

International Confederation of Midwives
The Hague, The Netherlands
Annual Report 2016
June 2017



**International
Confederation
of Midwives**

Strengthening Midwifery Globally

Delivered by Global Office Consulting

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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 member 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

With the 2017 Triennial Congress approaching, the International Confederation of Midwives had braced ourselves to expect a busy 2016. But nothing could have adequately prepared us for the dramatic growth we would encounter over the past twelve months, not least of all in terms of our programmatic expansion.

This year saw the realisation of the Midwifery Services Framework, a project that had been in development since 2009. With its successful launch came a resurgence of interest in midwifery mobilisation from a number of countries around the world, and with it, a greater elevation of the status of midwives across all social and political levels within those countries. It is heartening to see governments not only acknowledge the importance of midwives in a functional health system, but to similarly invest in their engagement, attainment, and skills development.

We have met and exceeded a number of global advocacy targets that have enabled midwives to gain greater, meaningful traction in the policy space. We've continued our ongoing global advocacy by attending key development conferences including the World Health Assembly, the United Nations General Assembly and the Women Deliver Conference. We saw health partners commit to implementing the Global Strategy for Maternal Newborn and Child Health Strategy 2015-2020 and saw the adoption of the Global Strategy on Human Resources for Health: Workforce 2030, a document that has taken years of consultation to develop. To see these policy documents launched and adopted on the global stage is a source of enormous pride.

I have spent the year travelling all over the world – from Bali to Nigeria to Glasgow! – to meet with midwives at national and regional levels so that we can ensure ICM messaging reflects their explicit needs, desires, and demands.

As I enter the final few months in my role as President of ICM, I'm excited to see the momentum we have created both continue and grow. As we look ahead to 2017 and the Triennial Congress, we can expect ICM to create bolder objectives, reinforce and bolster partnerships, and seek audacious impact at all levels of health.

It has been an honour and privilege to work alongside you, and I thank you for lending me your words, your wisdom, and your voices during my time as your President.

Warm regards,

Frances

1. Introduction

This report provides an overview of the main activities undertaken during 2016 by the International Confederation of Midwives (ICM). It forms a backdrop to the annual financial report which follows.

1.1 Overview

The ICM supports, represents and works to strengthen professional associations of midwives throughout the world. As of December 2016, we have 130 members and 112 countries. ICM is organised into four regions: Africa, the Americas, Asia Pacific and Europe. Together these associations represent more than 500,000 midwives globally.

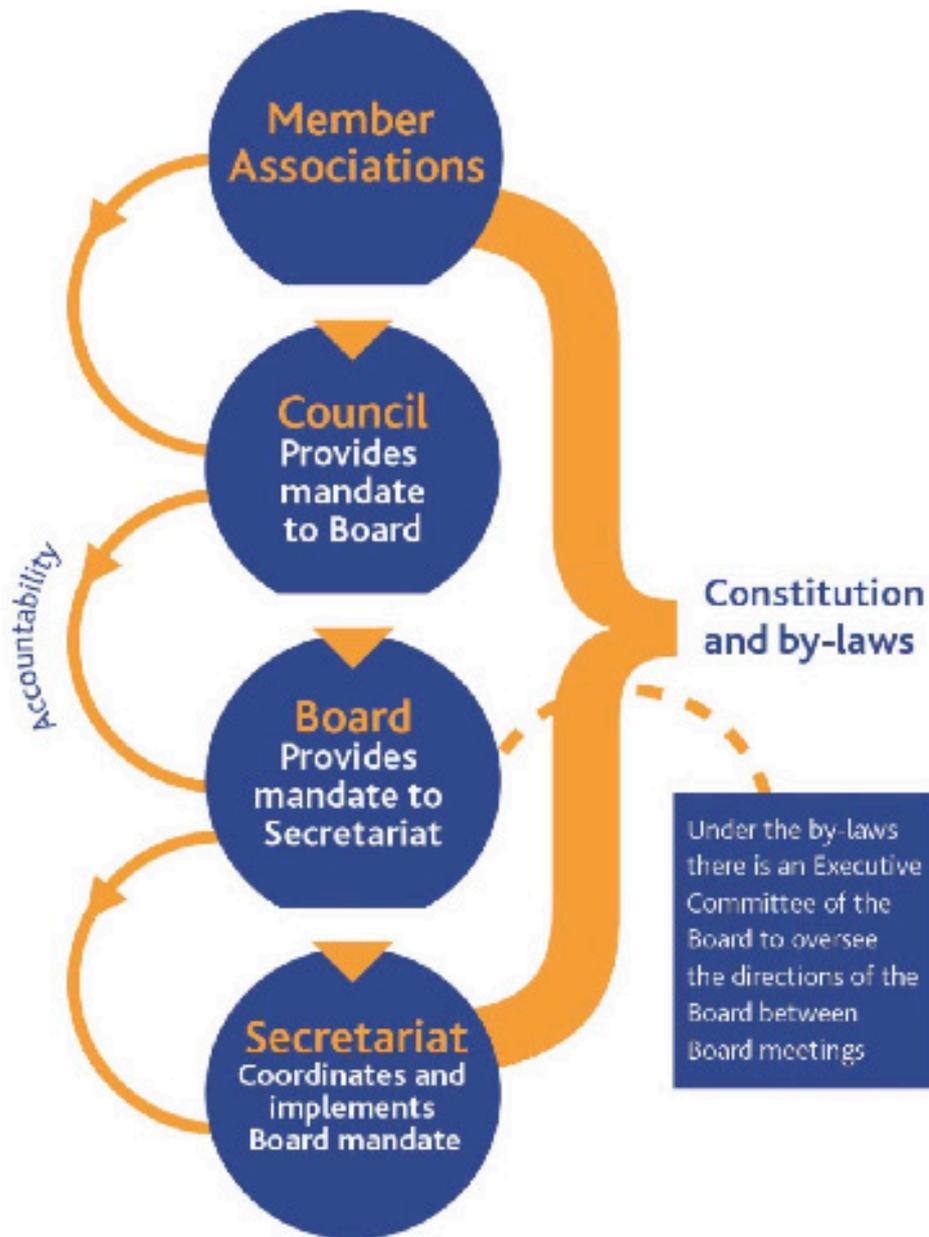
ICM is a non-governmental organisation (NGO) and represents midwives and midwifery worldwide to achieve common goals in the care of mothers and newborn infants. ICM accomplishes most of its work through its Member Associations (MAs) and in close collaboration with global organisations, such as the World 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); regional midwives organisations such as the European Midwives Association and the Confederation of African Midwives Associations; government and non-governmental organisations, and civil society groups.

1.2 Governance

ICM is governed by an International Council, the decision-making body of the organisation, which sets 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 comprises an Executive Committee (President, Vice-President, Treasurer, and Chief Executive) and two-three representatives from each of the four ICM regions. The ICM Board is appointed by the Council. Members are appointed for a three-year period. The Chief Executive is a non-voting member of the Board.

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

1.3 Organisational structure



1.3.1 ICM Board

There are ten members from four Regions; Africa (2), Americas (2), Asia-Pacific (3), Europe (3). The ICM Board consists of representatives from each region of the Confederation. Members are appointed for a three-year period.

ICM Board		
President:	Frances Day-Stirk	UK
Vice President:	Address Malata	Malawi
Treasurer:	Myrte de Geus*	The Netherlands
Africa Region:	Laurence Monteiro	Benin
	Jemima Dennis-Antwi	Ghana
Americas Region:	Sandra Oyarzo Torres	Chile
	Irene de la Torre	Puerto Rico
Asia Pacific Region:	Sue Bree	New Zealand
	Mary Kirk	Australia
	Rafat Jan	Pakistan
European Region:	Ingela Wiklund*	Sweden
	Serena Debonnet	Belgium
	Rita Borg-Xuereb	Malta
*Chief Executive:	Frances Ganges	USA
*Treasurer until March 2016		
*Treasurer Interim from March 2016		
*The Chief Executive is a non-voting member of the Board.		

1.3.2 Management

In 2016, the staff at ICM Headquarters in The Hague included:

- Chief Executive – Frances Ganges (to January 2017)
- Senior Technical Midwife Advisor – Nester Moyo
- Technical Midwife Advisors
 - Patricia Titulaer
 - Lilliane Ingabire
 - Janet Lewis
 - Pashtoon Zyaee
 - Margriet Pluymaekers (May - December)
- Project Coordinator (Midwife) – Martha Bokosi
- Communications Officer – Sawiche Wamunza
- Membership Coordinator – Charlotte Renard
- Executive Assistant – Carole Chatelet
- Council Administrator – Donnica Frijlink
- Administrative Assistant - Melinda Dudas
- Financial Manager (consultant) Hans van Dongen
- Project Officer – Shantanu Garg
- Congress Manager – Malcolm MacMillan

2. Finance

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 maternity and newborn health services.

