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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

It has been both an honour and a joy to be entrusted with the role of President of the International Confederation of Midwives, providing leadership for our 132 midwifery associations in over 113 countries worldwide. I have been afforded unparalleled opportunities to drive forward the mission of the ICM to strengthen Midwives Associations and to advance the profession of midwifery globally. I have felt myself grow into my role as part of a team and watched as our Board, ICM Head Office staff and members have grown in theirs.

I have taken every opportunity to be exposed to the frontline work ICM has delivered in partnership with our Member Associations which has greatly deepened my understanding, respect and appreciation for the hard work midwives do.

The ICM members have chosen three key areas for our triennial strategy: Quality, Equity and Leadership. Against these themes we have focused our work and are proud of what we have achieved and delivered.

Quality
- Reviewed and updated our Essential Competencies for Midwifery Practice
- Hosted clinics at Regional Conferences to discuss the strategic issues of individual Member Associations (MAs)
- Delivered respectful maternity care workshops in Regional Conferences
- Trained midwives in life saving skills and strengthened midwives’ competence and respectful care through the 50,000 Happy Birthdays project in partnership with Laerdal Global Health and our MAs in Rwanda, Ethiopia and Tanzania.

Equity
- Regional Board Members have taken a leading role on representation activities in their region working with MAs to enhance communication between ICM Head Office and the six regions
- We have incorporated regional reports to our annual report to ensure more equitable representation of regional activity
- We now deliver Regional Conferences, allowing members easier access to new information and more regionally relevant content
- We ensure that every externally-funded project that ICM undertakes with our partners includes the relevant in-country Midwives’ Association. These projects include capacity building activities that aim to strengthen our Associations as the recognized voice for midwives in their countries.

Leadership
- Midwives Leading the Way has been the advocacy call of 2018, providing the overarching theme for the events we hosted at WHA and UNGA. We also launched a Midwifery Leaders Showcase on IDM, sharing the stories of midwives who are leading the way for the profession and women worldwide
- Regional Board members have implemented regional strategic plans in line with ICM strategy
- Wherever possible, the ICM team use modern electronic technology for communication to save both funds and the planet
- We are constantly working to strengthen the relationship with other Health Care Professional Associations and partners from the public and private sector, recognizing that we cannot achieve our aims alone

As with every triennium here at ICM, our aims are ambitious and far reaching, and not without their challenges. ICM and our members are charged with increasing quality, respectful care by midwives and finding solutions to issues such as under- and over-medicalisation. The over-medicalisation of childbirth has implications for individual women, midwives and the midwifery profession globally, and ICM has an ongoing role in both high- and low-income countries to continue to bring attention and find solutions to these issues.
Internally, ICM continues to face funding challenges. Unlike any other International Health Professional Association, less than 20% of ICM’s income comes from our Member Associations, with many struggling to pay their fee. It is therefore necessary for ICM to constantly bid for externally funded projects to supplement our core work of strengthening member Midwives’ Associations. While ICM ensures that every externally-funded project undertaken in countries includes the relevant Midwives’ Associations as partners, the majority of the administration process tends to overspill to ICM Head Office staff. In consequence, the Head Office is often tasked with the responsibility of addressing competing demands and meeting time-sensitive deadlines within the context of working as small team.

Notwithstanding these challenges, ICM continues to be driven by our mission to strengthen Midwifery Associations and advance the profession of midwifery globally. Every woman has the right to access quality care from a midwife and it is crucial that we continue to strive to make sure it becomes every woman’s reality.

With commitment,

Franka Cadée
1. Introduction

This report provides an overview of the main activities undertaken during 2018 by the International Confederation of Midwives (ICM). It forms a backdrop to the annual financial report in Section Seven.

1.1 Overview

The International Confederation of Midwives (ICM) supports, represents and works to strengthen professional associations of midwives throughout the world. At the close of 2018 ICM’s membership comprised 133 Midwives Associations, representing 115 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 represents more than one million midwives globally.

ICM is a non-governmental organisation (NGO) and represents Midwives’ Associations, midwives and midwifery worldwide to achieve common goals in the care of mothers and newborn infants. 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 Pediatric Association (IPA), and the International Council of Nurses (ICN); government and non-governmental organisations, and civil society groups; donors such as Laerdal Global Health, the Bill and Melinda Gates Foundation, Johnson and Johnson, Sanofi Espoir Foundation and the MacArthur Foundation.
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 (MA) 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 MAs in each region and endorsed by the Council. Members are appointed for a three-year period with the opportunity of one re-election. The Chief Executive attends 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.

Left to right, top row: Sally Pairman (CE), Rita Borg-Xuereb
Left to right middle row: Emi Nurjasmi Indomo, Hatsumi Taniguchi, Trude Thommesen, Rafat Jan, Fatoumata S Maigi Dicko, Sandra Oyarzo Torres, Jemima A. Dennis-Antwi
Left to right front row: Emmanuelle Hébert, Serena Debonnet, Franka Cadée, Mary Kirk
Missing: Ingela Wiklund
### 1.2.1 Board Members

#### ICM Board in 2018

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Region</th>
<th>Role and Tenure</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Franka Cadée</td>
<td>Netherlands</td>
<td>Elected June 2017</td>
</tr>
<tr>
<td>Vice President</td>
<td>Mary Kirk</td>
<td>Australia</td>
<td>Elected June 2017; regional Board member 2011 – 2017 (two triennia)</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Ingela Wiklund</td>
<td>Sweden</td>
<td>Elected June 2017; interim Treasurer April 2016 – June 2017; regional Board member June 2011 – June 2017</td>
</tr>
</tbody>
</table>

**Africa region**

- **Fatoumata S Maiga Dicko**  
  Francophone Africa sub-region  
  Mali  
  Elected June 2017

- **Jemima Dennis-Antwi**  
  Anglophone Africa sub-region  
  Ghana  
  Regional Board member June 2014 – 2017. Re-elected June 2017

**Americas region**

- **Sandra Oyarzo Torres**  
  South America sub-region  
  Chile  
  Regional Board member June 2014 – June 2017. Re-elected June 2017

- **Emmanuelle Hébert**  
  North America and Caribbean sub-region  
  Canada  
  Elected June 2017

**Western Pacific Region**

- **Hatsumi Taniguchi**  
  Japan  
  Elected June 2017

**South-East Asia region**

- **Emi Nurjasmi Indomo**  
  Indonesia  
  Elected June 2017

**Eastern Mediterranean region**

- **Rafat Jan**  
  Pakistan  
  Regional Board member June 2014 – June 2017. Re-elected June 2017

**Europe region**

- **Trude Thommesen**  
  Northern Europe sub-region  
  Norway  
  Elected June 2017

- **Serena Debonnet**  
  Central Europe sub-region  
  Belgium  
  Regional Board member June 2014 – June 2017. Re-elected June 2017

- **Rita Borg-Xuereb**  
  Southern Europe sub-region  
  Malta  
  Regional Board member June 2014 – June 2017. Re-elected June 2017
1.2.2 Board Meetings

The Board met face to face in The Hague from 29 May to 1 June 2018. Electronic Board meetings were held in January, March and November. Board members voted electronically on information provided by email in January, June, July and August.

The Executive Committee met electronically fortnightly throughout the year and face to face in The Hague on 26th and 27th February and on 3rd and 4th September in Dubai.

1.3 Organisational structure

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 2018 staff are:

- Chief Executive, Dr Sally Pairman
- Lead Midwife Advisor, Ann Yates
- Programme and Development Director, Mike Fawcett (commenced April 2018)
- Midwife Advisor, Dr Florence West
- Midwife Advisor, Martha Bokosi (based in Malawi)
- Midwife Advisor, Liliane Ingabire (based in Rwanda)
- Project Coordinator, Shantanu Garg
- Communications Manager, Sawiche Wamunza (contract ended June 2018); Sagal Ali (commenced October 2018)
- Portfolio Assistant/Advocacy Officer, Scarlett Hawkins (until October 2018)
- Membership Manager, Charlotte Renard
- Governance Office, Donnica Henry Frijlink (until June 2018)
- Governance Officer and Executive Assistant to the Chief Executive, Isabel Skukan (commenced October 2018)
• Administrative Assistant, Melinda Dudas (until August 2018); Sigrid Engström (commenced October 2018)
• Communications and Operations Assistant, Viviana Cubilos (commenced 0.5FTE July 2018)

Consultants:
• Project Manager (SMS/Gates Foundation Project), Shree Mandke
• Project Manager (UNFPA Project), Saffron Golding
• Finance Manager, Hans van Dongen
• Advocacy and Project Management support, Global Office Consulting

ICM's Head Office is located in The Hague, The Netherlands. In May 2018 we moved to new office space that includes shared open plan office space, break out rooms, meeting rooms and a Board room. We have also invested in videoconference technology and equipment to improve communications with our members and with partners. We are now able to host Board, SPPC and other meetings in our office with resultant cost savings.

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:
• Amas Getanda; Kenya/ University (Anglophone)
• Elizabeth Namukombe Ekong; Uganda/ University (Anglophone)
• Marion Subah; Jhpiego/Liberia office (Anglophone)
• Christa Van Der Walt; Independent/ South Africa (Anglophone)
• 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)
• Elizabeth Cluett; 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)

Western Pacific region
• Janice Butt; Australia
• Dr Michelle* Newton; Australia/ University
• Dr Judith McAra- Couper; New Zealand/ University

South East Asia region
• Mary James Merlin; India

Eastern Mediterranean region
• Vacant position

Key Activities 2018:
1. Selection of nominated committee members to ensure representation from all ICM regions
2. Activities in collaboration with ICM Board and Head Office:
   a. Dissemination of updated ICM competencies
   b. Selection of awardees for the ICM/Johnson & Johnson Education Awards 2018
   c. Management of project to review ICM Position Statements
   d. Identification of ESC representatives for project with Commission for Graduates of Foreign Nursing Schools (CGFNS)
   e. Identification midwifery accreditation experts to participate in ICM’s Midwifery Education Accreditation Programme (MEAP)
3. Representation on the ICM Scientific Professional and Programme Committee
   a. Identified ESC members to review abstracts for ICM Triennial Congress 2020
4. Attendance and participation in global education activities

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 (by zoom electronic platform every two months).

ICM Research Standing Committee members 2017-2020
Co-Chairs: Dr Deborah Davis (SPCC member Bali Congress), Dr Lesley Dixon
Board liaison: Dr Jemima Dennis-Antwi and Hatsumi Taniguchi
Head Office staff liaison: Charlotte Renard

Africa region
• Ann Phoya; Malawi (Anglophone)
• Amata Gnagna; Togo (Francophone)

Americas region
• Liz Darling; Canada (North America and Caribbean)
• Lisa Kane Low; USA (North America and Caribbean)
• Cris Alonso; Mexico (Latin America)
Europe region
• Dr. Susan Crowther; United Kingdom (Northern Europe)
• Sarah Church; United Kingdom (Northern Europe)
• Jenny McNeill; United Kingdom (Northern Europe)
• Christine Morin; France (Central Europe)
• Fatima Leon; Spain (Southern Europe)

Western Pacific region
• Mary Steen; Australia
• Dr. Deborah Davis; Australia
• Dr. Lesley Dixon; New Zealand

South East Asia region
• Kusmayra Ambarwati; Indonesia

Eastern Mediterranean region
• Vacant position

Key Activities 2018:
1. Selection of nominated committee members to ensure representation from all ICM region. New members were welcomed in October 2018 with only one region (Eastern Mediterranean) remaining without representation
2. Activities in collaboration with ICM Board and Head Office:
   a. Selection of awardees for the ICM/Johnson & Johnson Research Awards 2018. The RSC has offered awardees support when presenting their projects as posters at regional conferences
   b. Review of ICM Position Statements as allocated by ESC
   c. Identification of ESC representatives for project with Commission for Graduates of Foreign Nursing Schools (CGFNS)
   d. Identification midwifery accreditation experts to participate in ICM’s Midwifery Education Accreditation Programme (MEAP)
3. Co-chair membership on the ICM Scientific Professional and Programme Committee; Deborah Davis attended SPPC meeting in The Hague, June 2018
   a. A PowerPoint explaining how to write an abstract for ICM congress was developed by the RSC and approved by the SPCC. It has been translated into Spanish and French and added to the Bali2020 website.
   b. Identified RSC members to review abstracts for ICM Triennial Congress 2020
4. The co-chairs of the RSC represent ICM on the “Research priorities working group” chaired by Holly Kennedy. This group met frequently in 2018 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)
• Everlyne Rotich; Kenya (Anglophone)
• Sylvia P. Hamata; Namibia (Anglophone)
• Vacancy for Francophone Africa

