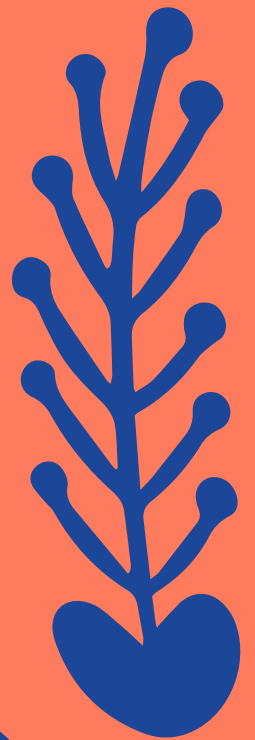


# Annual & Financial Report

# 2023



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# List of Acronyms



AAP	American Academy of Pediatrics
AERDM	Association for Education, Research and Development in Midwifery
AIME	Alliance for Improving Midwifery Education
APRO	Asia Pacific Regional Office
AMSF	Moroccan Association of Midwives
BMS	Bangladesh Midwifery Society
CAM	Canadian Association of Midwives
CE	Chief Executive
CGI	Clinton Global Initiative
CRE	Office of Compliance, Risk Management, and Ethics
DG	Director General
EMA	European Midwives' Association
EML	Executive Midwife Leader
ENAP	Every Newborn Action Plan
EPMM	Ending Preventable Maternal Mortality
FAR	Finance, Audit, Risk
FIGO	International Federation of Gynecology and Obstetrics
FCDO	Foreign Commonwealth and Development Office
FRAT	Facility Readiness Assessment Tool
GOC	Global Office Consulting
HBS	Helping Babies Survive
HMA	Hungarian Midwives' Association
HMS	Helping Mothers Survive
HORT(s)	Head Office Regional Team(s)
ICM	International Confederation of Midwives
ICN	International Council of Nurses

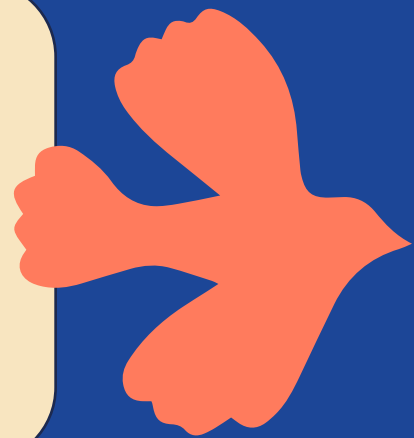


<b>IEC</b>	Independent Election Committee
<b>IMNHC</b>	International Maternal Newborn Health Conference
<b>IMU</b>	International Midwives Union
<b>IPA</b>	International Pediatric Association
<b>JEDI</b>	Justice, Equity, Diversity, and Inclusion
<b>KAM</b>	Kyrgyz Alliance of Midwives
<b>KNOV</b>	Royal Dutch Organisation of Midwives
<b>LDHF</b>	Low-Dose, High-Frequency
<b>LGH</b>	Laerdal Global Health
<b>LMICs</b>	Low- and Middle-Income Countries
<b>MA(s)</b>	Member Association(s)
<b>MACAT</b>	Member Association Capacity Assessment Tool
<b>MAZ</b>	Midwives' Association of Zambia
<b>MEAP</b>	Midwifery Education Accreditation Programme
<b>MPath</b>	Midwifery (Education Development) Pathway
<b>MEL</b>	Monitoring, Evaluation, and Learning
<b>MLBCs</b>	Midwife-Led Birthing Centres
<b>MMR</b>	Maternal Mortality Ratio
<b>MNCH</b>	Maternal, Newborn, and Child Health
<b>MOH</b>	Ministry of Health
<b>MSF</b>	Midwifery Services Framework
<b>NHS</b>	National Health Service
<b>NGO</b>	Non-Government Organisation
<b>NNCF</b>	Nursing Now Challenge Fellowship
<b>PMNCH</b>	Partnership for Maternal, Newborn, and Child Health
<b>PPH</b>	Post-Partum Haemorrhage
<b>RPC</b>	Regional Professional Committee

<b>RMC</b>	Respectful Maternity Care
<b>RCM</b>	Royal College of Midwives
<b>SPPC</b>	Scientific Programme Planning Committee
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>SRMNAH</b>	Sexual, Reproductive, Maternal, Newborn, and Adolescent Health
<b>SMART</b>	Specific, Measurable, Attainable, Relevant, Timebound
<b>SoWMy</b>	State of the World's Midwifery
<b>STAGE</b>	Strategic and Technical Advisory Group of Experts for Maternal, Newborn, Child and Adolescent Health + Nutrition
<b>SDNM</b>	Strategic Directions for Nursing and Midwifery
<b>SP</b>	Strategic Priorities
<b>SDG</b>	Sustainable Development Goal
<b>SAM</b>	Swedish Association of Midwives
<b>Sida</b>	Swedish International Development Cooperation Agency
<b>UMU</b>	Ukrainian Midwives Union
<b>UNICEF</b>	United Nations Children's Fund
<b>UNGA</b>	United Nations General Assembly
<b>UNFPA</b>	United Nations Population Fund
<b>UHC</b>	Universal Health Coverage
<b>WHO</b>	World Health Organization
<b>WRA</b>	White Ribbon Alliance
<b>YONM</b>	Year of the Nurse Midwife
<b>YML</b>	Young Midwife Leader

## ICM Vision

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



## ICM Mission

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



## Acknowledgements

ICM would like to extend our sincere appreciation to Global Health Visions (GHV) for their instrumental role in supporting the development of this comprehensive annual report.



# Partner Perspectives

*“It was an amazing opportunity for my professional development and to help me build a professional network with midwives across the globe. I also get the opportunity to attend various research and innovation sessions that have an impact on my professional growth.”*

-Midwife and ICM Triennial Congress Bursary Fund Recipient

*“ICM has been integral to our work . . . it’s been an important partnership to foster and grow.”*

-Paulina Ospina, Senior Programme Manager, Direct Relief

*“Being at ICM and having a seat at Council meetings is good for visibility in the landscape of donors. The more ICM becomes that global voice for midwives and has the attention of global partners, the more attention we get. It all trickles down. That is really important for us.”*

-Representative from the Canadian Association of Midwives (CAM)

# Inclusivity Statement

At ICM we centre the experiences of women in our work, while recognising that gender diverse people, including trans and non-binary people, also need access to a midwife for sexual, reproductive, maternal, newborn, and adolescent health care.

# Message from ICM's President



As I take on the role of ICM President, I am filled with profound gratitude and a deep sense of responsibility. It is an immense honour to lead an organisation that has been dedicated to advancing midwifery and improving maternal and newborn health outcomes worldwide for over a century.

Reflecting on 2023, I am truly inspired by the commitment and effort demonstrated by our Board Members, the dedicated team at the ICM Head Office, and our global network of midwives and partners. Together, we have navigated challenges, celebrated successes, and remained steadfast in our mission to elevate the profession.

The highlight of the year was undoubtedly the return of our in-person Triennial Congress, held in the beautiful setting of Bali, Indonesia. This year's Congress brought together 2,400 delegates from every corner of the globe. It was a powerful testament to the resilience and unity of our community, showcasing our collective commitment to advancing midwifery and championing the sexual and reproductive health and rights of women and gender diverse people.

I would like to express my sincere gratitude to the outgoing Board and President for their exemplary leadership and dedication over the past term. Their tireless efforts have laid the foundation for a more inclusive and representative Board, ensuring that governance excellence remains at the heart of ICM's mission.

The new triennium looks bright for ICM, given the new forward-looking strategy that emphasises a deeper commitment to supporting midwives, promoting evidence-based practices, and fostering leadership and partnerships that amplify the global impact of midwifery, even in the face of humanitarian and climate crises.

As we embark on this new chapter, I am filled with optimism and enthusiasm for the opportunities that lie ahead. Together with the newly elected Board, the team at the ICM Head Office, our member associations, and partners, I am committed to driving innovation, leadership, and sustainability over this next triennium.

Rooted in a legacy of over 100 years, ICM remains steadfast in our advocacy for midwives and our commitment to improving maternal and newborn health outcomes globally. Together, we will continue to make a meaningful impact on the lives of women and newborns around the world.

I invite you to explore the pages of our 2023 Annual Report, which celebrates our collective achievements and sets the stage for a future where midwives and midwifery thrive.

*Sandra Oyarzo Torres*

**President, ICM**



# Message from ICM's Chief Executive



As we mark the end of the triennium, I take pride in the remarkable successes we have achieved. In a triennium marked by global challenges and uncertainties, the International Confederation of Midwives' (ICM) resilience and adaptability has shone brighter than ever before. Despite global conflicts, humanitarian crises, and the persistent rollback of women's rights worldwide, midwives have continued to give hope and care to women and their families all around the world. Thank you for your commitment.

In 2023, we celebrated a milestone as ICM held our first in-person Triennial Congress since 2017. Midwives from around the globe gathered in Bali, Indonesia to share knowledge, foster connection, and champion best practices for midwifery. The Congress theme "Together Again: From Evidence to Reality" underscored the significance of the event after six long years, three of which were marked by the COVID-19 pandemic. This event, following close on the heels of the International Day of the Midwife on 05 May, brought together our global midwifery community with energy, excitement and renewed commitment to continuing the essential work of midwives and strengthening the midwifery profession.

The Triennial Congress also marked the transition from one Board to another, signalling a strategic shift in governance. The 2020 – 2023 Board ended their term and the ICM Council elected a new Board for the 2023 – 2026 triennium. The new Board is the first to be assessed by the Independent Election Committee (IEC), concluding three years of governance changes led by the 2020 – 2023 Board. The new Board shows the competencies necessary for governing ICM and ensuring our sustainability, including a commitment to equity with one regional Board Member for each of ICM's six regions. Notably, this Board includes a non-midwife for the first time, serving as treasurer, emphasising the importance of varied perspectives and leadership skills.

This year, ICM appointed Professor Jacqueline Dunkley-Bent as our first Chief Midwife, bringing a wealth of experience and leadership to the organisation. Her dedication to advocacy for leadership roles, and experience in working in leadership responding to the COVID-19 pandemic align with ICM's mission. We advocate for all countries and regions to appoint, resource and support a Chief Midwife with strong

connections to the midwifery profession through the local midwives' associations; Professor Dunkley-Bent's appointment reinforces our own commitment to midwifery leadership globally. This year, we have employed more staff, strengthening our Head Office team to meet the ever-increasing demands of our members, partners and funders and our own aspirations for women, newborns, midwives, and midwifery globally.

In 2024, we will continue our efforts to enhance the sustainability and impact of midwifery. This includes launching a new website and branding, launching a new triennial strategy, and supporting midwives to do what they do best – provide care to women and newborns across the childbirth continuum that achieves positive health outcomes for mothers and babies and satisfaction for everyone.

Thank you to the 2020 – 2023 Board for their vision and courage and the many ways in which they supported improvements to ICM's Head Office and our global influence. Thank you also to the new 2023 – 2026 Board with whom we already enjoy a very positive working relationship and shared excitement for the next triennium. Finally, thank you to the fantastic team at Head Office – you bring expertise, vision, energy and commitment and you are a pleasure to work with.

This 2023 Annual Report provides a snapshot of ICM's achievements for the fiscal year 2023, of which we are very proud. We know that these successes are not ours alone and we thank the wider ICM membership and all our stakeholders, partners, and funders for your continued support of ICM and commitment to women, babies, and families.

*Sally Pairman*

**Chief Executive ICM**

# Introduction

This report provides an overview of the main activities undertaken during 2023 by the International Confederation of Midwives (ICM).

- Koninginnegracht 60, 2514 AE The Hague
- Registration Chamber of Commerce: 27286042

ICM is an accredited non-governmental organisation (NGO) that supports, represents, and works to strengthen professional associations of midwives throughout the world. Organised across six regions—Africa, Americas, Eastern Mediterranean, Europe, Southeast Asia, and Western Pacific — our 139 member associations (MAs)<sup>1</sup> represent over 1 million midwives in 119 countries across every continent.

ICM and our MAs represent midwives and the midwifery profession to achieve common goals in the care of mothers and newborns. We work closely with partners across sectors, including the World Health Organization (WHO); United Nations Population Fund (UNFPA), and other UN Agencies; the International Federation of Gynecology and Obstetrics (FIGO), the International Pediatric Association (IPA), the International Council of Nurses (ICN); The Swedish International Development Cooperation Agency (Sida), the White Ribbon Alliance (WRA), Laerdal, the Bill & Melinda Gates Foundation, and Direct Relief.