One measure of success is the growth in ICM Membership, as indicated by new midwives' associations continuing to join the Confederation. At year end 2016 there are 130 member associations from 112 countries. New applications for membership are received on a regular basis.

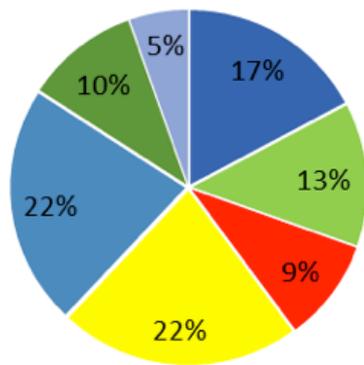
General principles for the statement of the financial report

The generally accepted accounting standards in the Netherlands for not-for-profit organisations have been applied. The annual report 2016 is prepared according to the guideline RJ 640 (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. All figures below are in Euros

OVERVIEW 2016

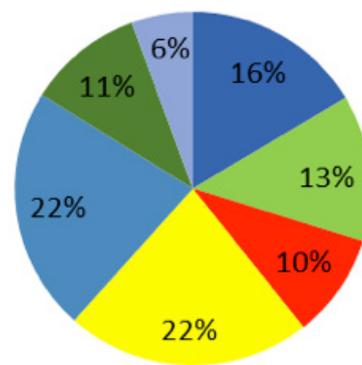
ICM general	Income €	Expenditures €	Result €
ICM	425,404	407,333	22,513
UNFPA	326,852	328,409	-1,557
Johnson & Johnson	233,273	233,273	
Laerdal	546,240	546,240	
Sanofi Espoir Corporate Foundation	258,240	258,240	
Bill and Melinda Gates Foundation	546,993	546,993	
Deutsche Gesellschaft für Internationale Zusammenarbeit	99,407	99,407	
Other donors	34,431	37,316	-2,885
Result ICM general Reserve	2,470,840	2,452,769	18,071
Funds & Reserves	Add	Deduct	Result
Congress Fund	71,000	163,571	-92,571
Safe Motherhood Fund	12,014	2,662	9,352
Dorothea Lange Fund	8,953	-	8,953
Other Funds	8,080	1,046	7,034
Total Result	2,570,887	2,620,887	-49,161

Income 2016



- ICM Core Business
- UNFPA Francophone Midwives
- Johnson & Johnson
- Laerdal
- Bill and Melinda Gates Foundation
- Sanofi Espoir Corporate Foundation
- Other donors

Expenditure 2016



- ICM Core Business
- UNFPA Francophone Midwives
- Johnson & Johnson
- Laerdal
- Bill and Melinda Gates Foundation
- Sanofi Espoir Corporate Foundation
- Other donors

Reserves Policy

ICM's policy is to maintain a general reserve of at least 30% of operating funds (budget for years to come), to ensure solvency. In 2016, the accounts closed with a solvability of 22.1 % due to an increase in project related costs.

Budget Summary 2017

The financial forecast for the income and expenses for 2017 is summarised below.

Income	€	€
Membership fees	354,495	
Subsidies and donations	1,788,149	
Congress	132,635	
Other	3,000	
Total income		2,278,279
Expenses		
Personnel	900,054	
Projects	1,077,871	
Board and Representation	133,980	
Congress	132,635	
Other Confederation cost	166,374	
Total expenses		2,278,279

3. Core Activities

3.1 Membership

ICM continued with its overall remit to “strengthen midwifery globally” by working closely with its Member Associations. When possible, ICM also engaged and assisted non-member associations, including aspiring members and groups of midwives working to formally establish an association.

Last year new categories of membership were implemented after the relevant changes to the by-laws were approved by Council:

1. FULL MEMBERSHIP Full members must meet the five criteria for membership and are entitled to full member rights and conditions. Under this category, there are two sub-categories:

- Individual Member Association
Consist of a single midwives’ association or a midwifery section within another association that meets the five criteria required for membership
- Collective Midwives Association
Consist of a group of midwives from geographically aligned small countries or entities (e.g. islands) that collectively meet the five criteria required for membership.

2. ASSOCIATE MEMBERSHIP
This category applies to the following:

This category applies to Midwives Associations that do not meet all the criteria for full membership, but are working toward fulfilling them; and are therefore are not ineligible for full membership. There is no direct application to this category; associations must apply for full membership. Qualification for this category is then determined by the ICM Board. The status for Associate Membership is reviewed after one full triennium of membership.

3. AFFILIATE MEMBERSHIP:

This category applies to the following:

- a. Regional Midwives Associations whose membership comprise midwives' associations from different countries within the same geographical region (in the world). Regional Midwives Associations may include members and/or non-members of ICM.
- b. Bodies that have the authority to regulate midwifery

Brunei - Brunei Darussalam Nurses Association	Associate
Bulgaria - Alliance of Bulgarian Midwives	Full
Kenya - Midwives Association of Kenya (MAK)	Full
Mexico - Mexican Midwifery Association	Associate
Nepal - Midwifery Society of Nepal	Full
Saudi Arabia - Saudi Midwifery Group	Associate
Somalia - Somali Midwifery Association	Full
Trinidad & Tobago Caribbean Regional Midwives Association	Affiliate

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

The theme for the 2016 International Day of the Midwife was ‘Women and Newborns: The Heart of Midwifery’ – highlighting the hard work midwives do every day to ensure women and newborns receive the quality of care that they deserve. This year, the President of the Board, Frances Day-Stirk, travelled to Nigeria to join global partners at Nigeria’s first Global Midwifery Conference hosted by Her Excellency Mrs Toyin Ojora Saraki. The event was a great success and brought together global development bodies, government ministers, midwifery associations and national and international audiences.

Many of our Member Associations organised events, held rallies, meetings, and joined in the “I am a Midwife, this is what I do” campaign to mark the day. The Zimbabwe Confederation of Midwives (ZICOM) hosted a roundtable discussion with policy makers and partners to give them an insight into the daily life of a midwife and the challenges. The Independent Midwives Association of Namibia (IMANA), celebrated the day by visiting all maternity wards in Windhoek, delivering goodie bags and cakes to all midwives. The midwives’ association in Croatia celebrated #IDM2016 by organising “Maternity Ward Open Door Day” all around the country and The German Association of Midwives (DHV) hosted its triennial national midwifery congress during the first week of May. Around 2,800 midwives attended this event to exchange knowledge and strengthen midwifery. These are just a few of the many celebrations that took place worldwide.

Members also participated in the photo and story campaign, “I am a Midwife; this is what I do.” This resulted in a lot of traffic on digital media platforms. Over the course of the IDM week, ICM achieved nearly 100,000 twitter impressions, and the video of the President’s IDM message on Facebook reached over 60,000 people.

ICM Partners UNFPA marked the day with a statement from the Executive Director – Dr. Babatunde Osotimehin - entitled *Midwives: health heroes for women, adolescent girls and newborns*. In the statement, Dr Osotimehin renewed UNFPA’s commitment to global partners and countries working to strengthen midwifery skills and capacities, stating: “Midwives are our heroes and the backbone of sexual and reproductive health. Let us support them and the women and newborns at the heart of their care.”

3.3 Regional Conferences

The Africa Regional Conference was scheduled to take place in October 2016 – but it was unfortunately cancelled for unavoidable reasons. A Pan-European meeting of representatives from 24 member associations took place in Bulgaria in September 2016 attended by the President and Treasurer. The meeting identified current issues for Member Associations, strategic actions and discussed possible new position statements.

3.4 Triennial Congress Toronto

The Toronto Congress 2017 looks like it will break all records for the number of midwives attending from a record number of countries. One of the largest delegations of over 400 midwives from the host country is a great tribute to the work of CAM (the Canadian Midwives Association). Whilst the final figures cannot be confirmed at the time of this report, we already know that the record number of abstract submissions has led to the largest display of posters (500) and oral presentations (700+) of all ICM congresses. It is set to be an incredible event and another proud moment for ICM, the Board, and all our supporters, sponsors and partners.