Americas region
• Kris Robinson; Canada (North America and Caribbean)
• Eduardo Lillo Gonzales; Chile (Latin 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 2018:
1. Selection of nominated committee members to ensure representation from all ICM region. New members were welcomed in October 2018 with two regions (Eastern Mediterranean and Francophone Africa) remaining without representation
2. Activities in collaboration with ICM Board and Head Office:
   a. Review of ICM Position Statements as allocated by ESC
   b. Identification of RegSC representatives for project with Commission for Graduates of Foreign Nursing Schools (CGFNS)
   c. Identification of midwifery accreditation experts to participate in ICM’s Midwifery Education Accreditation Programme (MEAP)
3. Co-chair membership on the ICM Scientific Professional and Programme Committee; Karen Guilliland attended SPPC meeting in The Hague, June 2018
   a. Identified RegSC members to review abstracts for ICM Triennial Congress 2020

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. It 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 2018
1. Participation in all meetings of the ICM Scientific Professional and Programme Committee (electronic meetings and face-to-face meeting in The Hague, June 2018)
   • Developed Call for Abstracts for the 2020 Triennial Congress
   • Developed selection criteria for abstracts
   • Identified abstract reviewers
   • Prepared recommendations for the Board regarding keynote speakers

1.5.5 Finance and Risk Committee (FARC)
The Finance and Risk Committee advises the Board on the discharge of its fiduciary responsibilities in resource management and governance. The FARC 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 2018

Chair, ICM Treasurer; Ingela Wiklund
ICM Chief Executive; Sally Pairman
ICM Finance Manager; Hans van Dongen
External members: Shariq Khan, Mike Fawcett, Canan Uluman
Co-opted ICM Board Member; Mary Kirk
Co-opted ICM staff Member; Mike Fawcett (from May 2018)

Key Activities 2018
The FARC meeting held on 23.2.18 was the only meeting in 2018. Changed personal circumstances for all external FARC members meant that none could continue in the role. During 2018 potential new FARC members were approached and a new committee will be in place from 2019.
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 2018 we welcomed two new members and a third that transitioned from Associate to Full Member. We received no membership terminations. 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 members in 2019.

New Members in 2018

Midwifery Association of Kosovo - Full
Myanmar Nurse and Midwife Association - Associate
The Saudi Midwifery Group, transitioned from Associate to Full Member

2.2 Strengthening Member Associations

In accordance with ICMs mission to 'strengthen member associations and to advance the profession of midwifery globally', strengthening Associations is at the core of everything we do.

A survey of ICM members undertaken in 2017, informed the 2017 – 2020 ICM Strategic Plan. This survey asked members about ICM’s services and how well ICM met the expectations of its members. We plan to repeat this survey at least once in each triennium. Over the past year we have taken a more regional approach to our work. This has included Board Members leading on representation activities within regions and working with our regional Member Associations to enhance communication between ICM and the associations.

ICM Head Office regularly seeks input from members to ensure that their voices, stories and experiences are reflected in ICM’s communications and campaign activities. Member feedback is incorporated in operational improvements.

Every externally-funded project that ICM now undertakes in countries includes the relevant Midwives Associations as partners. These projects include capacity building activities that aim to strengthen our associations as the recognised voice for midwives in their country and with a seat at the table for policy decisions about midwifery and other maternal and newborn health services. As a result of these projects, several associations have benefitted from a range of tools and resources that enable them to be more effective in their advocacy and support of midwives and women in their countries.

As described below ICM Head Office was charged by our Council to take over the responsibility for our Regional Conferences from 2018 onwards. Working with a local association as co-host ICM is building these conferences to provide a forum for midwives across a region to come together to strengthen relationships, improve communication and to discuss solutions to common challenges. A regional ICM meeting is associated with each conference and Member Associations work together to develop a regional strategic plan in alignment with the ICM triennial strategic plan. These conferences have also provided the opportunity for our member Associations to meet with ICM Board and staff members to discuss their specific needs and challenges.
ICM lends it support wherever possible to member-led campaigns in-country. Board and staff attend ICM members' national conferences and events upon invitation and if their attendance is funded externally. When funding is not available ICM will support through video messages. In 2018 this representation included:

- CONAMA East & Southern Africa Leadership meeting, South Africa, April 2018; Jemima Dennis Antwi attended.
- Colegio de Matronas de Peru, 9th national conference, Lima, May 2018; Sandra Oyarzo Torres attended.
- Congres de la Federation des Associations des sages-Femmes d’Afrique Francophone (FASAF), Burkina Faso, July 2018; Sally Pairman spoke at the opening and closing and gave a presentation on ICM and its new Midwifery Education Accreditation Programme (MEAP).
- New Zealand College of Midwives, biennial conference, Rotorua, August 2018; Sally Pairman was a keynote speaker.
- Canadian Association of Midwives reception in conjunction with the International Parliamentarians Conference on Implementation of the ICPD Plan of Action, October, 2018, Ottawa; Emmanuelle Hébert attended.
- European Midwives Association (EMA) conference, Turkey, October 2018; Trude Thommesen attended.
- Hungarian Association of Midwives conference, Budapest, December 2018: Sally Pairman was a keynote speaker.

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

The theme for the 2018 International Day of the Midwife was ‘Midwives leading the way with quality care’. It highlighted the vital role that midwives play not only in ensuring women and their newborns navigate pregnancy and childbirth safely, but also receive respectful and well-resourced maternity care that can create a lifetime of good health and wellbeing beyond the childbirth continuum.

For the IDM 2018, ICM launched the Midwifery Leadership Showcase to highlight the work and impact of some of the exceptional midwife leaders around the globe. Funded by UNFPA, the series of profiles were published on a weekly basis by ICM from May until September and then published in a booklet in September 2018.

The IDM social media engagement levels across platforms increased significantly from 2017 (detailed in image below). Member Associations, partners and the public were active in celebrating the day and many of our members organised events, held rallies, meetings, and joined in the celebrations.
ICM President Franka Cadée contributed significantly to conversations across digital platforms throughout IDM and closed the Virtual International Day of the Midwife conference, a 24-hour virtual conference with midwife presenters and participants across the world. ICM CE Sally Pairman spent the day alongside the Tanzanian Midwives Association marching in public rallies to raise awareness of midwifery, participating in public presentations to the country’s midwives and making visits to nearby maternity facilities.

### 2.4 Regional Conferences and Meetings

As decided by the ICM Council in 2017, the ICM Head Office commenced the delivery and organisation of regional conferences in 2018. The 2017 – 2020 triennium is a transitional period as ICM develops its approach to managing these conferences. Two conferences were run in 2018 with a third planned for 2019 as well as a regional meeting. It is expected that six regional conferences will be run in the next triennium, three in each of 2021 and 2022 with the triennial Congress in Abu Dhabi in 2023.

#### 2.4.1 Eastern Mediterranean/South East Asia/Western Pacific regional conference in Dubai 6 – 8 September 2018

A decision by the ICM Council in 2017 saw the split of the previous Asia-Pacific region into three new regions – Eastern Mediterranean, South East Asia and Western Pacific. Midwives from all three regions attended the regional conference in Dubai that formally launched the new regions.

This regional conference was a great success, particularly given that it was the first to be hosted by ICM. The theme of the conference was “Midwives leading the way for quality and equity”. We were honored to have Princess Muna Al-Hussein of Jordan open the conference, and grateful to all conference sponsors that made the event possible.
The scientific programme was of a high standard with many interesting presentations focusing on midwifery practice and with well-attended Johnson & Johnson Touch Workshops and ICM workshops on advocacy and Respectful Maternity Care. We received very positive feedback from the almost 200 participants who enjoyed the smaller and more intimate conference that provided many opportunities for connecting with each other and with the ICM.

The conference was followed by a regional meeting of all MAs and ICM Board and Head Office staff. Regional Board members also convened separate meetings for each of the three regions to develop strategic plans that outline how each region will implement ICM’s strategic plan (2017 – 2020) and address issues specific to their regions. Regional strategic plans are a new initiative for ICM and were well received by members.

2.4.2 Americas Regional Conference in Paraguay 7 – 9 November 2018

The ICM Americas Regional Conference took place in Asuncion, Paraguay, co-hosted with the Asociacion de Obstetras del Paraguay (AOP). Approximately 400 delegates from North, South and Central America attended to collaborate, present, share and connect as a unified network of midwives. The Theme of the conference was again “Midwives leading the way for quality and equity” and was opened by the Minister of Public Health and Social Wellbeing of Paraguay, Dr Julio Mazoleni. We were delighted to present five keynote speakers including Franka Cadée (ICM President), Ana Labandera, (midwife leader from Uruguay), Cherylee Bourgeois (indigenous midwife educator from Canada), Silvana Bermudez (midwife-leader from Argentina) and Alma Camacho (UNFPA LAC region), each discussing their commitment to strengthening midwifery in the Americas region. Simultaneous interpretation occurred for English and Spanish speaking presenters during plenary sessions.

ICM delivered workshops on Respectful Maternity Care, and Advocacy, while Johnson and Johnson provided First Touch baby massage training for attendees. UNFPA LACRO held a panel discussion on strengthening midwifery: tools utilised and lessons learned. Over 100 presenters spoke over three days of concurrent sessions with streams provided in English, Spanish and Portuguese. Sponsor numbers increased for this conference and a small exhibition was held alongside the poster display.

During the conference ICM ringfenced specific time to hold meetings with our member associations from Brazil, Mexico, Argentina, and Chile, and also with Federación Latinoamericana de Obstetras (FLO) to discuss their challenges.

A regional meeting of Member Associations was held after the conference with Regional Board members leading development of strategic plans for North America/Caribbean sub-region and for South America.
2.5 Partner collaborations

2.5.1 TRIAD Meeting

Every two years the World Health Assembly is preceded by a meeting jointly hosted by ICM, ICN and WHO. The TRIAD comprises various meetings:

- Government Chief Midwives and Government Chief Nurses with WHO
- National Nursing Associations (NNAs) with ICN
- A regulators forum (run by ICM and ICN)
- A meeting between Chief Midwives, Chief Nurses, regulators and NNAs

Vice President Mary Kirk and CE Sally Pairman represented ICM in the organisation and facilitation of the TRIAD and each also presented at the Regulators Forum.

2.5.2 WHO/ICM/UNFPA Meeting “Strengthening Midwifery Education 2018-2030”

In March ICM jointly convened with WHO and UNFPA a meeting in Geneva about midwifery education. Attended by 60 participants the meeting focused on developing the first draft of a special topic report on midwifery education that is to accompany the annual report to the World Health Assembly in 2019 on progress towards achieving the Global Strategy for Women’s Children’s and Adolescents’ Health (GSWCAH).

To initiate further collaboration for the development of the report amongst partners and develop dialogue with stakeholders WHO, ICM and UNFPA, convened a series of global consultations during 2018. These took place in Oxford (convened by Oxford University), Cairns (convened at the WHO Collaborating Centers for Nursing and Midwifery Conference), Dubai (convened by ICM at the ICM. Eastern Mediterranean, Western Pacific and South Asia regions conference), Paraguay (convened by ICM at the ICM Americas region conference), and New Delhi (co-convened by WHO, the Society of Midwives India (SOMI), ICM, and Human Rights in Childbirth (HRIC)). In 2019, the report will be available online for wider global feedback, before being finalized in time for the 72nd World Health Assembly in May 2019.

2.5.3 ICM/FIGO joint session at 22nd FIGO World Congress

ICM President Franka Cadée and FIGO President-elect Carlos Füchtner jointly chaired a panel discussion at the FIGO Congress titled ‘Every woman needs a midwife – some need an obstetrician too!’. Speakers were midwives Ingela Wiklund and Sandra Oyarzo Torres and obstetricians Neel Shah and Thomas Larsen.
2.5.4 New partnerships

ICM signed two new Memorandum of Understanding in 2018:
• Commission on Graduates of Foreign Nursing Schools International (CGFNS International)
• Childhood and Early Parenting Principles (CEEPs) Global Initiative.
ICM updated its MOU with the World Alliance of Breastfeeding Advocates (WABA)

2.6 Stakeholder and donor relationships

ICM values its relationships with stakeholders and donors. Meetings with individual organisations take place regularly but 2018 provided two opportunities for ICM to leverage events attended by many of its stakeholders to host events that enabled focused discussion between stakeholders about midwives and midwifery, the challenges faced and strategies to support midwife leaders and to champion the work of midwives.