As we end our 101st year, we remain steadfast in our mission, vision, and goals. Formalised on the heels of World War I as the International Midwives Union (IMU), we have continued our work from the forefront of ever-evolving global health priorities, rising environmental and humanitarian crises, and growing pushback and opposition to women's health, rights, and bodily autonomy. Often amidst gender discrimination and perilous working conditions, midwives around the world persevere—speaking up for and supporting women and communities while providing essential reproductive health services. By working to advocate for the rightful place of midwives in leadership positions and decision-making fora and through the organisation's efforts to strengthen the profession of midwifery, ICM has proven our unwavering commitment to bolstering strategies and guidance that drive respect, autonomy, and support for midwives around the globe.

<sup>1</sup> ICM uses the acronym "MA" interchangeably and can refer to "member association" or "midwives' association," depending on the context.





# ICM's Impact

Over the last year, there has been growing interest and global recognition of midwifery as an instrumental and sustainable approach to advancing health outcomes and Sustainable Development Goal 3, focused on good health and well-being. This included UNESCO adding midwifery to the [List of the Intangible Cultural Heritage of Humanity](#), which was driven by the collaborative efforts of MAs and ICM. International recognition also spotlighted the

accomplishments of two Young Midwife Leader Alumni. Neha Mankani of Pakistan was included on the [BBC 100 Women List](#) for her work in climate disaster relief in Pakistan while Ashu Martha Agbornyenty of Cameroon was awarded the 2023 [Global Goalkeeper Change Maker Award](#) by the Bill & Melinda Gates Foundation for her leadership and advocacy efforts to strengthen midwifery globally. This year also marked the appointment of ICM's first Chief Midwife and the appointments of Chief Midwives in Australia, New Zealand, Sweden, and Zambia.

Deepened collaboration between ICM and our international partners remained vital to advancing the profession and ICM's mission in 2023. In collaboration with key partners, ICM participated in a meeting at the end of 2023 to shape the development of a joint acceleration plan for midwifery, which will be implemented in the coming year. ICM also worked with Laerdal to create the [ICM Midwifery Competencies](#), a digital training tool to support midwifery students to gain the skills and attitudes necessary to demonstrate the ICMs Essential Competencies upon graduation from pre-service midwifery education and at entry to the profession. ICM also supported collective efforts through the PUSH Campaign to raise awareness of and support for midwifery in sectors outside of health.

In June, 2,475 delegates from around the globe gathered in Bali to share knowledge, foster connection, and champion best practices for midwifery. The Congress theme of "Together Again: From Evidence to Reality," highlighted the importance of the event, the first in-person Congress after six long years during the COVID-19 pandemic. This was also the first Congress following ICM's 100-year celebration in 2022. The Congress programming incorporated all ten elements of ICM's Professional Framework for Midwifery and boasted a total of 130 sessions and a post-Congress symposium.

In 2023, ICM demonstrated remarkable flexibility, a keen ability to learn, and a proactive approach to adaptation, underscored by a variety of achievements. These include a commitment to ensure MAs and midwives take up their rightful leadership roles at national, regional, and international levels as well as within their respective communities. Comprehensive insights into the accomplishments from 2023 can be found in this annual report. Upon reflection, ICM has remained steadfast in our commitment to our mission of supporting midwives and MAs and has, through all our activities, focused on driving innovation, leadership, and sustainability for the future of midwifery.



## ICM'S 2023 IMPACT IN NUMBERS

### 28 MAs Supported

- Afghanistan (fundraising)
- Bangladesh (funding, association strengthening)
- Kyrgyzstan (advocacy support, association strengthening)
- Pakistan (association strengthening)
- Zambia (funding, association strengthening)
- India (association strengthening)
- Palestine (association strengthening)
- Israel (catalysing funding)
- Malawi (catalysing funding, association strengthening)
- Türkiye (funding)
- Morocco (funding)
- Mali (twinning, association strengthening)
- Senegal (twinning, association strengthening)
- Costa Rica (twinning, association strengthening)
- Burundi (twinning, association strengthening)
- Uganda (twinning, funding, association strengthening, project involvement)
- Guatemala (twinning, association strengthening)
- Ukraine (establishment of association)
- Ghana (IAP project with FIGO)
- Rwanda (IAP project with FIGO)
- Ethiopia, (IAP project with FIGO)
- Liberia (IAP project with FIGO)
- Burkina Faso (IAP project with FIGO)
- Sierra Leone, (IAP project with FIGO)
- South Sudan (IAP project with FIGO)
- Hungary (funding for Ukrainian refugees)
- Romania (funding for Ukrainian refugees)
- Estonia (funding for Ukrainian refugees)

### \$721,000 catalysed for MAs in emergency settings

- \$100k for the Association for Education, Research, and Development in Midwifery (AERDM) in Türkiye for the earthquake response
- \$38k for the Association of Malawian Midwives for support and responses following flood disaster
- \$50k for the Moroccan Association of Midwives for support and responses following the earthquakes
- \$375k for the Hungarian Midwives Society, the Independent Midwives Association in Romania, and the Estonian Midwives Association for support of Ukrainian refugees
- \$58k for Afghan Midwives Association for supporting pregnant women, mothers and babies affected by extreme weather conditions in remote areas
- \$100k for the Israel Midwives Association for support and response

### 3 new partnerships with funding created

- Every Mother Counts
- Lightful
- Foreign Commonwealth Development Office (FCDO)

### 9 research papers submitted for publication

#### 3 papers published

- Nove et al. (2023). [Which low- and middle-income countries have midwife-led birthing centres and what are the main characteristics of these centres? A scoping review and scoping survey](#). *Midwifery* 123 (103717)
- Turkmani et al. (2023). [Exploring networks of care in implementing midwife-led birthing centres in low- and middle-income countries: a scoping review](#). *PLOS Global Public Health* 3(5): e0001936
- Bazirete et al. (2023). [Midwife-led birthing centres in four countries: a case study](#). *BMC Health Services Research* 23:1105

### 15 resources developed or updated

6 MPath resources, 5 MEAP resources, 1 policy brief on investing in MAs, 1 SimCapture digital peer learning platform for ICM Competencies with Laerdal, 1 MLBC Facility Readiness Assessment Tool, 1 MLBC Policy Brief

### 48 midwives from LMICs attending global events

48 bursary recipients at Bali

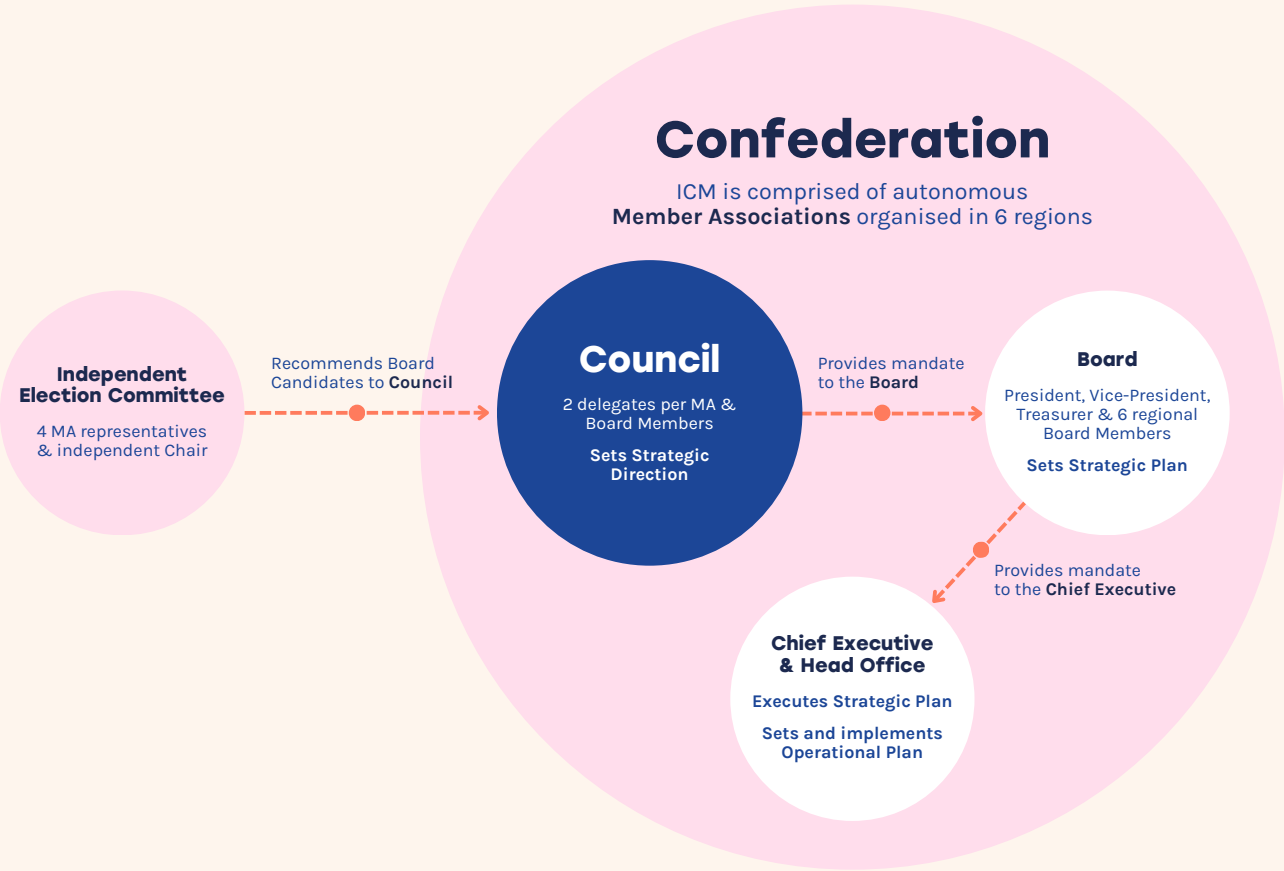
### Leadership support provided to 20 Young Midwives and Executive Midwives on MA Boards

15 YMLs trained  
5 Executive Board members of 5 MAs trained in leadership

# ICM's Structure

## GOVERNANCE

The ICM Council (Council) is the decision making body, responsible for setting ICM's strategic direction. The Council meets annually and is comprised of two delegates from each MA and the ICM Board. The Council mandates the ICM Board to set the triennial strategy and provide oversight on ICM's operations. The Board employs the Chief Executive who is responsible for leading the execution and operationalisation of the triennial strategy and developing and implementing the annual operational plan through the activities of the Head Office.



ICM Governance Structure

## ICM BOARD MEMBERS

June 2023, aligned with the face-to-face Council meeting in Bali, saw the end of term for one Board and the election of a new Board. The Board ending its term was elected in June 2020 and served a three-year term. The nominees for the 2023 Board were assessed against a set of governance competencies by the newly formed [Independent Election Committee](#) (IEC), being the first ICM Board to be assessed and interviewed in this way before an election process.

The intention of the IEC process is to ensure that the ICM Board is comprised of midwives with skill sets and capacities to strengthen ICM and ensure the organisation's sustainability. This is the first Board that includes a non-midwife, serving in the role of Treasurer. This election also

saw the implementation of a previous Council decision – to have one regional Board Member from each of ICM’s six regions in addition to the President, Vice-President, and Treasurer – thereby enhancing equity across ICM’s membership by no longer having sub-regions and ensuring an equal number of Board Members for each region. The Vice-President position was not filled, and the new Board has subsequently voted to recommend to the Council to remove the position of Vice President from June 2024 onwards. The Council will consider this recommendation at its annual meeting in June 2024.

OUTGOING BOARD MEMBERS  
(JUNE 2020-JUNE 2023)

Name	Position	Country
Franka Cadée	President	Netherlands
Sandra Oyarzo Torres	Vice President	Chile
Vitor Varela	Treasurer	Portugal
Trude Thommesen	Northern Europe	Norway
Lisa Apini-Welcland (resigned June 2022)	Central Europe	Germany
Victoria Vivilaki	Southern Europe	Greece
Florencia Francisconi	Latin America	Argentina
Pandora Hardtman	North America & Caribbean	USA & Guyana
Roa Altaweli	Eastern Mediterranean	Saudi Arabia
Emi Nurjasmi Indomo	Southeast Asia	Indonesia
Ann Kinnear	Western Pacific	Australia
Fatoumata Maiga Dicko	Francophone Africa	Mali
Hilma Shikwambi	Anglophone Africa	Namibia

NEW BOARD MEMBERS  
(JULY-DEC 2023; ELECTED FOR THE 2023-2026 TERM)

Name	Position	Country
Sandra Oyarzo Torres	President	Chile
Andrew Otiko	Treasurer	UK
Olive Tengera	Board Member from the Africa Region	Rwanda
Samara Ferrara	Board Member from the Americas Region	Mexico
Lia Brigante	Board Member from the Europe Region	UK
Farida Shah	Board Member from the Eastern Mediterranean Region	Pakistan
Laxmi Tamang	Board Member from the Southeast Asia Region	Nepal
Alison Eddy	Board Member from the Western Pacific Region	New Zealand



BOARD MEETINGS

In 2023, ICM hosted eight Board meetings, with two of them in-person. These meetings focused on an array of important topics to increase ICM’s growth and impact, including reviewing quarterly financial and risk reports, updating governance documents, preparing for the Triennial Congress and preceding Council meeting, discussing potential new partnerships, and approving the membership of a new MA: the Association for Education, Research, and Development in Midwifery (AERDM) from Türkiye. The new Board (elected in June 2023) also attended various onboarding activities and training on topics including advocacy and communications, governance, diversity and inclusion.

