new activities the ICM Board recognised the likelihood of a negative financial result. The short timeframe to prepare these conferences impacted on communication to encourage more participants and time to seek wider sponsorship. Nevertheless, the conferences were deemed a success from a professional perspective as they supported ICM’s strategy to increase quality, equity and leadership within Member Associations. The 2017 – 2020 triennium is considered transitional with the expectation that the regional conferences will become revenue generating in the future.

Besides the staff cost involved in the planning and execution of the Conference the expenses are detailed in the table below:

	<i>2019 Budget</i>	<i>2019 Actual</i>	<i>2018 Actual</i>
Expenditures			
Professional services	-	73,980	21,620
Travel cost	-	5,447	8,404
Food and Beverage	-	21,628	27,703
Registration	-	654	2,513
Venue and technical equipment	-	19,981	65,004
Other cost	-	12,152	7.776
Total expenses Conferences	-	133,842	134,020

Besides an estimate of the support of professional services for the Regional Conference in Namibia no budget was known when the 2019 budget was approved.

7.9.11.6 Congress Fund

	<i>2019 Budget</i>	<i>2019 Actual</i>	<i>2018 Actual</i>
Expenditures			
Travel cost	-	1,420	-
Professional Services	-	12,362	30,348
Other cost	-	49	-
Total expenses Congress	-	13,831	30,348

These expenses are all related to Congress 2020 in Bali.

7.9.12 Financial income and cost

The financial income is a result of interest on the savings account and fluctuations in the exchange rates during 2019.

Financial cost concerns the bank fees for holding bank accounts, transfer costs for payments and charges involved with payments of memberships.



7.10 Budget Summary 2020

The financial forecast for the income and expenses for 2020 is summarised below.

	€	€
Income		
Membership fees	382,148	
Subsidies and donations	1,962,508	
Congress	307,097	
Regional Conferences	0	
Other	2,000	
Total income		
Expenses		2,653,753
Personnel	1,525,627	
Board and Representation	64,828	
Professional Services	144,828	
General Office Cost	143,767	
Projects and events	737,802	
Total expenses		2,616,851
Result		36,902

7.11. Other Information

7.11.1 Articles of Association

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: 22 April 2020

7.11.2 Independent Auditor's Opinion

See separate letter attached below.

F.M. Cadée, President

M.A. Kirk, Vice President

I.E. Wiklund, Treasurer

the other Board Members have approved the financial statements by vote in 2020.



7.11.12 Independent Auditors Opinion

International Confederation of Midwives

To the Board

Koninginnegracht 60
2514 AE DEN HAAG

Date: 22 April 2020

INDEPENDENT AUDITOR'S REPORT

A. Report on the audit of the financial statements 2019 included in the annual report

Our opinion

We have audited the financial statements 2019 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 2019, and of its result for 2019 in accordance with the Dutch Accounting Standard for micro and small sized entities RJK C1 'micro and small sized not for profit organisations'.

The financial statements comprise:

- 1 the balance sheet as at 31 December 2019;
- 2 the profit and loss account for 2019 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

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

- the management report;
- 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

Management (Board and Chief Executive) is responsible for the preparation and fair presentation of the financial statements in accordance with the Dutch Accounting Standard RJK C1. Furthermore, management is responsible for such internal control as management 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, management is responsible for assessing the company's ability to continue as a going concern. Based on the financial reporting framework mentioned, management should prepare the financial statements using the going concern basis of accounting, unless management either intends to liquidate the confederation or to cease operations, or has no realistic alternative but to do so. Management 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.

Rijswijk, 22 April 2020
Stielstra & Partners audit en assurance

Originally signed by Mr. J. Eenhoorn RA

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Strengthening Midwifery Globally