2.6.1 ICM event alongside World Health Assembly (WHA)

In May ICM hosted, for the first time, a side event alongside the WHA - an evening reception titled ‘Midwives Leading the Way’ celebrating midwifery leadership and attended by approximately 100 people. The President and CE were honoured to speak alongside Joy Marini (J & J), Anneke Knutsson (UNFPA), Katja Iversen (Women Deliver), Elizabeth Iro (WHO) and Her Excellency Mrs Toyin Saraki. Speakers addressed the importance of midwifery leadership in governments, development agencies, NGOs and the private sector.

2.6.2 ICM event alongside United Nations General Assembly (UNGA)

In September ICM hosted a stakeholder’s meeting with our core partners to discuss ICM strategy and current work streams. ICM sought feedback from partners in relation to programmes and partnerships we deliver collaboratively to identify strengths and areas for improvement.

Following the stakeholder meeting ICM held a reception, attended by over 100 people. The reception, titled ‘Midwifery Champions’ brought together and showcased the work of midwifery leaders and national and global influencers from government, civil society and international development agencies engaged in ending preventable maternal and newborn morbidity and mortality. The evening was opened by Lauren Moore, Vice President, Corporate Citizenship at Johnson and Johnson and speakers included Dr Edna Adan (Director and founder of the Edna Adan Maternity Hospital, Somaliland), Christy Turlington-Burns (CEO and Founder of Every Mother Counts) and Her excellency Toyin Saraki (ICM Global Goodwill Ambassador). Speaking alongside the President and CE, these incredible women presented very interesting perspectives on how they all champion midwives and midwifery services in their different ways.

2.7 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.
• 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
Registration and the Call for Abstracts both opened in December 2018 with early bird registrations closing in March 2019 and abstracts closing in May 2019. Sponsorship and exhibition opportunities were also released in December 2018.

2.8 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 Organisation 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.

2.8.1 United Nations representatives

The ICM Council elected two representatives in June 2017 to represent ICM at meetings at the United Nations Headquarters in New York and at the United Nations office in Geneva over the 2017 – 2020 triennium. These representatives live close to the offices, are accredited to the UN and are asked to represent ICM from time to time such as when Board or staff are unable to attend meetings or for meetings held at short notice. The ICM UN representatives are:

• New York: Joyce Hyatt (America College of Nurse Midwives) and Vicki Hedley (Midwives Alliance of North America)
• Geneva: Patricia Perrenoud (Swiss Federation of Midwives) and Lisa Welcland (German Association of Midwives). Patricia Perrenoud left the role in December 2018.

During 2018 the UN representatives supported ICM at the World Health Assembly and the United Nations General Assembly.

2.8.2 Global representation

2.8.2.1 United Nations Commission on Status of Women (CSW)

ICM was represented by President, Franka Cadée at CSW to explore the potential benefit of attending CSW to strengthen our ties with women focused organisations. Gender equity is at the core of ICM’s work and CSW gives much opportunity to highlight ICM’s work and share and strengthen ICM’s connection with women’s groups globally. In future ICM will decide on a case by case basis if attendance of CSW as well as other global events are in line with our strategic priorities.
2.8.2.2 The 71st World Health Assembly (WHA)

In May ICM President, Chief Executive, Vice President Mary Kirk and Lead Midwife Advisor Ann Yates attended the WHA with a delegation of seven representatives from Midwives Associations and partner organisations in five countries. Supported by ICM’s UN representatives the delegation had the opportunity to experience both the preceding ICM/ICN/WHO Triad meeting and the various sessions and side events of the WHA.

During WHA the Health Care Professional Associations (HCPAs) of the Partnership for Maternal and Newborn and Child Health (PMNCH) met with the PMNCH Chair Michelle Bachelet to discuss maternal health issues and the significant role midwives and other health care professionals play in strategies to achieve the Sustainable Development Goals.

2.8.2.3 United Nations General Assembly (UNGA)

In September ICM President and CE, as well as our Director of Programmes and Development, Mike Fawcett, attended the United Nations General Assembly. It was a week of events, workshops, and side meetings with partners which we hope will yield future collaborations and increase the impact of ICM’s work and programmes.

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

ICM President Franka Cadée attended the PMNCH Health Care Professional Association constituency retreat in June and discussed a potential joint activity between ICM, FIGO and IPA to promote collaboration between our respective Member Associations in countries. In August Franka attended the retreat of the full PMNCH Board in Stockholm.

At the end of the year in December ICM President, CE and Lead Midwife Advisor, attended the Partnership for Maternal, Newborn and Child Health (PMNCH) Partners Forum in Delhi. All three participated as speakers in various sessions including ‘Midwives Voices, Midwives Choices’, a pre-forum meeting to further consult on the Midwifery education report for the World health Assembly in 2019 (see 2.4.2 above). Ann Yates facilitated a session in the Bernard van Leer-hosted side event on early childhood education. The PMNCH Board meeting followed the Partner’s Forum. While at PMNCH the team met with current and potential partners including a meeting with the Minister of Health for Tanzania, HE Ummy Ally Mwalimu, to discuss Midwifery in Tanzania and current advocacy programmes ICM is running there. We also met with FP2020 to discuss partnering on a workshop at the 2019 Africa regional conference in Namibia.

Global representation by ICM President and CE continues to be vital to stakeholder relations. It positions ICM among other key global health actors, and ensures midwifery remains a part of global conversations on maternal and newborn health.

2.8.3 Other representation

This year ICM has participated in and provided technical advice on a number of advocacy initiatives, global campaigns, and partnership efforts. These included:
February, May

- International Pediatric Association (IPA)- hosted meetings to plan the celebrations of 50 years of Rh disease prevention and its campaign to extend protection to all Rh-negative mothers in the world. [Board member Trude Thommesen]

March

- The WHO Technical Advisory Group (TAG) on new education materials on essential newborn, childbirth and family planning care. Subsequently ICM became part of a core group advising WHO on the development of a toolkit of training resources for in-service education that reflects the latest evidence and updated WHO Guidelines on maternal and newborn health care. This work continued throughout 2018 and into 2019. [CE Sally Pairman and Midwife Advisor Florence West].
- A WHO-convened meeting of midwifery researchers in Geneva in March to discuss research priorities to improve the quality of care for every woman, every child. [Board member, Jemima Dennis Antwi].
- Guest panelist for the Johnson and Johnson/GlobalScan online SDG Leadership series. [CE Sally Pairman].

May

- Member of Every Newborn Action Plan/UNICEF: Expert Advisory Group to provide guidance during development of Survive, Thrive and Transform: Care for Every Small and Sick Newborn, a global advocacy and call to action document designed to galvanize greater attention to care for small and sick newborns. Following the meeting ICM provided further assistance to UNICEF to formulate the global advocacy agenda for a campaign to reduce newborn mortality, Every Child ALIVE. [Lead Midwife Advisor Ann Yates].
- 5th International and 9th National Midwifery Congress, 3-5 May, 2018, Amasya, Turkey. Board Member Rita Borg Xuereb gave two key note addresses.

June

- Normal Birth conference in Michigan. President Franka Cadee was a plenary speaker
- MUNet conference and European meeting and the launch of the MUStandards, London. [Franka Cadée]

July

- 12th Biennial Conference and Meetings in Cairns, Australia. Board Member Jemima Dennis Antwi represents ICM at the Executive Board of the Global Network of WHO Collaborating centres for Nursing and Midwifery. Jemima was unable to attend the conference and Executive Board meeting in July, and Deborah Davis (co-chair ICM Research Standing Committee) attended in her place.

September

- EU-funded international conference ‘From Birth to Health’ held in Portugal. [Board Member Rita Borg Xuereb].
- WABA-convened meeting of global breastfeeding partners, Malaysia. [Lead Midwife Advisor Ann Yates].
- UNFPA-funded meeting to plan a high-level meeting in early 2019, Mexico. [Board member Sandra Oyarzo Torres]. Sandra took the opportunity to also meet with the Association of Professional Midwives (APP) in Mexico as they prepare their application for ICM membership.

October

- Global Advisory Panel on the Future of Nursing and Midwifery (GAPFON) convened by the honor Society of Nursing, Sigma Theta Tau International in Geneva. [Board Member Rita Borg Xuereb].
- The West Africa Health Organisation (WAHO)-funded workshop on the use of harmonized evaluation tools for midwifery students in Bamako-Maki. [Board member Mme Dicko]
• International nursing and midwifery congress in Jordan, hosted by the Jordan University of Science and Technology. Chief Executive Sally Pairman gave a keynote address and led a round table discussion on midwifery in Jordan.

November
• Nurses and Midwives Board of Ireland’s (NMBI) conference in celebration of 100 years of midwifery regulation in Ireland, held in Dublin. Chief Executive, Sally Pairman gave a keynote address.
• WHO-funded meeting with team from the Department of Reproductive Health and Research who are responsible for the Family Planning guideline activities. The meeting was to discuss how ICM could assist WHO to disseminate and implement WHO’s family planning guidelines and tools among the midwives of the SEA, AFR and EM regions. [ICM Board members and staff Emi Nurjasmi Indomo, Rafat Jan, Ann Yates and Sally Pairman].

December
• The West Africa Health Organisation (WAHO)-funded workshop on the harmonization of the partogram in care. [Board member Mme Dicko]

Document review and technical advice
• Jhpiego’s Normal Labour and Birth module
• UNICEF’s Every Child Alive report
• WHO’s Post Abortion Care Guideline
• International Childbirth Initiative 12 Steps to Safe and Respectful MotherBaby Family Maternity Care
• the WHO, UNFPA, ICM, ICN, FIGO and IPA 2018 definition of skilled health personnel providing care during childbirth
• WHO’s technical consultation on postnatal care implementation. [Board member, Rafat Jan]
• WHO’s online guideline panel meetings to update priority WHO maternal and perinatal health recommendations. [Lesley Page].
• WHO’s Mother and Newborn Information for Tracking Outcomes and Results (MoNITOR). [Dr Marianne Nieuwenhuijze with back up from Dr Ank de Jonge as necessary].
• WHO’s Maternal and Perinatal Death Surveillance and Review (MPDSR) working group. [Dr Ank de Jonge with back up from Dr Marianne Nieuwenhuijze as necessary].

Global Campaigns

We have been key contributors to ‘What Women Want’, a global advocacy campaign to improve quality maternal and reproductive healthcare for women and girls and strengthen health systems. Launched on April 11, 2018—International Maternal Health and Rights Day—What Women Want sets out to query one million women and girls worldwide—from capital cities to rural villages—about their top priority for quality maternal and reproductive health services until the end of March 2019. Regional Board member Hatsumi Taniguchi was appointed as a SheDecides Champion from ICM in early 2018.
ICM had a number of other meetings throughout the year with partners, including:

- Laerdal Global Health (LGH), Jhpiego, American Academy of Pediatrics and Latter Day Saints Charity (LDSC) – to discuss collaborative efforts on Helping Mothers Survive and Helping Babies Survive training programmes.
- Johnson and Johnson to discuss ongoing collaborative activities and future opportunities.
- UNFPA in New York to discuss workplan activities and strategic issues.
- Swedish International Development Cooperation Agency (Sida) to discuss developments at ICM and opportunities for future collaboration.

3. Projects and Programmes

3.1 Strengthening Midwifery Services (SMS) Project

In Partnership with the Bill and Melinda Gates Foundation

The Strengthening Midwifery Services (SMS) project, funded by the Bill and Melinda Gates Foundation (BMGF) over 2018-20, focuses on:

- 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.
- 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
- Testing the revised MSF in three new countries
- Implementing and evaluating the Midwifery Education Accreditation Program (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 Development Pathway (MEDPath) as a resource to assist pre-service midwifery education programme providers which are not yet able to meet the ICM global education standards to increase their capacity to meet ICM standards,
- Translating and disseminating the Essential Competencies for Midwifery Practice developed in the first Gates project, and
- Developing a global standard for assessing midwifery competencies.

Taken as a whole, the ICM believes this project will serve not only to save the lives of mothers and babies but will also help to professionalise midwives globally.

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 MAs (second component)
and to bring the MA 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.

A fourth, but smaller focus of the project, is on promoting midwives’ competencies as an ongoing process for ensuring high quality services through the promotion of good practices.