All eyes turn to Bali for the next ICM Congress. The new congress logo for 2020 has been approved by the ICM Board, with the overarching theme 'Midwives of the world: Delivering the future'. The Scientific Professional Programme Committee has provisionally set out the sub-themes and within twelve months they will announce the timetable for abstract submissions on the following:

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

The new congress website at www.midwives2020.org is to be activated at the end of the Toronto congress.

3.5 Communications

3.5.1 Journals

ICM published four editions of the ICM journal, the International Journal of Childbirth, in 2016. This quarterly peer-reviewed journal is published under the guidance of two midwife editors and solicits research, commentary and articles related to midwifery and maternal and newborn health from authors globally. As part of their member benefits, copies are sent to Member Associations. Subscriptions are available for those who wish to receive the journal.

ICM contributed to four editions of the Japanese Nurse Association Kango journal, in which we cover President's activities during each quarter. In quarter two, ICM also contributed an article to LINKS – the official publication of the Global Network of World Health Organisation Collaborating Centre's for Nursing and Midwifery Development.

3.5.2 ICM Newsletter, website and social media

ICM continues to enhance the availability of online information and resources on the website, including partner and stakeholder links and resources. Recognising the limitation of some member associations in accessing electronic information, ICM endeavours to also make many resources available in print.

In 2016, three issues of the ICM newsletter were published and distributed to member associations and global partners. The newsletter highlights the activities of ICM, its leadership and members. Current and past issues of the newsletter are available [here](#).

3.5.3 Joint advocacy and global statements

ICM continued to work with FIGO, IPA and ICN and in November launched a joint campaign entitled “Together We Can!”. The campaign amplifies the voices of healthcare professionals leading the care of pregnant women, newborn babies and children under five. The “Together We Can” campaign supports the Sustainable Development Goal 3 (SDG3), which seeks to ensure healthy lives and promote well-being for all at all ages. The campaign also contributes to the development of the health professional’s workforce in developing countries, another priority in SDG3.

To represent the interests of midwives and midwifery visibly in different global forums, ICM worked closely with White Ribbon Alliance (WRA), WHO and United States Agency for International Development (USAID) both in political advocacy and in joint awareness raising campaigns. In October, the organisations jointly launched the ‘Midwives’ Voices, Midwives’ Realities’ report. The report is the first global survey of midwifery personnel led by ICM, WHO and WRA. The report reveals more than a third (37%) of some 2,400 midwives who chose to complete an online survey in 93 countries have experienced harassment at work, with many describing a lack of security and fear of violence. Disrespect in the workplace affects midwives’ feelings of self-worth and their ability to provide quality care to mothers and babies worldwide. Barely half (58%) of the midwives feel they are treated with respect.

During the year ICM also partnered with WaterAid, Commonwealth Nurses and Midwives Federation to launch a global campaign for quality healthcare for all, through water, sanitation and hygiene. The title of the campaign was ‘Healthy Start’. The aim was to ensure every health professional (midwives, doctors, nurses, surgeons, obstetricians and others) and every healthcare facility in the world has water, sanitation and hygiene by 2030. Other campaigns that ICM worked jointly with partners on World Breastfeed Week, Antibiotic Resistance Week and on Diabetes and Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH).

3.6 ICM Standing Committees

Below is a summary of the activities of each standing committee and what was delivered in 2016

3.6.1 Education Standing Committee (ESC)

The ICM Education Standing Committee promotes the international harmonisation of midwifery education and oversees the production of all resources required to support the implementation of these standards internationally.



KEY ACTIVITIES 2016:

1. Addressing organisation and organisational issues
2. Education projects and proposals
3. Activities in collaboration with ICM Board and HQ
4. Attendance and participation global education activities
5. Workshops at ICM Triennial Congress, Toronto, 2017
6. Publications and Presentations

The 2014-2017 ESC members include:

ESC Co-chairs	Dr. Ans Luyben (E)	
	Prof. Susan McDonald (AP)	
	Dr. Mary Barger (AM)	
ESC Members	Prof. Jane Sandall (E)	Dr. Gloria Seguranyes (E)
	Prof. Angelo Morese (E)	Dr. Joyce Thompson (AM)
	Dr. Michelle Butler (AM)	Dr. Camilla Schneck (AM)
	Carole Nelson (AM)	Dr. Marianne Nieuwenhuijze (E)
	Dr. Judith Fullerton (AM)	Dr. Tokiko Oishi (AP)
	Dr. Tina Harris (E)	Dr. Melissa Avery (AM)
	Prof. Katherine Camacho (AM)	Carr Marcia Skinner-Rollock (AM)
	Joeri Vermeulen (E)	Dr. Ana Polona Mivsek (E)
	Dr. Sue Way (E)	Dr. Atf Gherissi (E)
	Marion Subah (AF)	Dr. Manju Chugani (AP)
	Dr. Judith McAra-Couper Walt (AF)	Dr. Pauline Glover (AP)
	Susanne Simon (E)	Dr. Marie Berg (E)
	Elgonda Bekker (AF)	Andrea Stiefel (E)
	Dr. Joanne Gray (AP)	Dr. Kuldip Bharj (AF)
	Kim Campbell (AM)	Mieke Embo (E)
	Dr. Tina Harris (E)	Annette Dalsgard (E)
	Prof. Christa Van der Walt (AF)	Dr. Rita Borg Xuereb (E)
	E (Europe), AP (Asia Pacific), AM (Americas), AF (Africa)	

3.6.2 Research Standing Committee (RSC)

The ICM Research Standing Committee and its internal Research Advisory Network (RAN) provide ICM's member associations with up-to-date information on all aspects of midwifery practice, education, and service to ensure consistency at a global level. It plays a key role in the development of the ICM Triennial Congress Scientific Programme.

KEY ACTIVITIES 2016:

Since the last Triennial Congress, the RSC's priorities have included the completion of its final report of Research Priorities, participation in all meetings of the ICM Scientific Professional and Programme Committee, and inclusion in the development of a proposal for ICM research awards in conjunction with the ICM secretariat.

The 2014-2017 RSC members include:	
RSC Co-chairs	Dr. Kerri Schuiling (AM)
	Dr. Hora Soltani (E)
	Carole Nelson (E)
RSC Members	Dr. Atf Gherissi (E)
	Miguel Angel (E) - Departed June 2016
	Dr. Lesley Dixon (AP) - Began July 2016
	Dr. Jayne E. Marshall (E)
	Dr. Elaine Dietsch (AP)
	Dr. Judith McAra-Couper Walt (AP)
	Judith Audrey Chamisa (AF)
	Beverley A. O'Brien (AM)
	Dr. Karin Minnie (AF)
	Dr. Deborah Davis (AP)
	Liz Darling (AM)
	Dr. Susan Crowther (E)
	Lisa Kane Low (AM)

3.6.3 Regulation Standing Committee (RegSC)

The ICM Regulation Standing Committee develops and supports regulatory systems to consistency and definition to midwifery practice and adherence with appropriate educational standards. This includes the registration and licensing of midwives and accountability of midwives and accountability of midwives to social and governmental standards.

KEY ACTIVITIES 2016:

The ICM Regulation Toolkit was completed in 2016 as a resource for Midwives' Associations at various stages of the journey to achieve midwifery regulation. The Toolkit has been designed as a self-help tool with links to numerous available web-based resources. It focuses mainly on advocacy and networking skills in addition to providing information about regulation and it draws on the ICM's Gap Analysis Assessment tool as a starting point for association self-assessment. The toolkit includes several case studies of regulation development from Midwives' Associations across the world.

The 2014-2017 RegSC members include:	
RSC Co-chairs	Dr. Sally Pairman (AP)
	Louise Silverton (E)
RSC Members	Yolande Johnson (AF)
	Veronica Darko (AF)
	Kris Robinson (AM)
	Mirian Solis (AM)
	Anne Morrison (AP)
	Judy Ng Wai Ying (AP)
	Marianne Benoit Truong Canh (E)
	Ursula Byrne (E)
	Vitor Varela (E - commenced 2016)

3.6.4 ICM Scientific Professional and Programme Committee (SPPC)

The Scientific Professional Programme Committee advises the Board on all matters related to the Scientific Professional programme of the Triennial Congresses. It is responsible for planning the programme and ensuring its quality. Its role in this context is the navigation and assessment of abstract submissions; determination of conference sub-themes; and communications and relationship management of reviewers, academics, and keynote speakers.