COUNCIL MEETING

ICM’s annual Council Meeting was held from 07-09 June 2023, in Bali, Indonesia. As the first in-person Council meeting in six years, this was a momentous and exciting opportunity for ICM to celebrate successes and strategise priorities for the next triennium. Some 154 delegates from 87 member associations participated in the Council Meeting that was also attended in person by 54 observers from 23 member associations and the ICM Head Office. In addition, 7 Council Delegates from 5 member associations voted electronically.

On Day 1, voting took place to accept updated core position statements related to midwifery topics. The ICM Leadership Team also presented key documents, such as the 2022 Annual and Financial Reports and 2020-2023 Triennial Report, which were unanimously adopted by Council Delegates. This was followed by presentations from Regional Board Members from each ICM region on their challenges and achievements over the triennium.

On Day 2, the Council initiated discussions to develop its strategic priorities for the next triennium (2024-2026). This included a tailored focus on addressing the impact of climate and humanitarian issues on midwifery and maternal and newborn health outcomes. Discussions included ICM’s [Position Statement on Climate Change](#), in addition to recommendations highlighted by member associations who have been responding to these challenges.

On the last day of Council, elections were held for the new Board. Council Delegates elected Sandra Oyarzo Torres as the new ICM President and Andrew Otiko as Treasurer for 2023-2026 and endorsed the regional Board Members put forward by each region. The new Board presented themselves to the Council. The Council also discussed midwife-led continuity of care and the importance of this model of care in improving health outcomes for women and newborns and its impact on satisfaction levels of women and of midwives. The outcomes from the Council Meeting fuelled the excitement and inspiration for the next three years.

INDEPENDENT ELECTION COMMITTEE (IEC)

In 2022, the ICM Council reached a consensus to appoint an Independent Election Committee (IEC) with the responsibility to assess the governance competencies of nominees for ICM Board positions prior to the election processes. The 2023 Board election processes saw the successful fruition of the IEC’s work, establishing a new mechanism for future Board elections. The interim IEC ended its term in June 2023, and Catherine Collins-Fulea took over as the new chair,

replacing Franka Cadée. Sylvia Hamata, from the Independent Midwives Association of Namibia, left the committee in February and Birte Harleve Lam, from the Royal College of Midwives, was introduced as a new member in October 2023. Anna af Ugglas, from the Swedish Association of Midwives, and Farah Babaey, from the Iran Scientific Association of Midwifery, continue to serve on the committee. The full list of current IEC members is included below for reference.

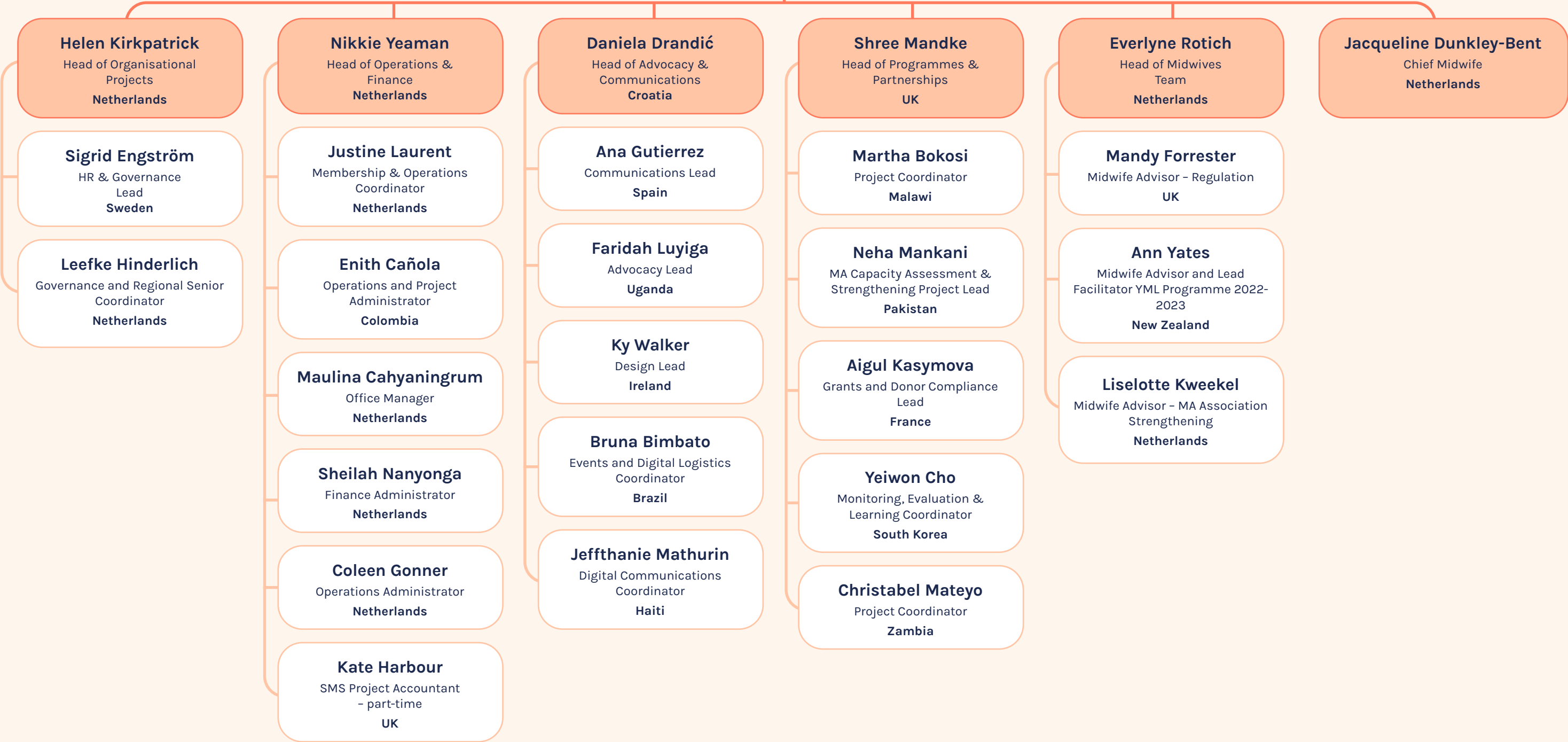
IEC 2022 - 2023			
Interim Chair (June 2022 – June 2023)	Franka Cadée	Netherlands	ICM President 2017 – 2023 Royal Dutch Association of Midwives
Member appointed June 2022	Farah Babaey	Iran	Iran Scientific Association of Midwifery
Member appointed June 2022; Chair from June 2023	Catherine Collins-Fulea	United States of America	American College of Nurse-Midwives
Member appointed June 2022	Anna af Ugglas	Sweden	Swedish Association of Midwives
Member June 2022 – February 2023	Sylvia Hamata	Namibia	Independent Midwives Association of Namibia
Member appointed October 2023	Birte Harleve Lam	United Kingdom	Royal College of Midwives

ICM HEAD OFFICE TEAM

Below are the staff members as of December 2023. More than half are based at ICM’s Head Office in The Hague, the others work remotely and are based in various countries. Some also work part-time. In 2023, ICM expanded our staff to include a new lead position focused on grants and donor compliance and hired two former Young Midwife Leaders (YMLs) to the team, Neha Mankani and Jeffthanie Mathurin. These YML programme alumnae are serving as the MA Capacity Assessment and Strengthening Project Lead and Digital Communications Coordinator, respectively.

ICM TEAM

Sally Pairman  
Chief Executive



ICM’S CHIEF MIDWIFE

*“At ICM, we lead by example – we advocate for all countries and regions to appoint a chief midwife, and our appointment of Professor Dunkley-Bent is an opportunity for ICM to model what this critical leadership role can do to elevate midwives and midwifery in our 139 member associations in 119 countries.”*

– Sally Pairman

In 2023, ICM appointed Professor Jacqueline Dunkley-Bent as the Chief Midwife. Jacqueline served as the Chief Midwifery Officer for the National Health Service (NHS) in England from 2019-2023, which included developing and overseeing the growth of the national and regional midwifery structures at the NHS. Jacqueline embodies a steadfast commitment to midwifery, encouraging young people to explore the profession as a career and advocating for midwives to take up leadership roles in decision-making spaces. She also worked clinically as a midwife throughout the COVID-19 pandemic. Through this appointment, ICM aims to model our commitment to midwifery leadership, underscoring the importance of appointing and resourcing a Chief Midwife who is well-connected and able to represent the midwifery profession at national, regional, and international level fora across the globe.

2023 ICM TRIENNIAL CONGRESS

*“The Triennial Congress provided an important and unique opportunity to connect the world’s midwives.”*

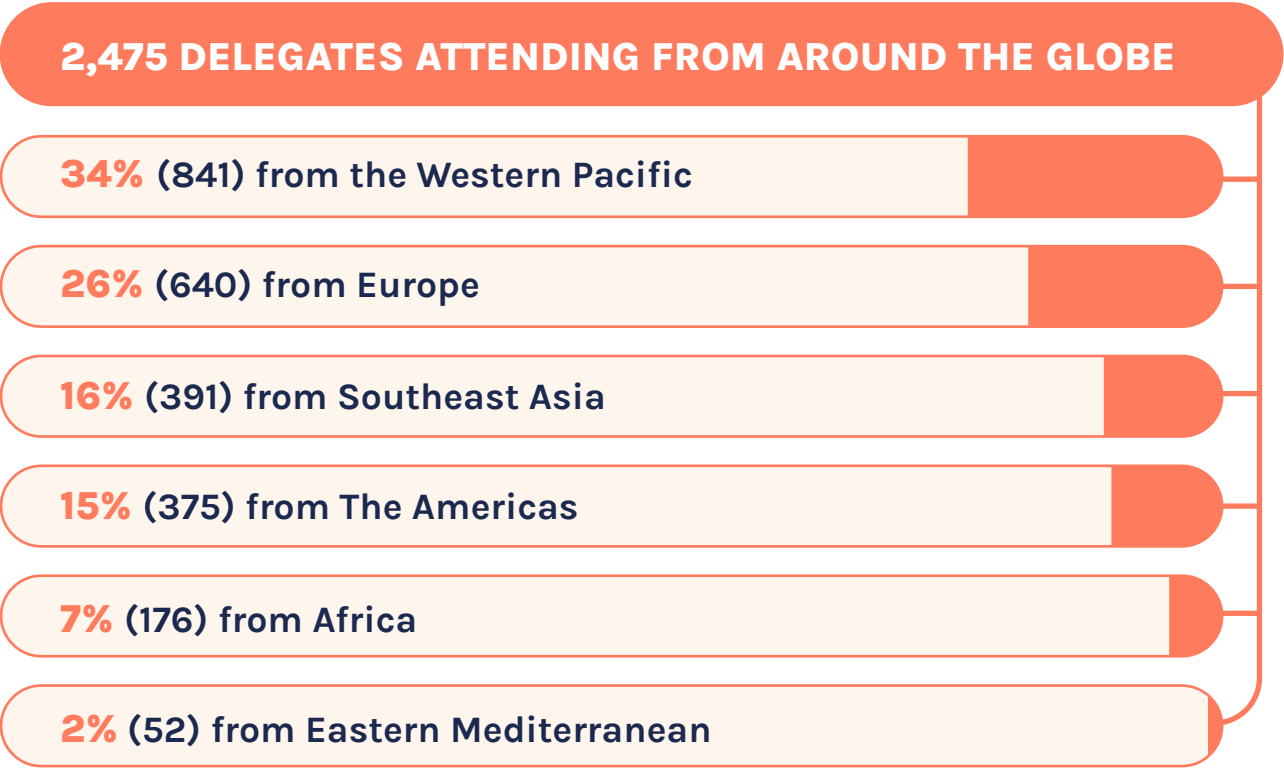
– Laerdal Representative

ICM held our 33rd Triennial Congress in Bali, Indonesia in June 2023. The four-day Congress, titled “Together Again: From Evidence to Reality” celebrated meeting together in person to present and discuss midwifery-related research and updates for the first time in six years, a long pause caused by the ongoing COVID-19 pandemic. The development and quality of the scientific programme was ensured by the 2023 Interim Scientific Programme Planning Committee (SPPC), established by the ICM Board in December 2021.