Each of these components is in itself essential, but it is by combining these components that we begin to strengthen the quality of 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 interventions and how the SMS Project will help ICM to improve maternal and neonatal health.
3.2 50,000 Happy Birthdays Project

In partnership with Laerdal Global Health

In 2018 ICM in partnership with Laerdal Global Health expanded the original 10,000 Happy Birthdays Project in Malawi and Zambia, into Ethiopia, Rwanda and Tanzania with the ambitious target of an additional 50,000 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 morbidity and to ensuring a better birth experience for women and their families by strengthening midwives’ competencies and respectful maternity care. ICM supports our Midwives’ Associations in the Happy Birthday countries to train midwives and midwifery students in life saving skills using the simulation-based Helping Mothers Survive (Jhpiego) and Helping Babies Survive (American Academy of Pediatrics) training modules and the Low-Dose, High-Frequency (LDHF) approach to skill and knowledge development, and improved multi-disciplinary teamwork. ICM is working closely with the Associations to build their capacity as Project Managers, lead providers of continuing professional development, and as strong advocates for their profession and for women.

The 50,000 Happy Birthdays Project commenced in February 2018 with a Project Launch in Lusaka, Zambia, attended by representatives from Ethiopia, Rwanda and Tanzania Midwives’ Associations and Ministries of Health. Funding from LGH was disbursed in April 2018 and training resources shipped in July 2018. Training of Master Trainers in each country commenced in August 2018, supported by international teams from Jhpiego, Latter Day Saints Charities (LDSC) and ICM. The Associations’ Project Managers continue to manage the Project in-country, cascading training to various health facilities and education institutions in target implementation sites.

ICM is working with External International Monitoring, Evaluation and Learning (MEL) consultants, Novametrics to implement a comprehensive framework for monitoring and evaluating the Project and has National Consultants assisting the Associations in each country with data collection, management and analysis. The results will be presented at ICM Triennial Congress in Bali, 2020.

3.3 Strengthening Midwifery in Mexico

In partnership with the MacArthur Foundation

Following the success of the 2017 project, Strengthening Midwifery in Mexico, ICM applied for and received funding from the MacArthur Foundation, to enable ICM to continue working with the Midwives Associations and midwives in Mexico. The funding enabled 10 Mexican midwife participants, who had attended the ICM 31st Triennial Congress in Toronto, to attend the ICM Americas regional conference in Paraguay in November 2018. They were also supported to submit abstracts for presentations to share their projects and experiences undertaken as a result of the Toronto congress. Midwives who attended had the opportunity to network with other midwives from Latin America, and to develop their public speaking skills by presenting at the conference. This was also an opportunity to interface directly with ICM President, CE, regional Board Members, Lead Midwife Advisor and Membership
Coordinator and to participate in a regional meeting. A no-cost extension has been approved to continue further activities in Mexico in 2019.

3.4 Strengthening Midwifery Education programs in French Speaking Africa

In partnership with Sanofi Espoir Foundation

In 2017 competency-based education (CBE) workshops were conducted in Madagascar, Cote d'Ivoire and Comoros. The aim of these workshops was to create a pool of CBE-trained teachers in each of the project countries to improve their teaching skills, learning strategies and evaluation methodologies. In 2018, the learners were involved in a final workshop to develop workplans to design and implement ongoing education workshops for midwife teachers and clinical preceptors in their own country. A series of CBE certification workshops occurred across all three countries. During these workshops Master Educators observed and assessed CBE learners again the level of CBE teachers.

Midwifery curriculum review took place in Madagascar and Comoros and is underway in Cote d'Ivoire. The objective of this activity was to support the review of the existing midwifery pre-service midwifery curricula in all three countries against the ICM global standards for midwifery education and essential competencies for midwifery practice.

During 2018, meetings were held in Burkina Faso and Madagascar to disseminate information regarding ICM’s new Midwifery Education Accreditation Programme (MEAP).

ICM contracted a consultant to develop and finalise a mentorship programme to be implemented in the three pilot countries in 2019.

3.5 Capacity Development Programme

In partnership with Johnson and Johnson

In 2018 Johnson and Johnson provided funding for ICM for a programme focusing on building the capacity of ICM. The objectives of the project were to help sustain ICM's operational and key advocacy efforts through supporting the engagement of donors and stakeholders, raising the visibility and value proposition of midwives among stakeholders. The project also supported the development of the ICM consultancy Service that will provide opportunities for midwives and other experts to be trained as ICM consultants, while increasing ICMs internal capacity and meet global demand for technical expertise.

The goal of the consultancy service is to provide professional development services for midwives worldwide in accordance with ICM global standards, while creating a sustainable financing model for the ICM. It will enable ICM to monitor the quality of work undertaken by consultants and build a system for consultant accreditation. This will enable ICM to endorse consultants who deliver a consistent quality of service in line with ICM’s vision and mission and recommend appropriate consultants to those seeking technical advice.

3.6 Strengthening Midwifery Services

In partnership with UNFPA

The 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 2018 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 the delivery of the Midwifery Leadership Series – a campaign that ran from International Day of the Midwife on May 5th through to UNGA in September and showcased Midwifery Leaders across the world who are leading the way for the profession. This campaign culminated in the production of a book that compiled all the interviews and stories. Further advocacy activities that were delivered under the remit of this project include the International Day of the Midwife Advocacy toolkit and media package for our member associations. This resource pack provides Member associations the tools and guidance to advocate effectively on IDM, while social media toolkits produced monthly provide resources and messaging for effective ongoing digital communications.

Further to this, the project deliverables included two workshops at ICM regional conferences focusing on advocacy training and respectful maternity care. This project also supported a comprehensive review of mentorship literature to investigate the nuances and lack of consensus in how this term is used in practice. This will form the basis for the development of mentorship guidelines and underpin an ICM definition for mentorship – as work continues into 2019.

This project also delivered resources for the ongoing midwifery education development pathway and the development of training modules and processes for the ICM consultancy service an integrated online learning platform for midwives that enables them to become ICM accredited consultants.

3.7 Young Midwifery Leaders (YML) Programme

In partnership with Johnson and Johnson

Eleven YMLs from Africa, the Americas and Asia were enrolled on a program in 2016-2017 to develop leadership skills and participate in leadership and advocacy development. A no-cost extension was approved to conclude the program in early 2018. Participants were supported to present their projects at a virtual workshop for assessment and evaluation. Ten YMLs completed the program and 8 out of 10 completed the assigned projects. All YMLs engaged with and supported their associations including some accepting positions of responsibility. In some countries the programme led to increased advocacy for midwife-led care and in all instances there was an increased awareness and understanding about strengthening the three ICM pillars – Education, Regulation and Association. At ICM’s combined regional conference for Eastern Mediterranean, South East Asia and Western Pacific in Dubai September 2018, one YML presented her project as a plenary speaker.

Since the end of the project, ICM Head Office has engaged with Johnson and Johnson to develop and implement a further YML project commencing in 2019.

3.8 Midwife Awards 2018

In partnership with Johnson and Johnson

Marie Goubran Agent of Change Award 2018

Awarded to Kusmayra Ambarwati, Indonesian Midwives Association for her project on empowering mothers to keep their babies healthy. The award was presented at the ICM combined regional conference in Dubai.

ICM Research Awards 2018

Three research awards were provided in 2018, to:

• Elgonda Bekker: Society of Midwives of South Africa, for her research on the Competencies of South African midwifery educators. Award presented at the ICM Regional Conference in Dubai.
• Cristina Franco: Federación de Asociaciones de Matronas de España (FAME), for her research on promoting breastfeeding. Award presented at the ICM Americas Regional Conference in Paraguay.
• Seymoun Tewodros: Ethiopian Midwives Association, for his research on health provider's adherence to antenatal care guidelines in Ethiopia and the impact on maternal health. Award presented at the ICM Regional Conference in Dubai.

ICM Education Awards 2018
Two education awards were provided in 2018, to:
• Guadalupe Hernandez: Asociación de Parteras Profesionales, for her project on strengthening competency-based education and reinforcing the midwifery paradigm for post-graduate midwives in Mexico. Award presented at the ICM Americas Regional Conference in Paraguay.
• Hilma Shikwambi, Independent National Midwives Association of Namibia, for her project on supporting continual professional development for midwives in rural and remote areas of Namibia through supportive supervision and peer mentoring. Award presented at the ICM Regional Conference in Dubai.

3.9 Strengthening Midwifery in Tanzania
In partnership with the New Venture fund
The ICM was awarded a grant by the New Venture Fund (NVF) for the project ‘Amplifying Demand for Midwives in Tanzania’. The project has four key objectives which are:

1. ICM to support the Tanzania Association of Midwives (TAMA) in International Day of the Midwife celebrations in Morogoro, Tanzania and subsequent promotional material creation
2. ICM to meet with representatives of the Tanzanian Government to advocate and raise awareness for the benefits of investing in midwifery
3. ICM to mobilise the international donor community through the creation of a documentary
4. ICM to raise awareness of midwives and the state of midwifery in Tanzania to the general public

ICM Chief Executive, Sally Pairman travelled to Tanzania over the International Day of the Midwife from 3-7 May 2017 to join IDM celebrations and take part in stakeholder meetings with government representatives and national partners with a focus on midwifery services in country.

While the meetings were delayed until 2019 – our CE spent the day alongside the Tanzania Association of Midwives marching in public rallies to raise awareness of midwifery, participating in public presentations to the country's midwives and making visits to nearby maternity facilities. In December, the President and CE had a meeting with the Tanzanian Minister of Health H.E Ms Ummy Mwalimu at the Partners Forum in Delhi. The Minister invited ICM to return to Tanzania to further discuss the implementation of the Midwifery Services Framework.

Due to the political climate in Tanzania over the course of 2018 a no-cost extension was applied for and approved by NVF to extend the window for use of the remaining funds until June 2019, to continue our work and deliver the remaining activities. Furthermore, this period will cover the International Day of the Midwife 2019, which presents another opportunity to once again support TAMA in their activities and build public awareness around midwives and midwifery.
4. Regional Reports

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

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

The ICM European region consists of 39 Midwives’ Associations (MAs) in total. In general, midwives in the ICM European Region are providing high quality, evidence-based midwifery care. Increasing numbers of midwives are undertaking research, publishing research and completing higher educational qualifications such as PhDs.

Continuing Professional Education (CPD) is well embedded across the region including through national and Regional midwifery conferences. However, some MAs reported the need for country specific CPD programmes.

Many midwives are able to access indemnity insurance, but a minority of countries are still to establish such systems.

Many MAs reported that they make very good use of media technology with midwives actively using opportunities for advocacy through TV, radio, Twitter, Facebook, websites, journals and e-journals.

Medicalisation of childbirth remains the prime challenge in the region which has implications for individual women, midwives and the midwifery profession. Institutionalisation of birth is increasing in Europe as globally, despite growing evidence on the importance of normalizing birth.

Additionally, there is increased focus on pregnant and labouring women from outside Europe; immigrants, asylum seekers/refugees and women suffering from sex-slavery/trafficking. The Netherlands Midwives Association (KNOV) is sharing its learnings from ‘twinning’ projects, established between associations that also contribute to greater understanding of cultural differences and the realities for women and midwives in other countries.

Most 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 in several sub-regions.

Another common challenge is the disrespect of midwives working in multidisciplinary teams by colleagues from other professions.

Midwives need to be more politically active. There is strong midwifery presence in decision-making bodies in some countries, but most MAs reported that midwives are not represented on decision-making bodies or in the policy-making sector.

4.2 Americas region report (North America and Caribbean; South America)

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

The Americas region consists of 16 Midwives’ Associations (MAs) in total (8, South America, 8, North America, Central and Caribbean).

In general, there is wide diversity in the development of the profession in the region, ranging from countries that provide high quality, evidence-based midwifery care to other countries where there is no professional midwifery care. This directly impacts the sexual and reproductive health of women and their newborn.
Increasing numbers of midwives are undertaking research and completing higher educational qualifications such as PhDs. Continuing Professional Education (CPD) is well rooted across the region including both national and sub-regional midwifery conferences. However, some MAs reported the need for country specific CPD programmes.

Midwives in some countries have access to indemnity insurance, but many countries in the region do not have such systems.

Many MAs reported that they make very good use of media technology with midwives actively using opportunities for advocacy through TV, radio, Twitter, Facebook, websites, journals and e-journals.