The 2014-2017 SPPC members include:	
Co-Chair:	Marian van Huis (E)
Co-Chair:	Karen Guilliland (AP)
ICM Chief Executive:	Frances Ganges (E)
ICM ESC Chair:	Dr. Ans Luyben (E)
ICM RSC Chair:	Dr. Kerri Schuiling (AM)
ICM Reg SC Chair:	Dr. Sally Pairman (AP)
Canadian Association of Midwives:	Vicki van Wagner
ICM Consultant:	Dr. Atf Gherissi (E)

4. Strategic Directions 2014-2017

The ICM Strategy Document is available on the ICM website. It lays out the strategic direction for the period 2014 – 2017. This will be reviewed at the upcoming Board Meeting in Toronto June 2017.

Last year, new categories of membership were implemented after the relevant changes to the by-laws were approved by Council:

1. **STRENGTHEN** midwifery education, continuing education programmes and the role of the midwife as an educator

2. **ENHANCE** midwives' professional autonomy and ensure midwifery regulation, education and practice is designed and governed by midwives

3. **PROMOTE** midwifery research that enhances and documents evidence-based midwifery practice

4. **ADVOCATE** for midwifery and extend the influence of midwives in policy development that drives service direction

5. **PURSUE** strategic collaborations with relevant organizations and networks that share a common interest

5. Projects, Programmes and Partnerships

5.1 Midwifery Services-Capacity Building for 2030

Bill and Melinda Gates Foundation

ICM have a longstanding relationship with the Bill and Melinda Gates Foundation (BMGF) that has blossomed over the past three years. From 2013 – 2015, ICM was working with ICS Integreare as a sub awardee of a BMGF grant. The project was to inform policy discourses on midwifery and recognition of quality midwifery services as a critical element of integrated RMNCH care today and post-2015; and to strengthen the technical capacities and functions of ICM and its member associations to inform MNH policy at global and country levels. The publication of The Lancet Series on Midwifery (2014), The State of the World's Midwifery (SoWMy) 2014 report and the Midwifery Services Framework are key outcomes of the project.

In 2015 ICM commenced The Midwifery Services Capacity Building for 2020 Programme funded by BMGF. The focus of this program is based on the following:

- Implementation of Midwifery Services Framework (MSF)
- Development of a global midwifery education accreditation or endorsement system

Midwifery Services Framework

The Midwifery Services Framework (MSF) is a collaborative analytical tool to be used by governments for the panning, strengthening and developing midwifery services in their countries to enhance the health outcomes for women, newborns and families through a strong, quality midwifery workforce. MSF enables planners to critically examine all the composite aspects of the health care system covering the breadth and depth of the issues involved.

In 2016, MSF introductory visits and country assessment workshops were conducted in the following countries: Lesotho, Afghanistan and Bangladesh. There have been informal expressions of interest about the MSF from several other countries.

Development of a global midwifery education accreditation or endorsement system

A consultant was recruited at the end of 2016 and has initiated the process of developing the accreditation system. The work plan includes development of Midwifery Education Accreditation Criteria.

5.2 10,000 Happy Birthdays Campaign

In partnership with Laerdal Global Health

The 10,000 Happy Birthdays campaign, sponsored by Laerdal Global Health, was launched in July 2014 to train 10,000 midwives and other health care providers in Malawi and Zambia in global best practice for Helping Mothers Survive Bleeding after Birth (HMS-BAB) and Helping Babies Breathe (HBB).

This two-year programme sought to create a consistent training blueprint for all midwifery education institutions across both countries, and was lead on the ground by Member Associations of ICM in Zambia, Midwives Association of Zambia (MAZ) and the Association of Malawian Midwives (AMAMI).

The programme, led by Master Trainers from ICM Member Associations, and lead midwives from local public institutions, was successfully implemented in 14 national and private midwifery schools in Malawi, and 11 schools in Zambia. In total, it reached more than 6,000 midwives and trained nearly 90 new Master Trainers – a success that allowed for expansion of the Master Training Program to reach care providers within both the public and private systems at district-wide and provincial levels.

Support visits were made in 2016 to both countries to review progress and prepare for project closure. Plans for further joint workshops between the two countries were planned and implemented, covering facilities in the border districts of the two countries. During the visit, discussions were also held in preparation for external evaluation of the project in both countries.

5.3 Young Midwifery Leaders (YML) Programme

In partnership with Johnson and Johnson

The YML programme establishes the leadership capacity of young midwives with the intention of fostering a culture of leadership within Member Associations. 30 YMLs were brought together at Women Deliver in Copenhagen in 2016 and also participated in the associated Midwifery Symposium (see 6.1.3). From these participants, ICM selected 12 young midwife leaders to participate in an 18-month mentorship programme delivered through face-to-face workshops and distance learning activities.

A launch workshop was held in Abu Dhabi in December 2016 and attended by mentors and mentees. The workshops provided an opportunity for the mentees to initiate the process of developing individual projects as part of capacity building.

The programme focuses on enhancing the skills of midwives in research-based, decision- and policy-making spaces, thus increasing their capacity to hold key leadership positions at national, regional and international levels.

By nurturing leaders in midwifery to develop a broad understanding of current and

individual capacity and confidence of participants. The outcome of this programme will be a continuing network of leaders and strong advocacy for women, newborns and midwives.

5.4 Strengthening Midwifery Education in French Speaking Africa

In partnership with Sanofi Espoir Foundation

ICM and the Sanofi Espoir Foundation worked together in 2014-2015 to deliver the Midwives for Life Awards – rewarding projects run by midwives that aim to reduce maternal and neonatal mortality and improve the health of women and newborns in countries with limited resources.

In 2016 ICM commenced another programme to strengthen midwifery education in 22 French Speaking African countries. The key activities focus on strengthening whole education programmes including faculty development; preparing educators in competency based education methodologies; curriculum review; and preparing preceptors for the clinical practice areas. Midwifery education institutions will be supported to meet the demands of a competency-based curriculum and to build the capacity of the practice sites to support the effective education of midwives. The development of accreditation and endorsement systems for midwifery education programmes will be initiated.

The project contributes to the production of competent midwives who will then provide quality midwifery services and thus increase women's access to quality midwifery services.

The implementation of the project is in phases starting with three countries, Comoros, Madagascar and Ivory Coast, and progressively working through the 22 countries. Introductory meetings were held in the three countries to introduce the project and ICM met with government officials, national stakeholders, the UN and several partners in the midwifery and maternal health field. Agreements will be signed by ICM and Ministries of Health/Education in each country early 2017.

5.5 Strengthening Midwifery Globally

Federal Ministry (Germany) for Economic Cooperation and Development (GIZ)

Recognising the importance of ICM's work and the need for an effective Secretariat, GIZ has provided funds to strengthen the infrastructure at ICM headquarters in The Hague. To be effective in this role the capacity of ICM headquarters is vital. Through the GIZ grant ICM has been able to support staff salary for one Technical Midwife Advisor to fulfil its objectives more effectively. This support has enabled ICM to provide technical assistance to countries in need in the development of midwifery education. Support also include travels made to Zimbabwe, Tanzania, Rwanda and Uganda to support implementation of competence based education workshops that will eventually contribute to student midwife graduating with the required competencies and subsequent provision of quality care to women and their newborn.

The GIZ grant is also supporting the review of ICM Global Education Standards which is in process, and enabled ICM to recruit a resource mobilisation consultant who has supported the review and implementation of the ICM Resource Mobilisation Strategy including fund raising activities.

5.6 Strengthening Midwifery in French Speaking Africa

In partnership with UNFPA

The Strengthening Midwifery in French Speaking Africa project aims to address the situation in this sub-region through capacity building activities that lead to creation of a critical mass of leaders and resource persons in midwifery, the creation and strengthening of midwives associations and development and improvement of midwifery education and regulation.

22 French-speaking countries were identified and clustered with countries where work had begun during the previous ICM/UNFPA Investing in Midwives Programme.

The first gap analysis workshop was conducted for five countries in the Comoros in October 2014. In 2015, the gap analyses work was completed with workshops in the following countries:

- Gabon (March): Democratic Republic of Congo; Congo-Brazzaville, Burundi, Cameroon, Central African Republic and Gabon
- Togo (July); Mali, Niger, Ivory Coast, Benin, Burkina Faso and Togo
- Senegal (December): Mauritania, Mauritius, Guinea-Conakry, Chad, and Seychelles

These analyses form the basis of ICM's work with the respective countries and assist countries and stakeholders with outlining a strategic plan to address the gaps.