The 33rd Congress built on highly successful past congresses and incorporated the 10 interconnected elements of the [ICM Professional Framework for Midwifery](#) (2021)<sup>2</sup>, as well as a focus on the impact of COVID-19 on midwives, midwifery services, and women.

2 The ten elements of the Midwifery Professional Framework are: 1) Midwifery Philosophy, 2) Essential Competencies for Midwifery Practice, 3) Midwifery Education, 4) Midwifery Regulation, 5) Midwifery Associations, 6) Research, 7) Midwife-led continuity of care model of care, 8) Midwifery Leadership, 9) Enabling Environment, and 10) Commitment to Gender Equality and JEDI.

The Congress was well-attended with a total of 2,475 delegates attending from around the globe including 841 (34%) from the Western Pacific; 640 (26%) from Europe; 391 (16%) from Southeast Asia; 375 (15%) from The Americas; 176 (7%) from Africa and 52 (2%) from Eastern Mediterranean. Nearly a quarter of the delegates (492, or 20%) were actively involved in the Congress programme as speakers, panellists, workshop facilitators, and/or chairpersons.



ICM provided bursary funds to 48 midwives to attend the 33rd Congress. All the bursary recipients were from low- and middle-income countries (LMICs), except for one participant from South Africa and two participants from Türkiye. On average, bursary recipients had 17 years’ experience in midwifery, ranging from a minimum of three years to a maximum of 33 years. In the post-Congress survey, **bursary recipients affirmed the significance of attending the ICM Triennial Congress for their professional growth as midwives and would recommend in-person participation to their colleagues.**

A total of 1,182 abstracts were submitted under two categories: sharing midwifery research and sharing midwifery knowledge and expertise. This was the first Congress that specifically invited submissions on Indigenous and LGBTQ+ midwifery. All submissions were subjected to double-blind peer review by a geographically diverse team of 108 reviewers and were scored on: a) clear purpose, b) implications for midwifery practice, c) women and families, d) education, e) research or policy as relevant, f) ethical considerations, g) originality, and h) relevance to an international ICM Congress audience. Reviewers from all six ICM regions took part in assessing submissions.

Delegates were able to attend diverse and interactive sessions ranging from plenaries to poster sessions to workshops in English, French, and Spanish. Sessions titled “Realising the top demands of midwives – a pathway towards better pay, and a happier, healthier midwifery



workforce” and “The next 100 years of ICM and midwifery – strategies for ensuring greater support, inclusivity and representation for our global community of midwives” were the most attended plenaries. The three most attended workshops were: 1) Reclaiming vaginal breech birth: Practical learning workshop from experience and the literature, 2) Manual and digital rotation of the persistent occiput posterior foetus in labour workshop, and 3) Avoiding episiotomy and tears through favourable birthing positions workshop. Over the course of the Congress and one-day post-Congress symposium, 130 sessions took place. Interestingly, just over half of Congress participants (52%) were attending an in-person ICM Congress for the first time.

Following the Congress, participants were eager to provide feedback with one-third responding to a post-Congress evaluation survey. Respondents reported that they attended the Congress for several reasons, including personal growth (41.95%), the opportunity to speak or present (27%), the appeal of the scientific programme (19.5%), and the chance to network with fellow midwives (14%). Participants reported very

positive experiences at the Congress and over 95% of respondents expressed interest in attending the next ICM Congress in Lisbon, Portugal in 2026.

ICM and participants also reflected on lessons learned for the next Congress, including how to address and accommodate language barriers and cultural sensitivities among participants from various backgrounds to avoid stigmatisation and promote greater participation of reviewers from more ICM regions, especially Africa, Southeast Asia, and Eastern Mediterranean. Going forward, the expansion of topics that were most attended and well-received will be a focus for the next Congress, including more clinical topics (i.e. physiological birth, de-medicalisation of childbirth, neonatal health, and integration of learnings from practising midwives (e.g. Ukrainian and Haitian midwives, plenary speakers who spoke about their experiences working in humanitarian and conflict settings), which were very well received.

ICM is also considering strategies to market and promote the Congress in countries where we do not have MAs to reach a wider audience and promote the global impact of midwives and role of ICM moving forward.



# Progress on Priorities

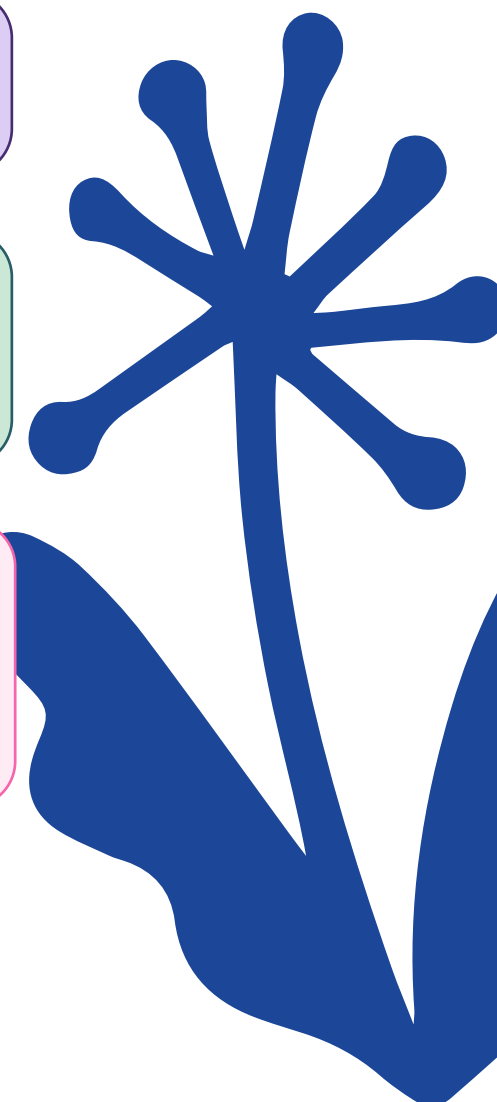
The content and updates included in ICM's 2023 Annual Report are organised under the three strategic priorities of the Strategic Plan 2021-2023, and the cross-cutting priority, as outlined below.

**SP1:** Drive innovation and sustainability for the future of midwifery;

**SP2:** Develop, strengthen, and support the roll-out of a new Professional Framework for Midwifery;

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

**Cross-cutting:** Promote gender equality by employing a gender lens and prioritisation across all elements of the strategic plan





# PRIORITY 1: DRIVE INNOVATION AND SUSTAINABILITY FOR THE FUTURE OF MIDWIFERY

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

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

Innovation and sustainability are critical to the long-term future of both ICM and the midwifery profession. To this end, ICM continues to strengthen critical organisational structures and systems, examine environmental and social responsibility, and diversify our revenue streams. At the same time, ICM is working with our MAs and midwives to build capacity and promote sustainability for the profession of midwifery and impact across the world.

## 1.1 ICM SUSTAINABILITY AND INNOVATION

Throughout 2023, ICM worked to develop and implement plans and systems to steward sustainability and resilience, ultimately leading to increased transparency and accountability across the organisation. Innovation, aligned with these plans and systems for sustainability, plays a critical role. By positioning the organisation to adapt, evolve, and create new ideas to drive progress, ICM will be equipped to continue our impactful work.

### Funding ICM’s Growth

From early support from Direct Relief to significant contributions from the Swedish International Development Cooperation Agency (Sida) and the Bill & Melinda Gates Foundation (BMGF), donors have provided ICM with the core funding needed to enhance our capacity to implement the Strategic Plan 2021-2023 and ensure a solid foundation for future growth. As of 2023, ICM’s funding base diversified to include membership fees, self-generated funding, and income from donors. ICM continues to seek additional investment in our work and is excited to explore partnerships with new funders in 2024. Exact funding amounts for 2023 contributions can be found in the Budget Summary section of this report.



## Internal Systems and Processes for Governance and Operations

Strong governance structures and organisational capacity remain integral to ICM’s success. These structures ensure that ICM can stay responsive to the needs of our members while operating effectively to deepen our impact. Initiatives highlighted in detail below reflect a focus on operationalising justice, equity, diversity, and inclusion (JEDI), building financial sustainability, and standardising regional approaches to strengthen our internal systems and streamline our processes to deliver on ICM’s strategic priorities.

### Sustainability Plan

ICM developed and launched a robust Sustainability Plan in 2022 and has worked throughout 2023 to implement this plan across the organisation. In 2023, ICM used the Sustainability Plan as the basis for our new 2024-2026 Strategic Plan, which served as a framework to work towards securing our financing and longevity. The

new strategic pillars in ICM’s 2024-2026 plan include 1) Drive innovation, leadership, and sustainability for the future of midwifery, 2) Support the continued roll out and implementation of the ICM Professional Framework for Midwifery, 3) Collaborate with partners to grow the movement for midwifery and elevate the role of midwives as competent and respected healthcare providers who put women’s voices at the centre, and 4) Work in partnerships to ensure member associations (MAs) are prepared and well positioned to respond to emergent humanitarian and climate crises. Ultimately, the Sustainability Plan helps deliver ICM’s mission and our role in supporting MAs on their sustainability journeys.

### Regional Approach

ICM’s Regional Approach is a multi-pronged mechanism to support successful implementation of the elements of ICM’s Professional Framework at the regional and country levels. ICM developed the regional approach to purposely strengthen the regions through regular regional meetings and





workshops, collaboration and communication with regional MAs and Board Members for the cohesive development of the profession and sharing knowledge and building networks and communities of practice. The heart of the Regional Approach centres ICM's Definition and Scope of Practice of a Midwife and Professional Framework for Midwifery as the basis of national and regional maternal health and midwifery education and regulation policies. The regional approach encourages MAs and midwives working in education, regulation, research, practice, and leadership to share and learn best practices and pragmatic solutions for regional and country-level challenges, to break down silos and to build relationships with UNFPA and WHO colleagues in the regions. This work brings the contributions midwives have on sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) into sharp focus while providing regions with the infrastructure to share their common purpose and their collective differences in

a positive forum. Ultimately, the Regional Approach helps ensure that ICM's strategic priorities are implemented across regions and countries.

ICM's infrastructure for implementing the Regional Approach includes six Regional Professional Committees (RPCs) who meet monthly to quarterly (see the section on RPCs below for more details) and six Head Office Regional Teams (HORTs), established to support the six regional Board Members and the RPCs, building relationships with the regional MAs and gaining knowledge and an understanding of regional differences and priorities. Regular regional meetings and workshops are hosted online, and starting in 2024 regional conferences with in-person regional meetings will recommence. The regional approach also aims to include in-country women's groups working to improve SRMNAH services, health systems leaders, policymakers, UN partners, and midwifery educators, regulators, and researchers.

The benefits of the regional approach are not limited to MAs. Using ICM's communications channels, Triennial Congress, and Regional Conferences, midwives in all countries, particularly in those where there is no established MA, will have the opportunity to build their capacity.

### Regional Professional Committees (RPCs)

The purpose of the RPCs is to support ICM to strengthen the midwifery profession regionally, in alignment with the ICM Professional Framework for Midwifery. Each committee comprises ten members including two midwives for each of the following: midwife educators, midwife regulators, midwife researchers, clinical midwives, and one emerging midwife leader. Members were selected from responses to a call for expressions of interest. In addition to these, one member of the Head Office Regional Team also joins each committee as a full member, for a total of ten members. The committees are voluntary and operate without any governance responsibility or mandate. They help to build positive working relationships and networks between midwife educators, midwife regulators, midwife researchers, midwife practitioners, emerging leaders, and MAs in countries and regions.

The RPCs help to communicate and implement ICM's work plans for strengthening midwifery education, regulation, research, leadership, and practice across and between ICM's six regions. They also act as a resource of experts for ICM Head Office Regional Teams and Board Members, representing ICM when needed. In 2023, all RPCs had appointed a chair and are currently planning the RPC's work in alignment in collaboration with the Head Office Regional Team and the Regional

Board Member, maintaining alignment with ICM's strategic priorities.

### Gender Equality, Justice, Equity, Diversity, and Inclusion (G-JEDI) Plan

In 2022, ICM formalised a plan and roadmap for the organisation's G-JEDI work. In 2023, we began implementing this plan, which focused on articulating our stance on gender and JEDI, staff diversity, gender equality and rights, and marginalised groups. The plan focuses on guidelines for mainstreaming actions and included a set of roadmap actions for implementation.

In 2023, as part of the roadmap and the team's commitment to gender and G-JEDI, ICM carried out the first Diversity Survey of our staff (i.e. employees, contractors, and long-term consultants). Responses were collected anonymously, and participation was voluntary. The purpose of the survey was to understand ICM's starting point(s) as an organisation and inform the development of a diversity strategy in 2024, including objectives and a plan to address any gaps identified. The survey identified that ICM staff have 20 nationalities and speak 24 languages.