Medicalisation of childbirth remains the first challenge in the region, which has implications for individual women, midwives and the midwifery profession. Additionally, there is a strong anti-gender and anti-rights movement from the conservative sectors of the region, that are trying to stop the advancement of sexual and reproductive rights won by women. This is directly affecting midwives, who are mostly women attending women, and the marginalised populations (indigenous, persons of color, LGBTQ, immigrants).

Most MAs are concerned for midwives’ working conditions. They reported heavy workloads; limited resources; inadequate and variable levels of remuneration for employed midwives; high attrition rates of midwives leaving the profession and the need to strengthen midwives in multidisciplinary teams.

Regulation is a prime challenge in many countries, ranging from being non-existent to creating major conflicts with other professions.

Although there are examples where some midwives have managed to occupy parliamentary or government staff positions in their countries, it is still a challenge for midwives to take part in decision-making bodies in most countries. Midwives need to be more politically active.

4.3 South East Asia region report

Provided by Emi Nurjasmi Indomo

ICM’s South-East Asia Region consists of seven Midwives’ Associations (MAs) in seven countries.

The associations organise conferences and other activities on a regular basis with the aim of increasing the knowledge, skills and leadership of midwives.

Many MAs are concerned with the challenges and constraints that midwifery leaders face concerning women, children and adolescent health strategies in the region, including challenges pertaining to gender, conflict, and a lack of autonomy to make positive change. Other challenges include advocacy against government policies in the region relating to MCH and the midwifery profession.

In some countries midwives are also involved in politics and sit on governmental bodies at the local and national level. These midwife leaders are in a critical position to improve the maternal and health status of their country.
### 4.4 Eastern Mediterranean region report

**Provided by Rafat Jan**

There are 13 Midwives' Associations in the region. The region is characterised by a combination of low, middle, and high-income countries (21) including conflict areas, which make communication challenging. Nonetheless, the regional conference that took place in Dubai to launch ICM's three new regions was an excellent start for the region. Princess Muna al-Hussein of Jordan, WHO Patron for Nursing and Midwifery in the Eastern Mediterranean Region, opened the conference. As a strong advocate for midwives and midwifery, Princess Muna has been instrumental in developing midwifery education in Jordan and in encouraging the midwives' association in Jordan to join ICM.

Some midwifery programmes introduced in the region by donor agencies are not based on ICM competencies. Nonetheless, midwives in the region are enthusiastic to further their midwifery knowledge and skills and to advocate for midwife-led care despite the many barriers they face. Several MAs organise CPD programs on midwifery skills, family planning and counselling techniques.

MAs are trying to enhance their visibility by advocating for midwives and midwifery services through networking with stakeholders and partners and via the use of social media. IDM is an important celebration for all associations.

Similar to other low- and middle-income countries, midwives face a low professional image, low self-esteem, low salaries and lack incentives with challenging work conditions.

In addition, midwives are not represented in several UN and other donor agencies and their midwifery jobs are taken over by inexperienced medical doctors.

Midwives are neither prepared to engage in policy dialogue, nor are they cognizant about the importance of midwives being represented on decision-making bodies. Midwives are likewise largely unaware of the importance of formal regulation of midwives and the midwifery profession.

The EM region is excited that the 2023 ICM Triennial Congress will be held in Abu Dhabi.

### 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: on the UN Human Development Index (UNHDI) they are: 44% (very high), 6% (high), 44% (medium), and 6% (low).

In general, midwives are actively involved in the promotion of high-quality clinical midwifery services based on a robust education and training for a humanised birth with respectful care, midwife-led care, and evidence-based midwifery.

In those countries where midwifery practice was mainly focused on birth, it is now being extended to include the provision of midwifery care during pregnancy and the postpartum and training of midwives is underway. This will also include breast care and childbirth preparation classes. Indemnity insurance is only available to midwives in some countries.

Challenges in the region include the increase in birth interventions, access to continuity of care, and fundraising to hold professional seminars and conferences.
Other challenges include the lack of midwife-led models of midwifery care, especially in rural and remote regions, medicalisation of birth and birth interventions and the advocacy of women’s rights in male dominated societies.

Academic and National midwifery conferences are organised on a regular basis. These provide a good opportunity for young midwives’ careers to cultivate advocacy and political leadership. Japan has raised donations for the Safe Motherhood fund to support midwives from low-income countries to attend professional conferences.

MAs also make use of various forums to strongly advocate for political reform in healthcare, and workforce development.

Nonetheless, although in some countries, midwifery is recognised as a distinct profession and there is strong midwifery presence in decision-making bodies (locally, nationally and internationally), the position of midwives remains vulnerable in many countries, where the governance of midwifery is led by non-midwives. Midwives need to be more politically active, given that there is lack of representation in policy-making sectors.

4.6 Africa region report (Anglophone Africa; Francophone Africa)

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

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

Midwives’ Associations (MAs) in Africa have been engaged with improving systems of Midwifery Education, Regulation, Advocacy and Association, including the need to support development in leadership. MAs used various strategies and activities, which included modification of existing curricula, and the need to consider direct entry programmes in accordance to ICM standards. MAs are, likewise, involved in enhancing advocacy to include midwives at the decision-making table at all levels and capacity building, to ensure continuing competence of midwives and the logistical supplies such as midwives’ birthing-kits. Other initiatives focused on partner support in strategic plan development, scholarships to faculty and students to increase access to care, participation in maternal and neonatal mortality and morbidity meetings and engaging in community outreach programmes to increase access to midwife-led care. Quarterly supervision of midwives takes place to ensure compliance and maintenance of competence. MAs aspire to train more master CBE trainers to enhance midwives’ capacity building such as in HMS and HBS; to attract more members into the MAs and to mobilise more resources to sustain their activities.

MAs are concerned with the shortage or lack of midwives in the region, the poor working conditions, the lack of or limited access to equipment for quality care, limited supportive policies, limited or absence of regulatory processes of midwives and midwifery profession, the lack of representation at all levels on decision-making bodies and the precarious financial situation of some MAs.
5. Communications and Advocacy

5.1 Website

ICM launched its new website in November. The new 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 template was refreshed in October 2018 to be clean, concise, more focused on photos and less on text. From October to December the open rate has increased from on average 25% to 40%. Subscribers have also increased.

5.3 Social Media

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 are 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.

5.4 Advocacy Workshops

This year at the ICM Regional conferences, ICM delivered advocacy workshops for midwives. The workshops focused on educating midwives about the impact of advocacy at different levels. It 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 attendees to work together and come up with strategies to address different policy issues they may wish to change in their country, now or in the future. The workshops were a great success and will continue in future regional conferences, with the plan to deliver an online advocacy toolkit for all members in 2019.
6. Financial Overview

6.1 Executive Summary

This Financial Report sets out the result of the activities described above in the 2018 year. The year closed with a negative result of -€311,705. The main reasons for this result were:

- Late approval of projects that had been budgeted and late receipt of grant funding that meant projects started later than expected. Establishment of projects and finalisation of project budgets can only start after the project is approved. Therefore, the allocated costs of staff against projects was lower than expected.
- ICM contracted additional consultants to assist with grant applications, resource mobilisation and the 2017 audit of the Toronto Congress. The use of a consultant to assist with grant applications is a necessary investment given ICM's dependency on external project funding and because some projects will lead to revenue generation through establishment of ICM services such as the Consultancy Service and the Midwifery Education Accreditation Programme.
- The regional conferences ran at a loss in 2018 because the short timeframe to organise and communicate about these conferences meant that delegate numbers and sponsorships were less than expected. As these conferences become known amongst members and partners, we expect them to not only support delivery on ICM's strategy but also to become revenue generating for ICM.
- The move to new premises caused some initial additional costs that were unbudgeted.

On the positive side Board costs and representation costs were lower than budgeted. This was due to use of the Board room space in the new ICM office instead of hiring outside meeting venues; increased electronic meetings instead of face to face; and more external funding of representation costs. ICM's general professional services were also partially covered by a grant from Johnson and Johnson.

6.2 Summary Income and Expenditure 2018

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

6.3 Policy regarding cash at bank in hand

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

6.4 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 2018, the accounts closed with a ratio of 20 % (2017 = 43%)
6.5 Financial Statements

6.5.1 Balance sheet as at December 31, 2018
(After appropriation of the result to reserves and funds)

<table>
<thead>
<tr>
<th>Notes</th>
<th>December 31, 2018 EUR</th>
<th>December 31, 2017 EUR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible fixed assets</td>
<td>6.5.5.1</td>
<td>63,756</td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables</td>
<td>6.5.5.2</td>
<td>298,521</td>
</tr>
<tr>
<td>Work in progress</td>
<td>6.5.5.3</td>
<td>571,410</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>6.5.5.4</td>
<td>920,279</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>1,790,210</td>
<td>1,937,520</td>
</tr>
<tr>
<td><strong>Equities and liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted reserves</td>
<td>6.5.5.5</td>
<td>576,144</td>
</tr>
<tr>
<td>General reserves</td>
<td>239,790</td>
<td>455,068</td>
</tr>
<tr>
<td>Earmarked reserves</td>
<td>336,354</td>
<td>430,376</td>
</tr>
<tr>
<td>Restricted funds</td>
<td>6.5.5.6</td>
<td>21,469</td>
</tr>
<tr>
<td><strong>Total Equities and liabilities</strong></td>
<td>597,613</td>
<td>909,319</td>
</tr>
<tr>
<td>Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors</td>
<td>54,599</td>
<td>417,478</td>
</tr>
<tr>
<td>Accruals</td>
<td>81,527</td>
<td>28,318</td>
</tr>
<tr>
<td>Other payables</td>
<td>17,224</td>
<td>46,394</td>
</tr>
<tr>
<td>Tax</td>
<td>35,105</td>
<td>34,312</td>
</tr>
<tr>
<td><strong>Grants/Subsidies</strong></td>
<td>6.5.5.8</td>
<td>188,455</td>
</tr>
<tr>
<td></td>
<td>1,067,898</td>
<td>510,138</td>
</tr>
<tr>
<td><strong>Total Equities and liabilities</strong></td>
<td>1,256,353</td>
<td>1,036,640</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>1,853,966</td>
<td>1,945,959</td>
</tr>
</tbody>
</table>
6.5.2 Statement of income and expenditure for the year 2018

<table>
<thead>
<tr>
<th>Note</th>
<th>Budget (Euro)</th>
<th>Actual 2018 (Euro)</th>
<th>Actual 2017 (Euro)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confederation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership Fee income 6.5.9.1</td>
<td>370,500</td>
<td>371,867</td>
<td>354,640</td>
</tr>
<tr>
<td>Other income 6.5.9.2</td>
<td>20,000</td>
<td>1,563</td>
<td>20,325</td>
</tr>
<tr>
<td>Income subsidies 6.5.9.3</td>
<td>1,868,662</td>
<td>1,415,571</td>
<td>1,869,979</td>
</tr>
<tr>
<td>Financial income 6.5.9.4</td>
<td>3,000</td>
<td>6,523</td>
<td>1,175</td>
</tr>
<tr>
<td></td>
<td>2,262,162</td>
<td>1,795,524</td>
<td>2,246,119</td>
</tr>
<tr>
<td>Personnel costs 6.5.9.5</td>
<td>890,982</td>
<td>1,076,771</td>
<td>954,054</td>
</tr>
<tr>
<td>Board and representation 6.5.9.6</td>
<td>169,509</td>
<td>93,945</td>
<td>85,498</td>
</tr>
<tr>
<td>Other Confederation costs 6.5.9.7</td>
<td>1,201,671</td>
<td>790,086</td>
<td>1,252,991</td>
</tr>
<tr>
<td></td>
<td>2,262,162</td>
<td>1,960,802</td>
<td>2,292,543</td>
</tr>
<tr>
<td>Result Confederation</td>
<td></td>
<td>-165,278</td>
<td>-46,424</td>
</tr>
<tr>
<td>Fund raising activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe Motherhood Fund 6.5.9.8</td>
<td>-</td>
<td>+1,381</td>
<td>-66,217</td>
</tr>
<tr>
<td>Marie Goubran Fund 6.5.9.8</td>
<td>-</td>
<td>+1,421</td>
<td>-7,412</td>
</tr>
<tr>
<td>Dorothea Lang Fund 6.5.9.8</td>
<td>-</td>
<td>-3,826</td>
<td>-11,996</td>
</tr>
<tr>
<td>Congress 6.5.9.9</td>
<td>-</td>
<td>-88,896</td>
<td>-</td>
</tr>
<tr>
<td>Regional Conferences 6.5.9.10</td>
<td>-</td>
<td>-56,507</td>
<td>47,228</td>
</tr>
<tr>
<td>Net generated from fundraising</td>
<td>-</td>
<td>-146,427</td>
<td>-38,398</td>
</tr>
<tr>
<td>Total result</td>
<td></td>
<td>-311,705</td>
<td>-84,822</td>
</tr>
</tbody>
</table>