Preparation and implementation of a Leadership Workshop was held in Guinea-Conakry from 10-14 October 2016 with a total of 30 participants attending from 10 French-speaking African countries - Benin, Burkina Faso, Cameroon, Guinea-Conakry, Ivory Coast, Mali, Mauritania, Morocco, Senegal and Tunisia. A follow-up is currently in process.

5.7 Strengthening Midwifery in Mexico

In partnership with the MacArthur Foundation

This programme contributes to the strengthening of midwifery in Mexico through the collaborative engagement of the Mexico Midwifery Association and international bodies that promote midwifery. Specifically, the project aims to facilitate the participation of up to 10 stakeholders and 30 midwives from Mexico at the ICM Triennial Congress in Toronto in June 2017. In addition to attending the Congress, general sessions, breakout sessions and strategic meetings have been scheduled in Toronto with key organisations that are working on issues relevant to the situation of midwifery in Mexico. Upon return to Mexico, delegates will work on a dissemination plan and present their experience at the annual AMP forum.

The project goals respond to government recommendations and strategies suggested by midwives from Mexico, with the express purpose of increasing the availability of midwives across the country, whilst improving their integration into the health system.

This project aligns stakeholders and midwives with the ICM Education, Regulation and Association standards and recommendations, creates alliances within the Mexican midwifery movement, and connects Mexican midwives and stakeholders with global midwives and activists seeking to similarly improve access, cultural competence, and the availability and quality of midwifery services worldwide.

5.8 Technical Consultation on Midwifery Programmes

In 2017 ICM have been asked to provide consultation on a number of global midwifery programmes:

▶ **ICM** will be working with the Canadian Association of Midwives on the project *Midwives Saves Lives* by providing technical expertise, support, and advisory services.

▶ **ENGENDER HEALTH** have requested ICM's expertise to support review of midwifery curriculum in Bangladesh

6. Advocacy

ICM was invited to engage in a number of global, regional and national activities. The ICM Board and its Standing Committees; HQ staff and consultants represented the Confederation in technical consultations; Midwives' Associations (MA), partner and stakeholder meetings and activities. Details for the year are outlined on the 2014 representation calendar which is reviewed and amended quarterly as invitations are received. Selected activities are highlighted in this section.

6.1 Global Advocacy

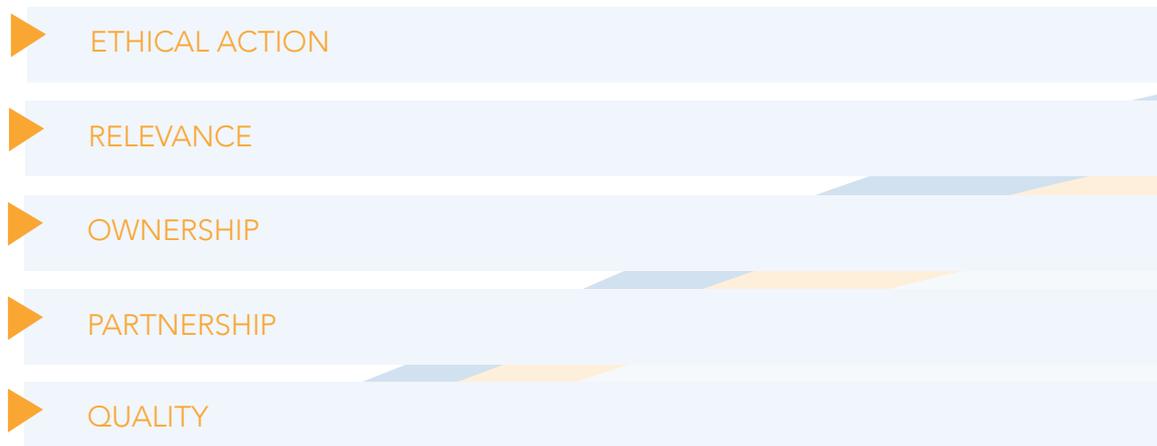
6.1.1 Pre-World Health Assembly Meetings, May 2016

ICM collaborated with ICN and the WHO to co-facilitate and convene the following meetings:

- **Regulators Forum**
- **Chief Government Nursing and Midwifery Officers Meeting**
- **Triad Meeting**

The purpose of the 6th Triad meeting was to address issues of common interest and concern resulting in sharing of ideas and experiences and collaborative action(s) nationally, regionally and internationally. The future of the nursing and midwifery workforce was identified as the main theme. The dialogue considered relevant global mandates such as the SDGs, the WHO Global Strategy on Human Resources for Health: Workforce 2030 and global commitments toward attaining Universal Health Coverage.

ICM provided input to the development and consultation on the WHO Global strategic directions for strengthening nursing and midwifery 2016–2020. The document aligned with previous versions and with the principles of the Global Strategy on Human Resources for Health: Workforce 2030, namely:



These were reflected in a conceptual framework to show relevance to countries, regions, global and partners in achievement of the vision: Accessible, available, acceptable, quality and cost-effective nursing and midwifery care for all, based on population needs, in support of universal health coverage and the SDGs.

6.1.2 World Health Assembly 2016, May 2016

The World Health Assembly (WHA) brings together heads of Government from Member States and is attended by WHO-approved Non-State Actors such as ICM. Over the years, resolutions on nursing and midwifery adopted by the WHO WHA have helped to provide a strong foundation for strengthening nursing and midwifery services. This year was no different. ICM, represented by Vice President of the Board, Address Malata, and WHA delegates committed to take forward the implementation of Global Strategy for Women's, Children's and Adolescents' Health (2016-2030), and The Global Strategy on Human Resources for Health: Workforce 2030, was adopted by the Member States. ICM has provided extensive consultation on both strategies over many years so it was a proud day for us all.

6.1.3 Young Midwives in the Lead: Midwifery Symposium, May 2016

ICM, in collaboration with UNFPA, Jhpiego, Johnson & Johnson, WHO and other partners, organised a 'Young Midwives in the Lead: Midwifery Symposium' 15-16, May; 33 amazing young midwives from around the world participated. One of the objectives was to showcase how investments in YML can improve quality care within midwifery and to highlight the importance of investment in research, advocacy, mentorship and leadership skills of YML.

ICM is grateful to Lillian Bondo, President of the Danish Midwives Association that played a key role in the background work with UNFPA, in organising accommodation, hosting the training day, welcoming the YMLs and a wonderful evening reception.

6.1.4 Women Deliver 4th Global Conference, May 2016

As part of the Health Systems as Employers Cluster concurrent sessions at Women Deliver, President Frances Day-Stirk, organised along with Jim Campbell (WHO) and spoke in the session titled – "Acting on the Unmet Need for Midwifery Personnel". Speakers included Feroza Mushtari - Afghanistan Midwives Association, Agnes Soucat - WHO Director of Health Financing and Governance, Luc De Bernis - Independent consultant, Reproductive, Maternal and Newborn Health and Eva Nangalo - Midwife from Nakaseke Hospital, Uganda. High-level political advocacy with policy makers, governments and opinion leaders is needed to ensure suitable recruitment, education, regulation and retention of midwives.

6.1.5 Expert Consultation on Definition and Measurement of Skilled Attendance at Birth, June 2016

A two-day meeting was convened by United Nations International Children's Emergency Fund (UNICEF), WHO and UNFPA to review and discuss current definition as adopted in the 2004 joint statement by ICM/WHO/FIGO for a wider and improved consensus on SAB definition and measurement. The expected outcomes were:

REVISION of the definition of SAB and guidance for operationalisation at country levels, including a strategy for upgrading competence and skillset of health providers in the management of common obstetric and newborn care.

GUIDANCE on measurement of SAB in household surveys. Including development of metadata on cadres of health providers by country with identification of those considered as skilled, in order to support appropriate customization of country specific survey questionnaires.

RECOMMENDATION on further methodological work needed for improving definition and coverage measurement including use of routine administrative data.

The group of experts included, in addition to ICM/FIGO and WHO representatives, statisticians, epidemiologists, demographics, data analysts, and anthropologists among others. A Board Member from the Americas represented ICM.

6.1.6 United Nations General Assembly (UNGA), September 2016

ICM attended several side meetings at the United Nations General Assembly this year. Most notable among the various events was the Global Launch of Lancet Maternal Health Series, synthesising the last decade of evidence on maternal health worldwide and champions' vital action on the path to 2030. The Partnership for Maternal, Newborn and Child Health (PMNCH) event saw Lancet Editor Richard Horton, reflect on findings and recommendations from the Unified Accountability Framework for the Global Strategy, followed with an interactive discussion with various stakeholders as well as voices from citizens, private sector representatives and youth on how accountability can be improved to deliver better results.