Throughout the year, ICM continued to grow and recruit for several Head Office Team roles. All staff involved in recruitment were encouraged to assess any unconscious biases they may have had using the Harvard Bias tests. Currently, the ICM Head Office Team has staff members from each of the six regions. Additional details on ICM's G-JEDI work throughout 2023, including ICM's advocacy and communications efforts, are included across various sections of this report.

WithWomen

In 2019, ICM launched WithWomen, a subsidiary charity with no founding capital. Incorporated under the laws of the Netherlands, WithWomen operates out of the offices of ICM, with ICM serving as treasurer of the Management Board.

WithWomen is a growing charity whose goal is to be a fundraising vehicle for midwives and ICM. During the 2023 holiday season, WithWomen worked with YML alumni, encouraging them to submit project proposals that would be featured on a WithWomen donation drive. Two YML projects in Uganda focusing on respectful care and preventing teenage pregnancy were chosen among the submissions, and a donation campaign was organised from December 2023 to January 2024.

1.2 BUILDING THE CAPACITY OF MEMBER ASSOCIATIONS (MAS)

Central to ICM’s remit is a focus on strengthening the capacity of MAS. Rooted in this commitment is a deep understanding of the importance of localisation, supporting midwives, and putting leadership in their capable hands. This process ultimately ensures the sustainability of MAS. Key components of ICM’s work in this area are outlined below.

Regional Meetings and Workshops

Regional meetings and workshops bring together representatives of MAS from a given region at an online group event on Zoom. The organisation of these meetings, including agenda and workshop topics are created in collaboration with the HORTs and ICM Board Members. In 2023, ICM held one set of in-person regional meetings during the June

Triennial Congress in Bali and organised a second group of online meetings in October 2023.

Each meeting was an opportunity for thematic and more general discussions. The October meeting was followed by a workshop presenting ICM’s Policy Brief on Investing in MAS, alongside guidance on how to use it. Preliminary findings from the brief had previously been shared with partners at the Congress in Bali. Partners that signed onto the commitment to invest in MAS included Sida, BMGF, the Maternity Foundation, UNFPA, Direct Relief and WRA.

The regional meetings serve as a valuable platform for sharing new tools and information with and among MAS in each region. Additionally, they offer the opportunity to gather intelligence from MAS on their context, creating space for MAS to support each other, and identifying ways for ICM to lean in to support MAS and enhance their capabilities.

RESULTS FROM REGIONAL MEETING FEEDBACK SURVEYS

Region	No. of participants in Q3 (2023)
Africa	49
Americas	38
Eastern Mediterranean	24
Europe	30
South-East Asia	17
Western Pacific	22
TOTAL	180

**In total, 60% of survey participants were Board Members of the MAS, while 40% were individual midwives who are members of the MA. 90% of the respondents felt that the topics discussed were appropriate for their region – a recognition of the organisation’s commitment to ensure MAS are receiving the support they need in a contextualised, regional-specific approach.**

Local Ownership and Association Strengthening Through Twinning

The Twin to Win pilot project was launched in 2022 with support from the Bill & Melinda Gates Foundation. The programme offers the opportunity for MAS from similar contexts to connect and partner with each other in strengthening the impact of their associations. Twin to Win has been implemented by MAS in six countries: Costa Rica, Guatemala, Burundi, Mali, Senegal, and Uganda, with membership growing on account of these cross-learning partnerships.

In Uganda and Burundi, MAS were able to source support from stakeholders to fund key activities and set up a network of East African MAS to facilitate knowledge-sharing, cross-learning, and policy development across East African countries. An exchange visit between Burundi’s MA President to Uganda was also facilitated and helped to bolster this partnership.

In Mali and Senegal, MAS co-developed a proposal that was later funded by UNFPA to educate the public about midwifery. Over 30 educational videos were developed and displayed in waiting rooms of clinics and health facilities, which was an effective outreach strategy to promote their work. In Costa Rica, MAS conducted facility visits to mobilise community awareness about midwifery. An MA from Senegal applied for

and received seed funding from Twin to Win to develop their own website. A similar initiative was done in Guatemala where members could upload health data to the new website to showcase the reach and breadth of their impact. Promotional materials, such as T-shirts and scarves, were also created by MAS from Mali, Senegal, Burundi, and Uganda to promote their work with proceeds from product sales being reinvested to support future outreach programming.

In November, ICM met with all Twin to Win participants in Casablanca, Morocco to discuss progress, share best practices, and plan for activities in 2024. During this training, participants visited the Association Marocaine des Sages-Femmes (Moroccan Association of Midwives (AMSF)), which was an excellent opportunity to see another MA in action. The visit also included learning sessions on measuring, evaluating, and learning, advocacy to accelerate impact, and digital communications. Participants recorded videos of their partnership projects, which were compelling ways to highlight their work for others to learn from.

During the workshop, ICM identified four participants who will enrol in a nine-month training programme in 2024 to become twinning experts. After completing their training, these experts will lead in supporting their MAS to build capacity to develop future twinning projects with other MAS. For example, the experts work to build the capacity of their own association through their participation in Twin to Win, but the training is for them to learn how to facilitate a twinning project between two other MAS. This way of transferring knowledge and project ownership encourages locally-led leadership and project sustainability.

Following a group workshop in Casablanca, the Twin to Win project team was highly



motivated and ready to kickstart its activities for 2024. In Burundi, this includes plans to host a fundraising gala, conduct exchange visits with Uganda, and initiate events for midwives of different generations to exchange their expertise and experiences with one another. In Mali and Senegal, MAs are interested in scaling up promotional videos through additional funding from UNFPA. In Guatemala and Uganda, MAs are committed to improving their visibility through blogs, webinars, and promotional materials. Recognising the ambitious suite of activities planned for the coming year, ICM will continue to facilitate support and expertise to our MAs in successfully carrying out these exciting initiatives.

## Emergency Grants

Following natural disasters or the outbreak of conflict, ICM reaches out to MAs in affected areas and countries to express solidarity, solicit information on how midwives are affected and responding to the crisis, understand how SRMNAH services are affected, and identify if there are any ways ICM can support MAs to ensure that women and newborns get the care they need. ICM catalysed funds for MAs in Malawi, Afghanistan, Morocco, Türkiye and Israel



### Twin to Win Advocacy Workshop

ICM conducted an advocacy workshop for six Twin-to-Win MAs in Casablanca, Morocco with the theme “Advocacy Approaches for Midwives and Midwifery.” Participants included representatives from Uganda, Burundi, Senegal, Mali, Guatemala, and Costa Rica. During the session, participants had an opportunity to explore the capacity of their MAs. This included exploring various advocacy themes and identifying and workshopping key context specific advocacy needs, including using advocacy for fundraising and fuelling project expansion. The workshop also introduced The Global Midwives’ Hub, a digital data resource established by ICM and Direct Relief for midwives and their associations.

through Direct Relief after disasters struck these countries. Since the beginning of the war in Gaza, ICM has been in contact with our MA in Palestine, helping facilitate relationships with funders and helping assess midwives’ needs in-country. For Ukraine, ICM collaborated with Direct Relief and Every Mother Counts to provide forward-funding to MAs in neighbouring countries, including Hungary, Romania and Estonia, who were providing support to Ukrainian refugees. ICM also reached out to and released statements of support to MAs following crises in [Afghanistan](#), [Israel](#), Malawi, [Morocco](#), [Palestine](#), and [Türkiye](#). Additional details are included below.

### Türkiye

In 2023, a series of earthquake claimed the lives of over 50,000 people in Türkiye and Syria. On record, they were the worst earthquakes the region has seen in twenty years. Working closely with the Turkish Midwives Association in the response effort, ICM connected with Direct Relief to source emergency funding to support the MA in reaching women, mothers, newborns, and families across five major affected cities. Three projects came out of this funding, each of which played a vital role in the crisis response. The first project focused on compiling a list of midwives and midwifery students who had lost their homes or were severely impacted by the earthquakes, offering them a financial stipend to help support their immediate needs. The MA also used the funding to distribute 1,100 female dignity kits and 1,100 mother dignity kids.

As part of the funding, the MA is holding a Disasters and Reproductive Health Symposium in March of 2024. Planning for the Symposium included outlining trainings that



will cover Reproductive Health Trainer Training in Disasters. This training will be given free of charge. A Trainer Training Certificate will be given to all participants. All midwives who receive a Trainer Training Certificate are expected to provide reproductive health training, hand in hand with mothers, in at least three tent city regions. There will also be an online component of the training, where midwives and mothers can receive feedback and support. ICM has been actively engaged with the MA and will also participate in the online platform, providing support and guidance.

### Morocco

For the past 33 years, ICM and the Association Marocaine des Sages-Femmes (Moroccan Association of Midwives) (AMSF) have worked closely together to promote the midwifery profession in Morocco. After Morocco experienced a deadly earthquake, ICM and AMSF partnered with Direct Relief to support midwives in delivering emergency health





services to pregnant and breastfeeding women. This included organising medical caravans in disaster-affected areas, like Ouarzazate, Guelmim Ouednoute, and Marrakech/Chichaoua, and delivering midwife care to those who needed it most. AMSF received funds from Direct Relief to set up medical caravans and to support AMSF to prepare for and respond to humanitarian crises. ICM funded an additional medical caravan and is currently working to develop a train-the-trainer programme and advocacy workshop for AMSF midwives. This initiative has helped to ensure the continuity of reproductive health services amid this natural disaster.

In addition to this support, ICM has remained a critical thought partner to AMSF in building its advocacy capacity. As the midwives' scope of practice in Morocco is restricted by

policies, ICM supported AMSF to advocate for policy changes that promote the expansion of midwives' scope of practice. AMSF is hopeful that this advocacy will result in an expansion of midwives' scope of practice within the government's new Strategic Health Plan for 2024-2026. ICM has also supported AMSF in stewarding partnerships, like the Common Initiatives Groups, which has played an important role in supporting the socio-economic development of midwives working in rural and hard-to-reach areas. Throughout this year, AMSF and ICM facilitated key awareness-raising moments, like the International Day of the Midwife, to promote the visibility of midwifery, solicit feedback from its members, and showcase their valuable contributions to improving the health sector in Morocco.

## Ukraine

During conflicts and humanitarian situations, women need continuity of midwife care available to them no matter where they are. To ensure this happens, MAs need to advocate for the inclusion of midwives in emergency health service planning and deployment. ICM has worked closely with Midwives' Association of Ukraine and the Ukrainian Midwives Union (UMU) to build their advocacy capacity to ensure that they are able to effectively champion midwifery while supporting their members to continue providing access to quality care to those in need. In addition, both entities have taken small steps to form representative bodies for midwifery in Ukraine. ICM is working with both entities to work together to be a single voice for midwives in Ukraine before they apply for ICM membership.

The Midwives' Association of Ukraine attended the ICM Triennial Congress in Bali to engage, share and learn together with other midwives. The Ukrainian Midwives Union (UMU) was founded in mid-2023 and has provided counselling services to women who are pregnant and those who are in menopause, with the hope of expanding the programme to reach adolescent girls in 2024.

## Capacity Strengthening

### Bangladesh

*"ICM gives us space. They don't just say do that or do this. They take on board our opinions. They empower us to work independently. I am very honoured, and I appreciate this."*

-Sharmin Shobnom Joya, Project Manager, Bangladesh Midwifery Society (BMS)

*After ICM's visit, I see a light of hope and a future progression for BMS to sustain the Society and empower midwives. We have successfully got access to policymakers, for the first time in five years. This is a huge success for us. The Director General of Nursing and Midwifery made several commitments to BMS, which will help us develop further.*

-Sharmin Shobnom Joya, Project Manager, Bangladesh Midwifery Society (BMS)

The Bangladesh Midwifery Society (BMS), the only professional MA in Bangladesh, currently has 2,557 members working in government facilities, and 400 members working in humanitarian crisis settings. In 2023, ICM became a UNFPA Bangladesh implementing partner, tasked with supporting BMS. ICM also contributed additional funds to support BMS strengthening with the help of a grant from the Bill & Melinda Gates Foundation. This







partnership is an example of a coalition of organisations working together to support a national MA.