Appropriation of the result

| Add to (deduct from) general reserves | -215,278 | -46,424 |
| Deduct from Safe Motherhood Fund | -48,619 | -66,217 |
| Add/Deduct Regional Conference Fund | 43,493 | - |
| Add/Deduct from Congress fund | -88,896 | 47,228 |
| Deduct from / add to other funds | -2,405 | -19,408 |
|                                      | -96,427 | -38,398 |
| Total Appropriation of the result | -311,705 | -84,822 |
6.5.3 Cash flow overview (using indirect method)

<table>
<thead>
<tr>
<th>Cash flow operational activities</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net generated result</td>
<td>-311,705</td>
<td>-84,822</td>
</tr>
</tbody>
</table>

Adjustment for:

<table>
<thead>
<tr>
<th>Depreciation</th>
<th>10,220</th>
<th>8,470</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10,220</td>
<td>8,470</td>
</tr>
</tbody>
</table>

Change in current assets and liabilities:

| Receivables                     | 163,057    | -195,279   |
| Work in progress                | -96,991    | -55,310    |
| Liabilities                      | 219,712    | -524,502   |
|                                  | 285,778    | -775,091   |

Total cash flow operational activities: -15,707 - 851,441

Cash flow of investments:

| Investments | -65,538 | -868 |

Cash flow financial activities:

<table>
<thead>
<tr>
<th>Change of cash in hand and at bank</th>
<th>-81,245</th>
<th>-852,309</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at December, 31</td>
<td>920,279</td>
<td>1,001,524</td>
</tr>
<tr>
<td>Cash at January, 1</td>
<td>1,001,524</td>
<td>1,853,833</td>
</tr>
<tr>
<td>Change of cash/bank</td>
<td>-81,245</td>
<td>-852,309</td>
</tr>
</tbody>
</table>

6.5.4 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 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 2018 there are 133 Member Associations from 115 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 2018 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. 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 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 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 comes from the income generated by the Congress and will be attributed to the ICM budget. The balance sheet reflects the outstanding amounts which will be reconciled at the end of Congress when all funds are accounted for.

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

The unrestricted reserves include the general reserve, which serve 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 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, staff time is allocated to these projects based on a percentage of the full time equivalent; 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.

### 6.5.5 Disclosure notes to the balance sheet

#### 6.5.5.1 Tangible fixed assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Office equipment</th>
<th>Web site ICM</th>
<th>Office furniture</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase value 1st January</td>
<td>60,710</td>
<td></td>
<td>60,710</td>
<td></td>
</tr>
<tr>
<td>Accumulated depreciation per 1st January</td>
<td>52,271</td>
<td></td>
<td>52,271</td>
<td></td>
</tr>
<tr>
<td>Balance per 1st January</td>
<td>8,439</td>
<td>-</td>
<td>-</td>
<td>8,439</td>
</tr>
<tr>
<td>Divestments 2018</td>
<td>-30,319</td>
<td></td>
<td>-30,319</td>
<td></td>
</tr>
<tr>
<td>Investments in 2018</td>
<td>7,532</td>
<td>22,748</td>
<td>35,258</td>
<td>65,538</td>
</tr>
<tr>
<td>Divestment depreciation</td>
<td>-30,319</td>
<td></td>
<td>-30,319</td>
<td></td>
</tr>
<tr>
<td>Depreciation 2018</td>
<td>5,417</td>
<td>3,055</td>
<td>1,749</td>
<td>10,220</td>
</tr>
<tr>
<td>Purchase value per 31st December</td>
<td>37,923</td>
<td>22,748</td>
<td>35,258</td>
<td>95,929</td>
</tr>
<tr>
<td>Accumulated depreciation per 31st December</td>
<td>27,369</td>
<td>3,055</td>
<td>1,749</td>
<td>32,173</td>
</tr>
<tr>
<td><strong>Balance per 31st December</strong></td>
<td><strong>10,554</strong></td>
<td><strong>19,694</strong></td>
<td><strong>33,508</strong></td>
<td><strong>63,756</strong></td>
</tr>
</tbody>
</table>

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

#### 6.5.5.2 Receivables

<table>
<thead>
<tr>
<th>Description</th>
<th>December 31, 2018</th>
<th>December 31, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Debtors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debtors membership fee</td>
<td>47,305</td>
<td>35,939</td>
</tr>
<tr>
<td>Provision doubtful debtors</td>
<td>-5,885</td>
<td>-9,559</td>
</tr>
<tr>
<td>Debtors projects</td>
<td>8,394</td>
<td>20,918</td>
</tr>
<tr>
<td><strong>Total debtors</strong></td>
<td><strong>49,814</strong></td>
<td><strong>47,298</strong></td>
</tr>
</tbody>
</table>

| Other receivables                  |                   |                   |
|-----------------------------------|                   |                   |
| UNFPA                              | -                 | 3,803             |
| GIZ                                | -                 | 22,442            |
| Laerdal                            | -                 | 53,907            |
| Engenderhealth                     | 6,503             | -                 |
| Advances to projects               | 186,581           | 49,219            |
| Ministry of Health Sudan           | 9,513             | -                 |
| Associations Zambia and Malawi     | 15,541            | -                 |
| Congress 2017 Toronto (tax rebate) | -                 | 264,196           |
| Prepayments                        | 7,533             | 4,673             |
| Others                             | 23,036            | 16,040            |
| **Total receivables**              | **298,521**       | **461,578**       |
6.5.5.2.1 UNFPA

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance on 1st January</td>
<td>3,803</td>
<td>49,559</td>
</tr>
<tr>
<td>Add: Expenses 2018/2017</td>
<td>-</td>
<td>291,980</td>
</tr>
<tr>
<td>Extract: Received subsidy 2018/2017</td>
<td>3,803</td>
<td>337,736</td>
</tr>
<tr>
<td><strong>Balance at 31st December</strong></td>
<td>-</td>
<td>3,803</td>
</tr>
</tbody>
</table>

After sending in the final report for 2017 to UNFPA the remaining amount was received in 2018.

6.5.5.2.2 Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance on 1st January</td>
<td>22,442</td>
<td>51,470</td>
</tr>
<tr>
<td>Add: Expenses 2018/2017</td>
<td>-</td>
<td>99,932</td>
</tr>
<tr>
<td>Extract: Received subsidy 2018/2017</td>
<td>22,442</td>
<td>-128,960</td>
</tr>
<tr>
<td><strong>Balance at 31 December</strong></td>
<td>-</td>
<td>22,442</td>
</tr>
</tbody>
</table>

The balance of 2017 was received in 2018.

6.5.5.2.3 Congress 2017 Toronto (tax rebate)

Due to the legislation in Canada the local Professional Conference Organiser (PCO), MCI, was not allowed to reclaim the GST/HST paid to suppliers. The International Confederation of Midwives had to reclaim this tax directly from the Tax Authority in Canada. The necessary forms and supporting documents were submitted and accepted 2018. The outstanding amount (€264,196) was received in 2018 with a small currency loss.

6.5.5.3 Work in Progress

<table>
<thead>
<tr>
<th></th>
<th>January 1, 2018</th>
<th>Received 2018</th>
<th>Expenses December 31, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activated cost for work relating to:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congress 2020 Bali</td>
<td>460,957</td>
<td>-</td>
<td>95,052 556,009</td>
</tr>
<tr>
<td>Congress 2023 Abu Dhabi</td>
<td>13,462</td>
<td>-</td>
<td>1,939 15,401</td>
</tr>
<tr>
<td><strong>Total work in progress</strong></td>
<td>474,419</td>
<td>-</td>
<td>96,991 571,410</td>
</tr>
</tbody>
</table>

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.

6.5.5.4 Cash at bank and in hand

<table>
<thead>
<tr>
<th></th>
<th>December 31, 2018</th>
<th>December 31, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash in hand</td>
<td>191</td>
<td>3,629</td>
</tr>
<tr>
<td>Cash at bank</td>
<td>920,088</td>
<td>997,895</td>
</tr>
<tr>
<td><strong>Total cash</strong></td>
<td>920,279</td>
<td>1,001,524</td>
</tr>
</tbody>
</table>

Cash is at free disposal of ICM.
### 6.5.5.5 Unrestricted Reserves

<table>
<thead>
<tr>
<th></th>
<th>December 31, 2018</th>
<th>December 31, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General reserves</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at January 1</td>
<td>455,068</td>
<td>501,491</td>
</tr>
<tr>
<td>Transfer to/from restricted reserves</td>
<td>- 50,000</td>
<td>-</td>
</tr>
<tr>
<td>Add/deduct as a result of the Confederation</td>
<td>-165,278</td>
<td>-46,424</td>
</tr>
<tr>
<td><strong>Balance as of December 31</strong></td>
<td>239,790</td>
<td>455,068</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Earmarked reserves</strong></th>
<th><strong>Balance as per January 1, 2018</strong></th>
<th><strong>Funds received</strong></th>
<th><strong>Deferred Congress Income</strong></th>
<th><strong>Fund related costs</strong></th>
<th><strong>Transfer reserves</strong></th>
<th><strong>Balance per December 31, 2018</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe Motherhood and Development Fund Congress Interpretation Fund</td>
<td>211,119</td>
<td>2,850</td>
<td>-</td>
<td>1,468</td>
<td>- 50,000</td>
<td>162,500</td>
</tr>
<tr>
<td>Membership Fee Assistance Fund</td>
<td>4,610</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4,610</td>
</tr>
<tr>
<td>Regional Conference Fund</td>
<td>9,132</td>
<td>-</td>
<td>-</td>
<td>217,272</td>
<td>100,000</td>
<td>43,943</td>
</tr>
<tr>
<td>Congress Fund</td>
<td>205,515</td>
<td>-</td>
<td>-</td>
<td>88,896</td>
<td>-</td>
<td>116,619</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>430,376</td>
<td>163,614</td>
<td>-</td>
<td>307,636</td>
<td>50,000</td>
<td>336,354</td>
</tr>
</tbody>
</table>

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 the local Association of Midwives, in 2018. In 2018 €50,000 was transferred from the General Reserve and €50,000 from the Safe Motherhood Fund to the new Regional Conference Fund.
6.5.5.6 Restricted Funds

<table>
<thead>
<tr>
<th>Funds</th>
<th>Balance as per January 1, 2018</th>
<th>Funds received</th>
<th>Deferred Congress Income</th>
<th>Fund related costs</th>
<th>Transfer Balance per December 31, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marie Goubran Memorial Fund</td>
<td>65</td>
<td>7,500</td>
<td>-</td>
<td>6,079</td>
<td>- 1,486</td>
</tr>
<tr>
<td>Dorothea Lang Donation Fund</td>
<td>23,531</td>
<td>-</td>
<td>-</td>
<td>3,826</td>
<td>- 19,705</td>
</tr>
<tr>
<td>Swiss Midwives Association</td>
<td>279</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>- 279</td>
</tr>
<tr>
<td><strong>Total restricted funds</strong></td>
<td><strong>23,875</strong></td>
<td><strong>7,500</strong></td>
<td>-</td>
<td><strong>9,905</strong></td>
<td><strong>- 21,469</strong></td>
</tr>
</tbody>
</table>

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 provided funds for an award in the years 2016, 2017 and 2018.

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.