Youth leaders and government representatives from countries in Africa, Asia and South America came together to discuss challenges and achievements; highlight cross-sectoral approaches to health, education, and rights; and share best practices and innovative strategies to improve the health and well-being of women, newborns, children and adolescents.

Vice President of the ICM Board, Address Malata, moderated a session on: 'The Role of Medical Professional Organisations in Global Health' alongside Ngozi Ibeziako (MD, President) Paediatric Association of Nigeria, Michalina Derza, (Liaison Officer for Sexual and Reproductive Health including HIV/AIDS) International Federation of Medical Students Association and George Nkhoma (Midwife, Chitipa District Hospital) Malawi, White Ribbon Alliance. The panelists were asked to describe the importance of medical professional organisation partnerships for future progress of newborn, child, and maternal health initiatives.

The panels and workshops throughout the week were a chance for ICM to represent midwives, contribute to global Maternal, Newborn and Child Health (MNCH) discussions and meet with current and potential partners.

6.2 Regional and National Advocacy

Throughout the year, the ICM team have travelled across the globe advocating for midwives and midwifery to ensure midwives are part of the global conversations around the health of women, children and newborns. In January ICM participated in the International Family Planning Conference (IFPC) in Bali, hosted by the USAID PAC (Post Abortion Care) Working Group which extended the invitation. The IFPC was co-hosted by the National Population and Family Planning Board of Indonesia (Bkkbn) and the Bill & Melinda Gates Institute for Population and Reproductive Health. Approximately 4,000 participants attended the conference.

Later in the same month ICM joined Editors of the British Journal of Midwifery, to deliver a keynote at the 14th National Conference of the British Journal of Midwifery. The conference theme was 'Current Issues in Midwifery: Optimising Women's Experiences and Outcomes' and Board President Frances Day Stirk spoke about the global perspective on normality.

May saw the President take a trip to Nigeria to attend the inaugural international midwifery conference in Abuja organised by the ICM Inaugural Global Goodwill Ambassador, Her Excellency Mrs Toyin Ojora Saraki's Wellbeing Foundation Africa and the National Association of Nigerian Nurses and Midwives (NANNM). The conference focused on learning, and provided an opportunity for midwives, nurses and other healthcare professionals to update their midwifery knowledge and skills; recognising the importance of key practice areas that contribute toward saving lives. Later in the month, the ICM travelled to Spain for the Southern European Region (SER) meeting, where representatives discussed relevant issues and prepared for Council 2017.

ICM visited Glasgow in July for the Global Networks of WHO Collaborating Centre's Executive Committee, Conference 'Strategic Conversations: The contribution of Nursing & Midwifery towards Global Health 2030' and General Meeting. The meetings and conference, hosted by Glasgow Caledonian University, brought together global healthcare leaders and practitioners to debate future directions and challenges for Nursing & Midwifery in moving towards 2030.

In September, the President travelled to the Asia-Pacific region, visiting China and Hong Kong. This trip included a High-Level Forum on Midwifery Development in China and meetings with key academics, hospitals, government and non-governmental representatives in Beijing and Shanghai in support of midwifery development. Later in the month, the President joined other Board members in Bulgaria for the Pan-European meeting of Midwives' Associations.

7. Financial Statement

7.1 Balance sheet as at December 31, 2016

(After appropriation of the result to reserves and projects)

	Notes	Decemeber 31, 2016 EUR	Decemeber 31, 2016 EUR
Assets			
Fixed assets			
Tangible fixed assets	7.5.1	16,041	24,031
Current assets			
Receivables	7.5.2	266,299	395,321
Work in progress	7.5.3	419,109	247,383
Cash at bank and in hand	7.5.4	<u>1,853,834</u>	<u>1,339,734</u>
		<u>2,539,242</u>	<u>1,982,438</u>
Total Assets		2,555,283	2,006,469
Equities and liabilities			
Equity			
Unrestricted reserves	7.5.5		
General reserves		501,491	483,420
Earmarked reserves		<u>449,366</u>	<u>532,585</u>
		950,857	1,016,005
Restricted funds/reserves	7.5.6	<u>43,283</u>	<u>27,295</u>
		994,140	1,043,300
Liabilities			
	7.5.7		
Creditors		70,902	59,953
Accruals		69,969	65,286
Other payables		68,961	39,718
Tax		<u>58,296</u>	<u>32,376</u>
		268,128	197,333
Grants/Subsidies	7.5.8	<u>1,293,015</u>	<u>765,836</u>
		1,561,143	963,169
Total Equities and liabilities		2,555,283	2,006,469

7.2 Statement of income and expenditure for the year 2016

	Note	Budget €	Actual 2016 €	Actual 2015 €
Confederation				
Membership Fee income	7.7.1	354,715	351,351	339,706
Other income	7.7.2	2,000	2,786	4,655
Income subsidies	7.7.3	1,559,092	2,053,259	1,584,827
Mutation for work in progress	7.7.4	-	288,813	149,122
Financial income	7.7.5	4,000	31,255	10,964
Allocated to Confederation From projects	7.7.6	-	40,012	63,245
		<u>1,919,807</u>	<u>2,767,476</u>	<u>2,152,519</u>
Personnel costs	7.7.7	892,512	920,540	629,675
Board and representation	7.7.8	122,979	145,794	139,959
Other Confederation costs	7.7.9	904,316	1,394,257	1,249,097
Cost Congress 2017/2020	7.7.10	-	288.813	149,122
		<u>1,919,807</u>	<u>2,749,405</u>	<u>2,167,853</u>
Result Confederation			18,071	-15,335
Fund raising activities				
Fundraising Congress		113,582	71,000	
Funds and other reserves			<u>29,047</u>	<u>27,208</u>
			100,047	27,208
Expenditure for funds/reserves				
Direct expenses Congress		113,582	163,571	84,534
Direct expenses other funds / reserves			<u>3,708</u>	<u>38,202</u>
			167,279	122,737
Net generated from fundraising			-67,232	-95,528
Total result			0	-110,863
Appropriation of the result				
Transfer to/from projects/funds				15,000
Add to (deduct from) general reserves			<u>18,071</u>	<u>-15,335</u>
			18,071	-335
Add to reserves			9,352	-
Deduct from reserves			-	- 9,178
Deduct from Congress fund			-92,571	- 99,534
Add to (deduct from) funds			<u>15,986</u>	<u>-1,816</u>
			-67,232	-110,528
Total Appropriation of the result			-49,161	-110,863

7.3 Cash flow overview (using indirect method)

	2016	2015
Cash flow operational activities		
Net generated result	-49,161	-110,863
<u>Adjustment for:</u>		
Depreciation	<u>9,058</u>	<u>8,916</u>
	9,058	8,916
Change in current assets and liabilities		
Receivables	129,023	-175,640
Work in progress	-171,726	-149,150
Liabilities	<u>597,975</u>	<u>521,491</u>
	<u>555,272</u>	<u>196,702</u>
Total cash flow operational activities	515,169	94,755
Cash flow of investments		
Investments	-1,068	-4,496
Cash flow financial activities	<u>-1068</u>	<u>-4,496</u>
Change of cash in hand and at bank	<u>514,101</u>	<u>90,258</u>
Cash at December, 31	1,853,834	1,339,733
Cash at January, 1	<u>1,339,733</u>	<u>1,249,475</u>
Change of cash/bank	<u>514,101</u>	<u>90,258</u>

7.4 General notes to the balance sheet and statement of income and expenditure

General

The International Confederation of Midwives “ICM” was established in 1919 and has been housed in two countries throughout its existence. ICM moved to the Netherlands in 2000 and was established as a Dutch Association in 2005. A new governance structure and strategic planning process has been approved and implemented and the Constitution and By-laws updated to reflect both.

Since 2009 a number of new activities have been undertaken. Support from our funding partners to carry out the activities is fundamental to helping ICM strengthen the profession of midwifery globally, create a highly skilled workforce of midwives, and bring us closer to achieving Millennium Development Goals (MDGs) 4, 5 and 6.

ICM Membership continued to increase in 2016 with new associations joining the Confederation. At year end 2016 there is a total of 130 members in 112 countries. New applications for membership are received on a regular basis.

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 2016 is prepared according to the guideline RJ 640 (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.