This year, BMS invested in institutional strengthening. This included expanding its services, supporting the development of the next generation of leaders, and working in partnership with ICM to co-design and facilitate a leadership and governance workshop for executive members of BMS in addition to a SMART Advocacy workshop to build the advocacy capacity of BMS and key stakeholders. The workshops focused on SMART Advocacy and how to use it to drive change and advocate for key priorities for midwifery in Bangladesh. The advocacy workshop was attended by 60 members of BMS and included attendance from the Director General (DG) for Nursing and Midwifery in Bangladesh. Nurturing

this critical relationship resulted in a commitment from the DG to increase the number of midwives to 5,000 by 2024 and to 22,000 by 2030. This commitment was a direct response to the advocacy from BMS and the partnership with ICM, aimed at improving employability after midwives complete their training. Currently, many midwives complete training but are not recruited by the health system. BMS also focused on building partners, with support from ICM. For example, BMS and ICM were privileged to be the guests of honour at a workshop on the role of midwives in preventing mother-to-child transmission of Hepatitis B, organised by the National Liver Foundation of Bangladesh. A video capturing the highlights from the visit can be found [here](#).

This work builds on a successful twinning project between BMS and the Royal College

of Midwives (RCM) from the UK, supported by UNFPA. In 2023 alone, BMS recruited 10 YMLs. BMS also supported 53 young midwives in Bangladesh through coaching, training, and mentorship.

### Kyrgyzstan

*“I look forward to seeing the participants use their newly acquired skills to promote issues facing midwives and midwifery in Kyrgyzstan. It is my hope that many other members in other regions of Kyrgyzstan also benefit from similar training so that as midwives and advocates, we can speak with a strong and louder voice as we demand improvements in policies and funding for midwives and midwifery.”*

-Asel Orozalieva, Executive Director of KAM

The Kyrgyz Alliance of Midwives (KAM) and ICM held a joint advocacy skills workshop in November 2023. This workshop, which took place in the Kyrgyz capital, Bishkek, focused on supporting midwives as advocates and underscored how critical it is for midwives to use their voices to promote improvements for midwifery in Kyrgyzstan. The workshop covered topics such as the insufficient number of midwives, lack of strong national policies for midwifery, limited scope of practice, disrespect in the workplace, poor training, and leadership opportunities. By focusing advocacy efforts on the Professional Framework for Midwifery, KAM has worked to advocate for these issues and drive midwifery in the country forward.

KAM also worked on improving the legislative framework for midwives' independent practice. Midwives from KAM were involved in the multi-disciplinary teams tasked with the development of regulatory documents. The Association also revised and re-approved

its Catalogue of Midwives' Competencies and Code of Ethics to be in alignment with ICM standards. Throughout 2023, ICM has worked alongside KAM to provide technical support for the translation and internal development of the Member Association Capacity Assessment Tool (MACAT) as well as measuring and evaluating implementation.

### Malawi

Over the years, ICM's support and assistance have influenced the trajectory of growth for the Association of Malawian Midwives, positioning them to attract direct investments from donors. Historically, ICM has acted as an intermediary for the MA, but through capacity building and a committed effort to ensure sustainability, the MA received direct funding from Rotary International this year. ICM continues to offer monitoring, evaluation, and learning (MEL) support and association strengthening through efforts rooted in localisation. ICM takes pride in seeing the accomplishments that the MA has achieved regarding sustainability.

### Chief Midwife Appointments (Sweden, Australia, New Zealand, Zambia, and Chile)

ICM advocates for ministries of health to include the position of Chief Midwife in their organisational chart. Chief Midwives are appointed by national health authorities as subject matter experts and leaders in midwifery. The Chief Midwife is a relatively new role for the midwifery profession and is typically a prominent senior midwife within a health system, government office, MA, or NGO. A Chief Midwife usually has executive responsibility for leading and advising on midwives' contributions to

maternity health outcomes, the experiences of women and babies, and the midwifery policies, practice, and standards within a healthcare organisation or at a broader healthcare system level. They work to lead midwives and midwifery, advocate for and advance midwifery care, and collaborate with MAs in countries and other healthcare leaders to promote high-quality service provision for SRMNAH. Chief Midwives work at the national policy levels to promote safety and equality in health outcomes and access, address shortcomings, implement quality improvement programmes, and promote high-quality care practices. Chief Midwives also steward advocacy efforts in close collaboration with MAs to promote the profession of midwifery nationally.

The Swedish Association of Midwives (SAM) proudly announced the appointment of Susanne Åhlund as Chief Midwifery Officer

in 2023. ICM’s advocacy was critical to this appointment, a fact recognised by the Swedish government. Susanne is based at the National Board of Health and Welfare, and SAM is committed to collaboration, which will foster achievements across the country.

This year, ICM also celebrated the appointment of Chief Midwives in Zambia, New Zealand, and Australia. This included the appointment of the Assistant Director of Nursing and Midwifery in Zambia, which is the first position of its kind within the Directorate of Nursing and Midwifery. In Australia, the Australian College of Midwives created its first Chief Midwife position. These appointments will contribute towards the goal of enhancing midwifery services and promoting safety and quality in SRMNAH services.



# PRIORITY 2: DEVELOP, STRENGTHEN, AND SUPPORT THE ROLL-OUT OF A NEW PROFESSIONAL FRAMEWORK FOR MIDWIFERY

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

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

## 2.1 MIDWIFERY AS AN AUTONOMOUS PROFESSION

This year, ICM continued our dedicated efforts to ensure midwives are recognised and respected as professionals and integral to the health systems. This work has included:

- Exploration of the evidence and outcomes to date of the implementation of the Midwifery Services Framework (MSF) in Zambia,
- Publication of commissioned research and evidence on Midwife-Led Birthing Centres in LMICs.
- Review and update of ICM’s Global Standards for Midwifery Regulation, regulation toolkit, and other resources that guide MAs to build relationships with ministries of health and midwife regulators,
- Development and dissemination of resources for ICM’s Midwifery Education Development Pathway (MPath), and facilitation in building relationships between MAs, country midwife educators, and ministries of education and health,
- Review and update of ICM’s Midwifery Education Accreditation Programme (MEAP),
- Continued support for the PUSH Campaign to build a movement across a wide range of stakeholders to support midwifery as an autonomous profession,
- Commencement of review and update of ICM’s Essential Competencies for Midwifery Practice (to be completed in 2024).





## Midwifery Services Framework (MSF) in Zambia

In 2015, a partnership of SRMNAH experts led by ICM, developed the [Midwifery Services Framework \(MSF\)](#). This framework helps countries apply the latest evidence, standards, and guidance to improve their policy and programming environment for developing and implementing SRMNAH services provided by midwives. The MSF process requires commitments and resources from a multitude of stakeholders, and it offers a systemic approach for health system strengthening, specifically guidance on how to invest in the midwifery workforce to improve outcomes.

Focusing on localisation from the start, Zambia was the first country to utilise the new approach. This involved collaborating

with the Midwives' Association of Zambia (MAZ) and the Zambian authorities on the implementation of MSF in the health system.

The work with the Ministry of Health, UNFPA Zambia, and MAZ officially began in 2019 but was stalled due to the COVID-19 pandemic and shifts in political leadership. However, ICM's Zambia-based MSF team, in partnership with UNFPA and MAZ, brought MSF to the attention of the new leadership and in 2022, a week-long training for 15 Zambian public, SRMNAH experts was held. ICM supported the local MSF experts to organise a stakeholder training and orientation where all partners came together to talk about the status of maternity services. Stakeholders at this meeting included UNICEF, UNFPA, midwifery education schools, NGOs, and regulating bodies in Zambia focused on midwifery services. Participants identified priority areas

related to midwifery. The MSF priorities for Zambia include improving the midwifery workforce, regulation, education, leadership, and maternity health services.

The Zambian Minister of Health, Sylvia T. Masebo, also outlined a commitment to ensuring women have access to well-trained and well-regulated midwives, articulated in the country's 2022-2026 National Health Strategic Plan (NHSP). The NHSP includes a specific call to address the high maternal and neonatal mortality in Zambia and all midwifery priorities identified by using MSF are embedded in it. As a result of MSF, the Minister also expressed her desire to identify at least three health facilities in Zambia to pilot and showcase the midwife-led model of care.

In October 2023, ICM travelled to Zambia and joined forces with the MoH, MAZ, and other key stakeholders to uphold and advance the initiative aimed at promoting continuity of midwife care models. During the visit, ICM successfully transferred responsibility for the implementation of midwifery priorities as stipulated in NHSP to the Minister who was keen to lead and carry forward this work. ICM will continue to support the Minister and MoH in 2024 to operationalise the continuity of midwife care pilot project.

ICM was pleased to celebrate this commitment from the MoH alongside Zambian midwives and women, which follows years of advocacy and collaboration between ICM and MAZ on MSF.

Additional wins have included the review of the midwifery curriculum in Zambia, which was extended from 12 to 18 months to ensure alignment with ICM standards. Daphne Shamambo, the newly appointed Assistant Director of Nursing and Midwifery

and her team within the MoH also assumed leadership in drafting the country's first midwifery strategy.

Currently, advocacy efforts are underway to review the 2019 Nursing and Midwifery Act to ensure midwives work according to ICM Global Standards. Throughout the process, ICM and MAZ have established a stronger connection with the Zambian MoH and have rooted efforts in a localised approach, rendering positive results for midwifery. The MSF work has opened doors to speak about midwifery in more focused ways and to support programmes through the MoH and the Midwifery Council of Zambia. At ICM's Triennial Congress in Bali in 2023, the challenges and successes from the MSF work in Zambia were shared. These achievements signify significant progress in bolstering midwifery leadership, education, regulation, and maternal healthcare services.

## Midwife-Led Birthing Centres (MLBCs)

The current body of evidence affirms the safety and benefits of facilities providing midwife-led care during childbirth, especially for women with normal pregnancies. However, to date, research on MLBCs has mostly been in high-resource settings, with a lack of evidence on the safety and benefits of MLBCs in LMICs.

ICM was granted funds in October 2021 from the Bill and Melinda Gates Foundation to lead a research project on Midwife-Led Birthing Centres (MLBCs) in low- and middle-income countries (LMICs), with a focus on 'what works and why'. ICM commissioned a research consortium to conduct the research. Led by Novametrics Ltd and the Burnet Institute, the consortium included research teams



from four case study countries (Bangladesh, Pakistan, South Africa and Uganda).

The project's overall objective was to provide evidence to support the scaling of MLBCs in LMICs, by exploring which LMICs have MLBCs, the main characteristics, facilitators and barriers to success, and cost effectiveness. The research consisted of three phases: a scoping review of the literature and scoping survey, four country case studies using a qualitative appreciate Inquiry approach, and an economic analysis. In total 8 research papers were submitted to the peer reviewed journals, of which three have been published and five are under consideration. Throughout October and November 2023, ICM and partners organised a series of webinars, bringing together MAs, partner organisations, midwives, midwifery educators, and

regulators to discuss the research project findings that featured insights from four countries: Bangladesh, Pakistan, South Africa, and Uganda. The webinars were very popular and nearly 2,000 participants have watched the series so far. Recordings of the [webinars in English, French and Spanish](#), are available on ICM's YouTube channel.

ICM also refined the definition of Midwife-Led Birthing Centres and devised a transformation pathway, outlining the essential components for the successful operation of an MLBC and projecting the potential long-term outcomes and impacts. This includes heightened trust and positive relationships between birthing women and the health system, improved health outcomes, and improved staff retention.



### Facility Readiness Assessment Tool (FRAT)

A finding identified by the MLBC research project was the need for practical guidance and tools to help stakeholders establish and operate successful MLBCs. At the same time, ICM was working in partnership with the Zambian Ministry of Health (MoH), UNFPA and the Midwives Association of Zambia (MAZ) to implement the Midwifery Services Framework (MSF) in Zambia. As a result of the MSF work, the MoH in Zambia announced that they wanted to establish several midwife-led units (MLUs), ideally by converting existing health facilities that have the desired characteristics. A draft 'Facility Readiness Assessment Tool' (FRAT) was designed by the ICM team to support the MoH to identify suitable facilities.

As the findings of the larger MLBC research project emerged, ICM commissioned Novametrics to apply learnings from the MLBC project to review and refine the draft FRAT for use in Zambia to support the wider MSF work.

ICM wanted the tool to be adaptable to other LMICs and midwifery stakeholders, who were interested in introducing or strengthening midwife-led models of care. The FRAT was tested in Pakistan in 2022, and a report of the findings from pilot testing FRAT is under consideration by ICM.

### MLBC at ICM's Triennial Congress

During ICM's Triennial Congress, a clear and compelling case on midwife-led care was generated. A robust research project on midwife-led birthing centres (MLBCs) in low- and middle-income countries (LMICs) demonstrated cost-effective results and improved health outcomes while underscoring the importance of scaling MLBCs globally. This research will continue to support a growing body of evidence on the investment case to expand midwifery in the years to come.



## Midwifery Education Development Pathway (MPath)

Since 2021, ICM has worked to create resources to support midwife educators in strengthening the development and delivery of pre-service midwifery education programmes. This year, the focus has been on developing resources tailored to midwife educators, aiming to enhance pre-service midwifery education programmes. Resources include guidelines for curriculum design, competency assessments, assessment evaluation tools, guidelines for clinical sites, and a self-assessment tool for midwife educator competency. These resources will be available on ICM's new website in 2024.