6.5.5.7 Liabilities

<table>
<thead>
<tr>
<th></th>
<th>December 31, 2018</th>
<th>December 31, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultants</td>
<td>53,342</td>
<td>77,040</td>
</tr>
<tr>
<td>Congress Organiser</td>
<td>-</td>
<td>336,495</td>
</tr>
<tr>
<td>Toronto</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office cost</td>
<td>450</td>
<td>-</td>
</tr>
<tr>
<td>Other suppliers</td>
<td>807</td>
<td>3,943</td>
</tr>
<tr>
<td>Total creditors</td>
<td>54,599</td>
<td>417,478</td>
</tr>
<tr>
<td>Financial Costs</td>
<td>14,000</td>
<td>15,000</td>
</tr>
<tr>
<td>(audits/support)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultants/</td>
<td>67,050</td>
<td>12,966</td>
</tr>
<tr>
<td>workshop cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other invoice to</td>
<td>477</td>
<td>352</td>
</tr>
<tr>
<td>receive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total accruals</td>
<td>81,527</td>
<td>28,318</td>
</tr>
<tr>
<td>Pre-received</td>
<td>16,185</td>
<td>41,929</td>
</tr>
<tr>
<td>Other payables</td>
<td>1,039</td>
<td>4,465</td>
</tr>
<tr>
<td>Tax</td>
<td>17,224</td>
<td>46,394</td>
</tr>
<tr>
<td></td>
<td>35,105</td>
<td>34,312</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>188,455</strong></td>
<td><strong>526,502</strong></td>
</tr>
</tbody>
</table>
6.5.5.8 Grants/Subsidies

6.5.5.8.1 MacArthur Foundation

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance on 1st January</td>
<td>26,326</td>
<td>236,094</td>
</tr>
<tr>
<td>Add: Subsidy 2018</td>
<td>162,335</td>
<td></td>
</tr>
<tr>
<td>Extract: Expenses 2018/2017</td>
<td>-65,685</td>
<td>-209,768</td>
</tr>
<tr>
<td><strong>Balance at 31 December</strong></td>
<td><strong>122,976</strong></td>
<td><strong>26,326</strong></td>
</tr>
</tbody>
</table>

The MacArthur Foundation provided funding for ICM to support a limited number of Mexican midwives to participate in the ICM Congress 2017 in Toronto. A no-cost extension was approved at the end of 2017 for the remaining grant to be utilised in 2018.

An additional grant was provided in 2018 to support Mexican Midwives to attend the regional Conference in November 2018 in Paraguay and support strengthening midwifery in Mexico.

6.5.5.8.2 Bill and Melinda Gates Foundation

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance on 1st January</td>
<td>20,669</td>
<td>418,208</td>
</tr>
<tr>
<td>Add: Subsidy 2018/2017</td>
<td>751,726</td>
<td>480</td>
</tr>
<tr>
<td>Extract: Expenses 2018/2017</td>
<td>-115,816</td>
<td>-398,019</td>
</tr>
<tr>
<td><strong>Balance at 31 December</strong></td>
<td><strong>656,579</strong></td>
<td><strong>20,669</strong></td>
</tr>
</tbody>
</table>

The Bill and Melinda Gates Foundation (BMGF) agreed in October 2015 to provide funding for the implementation of the Midwifery Service Framework (in 3-4 countries), review of the essential competences and development of an educational accreditation system. The duration of the program is 2 years starting in October 2015. There was a no-cost extension to finish the project by March 2018.

In June 2018 a new grant (total amount $ 2.0 m; in 2018 an amount of $ 0.88 m was received ) was provided for the period 2018-2020 to strengthen Midwifery Services through activities that build from the earlier grant.

6.5.5.8.3 Sanofi Espoir Corporate Foundation

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance on 1st January</td>
<td>334,897</td>
<td>562,336</td>
</tr>
<tr>
<td>Add: Subsidy 2018/2017</td>
<td>-</td>
<td>200,000</td>
</tr>
<tr>
<td>Extract: Expenses 2018/2017</td>
<td>-283,896</td>
<td>-427,439</td>
</tr>
<tr>
<td><strong>Balance at 31 December</strong></td>
<td><strong>51,001</strong></td>
<td><strong>334,897</strong></td>
</tr>
</tbody>
</table>

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

6.5.5.8.4 Johnson & Johnson

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance on 1st January</td>
<td>128,248</td>
<td>76,380</td>
</tr>
<tr>
<td>Add: Subsidy 2018/2017</td>
<td>157,422</td>
<td>260,776</td>
</tr>
<tr>
<td>Extract: Expenses 2018/2017</td>
<td>-215,361</td>
<td>-208,907</td>
</tr>
<tr>
<td><strong>Balance at 31 December</strong></td>
<td><strong>62,809</strong></td>
<td><strong>128,248</strong></td>
</tr>
</tbody>
</table>
The Young Midwifery Leader (YML) programme, sponsored by Johnson & Johnson, 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. A no-cost extension was approved to June 2018.

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.

Johnson & Johnson provided funding for the ICM education and research awards in each year of 2016, 2017 and 2018.

### 6.5.5.8.5 Laerdal

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add: Subsidy 2018/2017</td>
<td>657,028</td>
<td>239,977</td>
</tr>
<tr>
<td>Correction Outstanding invoice Zambia</td>
<td>4,186</td>
<td>-4,186</td>
</tr>
<tr>
<td>Extract: Expenses 2018/2017</td>
<td>-465,802</td>
<td>-236,483</td>
</tr>
<tr>
<td><strong>Balance at 31 December</strong></td>
<td><strong>141,505</strong></td>
<td><strong>-53,907</strong></td>
</tr>
</tbody>
</table>

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 will continue to support Midwives Associations in Malawi and Zambia as they take 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 (total amount $ 1.5 m, in 2018 $ 0.7 m was received) 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.

### 6.5.5.8.6 UNFPA

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance on 1st January</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Add: Subsidy 2018/2017</td>
<td>172,898</td>
<td>-</td>
</tr>
<tr>
<td>Extract: Expenses 2018/2017</td>
<td>-153,204</td>
<td>-</td>
</tr>
<tr>
<td><strong>Balance at 31st December</strong></td>
<td><strong>19,694</strong></td>
<td>-</td>
</tr>
</tbody>
</table>

### 6.5.5.8.7 New Venture fund

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance on 1st January</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Add: Subsidy 2018/2017</td>
<td>31,819</td>
<td>-</td>
</tr>
<tr>
<td>Extract: Expenses 2018/2017</td>
<td>-18,485</td>
<td>-</td>
</tr>
<tr>
<td><strong>Balance at 31st December</strong></td>
<td><strong>13,334</strong></td>
<td>-</td>
</tr>
</tbody>
</table>

**Total amount grants/ subsidies**  
1,067,898 510,138
6.5.6. Contingent liabilities

6.5.6.1 Annual financial obligations

The rent for the ICM office building (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 expires in March 2019.

6.5.7. Subsequent events

There are no subsequent events which must be disclosed in the Financial Statements 2018.

6.5.8. Appropriation of the result

The statement of profit and loss for the year 2018 closes with a negative result of €311,705-. According to the statutes and anticipating the Council decision in June 2019, this result will be appropriated as follows:

<table>
<thead>
<tr>
<th>Action</th>
<th>Amount</th>
<th>Total result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add to Safe Motherhood Fund</td>
<td>+ € 2,849</td>
<td></td>
</tr>
<tr>
<td>Deduct from Safe Motherhood Fund</td>
<td>- € 51,468</td>
<td></td>
</tr>
<tr>
<td>Deduct from Dorothea Lang Donation Fund</td>
<td>- € 3,826</td>
<td></td>
</tr>
<tr>
<td>Add to Marie Goubran Fund</td>
<td>+ € 7,500</td>
<td></td>
</tr>
<tr>
<td>Deduct from Marie Goubran Fund</td>
<td>- € 6,079</td>
<td></td>
</tr>
<tr>
<td>Add to Regional Conference Fund</td>
<td>+ € 100,000</td>
<td></td>
</tr>
<tr>
<td>Deduct from Regional Conference Fund</td>
<td>- € 56,507</td>
<td></td>
</tr>
<tr>
<td>Deduct from Congress Fund</td>
<td>- € 88,896</td>
<td></td>
</tr>
<tr>
<td>Deduct from the general reserve</td>
<td>- € 215,278</td>
<td></td>
</tr>
<tr>
<td><strong>Total result</strong></td>
<td>- € 311,705</td>
<td></td>
</tr>
</tbody>
</table>

6.5.9. Disclosure notes to statement of income and expenditures

6.5.9.1 Membership fee income

<table>
<thead>
<tr>
<th>Year</th>
<th>Income Membership fee</th>
<th>2018 Budget</th>
<th>2018 Actual</th>
<th>2017 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>370,500</td>
<td>371,867</td>
<td>354,640</td>
</tr>
</tbody>
</table>

New Midwives Associations joined ICM in 2018. The increase in membership fee income resulted from new members and from the new fee calculation system approved by the Board in 2017.

6.5.9.2 Other income

<table>
<thead>
<tr>
<th>Year</th>
<th>Income from MEAP</th>
<th>2018 Budget</th>
<th>2018 Actual</th>
<th>2017 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>10,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Income Consultancy Service Training</td>
<td>8,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Other income</td>
<td>2,000</td>
<td>1,563</td>
<td>7,374</td>
</tr>
<tr>
<td></td>
<td><strong>Total other income</strong></td>
<td><strong>20,000</strong></td>
<td><strong>1,563</strong></td>
<td><strong>7,374</strong></td>
</tr>
</tbody>
</table>

Other income concerns the sale of a laptop and ICM badges and also royalties received from publishers.
6.5.9.3 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 2018 was:

<table>
<thead>
<tr>
<th>Supporting Partner</th>
<th>2018 Budget</th>
<th>2018 Actual</th>
<th>2017 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNFPA</td>
<td>172,220</td>
<td>183,594</td>
<td>291,980</td>
</tr>
<tr>
<td>Laerdal Global Health</td>
<td>712,869</td>
<td>465,802</td>
<td>236,483</td>
</tr>
<tr>
<td>Bill and Melinda Gates Foundation</td>
<td>18,739</td>
<td>115,816</td>
<td>398,019</td>
</tr>
<tr>
<td>Sanofi Espoir Corporate Foundation</td>
<td>544,189</td>
<td>283,896</td>
<td>427,439</td>
</tr>
<tr>
<td>Deutsche Gesellschaft für Internationale Zusammenarbeit</td>
<td>3,415</td>
<td>-</td>
<td>99,932</td>
</tr>
<tr>
<td>Johnson &amp; Johnson</td>
<td>189,443</td>
<td>215,361</td>
<td>208,907</td>
</tr>
<tr>
<td>Rotary Norway</td>
<td>43,205</td>
<td>15,541</td>
<td>-</td>
</tr>
<tr>
<td>EngenderHealth</td>
<td>-</td>
<td>20,506</td>
<td>5,413</td>
</tr>
<tr>
<td>MacArthur Foundation</td>
<td>176,481</td>
<td>65,685</td>
<td>201,571</td>
</tr>
<tr>
<td>New Venture Fund</td>
<td>-</td>
<td>18,485</td>
<td>-</td>
</tr>
<tr>
<td>Canadian Association of Midwives</td>
<td>-</td>
<td>10,825</td>
<td>-</td>
</tr>
<tr>
<td>World Alliance Breastfeeding Action (WABA)</td>
<td>-</td>
<td>7,524</td>
<td>-</td>
</tr>
<tr>
<td>American Academy of Pediatrics (AAP)</td>
<td>-</td>
<td>4,437</td>
<td>-</td>
</tr>
<tr>
<td>Other grants and donations</td>
<td>8,100</td>
<td>8,100</td>
<td>235</td>
</tr>
<tr>
<td><strong>Total subsidies</strong></td>
<td><strong>1,868,662</strong></td>
<td><strong>1,415,571</strong></td>
<td><strong>1,869,979</strong></td>
</tr>
</tbody>
</table>

6.5.9.4 Financial income

The financial income is a result of interest on the savings account and fluctuations in the exchange rates during 2018.

6.5.9.5 Personnel costs

<table>
<thead>
<tr>
<th>Personnel Cost</th>
<th>2018 Budget</th>
<th>2018 Actual</th>
<th>2017 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries expenditure</td>
<td>532,750</td>
<td>603,575</td>
<td>695,631</td>
</tr>
<tr>
<td>Social charges</td>
<td>93,734</td>
<td>79,219</td>
<td>86,149</td>
</tr>
<tr>
<td>Consultancy cost</td>
<td>420,096</td>
<td>470,601</td>
<td>304,705</td>
</tr>
<tr>
<td>Other personnel costs</td>
<td>11,837</td>
<td>6,627</td>
<td>36,767</td>
</tr>
<tr>
<td><strong>Subtotal costs personnel</strong></td>
<td><strong>1,058,417</strong></td>
<td><strong>1,160,023</strong></td>
<td><strong>1,123,253</strong></td>
</tr>
<tr>
<td>Allocated to Congress and Conferences</td>
<td>167,435</td>
<td>83,252</td>
<td>169,199</td>
</tr>
<tr>
<td><strong>Total cost personnel</strong></td>
<td><strong>890,982</strong></td>
<td><strong>1,076,771</strong></td>
<td><strong>954,054</strong></td>
</tr>
</tbody>
</table>

At December 31, 2018 10 staff members (9.03 fte during 2018) were employed at ICM Head Office as compared to 10 staff members (10.83 fte during 2017) in December 2017. Four staff members left in 2018 and were replaced. One new position was created.