Principles of the statements of income and expenditure



FIXED ASSETS

The tangible fixed assets are stated at purchase value. The depreciation method used for the office machinery is linear based on a lifecycle of 3-5 years.



RECEIVABLES

All receivables are recorded with fair value and valued against amortized cost. The fair value and the amortized 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, which are defined as restricted funds/projects or unrestricted funds.

The unrestricted funds include the general reserves, which serve as an assurance for the continuation of the activities of the International Confederation of Midwives, and earmarked funds. These are funds only available for specifically defined activities as stated in the Terms of Reference of the fund.

The purpose of restricted funds/projects is also stated in Terms of References or contracts and these have been defined by the donors or external contributors to the funds.



CURRENT LIABILITY

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

With the execution of projects and activities, a percentage to cover the indirect expenses is used. 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.

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 Disclosure notes to the balance sheet

7.5.1 Tangible fixed assets

	December 31, 2016	December 31, 2015
Purchase value per 1st January	58,775	117,435
Accumulated depreciation per 1st January	<u>- 34,743</u>	<u>- 88,984</u>
Balance per 1st January	24,031	28,451
Des-investments old equipment	-	-63,156
Investment in 2016	1,068	
Depreciation old equipment	-	63,156
Depreciation 2016	<u>-9,058</u>	<u>- 8,916</u>
Balance per 31st December	16,041	24,031

7.5.2 Receivables

	December 31, 2016	December 31, 2015
<u>Debtors</u>		
Debtors membership fee	27,288	23,057
Debtors Projects	<u>13,262</u>	4,069
Total debtors	<u>40,550</u>	<u>27,126</u>
<u>Other receivables</u>		
UNFPA	49,559	22,459
Engenderhealth	14,075	-
Intergrare	-	221,332
GIZ	51,470	2,463
Laerdal	53,215	-
Advances projects	34,044	24,652

30th Triennial Congress Prague	-	4,675
American College of Nurse-Midwives	-	38,245
Prepayments	10,195	36,415
Others	<u>13,194</u>	<u>17,954</u>
Total receivables	266,299	395,321

7.5.2.1 UNFPA

	2016	2015
Balance on 1st January	22,459	3,651
Add: Expenses 2016/2015	326,852	378,324
Extract: Received subsidy 2016/2015	<u>-299,752</u>	<u>359,516</u>
Balance at 31st December	49,559	22,459

In 2016 UNFPA funded 2 Workshops with participants from several French speaking countries. After sending in the final report for 2016 to UNFPA the remaining amount was received in 2017. The UNFPA/ Arab States office organised a network meeting in Morocco also for French speaking countries.

7.5.2.2 ICS Intergrare

	2016	2015
Balance on 1st January	221,332	<u>16,717</u>
Add: Expenses 2016/2015	-	302,139
Extract: Received subsidy 2016/2015	<u>-221,322</u>	<u>-97,524</u>
Balance at 31st December	-	221,332

In 2016 is the outstanding amount received by ICM.

7.5.2.3 Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)

	2016	2015
Balance on 1st January	2,463	- 13,692
Add: Expenses 2016/2015	99,407	-
Extract: Received subsidy 2016/2015	<u>-50,400</u>	<u>11,229</u>
Balance at 31st December	51,470	2,463

In 2016 the Government of the German Republic provided a grant to ICM for the period 2016-2017. The primary aim of the project promoted by the grant is to enhance ICM's capacity to strengthen midwifery globally through technical assistance.

7.5.2.4 American College of Nursing Midwives

	2016	2015
Balance on 1st January	38,245	
Add: Expenses 2016/2015	10,552	38,245
Extract: Received subsidy 2016/2015	<u>- 48,797</u>	
Balance at 31st December		38,245

The American College of Nurse-Midwives and ICM signed in 2015 an agreement to assist ACNM with the development of the Professional Association Agreement (PAS). ICM will deliver 4 modules, perform a review on all modules and participate in the field test. The duration of the project is from April 2015 through February 2016 and the results were presented at the Women Deliver Congress in Copenhagen.

7.5.2.5 Laerdal

	2016	2015
Balance on 1st January	-207,145	-
Add: Expenses 2016	546,240	-
Extract: Received subsidy 2016	<u>-285,881</u>	-
Balance at 31st December	53,215	-

Laerdal Global Health sponsors 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). The project started in July 2014, is extended to the end of 2016, but is still supported in 2017.

7.5.3 Work in Progress

	January 1, 2016	Received 2016	Expenses 2016	December 31, 2016
Activated cost for work relating to:				
Congress 2017 Toronto	140,664	<u>117,088</u>	79,045	102,621
Congress 2020 Bali	106,719	-	205,464	312,183
Congress 2023	-	-	4,305	4,305
Total work in progress	247,383	117,088	288,813	419,109

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

7.5.4 Cash at bank and in hand

	December 31, 2016	December 31, 2015
Cash in hand	4,667	3,760
Cash in bank	<u>1,849,167</u>	<u>1,335,973</u>
Total cash	1,853,834	1,335,733

7.5.5 Unrestricted Reserves

	December 31, 2016	December 31, 2015
General reserves		
Balance at January 1	483,420	483,755
Transfer to/from restricted reserves	-	15,000
Add/deduct as a result of the Confederation	<u>18,071</u>	-/- 15,335
Balance as of December 31	501,491	483,420

Earmarked reserves

	Balance as per January 1, 2016	Funds Received	Deferred Congress Income	Fund related costs	Transfer general reserves	Balance per December 31, 2016
Safe Motherhood and Development Fund Congress	267,984	12,014	-	2,662	-	<u>277,336</u>
Interpretation Fund	4,610	-	-	-	-	4,610
Membership Fee Assistance Fund	9,132	-	-	-	-	9,132
Congress Fund	250,859	71,000	-	163,571	-	158,288
	<u>532,585</u>	<u>83,014</u>	-	<u>166,234</u>		<u>449,366</u>

The "Safe Motherhood and Development Fund" supports individual midwives or Midwifery 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 midwifery 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.

7.5.6 Unrestricted Funds/ Reserves

	Balance as per January 1, 2016	Funds Received	Deferred Congress Income	Fund related costs	Transfer general reserves	Balance per December 31, 2016
Marie Goubran Memorial Fund	442	8,080	-	1,045	-	7,477
Dorothea Lang Donation Fund	26,574	8,953	-	-	-	35,527
Swiss Midwives Association Donation Fund	279	-	-	-	-	279
Total restricted funds	<u>27,295</u>	<u>17,033</u>	-	<u>1,045</u>	-	<u>43,283</u>

The Marie Goubran Memorial Fund was established to recognize 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 Award. In 2016 Johnson & Johnson has provided funds for three awards in the next Triennial.

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

7.5.7 Liabilities

		December 31, 2016	December 31, 2015
Consultants	12,007		
Johnson & Johnson awards 2016	40,200	45,843	
Auditor	-	-	
Travel cost	10,422	9,073	
Other suppliers	<u>8,274</u>	-	
Total creditors		<u>5,038</u>	
Financial Costs (audits/support)	16,820	70,903	59,953
Board/EC cost	30,700	20,600	
Consultants/ workshop cost	21,024	29,092	
Other invoice to receive	<u>1,425</u>	593	
Total accruals			
Pre received	47,877	69,969	35,675
Other payables	<u>21,084</u>	<u>4,043</u>	65,286
		68,961	39,718
Tax		58,295	32,376
Total liabilities		268,128	197,333

7.5.8 Grants/Subsidies

7.5.8.1 Laerdal

	2016	2015
Balance on 1st January	-	326,451
Add: Subsidy 2015	-	369,443
Extract: Congress	-	- 29,706
Extract: Expenses 2015	-	- 459,043
Balance at 31 December	-	207,145

The project regarding training 10,000 midwives in HMS-BAB and HBB, funded by Laerdal Global Health is in 2016 presented under 2.6 Receivables.

7.5.8.2 MacArthur Foundation

	2016	2015
Balance on 1st January	-	-
Add: Subsidy 2016	<u>236,094</u>	-
Extract: Expenses 2016	-	-
Balance at 31 December	236,094	-

The MacArthur Foundation has provided funding for ICM to support a limited number of Mexican Midwives to participate in the ICM Congress 2017 in Toronto.