## Midwifery Education Accreditation Programme (MEAP)

In response to the global shortage of midwives, much attention has been paid to increasing the student intake into pre-service midwifery education programmes. At the same time, concern about the quality of midwifery education programmes sparked ICM to develop and pilot the Midwifery Education Accreditation Programme (MEAP) in two countries in 2018. MEAP assesses midwifery programmes against the ICM Global Standards for Midwifery Education, accrediting programmes and schools that reach the standards. Six accreditation experts were trained in MEAP and five institutions were accredited from three countries between 2019-2022.

In February 2023, ICM hosted a MEAP Evaluation Workshop, to reflect on implementation of MEAP to date. This included a review of MEAP documentation. Subsequently, the MEAP documentation and tools have been revised and updated, in preparation for ICM to roll-out MEAP as

a fee-for-service activity. Expanding the implementation and use of MEAP has the potential to improve the delivery of high-quality midwifery education.

## Alliance for Improving Midwifery Education (AIME)

AIME, Alliance to Improve Midwifery Education, is a forum established in 2021 to bring together key partners working towards strengthening quality midwifery education to collectively communicate and coordinate activities at the global level to strengthen midwifery education. The core partners of AIME are UNFPA, ICM, WHO, Laerdal, the Liverpool School of Tropical Medicine, the Burnet Institute and Jhpiego.

In March 2023, representatives from ICM attended and held workshops at the AIME Education Workshop for the Asia Pacific Region in Bangkok, Thailand, which was organised by the UNFPA Asia Pacific Regional Office (UNFPA APRO) and UNFPA HQ. The workshop was an opportunity for partners to share updates on technical programming, guidelines, and resources focused on midwifery education and training while collating feedback from midwives on their educational needs and priorities to identify gaps. These gaps helped inform the design of country projects and guidelines to strengthen midwifery faculty, curriculum, and mentors.

ICM shared updates on our advocacy and education tools and resources, including MEAP and MPath (see sections below for more details). The workshop brought together a wide group of AIME partners including UNFPA, WHO, UNICEF, ICM, Laerdal, LSTM, Jhpiego, and USAID Momentum as well as midwifery focal points from WHO, UNFPA, UNICEF regional offices, and UNFPA country offices. It also included ICM staff members, representatives

from national midwifery regulatory bodies, and MAs. Ultimately, this workshop served to leverage the expertise and impact of the AIME partners, driving progress on national action plans in the region in support of midwifery education in the achievement of universal health coverage (UHC).

## ICM Midwifery Competencies Digital Learning Tool

Co-developed by ICM and Laerdal, the [ICM Midwifery Competencies Digital Learning Tool](#) was developed to help midwifery educators prepare students for clinical practice. Using SimCapture technology, students engage in peer-to-peer learning to practice clinical situations. The trainings are based on the ICM Essential Competencies and utilise a mobile device to share real-time feedback on student's progress with the teachers.

## AIME Outputs in 2023

ICM and UNFPA introduced their complementary new Programme Guides and Sample Curricula for pre-service midwifery education. In collaboration with AIME, ICM co-facilitated the [Midwifery Educator Knowledge Exchange](#), a webinar series that provided a space for midwifery educators, regulators, and key stakeholders to share cross-country learning and best practices specific to midwifery education.

## Midwifery Leadership

Building from the realisation that cross-generation leadership support is vital to the midwifery profession, ICM has mapped a new shift in our support as the organisation moves into 2024. Rather than focusing on a subsection or age-identified group of midwives like Young Midwife Leaders (YMLs) or Executive Midwife Leaders (EMLs), ICM will target our efforts to bolster the leadership and advocacy skills of midwives across generations. This underscores the principle of intergenerational collaboration. The programme's success and its ability to adapt to the needs of the participants emphasises the need to institutionalise this work within ICM. Fostering a community of practice will support MAs and the midwifery profession broadly. Updates from the 2022-2023 YML and EML Programme are included below.



The YML and EML Programme

*“Because of the exposure ICM has given me and being told my voice matters, I am armed with knowledge and confidence. They are our mentors and coaches, and we stand on their words of confidence. I’d never be able to speak so comfortably otherwise.”*

-Young Midwife Leader

*“The programme has helped me to understand that leadership is not about position but the small steps that are taken, that you can make an impact even without having a big position, and that teamwork and collaboration are crucial”.*

-Young Midwife Leader

In 2023, ICM commissioned an evaluation of the YML programme, marking the third cohort (Programme 3.0). The evaluation showed that the programme has made a significant impact. For example, 85% of graduates surveyed noted that the programme improved their leadership, advocacy skills, and knowledge, underscoring the importance of investing in midwives’ leadership capabilities.

The programme offered support, mentorship, and online and tailored training on advocacy and communications coupled with exposure to international fora and networks of alumni. It has solidified a community of practice and helped to bolster the confidence and motivation of YMLs, ultimately serving the MAs in which they are engaged.

The YML programme has also served ICM, by creating a group of young midwife advocates who act as champions for ICM’s work but also as champions for midwifery more broadly, in their countries and abroad.

Programme 3.0 (2021-2023) supported 20 midwives in total, including 15 YMLs and five Executive Midwife Leaders (EMLs) from Bangladesh, Burundi, Cameroon, Ghana, Haiti, Indonesia, Nepal, Nigeria, Malawi, Somalia, Uganda, and Zambia. The sharing of learnings and support across generations has been one of the highlights of these programmes.

PRIORITY 3: FOSTER A MOVEMENT FOR MIDWIFERY, ENABLING AND STRENGTHENING PARTNERSHIPS, ADVOCACY, AND COMMUNICATIONS FOR MIDWIFERY, WITH WOMEN’S VOICES AT THE CENTRE

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

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

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

Please refer to the MSF section outlined under Priority 2, as the overlap across these priorities is important to highlight.

3.2 PARTNERSHIPS WITH NATIONAL, REGIONAL, AND GLOBAL ALLIES

ICM understands that successful partnerships enhance impacts for the midwifery profession. ICM’s partnerships with international and national organisations and global allies provide opportunities for capacity-building, research collaboration, and the alignment to ICM’s Global Standards. These partnerships enable midwives to advocate for the profession and support



of mothers and babies. ICM's role as a connector has been further strengthened through our partnership-building efforts, reaching new sectors and non-traditional partners, and expanding the understanding of the importance of supporting and investing in midwives. Establishing and nurturing partnerships has been instrumental in realising ICM's mission and vision.

## World Health Organization

In 2022, the [WHO Strategic and Technical Advisory Group of Experts for Maternal, Newborn, Child, and Adolescent Health + Nutrition](#) (STAGE for MNCAHN) recommended that WHO provide support through policy advice and implementation guidance to countries transitioning to midwifery models of care. This recommendation was made in recognition that the midwifery model of care (MMoC) represents the most cost-effective approach to delivering optimal outcomes for women, adolescent girls and newborns while minimising unnecessary interventions.

The [STAGE Midwifery Working Group](#) was established and is co-chaired by Dr Jane Sandall, member of STAGE for MNCAHN and professor of women's health at King's College London, United Kingdom, and Dr Sally Pairman, ICM's Chief Executive. The working group is charged with developing two documents, a global position paper on midwifery models of care and a step-by-step guide to implementing midwifery models of care. These documents will be completed in 2024.

In May 2023, the joint framework and progress report for the Every Newborn Action Plan (ENAP) and Ending Preventable Maternal Mortality (EPMM – [Improving maternal and newborn health and survival and reducing stillbirth - Progress report 2023](#)) to showcase global and country progress towards the ENAP-EPMM coverage targets and milestones was launched. As a member

of the global ENAP-EPMM management team, ICM helped to shape the report by offering strategic guidance, with a particular focus on emphasising midwifery as a fundamental cornerstone for ensuring quality MNH care.

ICM served as a member of the Steering Committee for the report – [A Roadmap to combat postpartum haemorrhage between 2023-2030](#) – which aims to delineate objectives, initiatives, and milestones for worldwide research, implementation, and advocacy goals to tackle postpartum haemorrhage (PPH) priorities and expedite advancements towards achieving SDG target 3.1.

## FP2030

*“We need to work to create an enabling environment for midwives to contribute effectively. That's one of the reasons ICM joined the FP2030 partnership: to see how we can work together to improve education, regulation, leadership, strengthening of associations, and optimising the scope of practice for midwives, so they're able to perform their broader role.”*

-Faridah Luyiga Mwanje, Advocacy Lead, ICM

As a global partner of FP2030, ICM is working to foster a movement for midwifery, specifically to increase the availability, accessibility, and quality of comprehensive SRMNAH services. This involves strengthening partnerships, undertaking advocacy and communications efforts for midwifery,

putting women's voices at the centre, and ensuring the training and recruitment of midwives to increase the availability, accessibility, and quality of comprehensive sexual, reproductive, maternal, newborn, and adolescent health (SRMNAH) services with an added focus on abortion and contraception services.

Read how ICM is “[Advocating for Midwives in Sexual and Reproductive Health](#)” in the [FP2030's Annual Partnership Progress Report. Advocating for Midwives in Sexual and Reproductive Health - Progress Report 2023 \(fp2030.org\)](#). The full list of published stories can be found at [progress.fp2030.org/stories](#).



## United Nations Population Fund (UNFPA)

The 5th Global Midwifery Symposium, “Midwives: Leading the Way in Improving Quality Maternal and Newborn Care”, was held in May 2023 in Cape Town, hosted by UNFPA, WHO, UNICEF and ICM, prior to the International Maternal Newborn Health Conference (IMNHC). Over 20 global partners from civil society, academia, the private sector, professional bodies, and donors came together to spotlight key data on investments in midwifery, recent progress, challenges to strengthening equitable access to quality midwifery, and strategic solutions. Over two days, the symposium addressed how midwives can be a solution to preventing maternal and newborn mortality and morbidity if they are better integrated into country maternal and newborn health plans. It also explored the continuity of midwife care and the opportunities for implementation, discussed

how interprofessional collaboration between midwives, obstetricians and paediatricians could better meet women's demands for respectful and women-centred care, highlighted similarities and differences in the experiences of female midwives and obstetricians of gender inequality, explored funding and policy commitments, and launched a joint call to action.

## Laerdal

In 2023, Laerdal and ICM launched the co-developed [ICM Midwifery Competencies Digital Learning Solution for Educating Midwives](#). This peer-to-peer simulation tool helps midwifery educators prepare students for clinical practice. Using the technology platform, students can easily access ICM-verified midwifery content on critical knowledge, skills, and professional competencies and practice with their peers. The tool is now being rolled out more broadly to students and teachers globally. The tool will also contribute to ICM's financial sustainability by generating revenue for ICM as the tool scales up.

The tool will be sold to educational institutions globally, with different pricing across countries to make it affordable. More information on this innovative tool that saves time for teachers and builds confidence and proficiency [for midwifery students can be found on the Laerdal website](#).

Laerdal and ICM also co-presented this resource at the European Midwifery Association Conference (EMA 2023) in October in Greece.

## Clinton Global Initiative (CGI)

Every year, CGI brings together global leaders to develop Commitments to Action – new, specific, and measurable actions in climate resilience, health equity, and inclusive economic recovery and growth. At this year's CGI in September in New York, ICM committed to decreasing preventable maternal and

infant deaths by educating and empowering midwives and MAs. ICM analysed where maternal mortality rates were stagnating or worsening and used this data to inform our commitment to strengthening MAs in those countries. ICM's Chief Executive Sally Pairman participated in an event that showcased the importance of investing in SRMNAH and tackling the challenges of gender inequality and climate change. The event was an opportunity to feature ICM and midwives, as well as identify new partners to strengthen the collaboration to support midwives as they face the challenges of gender inequality and climate change.

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

In May 2023, the report [Born Too Soon: Decade of Action on Preterm Birth](#), a collaborative effort by WHO and UNICEF, in partnership with PMNCH – the world's largest alliance for women, children, and adolescents – was launched at the International Maternal and Newborn Health Conference (IMNHC). The findings highlight the silent emergency of preterm births, which is now the leading cause of child deaths, accounting for more than 1 in 5 of all deaths of children occurring before their 5th birthday. As a member of the Born Too Soon Advisory Group, ICM helped shape the report by providing strategic guidance, with a specific emphasis on highlighting the potential of a midwife-led continuity of care model in reducing preterm births. We also attended the launch event

held in Cape Town, South Africa, and played a vital role in amplifying key messages from the report through various social and digital media channels.

Throughout 2023, ICM also continued our active participation in the PMNCH Health Care Professional Associations constituency and various PMNCH working groups and committees.