In 2018 budgeted grant agreements were finalised later than expected and as a result projects started later than expected. This meant that income budgeted to cover salaries of ICM staff working on projects was delayed and staff costs had to be paid from core funds.

During 2018 ICM hired more consultants to assist with proposal writing, resource mobilisation and the 2017 Congress audit.
Due to the Congress and regional conference activities in 2018 a part of the staff time and cost was allocated to the Congress and Regional Conference cost. The allocation is based on the budgeted time spent by staff and the direct personnel cost.

### 6.5.9.6 Board and representation

<table>
<thead>
<tr>
<th></th>
<th>2018 Budget</th>
<th>2018 Actual</th>
<th>2017 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board costs</td>
<td>85,000</td>
<td>52,967</td>
<td>49,235</td>
</tr>
<tr>
<td>Representation</td>
<td>84,509</td>
<td>40,979</td>
<td>36,263</td>
</tr>
<tr>
<td><strong>Total costs</strong></td>
<td><strong>169,509</strong></td>
<td><strong>93,945</strong></td>
<td><strong>85,498</strong></td>
</tr>
</tbody>
</table>

The actual Board cost in 2018 are lower than originally budgeted. The Board deliberately tried to reduce costs through increasing electronic meetings instead of face to face, using medium priced hotel accommodation, and obtaining third party funding for representation. Additionally, the move to a new office, with an adequate meeting room, saved the costs of a venue for face to face meetings.

### 6.5.9.7 Other Confederation Cost

<table>
<thead>
<tr>
<th></th>
<th>2018 Budget</th>
<th>2018 Actual</th>
<th>2017 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total project cost</td>
<td>958,702</td>
<td>592,384</td>
<td>1,064,984</td>
</tr>
<tr>
<td>General Services staff supporting</td>
<td>12,800</td>
<td>19,562</td>
<td>2,969</td>
</tr>
<tr>
<td>Audit</td>
<td>15,000</td>
<td>10,000</td>
<td>12,260</td>
</tr>
<tr>
<td>General Services ICM supporting</td>
<td>95,000</td>
<td>41,738</td>
<td>10,730</td>
</tr>
<tr>
<td><strong>Total professional services</strong></td>
<td><strong>122,800</strong></td>
<td><strong>71,300</strong></td>
<td><strong>25,959</strong></td>
</tr>
<tr>
<td>Accommodation cost</td>
<td>69,200</td>
<td>78,233</td>
<td>90,906</td>
</tr>
<tr>
<td>ICT and communication</td>
<td>25,969</td>
<td>27,184</td>
<td>26,427</td>
</tr>
<tr>
<td>Financial cost and contingency</td>
<td>15,000</td>
<td>10,765</td>
<td>36,245</td>
</tr>
<tr>
<td>Depreciation</td>
<td>10,000</td>
<td>10,220</td>
<td>8,470</td>
</tr>
<tr>
<td><strong>Total General Office cost</strong></td>
<td><strong>120,169</strong></td>
<td><strong>126,402</strong></td>
<td><strong>162,048</strong></td>
</tr>
</tbody>
</table>

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.

ICM’s general professional services are lower than budgeted because they were partly covered by a grant from Johnson & Johnson.

The move to new premises resulted in some initial extra cost.
### 6.5.9.8 Fundraising

<table>
<thead>
<tr>
<th>Fund</th>
<th>2018 Budget</th>
<th>2018 Actual</th>
<th>2017 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safe Motherhood Fund</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>-</td>
<td>2,849</td>
<td>4,756</td>
</tr>
<tr>
<td>Expenses</td>
<td>-</td>
<td>1,468</td>
<td>70,973</td>
</tr>
<tr>
<td><strong>Result Safe Motherhood Fund</strong></td>
<td>-</td>
<td>+ 1,381</td>
<td>- 66,217</td>
</tr>
<tr>
<td><strong>Marie Goubran Fund</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>-</td>
<td>7,500</td>
<td>-</td>
</tr>
<tr>
<td>Expenses</td>
<td>-</td>
<td>-6,079</td>
<td>- 7,412</td>
</tr>
<tr>
<td><strong>Result Marie Goubran Fund</strong></td>
<td>-</td>
<td>+ 1,421</td>
<td>- 7,412</td>
</tr>
<tr>
<td><strong>Dorothea Lang Fund</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>-</td>
<td>-6,079</td>
<td>- 11,996</td>
</tr>
<tr>
<td>Expenses</td>
<td>-</td>
<td>3,826</td>
<td>11,996</td>
</tr>
<tr>
<td><strong>Result Dorothea Lang Fund</strong></td>
<td>-</td>
<td>- 3,826</td>
<td>- 11,996</td>
</tr>
<tr>
<td><strong>Total result Fundraising</strong></td>
<td>-</td>
<td>- 1,024</td>
<td>- 85,625</td>
</tr>
</tbody>
</table>

### 6.5.9.9 Congress Fund

#### 6.5.9.9.1 Congress 2017 Toronto

<table>
<thead>
<tr>
<th>Fund</th>
<th>2018 Budget</th>
<th>2018 Actual</th>
<th>2017 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income Congress 2017</td>
<td>-</td>
<td>-</td>
<td>3,867,130</td>
</tr>
<tr>
<td><strong>Total income Congress 2017 Toronto</strong></td>
<td>-</td>
<td>-</td>
<td>3,867,130</td>
</tr>
<tr>
<td><strong>Expenditures</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congress cost Toronto</td>
<td>-</td>
<td>3,361,012</td>
<td></td>
</tr>
<tr>
<td>ICM cost for Congress</td>
<td>-</td>
<td>58,548</td>
<td>458,890</td>
</tr>
<tr>
<td><strong>Total expenses Congress 2017 Toronto</strong></td>
<td>-</td>
<td>58,548</td>
<td>3,819,902</td>
</tr>
<tr>
<td><strong>Total result Congress 2017 Toronto</strong></td>
<td>-</td>
<td>-58,548</td>
<td>47,228</td>
</tr>
</tbody>
</table>

#### 6.5.9.9.2 Congress 2020 Bali

<table>
<thead>
<tr>
<th>Fund</th>
<th>2018 Budget</th>
<th>2018 Actual</th>
<th>2017 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income Congress 2020</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total income Congress 2020 Bali</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Expenditures</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congress cost Bali</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>ICM cost for Congress</td>
<td>62,938</td>
<td>30,348</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total expenses Congress 2020 Bali</strong></td>
<td>62,938</td>
<td>30,348</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total result Congress 2020 Bali</strong></td>
<td>- 62,938</td>
<td>-30,348</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total result from Congress</strong></td>
<td>-62,938</td>
<td>-88,896</td>
<td>47,228</td>
</tr>
</tbody>
</table>
6.5.9.10 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.

The Board of ICM decided, with the approval of the budget 2018, that an amount of € 100,000 should be extracted from the General Reserve and the Safe Motherhood Fund to start the Regional Conference Fund.

Two Regional Conferences were organized in 2018, in September in Dubai and in November in Paraguay. As new activities the ICM Board recognized 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.

<table>
<thead>
<tr>
<th></th>
<th>Budget 2018</th>
<th>Dubai Actual 2018</th>
<th>Paraguay Actual 2018</th>
<th>Total Actual 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registrations fees</td>
<td>-</td>
<td>60,808</td>
<td>64,133</td>
<td>124,941</td>
</tr>
<tr>
<td>Grants, subsidies, donations</td>
<td>-</td>
<td>15,828</td>
<td>19,996</td>
<td>35,824</td>
</tr>
<tr>
<td><strong>Total income Conferences</strong></td>
<td><strong>-</strong></td>
<td><strong>76,636</strong></td>
<td><strong>84,129</strong></td>
<td><strong>160,765</strong></td>
</tr>
<tr>
<td>Expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICM staff cost</td>
<td>98,528</td>
<td>22,061</td>
<td>18,544</td>
<td>40,604</td>
</tr>
<tr>
<td>Congress management</td>
<td>13,969</td>
<td>19,901</td>
<td>21,708</td>
<td>41,620</td>
</tr>
<tr>
<td>Travel cost</td>
<td>-</td>
<td>5,305</td>
<td>3,099</td>
<td>8,404</td>
</tr>
<tr>
<td>Food and Beverage</td>
<td>-</td>
<td>21,112</td>
<td>10,239</td>
<td>31,351</td>
</tr>
<tr>
<td>Registration</td>
<td>-</td>
<td>2,252</td>
<td>260</td>
<td>2,513</td>
</tr>
<tr>
<td>Venue and technical equipment</td>
<td>-</td>
<td>32,472</td>
<td>52,532</td>
<td>85,004</td>
</tr>
<tr>
<td>Other cost</td>
<td>-</td>
<td>4,860</td>
<td>2,916</td>
<td>7,776</td>
</tr>
<tr>
<td><strong>Total expenses Conferences</strong></td>
<td><strong>112,497</strong></td>
<td><strong>107,974</strong></td>
<td><strong>109,297</strong></td>
<td><strong>217,271</strong></td>
</tr>
<tr>
<td><strong>Total result Regional Conferences</strong></td>
<td><strong>- 112,497</strong></td>
<td><strong>- 31,338</strong></td>
<td><strong>-25,168</strong></td>
<td><strong>- 56,507</strong></td>
</tr>
</tbody>
</table>
### 6.5.10 Budget Summary 2019

The financial forecast for the income and expenses for 2019 is summarised below.

<table>
<thead>
<tr>
<th>Income</th>
<th>€</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership fees</td>
<td>376,058</td>
</tr>
<tr>
<td>Subsidies and donations</td>
<td>2,464,801</td>
</tr>
<tr>
<td>Congress</td>
<td>84,748</td>
</tr>
<tr>
<td>Regional Conferences</td>
<td>75,766</td>
</tr>
<tr>
<td>Other</td>
<td>34,400</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td><strong>3,034,773</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>€</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>1,289,495</td>
</tr>
<tr>
<td>Projects</td>
<td>1,131,581</td>
</tr>
<tr>
<td>Board and Representation</td>
<td>152,020</td>
</tr>
<tr>
<td>Congress</td>
<td>84,748</td>
</tr>
<tr>
<td>Regional Conferences</td>
<td>75,766</td>
</tr>
<tr>
<td>Other Confederation cost</td>
<td>301,163</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>3,034,773</strong></td>
</tr>
</tbody>
</table>

### 6.6. Other Information

#### 6.6.1 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: 8 May 2019

---

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 2019
6.6.2 Independent Auditors Opinion

International Confederation of Midwives

To the Board
Koninginnegracht 60
2514 AE DEN HAAG

Date: 8 May 2019

INDEPENDENT AUDITOR’S REPORT

A. Report on the audit of the financial statements 2018

Our qualified opinion
We have audited the financial statements 2018, according to chapter 6.5 of the Annual Report, of the International Confederation of Midwives, based in The Hague.

In our opinion, except for the possible effects of the matter described in the ‘Basis for our qualified opinion’ section, the accompanying financial statements give a true and fair view of the financial position of International Confederation of Midwives as at 31 December 2018, and of its result for 2018 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 2018;
2 the profit and loss account for 2018 and
3 the notes comprising a summary of the accounting policies and other explanatory information.

Basis for our qualified opinion
On 5 February 2019 we have issued a qualified opinion on the financial statements 2017 of the International Confederation of Midwives. For the basis for our qualified opinion we refer to this auditor’s report. As our audit opinion on the financial statements 2018 is on the current period as whole, including the corresponding figures, we exclude the possible effects as described in the basis for our qualified opinion on the financial statements 2017.

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 Wet toezicht accountantsorganisaties (Wta, Audit firms supervision act), 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 qualified 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.
Except for the possible effects of the matter described in the ‘Basis for our qualified opinion’ section, we conclude, based on the following procedures performed, that the other information:
• is consistent with the financial statements and does not contain material misstatements;
• contains the information as required by the Dutch Accounting Standard RJK C1.

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 and other information as required by 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.

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, 8 May 2019
Stielstra & Partners accountants en adviseurs

Originally signed by Mr. J. Eenhoorn RA

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