7.5.8.3 Bill and Melinda Gates Foundation

	2016	2015
Balance on 1st January	536,676	-
Add: Subsidy 2016/2015	428,524	642,916
Extract: Expenses 2016/2015	<u>-546,993</u>	<u>-106,240</u>
Balance at 31 December	418,208	536,676

The Bill and Melinda Gates Foundation (BMGF) agreed in October 2015 to provide funding for the implementation of the Midwifery Service Framework (in 4 countries), review the essential competences and the development of an Educational Accreditation system. The duration of the program is 2 years starting in October 2015.

7.5.8.4 Sanofi Espoir Corporate Foundation

	2016	2015
Balance on 1st January	22,015	-
Add: Subsidy 2016/2015	798,560	100,000
Extract: Expenses 2016/2015	<u>-258,240</u>	<u>-77,985</u>
Balance at 31 December	<u>562,335</u>	<u>22,015</u>

In 2015 ICM and Sanofi Espoir Corporate Foundation signed an agreement to formalize the financial support of the Foundation regarding an annual grant. ICM commits to help develop the different projects of "Midwives for life" by providing the Foundation its expertise. In 2016 this program was finished, but the partnership with Sanofi Foundation continued. A new programme started to strengthen Midwifery education in 22 French speaking countries.

7.5.8.5 Johnson & Johnson

	2016	2015
Balance on 1st January	-	-
Add: Subsidy 2016/2015	317,733	-
Extract: Expenses 2016/2015	<u>-241,353</u>	-
Balance at 31 December	76,380	

The YML programme, sponsored by Johnson & Johnson, aims to establish a culture of leadership within the young midwives and hence within the Confederation by identifying prospective young leaders and facilitating them to be in key leadership positions. The program started in 2016 and ends in 2017.

In 2016 Johnson & Johnson also provided funding for two Educational and four Research Awards that will be granted yearly during the period 2016-2018.

7.6 Contingent liabilities

7.6.1 Annual financial obligations

The rent for the ICM office building amounts to € 39.167.- annually. The contract expired on 31 January 2016 and is automatically renewed with one year.

The lease for the Xerox machine amounts to € 9,212. - annually; the contract expires in March 2019.

7.6.2 Corporate tax

In 2009, the Tax authority ruled that the Triennial Congress, organized on behalf of ICM, is an event that should be taxable for Corporate Income Tax. As ICM disagreed with the Tax authorities ruling, there was for some time a discussion about this issue. During a meeting in 2011 the ruling is finalized and ICM Congress is now subject to Corporate Income Tax. This means that as of 2008 ICM has to declare the profit and losses of the Congress and Congress related activities in the year.

In 2015, an overview for the years 2008-2014 was sent to the tax authority. In 2016, additional information was requested. After providing this additional information a meeting with the tax authority was scheduled in May 2016.

Based on the information provided and due to the discussion during the May meeting the Tax Authority concluded that the results throughout the years will not provide a taxable amount and therefor an assessment will not be relevant. This conclusion is confirmed in writing.

7.7 Disclosure notes to statement of income and expenditures

7.7.1 Membership fee income

	2016 Budget	2016 Actual	2015 Actual
Income Membership fee	354,715	351,351	339,706

Again new midwives associations joined ICM in 2016 and as a result income from membership fees increased compared with the results of 2015.

7.7.2 Other income

	2016 Budget	2016 Actual	2015 Actual
Total income donations and other income	2,000	2,786	4,655

7.7.3 Income Subsidies

ICM is supported from several funding partners to carry out the activities that are fundamental to helping ICM strengthen the profession of midwifery globally and create a highly skilled workforce of midwives. The supporting partners and their amount of support in 2016 are:

	2016 Budget	2016 Actual	2015 Actual
UNFPA	284,509	326,426	378,324
Laerdal	304,032	546,240	459,043
Integrare	-	-	302,138
SIDA	-	-	156,686
Bill and Melinda Gates Foundation	570,363	546,993	106,240
Sanofi Espoir Corporate Foundation	150,010	258,240	77,985
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)	100,146	99,407	-
Johnson & Johnson	150,010	233,273	-
ACNM	-	11,425	38,245
Engenderhealth	-	14,075	-
WHO (Tobacco)	-	-	19,867
FIGO	-	-	23,672
Well Being Foundation	-	8,931	19,127
Family Care International	-	-	3,500
Other grants and donations	-	8,249	-
Total subsidies	1,559,092	2,053,259	1,584,827

7.7.4 Work in progress (see also 8.9)

	2016 Budget	2016 Actual	2015 Actual
SPPC	-	19,090	14,488
Congress 2017 Toronto	113,582	59,995	35,302
Congress 2020 Bali	-	205,463	99,331
Congress 2023	-	4,305	-
Total Work in Progress	113,582	288,813	149,121

7.7.5 Financial income

The financial income is a result of interest on the savings account and fluctuations in the exchange rates during 2016.

7.7.6 Allocated to Confederation from projects

This is made up of the expenditures from the projects budgeted as direct costs and includes ICM staff time (hour x tariff) and which are allocated to Confederation.

	2016 Budget	2016 Actual	2015 Actual
ICM staff expenditures	-	40,012	63,245

7.7.7 Personnel cost

	2016 Budget	2016 Actual	2015 Actual
Salaries expenditure	664,213	592,556	507,847
Social charges	111,892	105,148	70,227
Consultancy cost	108,899	200,613	45,123
Other personnel costs	<u>7,508</u>	<u>22,223</u>	<u>6,478</u>
Total costs personnel	<u>892,512</u>	<u>920,540</u>	<u>629,675</u>

At ICM headquarters there are 11 persons (10,60 fte) employed on December 31, 2016 as compared to 8 persons (6,60 fte) in December 2015. 1 staff member left in 2016 but was replaced. 2 other staff members left at the end of 2016 and are not replaced yet.

A number of positions were not occupied during the year that causes the underspending on the salary budget. The overspending on the consultancy cost is partly due to the understaffing but mostly to the use of consultants for projects.

7.7.8 Board and representation

	2016 Budget	2016 Actual	2015 Actual
Board costs	60,479	94,391	64,021
Representation	62,500	51,403	75,939
Total costs	122,979	145,794	139,959

The increase of the board cost is due to additional cost for the search of a new Chief Executive. The expenditures also include a refund for board members for telephone and internet cost.

The underspending of the representation cost is mainly the result of the cancelling of the Regional Conference in Africa.

7.7.9 Other Confederation Cost

	2016 Budget	2016 Actual	2015 Actual
Total direct project cost	761,945	1,245,814	819,489
Total professional services	36,680	37,968	324,527
Total Insurance	35,456	26,093	35,818
Total Communications and IT	31,196	37,863	34,497
Total General costs	4,000	4,649	3,899
Total Printing and photocopying	18,040	17,915	18,345
Total Financial costs	7,000	14,898	3,607
Total Depreciation	<u>10,000</u>	<u>9,058</u>	<u>8,916</u>
Total other Confederation Expenses	<u>904,316</u>	<u>1,394,257</u>	<u>1,249,097</u>

The overall overspending of these cost is mainly caused by the extra cost for projects. The increase on this budget line is due to the fact that a number of these activities/projects were initiated after receiving new grants but also through executing of activities that were delayed in 2015.

7.7.10 Congress Cost (work in progress)

	2016 Budget	2016 Actual	2015 Actual
<u>Congress 2017 Toronto</u>	-	19,090	14,488
SPPC meetings	-	38,707	29,178
Support HQ	-	<u>21,248</u>	<u>6,124</u>
Travel/Accommodation	-	-	-
Total Congress 2017 Toronto		79,045	49,790
Total Congress 2020 Bali		205,463	99,331
Total Congress 2023		4,305	-
Total cost work in Progress		288,813	149,121

7.8 Other issues

7.8.1 Subsequent events

There are no subsequent events which must be disclosed in the Financial Statements 2016.

7.8.2 Appropriation of the result

The statement of profit and loss for the year 2016 closes with a negative result of € 49,161.-. According to the statutes and anticipating on the board decision in June this result will be appropriate as follows:

Add to Safe Motherhood Fund	€	12,014
Deduct from Safe Motherhood Fund	- €	2,662
Add to Dorothea Lang Donation Fund	€	8,953
Add to Marie Goubran Fund	€	8,080
Deduct from Marie Goubran Fund	- €	1,046
Add to Congress Fund	€	71,000
Deduct from Congress Fund	- €	163,571
Add to the general reserve	€	<u>18,071</u>
Total result	- €	49,161

The Hague, June 2017

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Chief executive

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Treasurer

7.9. Auditors report on financial statement



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