## Direct Relief

Advocacy requires data, and midwives need data on their profession and SRMNAH outcomes in order to advocate for continuity of midwife care. The [Global Midwives' Hub](#), a collaboration between Direct Relief and ICM, was designed with input from midwives. The Hub displays data generated by the midwifery profession as well as official global sources, including WHO and UNFPA. Throughout 2023, the Hub has continued to build and leverage data to empower midwives in their efforts to inform policymakers of their vital role in saving lives and strengthening communities.

The partnership between Direct Relief and ICM has allowed for the quick release of funds to support humanitarian response efforts, specifically to support midwives in countries affected by crises. This has included Morocco and Türkiye following earthquakes, as well as Ukraine.

## White Ribbon Alliance (WRA)

WRA has been a longstanding partner of ICM. In 2021, WRA and ICM collaboratively initiated the Midwives' Voices, Midwives' Demands (MVMD) campaign, which aims to hear directly from midwives on their needs, amplify their voices, and utilise this knowledge to exert pressure on policymakers and influence their decisions regarding investments in midwifery. By bringing midwives' experiences

and demands to the forefront, the MVMD strives to create a meaningful impact on the consideration and allocation of resources within midwifery. The initiative has mobilised more than 57,000 midwives from 101 countries. Top global demands of midwives include more and better personnel; supplies and functional facilities; general health and health services; professional development and leadership; respect, dignity, and discrimination; power autonomy and improved gender norms and policies.

Amidst other advocacy wins, the MVMD campaign's findings may have contributed to the development of the National Vision and Strategic Framework for the practice of midwifery in Pakistan and led to the inclusion of midwives for provision of family planning services with a focus on their capacity building, in the mid-to-long term framework developed by the provincial government of Khyber Pakhtunkhwa (KP) for the implementation of KP Reproductive Health Act, 2020. The Strategic Framework developed at the national level will now serve as a roadmap for the development of midwifery strategies at the provincial level. Additionally, in accordance with the Framework, Pakistan has initiated its inaugural Midwifery Graduation Programme, which commenced admissions in the autumn of 2023. These endeavours were undertaken in collaboration with the WRA Pakistan Chapter, Forum for Women Development and Research, and other advocacy groups within Pakistan.



## PUSH Campaign

The PUSH Campaign is ICM's decade-long global campaign to centre midwives to reduce preventable deaths of women and newborns and advance reproductive justice. The multistakeholder campaign focuses on securing funding for midwives and partners, advocating for education and training to offer direct entry midwifery programmes in target geographies as well as pay and working conditions aimed at increasing salaries and benefits.

While ICM actively supports the PUSH Campaign, there is an important difference in our advocacy efforts. ICM's own advocacy efforts focus on supporting and building the advocacy capacity of MAs to advocate in their country contexts, while PUSH centres on multistakeholder communications and advocacy efforts to reach wider audiences as a more public, global campaign. As part of our advocacy capacity building, we encourage MAs to collaborate with women's groups and other stakeholders – through PUSH, we implement that advice in our own global context.



The PUSH Campaign has been steadily building since 2021, with efforts in 2023 focused specifically on celebrating early wins and building national influence. Five grassroots partnerships in the United States of America were established to address the maternal health crisis through collective advocacy and PUSH messaging, which was used by high-level influencers within and outside of the global health settings, including Natalia Kanem, Executive Director of the United Nations Population Fund (UNFPA); Christie Turlington, Founder and President, Every Mother Counts; Malala Yousafzai, education activist and founder of the Malala Fund, as well as others.

To date, the PUSH Campaign has established partnerships with 15 grassroots groups across the United States, South-East Asia, and East Africa including Vote Mama, Birth Centre Equity, Elephant Circle, TAMA, WRA Kenya, and the Birth Future Foundation.

As the Campaign concludes its third year of advocacy work, ICM will take stock of lessons to date through a strategic review process, to guide the next phase of the Campaign. ICM recognises the opportunity for the PUSH Campaign to align more closely with partners and stakeholders, including with ICM's in-country, regional and global advocacy efforts. ICM will continue to bear the full legal and regulatory responsibility for PUSH. Starting in 2024, the Campaign will become a part of ICM's global advocacy work. We remain grateful to Global Office Consulting (GOC) for their leadership of the campaign from 2021-2023 and is proud of the work accomplished so far.

## FIGO

### Global Post-Partum Haemorrhage Summit

In March, WHO brought together over 130 stakeholders in Dubai for the Global Post-Partum Haemorrhage (PPH) Summit in Dubai. At this summit meeting, it was agreed that WHO, FIGO, and ICM would pool resources and commission a systematic evidence synthesis for priority questions and the development of evidence profiles.

The Dubai Summit led to a more focused meeting in Geneva with FIGO, WHO, and ICM in attendance. Here, ICM took up a role on the WHO Steering Group related to the development of a joint WHO, ICM, and FIGO guideline and joint publication on the prevention, diagnosis, and treatment of PPH, expected to be published in the first quarter of 2025.

### The Impact of Gender on Midwives and Obstetricians

ICM hosted a presentation titled Critical Conversations Panel: The Gender Gap - Impacting Midwives and Obstetricians, where ICM and FIGO took the lead in critically exploring issues of gender that impact female midwives and obstetricians and hamper positive and productive working relationships and quality of care. This panel, held at the International Maternal Newborn Health Conference (IMNHC) in May 2023, aimed to identify and understand the gender barriers faced by female midwives and obstetricians, including how they are different, and articulate how to move forward with improved cross-professional understanding. Importantly, the panel put forth solutions to the gender barriers and encouraged female midwives and obstetricians to work actively on their implementation.



## Partnerships in Development

[Lightful](#) is a digital technology company that helps non-profit and social enterprises develop digital media strategies to become better storytellers. ICM is exploring a new partnership with Lightful that would support ICM to strengthen the media, digital, advocacy, and campaigning efforts conducted with MAs.

[The Foreign Commonwealth and Development Office \(FCDO\)](#) is a department of the UK Government with resources dedicated to addressing global challenges with partners. FCDO is currently exploring potential support to ICM MAs in several focus countries where there is alignment with FCDO's priorities, including Pakistan, Malawi, Kenya, and Burundi. FCDO is also exploring options to support the delivery of ICM strategic priorities during the new triennium.

[The Royal Dutch Organisation of Midwives \(KNOV\)](#) is a Dutch professional organisation uniting midwives to support their professional development, interests, and delivery of quality care. In 2024, KNOV will support ICM's leadership plan and the organisation in efforts to deepen the existing work on these issues across engagement countries.

[The Maternity Foundation](#) is a Danish NGO that supports capacity development and training for healthcare workers in low-resource settings. The Maternity Foundation is expanding support for its Safe Delivery App in several countries, and ICM is looking to identify priority engagement countries and involve MAs in scaling up the delivery of the app locally.

[Kellogg Foundation](#) is a private foundation that supports programming for all children to thrive. Kellogg Foundation and ICM are in conversations about potentially supporting ICM's work in Haiti. This partnership exploration is particularly important as it has been challenging to secure funding to date for work with MAs in Latin America and the Caribbean.

## 3.3 ICM'S REACH

### Advocacy

Advocacy remains a key pillar and vehicle through which we promote ICM's work and contributes to midwives globally. ICM's efforts in the advocacy space have taken place across a suite of platforms and audiences. The following outlines a few key highlights from 2023.

#### UNESCO recognition of midwifery as an Intangible Cultural Heritage

At the end of 2023, UNESCO included midwifery on [their List of the Intangible Cultural Heritage of Humanity](#). This is a significant accomplishment for the profession and represents the contributions of midwives and supporters everywhere. This historic honour, supported by ICM and MAs from countries like Germany, Colombia, Cyprus, Kyrgyz Republic, Luxembourg, Nigeria, Slovenia, and Togo, showcases the universal nature of midwifery as an integral part of the human experience. This recognition will continue to propel the visibility of midwives as vital professionals whose work shapes the lives and health of families, communities, and countries they serve.

#### Midwives and Advocacy at the ICM Triennial Congress

ICM collaborated with PUSH to conduct an advocacy workshop at Congress under the theme, "Midwives and Advocacy: The Power of Stakeholder Engagement in Pushing for Change for Midwifery." The workshop was attended by over 80 members from various MAs who attended Congress.

In addition, ICM developed a policy brief focused on 'Investing in Midwives'

Associations.' The brief was prepared in 2023 and will officially launch in 2024. Conclusions in the brief underscore the need to invest in MAs to advocate on behalf of the profession in local, national, and regional fora.

#### Midwives and Climate at COP28

Ahead of COP28, the UN's Climate Change Conference that kicked off at the end of November 2023, ICM led [advocacy efforts to cross-promote awareness of the effects of the climate crisis and health outcomes](#) among midwives, MAs, and partners. Women and young children are disproportionately affected when climate disaster hits, facing barriers to essential services and care. Women also often face the greatest burden in responding to these events.

Ahead of COP28, ICM invited MAs to sign a [group statement](#) expressing the need to address the climate crisis, with four concrete demands., which was signed by over 60 MAs. ICM also developed a website with messaging that MAs could use on midwifery and climate.

#### International Day of the Midwife #IDM2023

Leading up to the Triennial ICM Congress in Bali, ICM generated content to promote awareness and generate visibility for this momentous event, which convened in person for the first time in six years! As part of the International Day of the Midwife (IDM), ICM developed a competition to celebrate the stories of midwives everywhere with the winner receiving a free trip to attend the ICM Congress. This offered an opportunity to drum up excitement for the upcoming Congress

while elevating the voices and experiences of healthcare workers. Throughout the Congress, attendees shared photos and content as another effective way of cross-promoting ICM's presence on social media channels and amplifying our work to new audiences.

For IDM, ICM asked midwives and women to submit photos of midwives in action on Instagram, and tag #IDM2023 for the chance to win flight, accommodation, and registration fees for the ICM Congress. Over 200 submissions were received from midwives in more than 15 countries. Ultimately, a midwife from Brazil, Maria Celeste Huwyler, was randomly chosen among submissions and attended the Congress in Bali.

### New Website and Branding

Looking ahead, ICM is excited to launch our new website in the first weeks of 2024. The lead-up to this launch has involved working with photographers in Japan, Canada, Australia, Haiti, Pakistan, Afghanistan, the United States, and Uganda to create a photobank that showcases the work of midwives within their respective workplaces and MLBCs, across their scope of practice. The new website will be modernised to showcase information in easily accessible formats for our members and will serve to attract new supporters to ICM's work. This 18-month long project is expected to launch in February 2024.

### ICM Statements

Over the last year, ICM has also developed and published position statements on timely and urgent issues including:

- [ICM Supports MA in Afghanistan After Series of Powerful Earthquakes](#)
- [ICM Statement on the Humanitarian Crisis in Gaza](#)
- [ICM and Member Associations Call for Peace and Resourcing of Midwives During Violence in Palestine and Israel](#)

### Position Statement Updates

In addition, the following position statements were updated and re-approved at the ICM Council meeting in June:

- [Sponsorship and Commercial Partnerships](#)
- [Qualifications and Competencies of Midwifery Educators](#)
- [Professional Accountability of the Midwife](#)
- [Midwifery: an Autonomous Profession](#)
- [Keeping Birth Normal](#)
- [Home birth](#)
- [Collaboration and Partnerships for Healthy Women and Infants](#)
- [Birth registration](#)
- [Breastfeeding](#)
- [Women, Children and Midwives in Situations of War and Civil Unrest](#)
- [Role of the Midwife in Disaster Preparedness](#)

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

ICM has worked closely with our MAs and staff to deepen their advocacy expertise, recognising that this is both an area of interest and need across the profession. In 2023, ICM conducted in-person advocacy trainings for MAs in Bangladesh, Zambia, and Kyrgyzstan, on topics related to agenda-setting, policy reform, and financing for midwifery investments.

For example, the [two-day advocacy workshop in Zambia](#) brought advocacy supporters, MA members, and government stakeholders together to develop and implement effective advocacy approaches for accelerating midwifery. The MoH was a critical thought partner in carrying out these workshops as they recently committed to ensuring that all women have access to high-quality, well-regulated midwives in the current phase of Zambia's National Health Strategic Plan (2022-2026). To support this scaleup, advocacy strategies developed during the workshop will be carried out to support the government and partners in nationalising midwife-led care throughout the country. This will include the establishment of ambassadors to champion the MSF and their involvement in technical working groups to guide the roll-out of responsive, women-centred care. Participants represented a wide range of key stakeholders to champion and advance key MSF priorities. Through continued advocacy, Daphane Shamambo, a midwife and midwifery educator was appointed as Deputy Director of Nursing and Midwifery for the MoH in Zambia.

ICM also provides ad-hoc support and advocacy expertise to MAs as challenges arise and/or to prepare for upcoming stakeholder engagements in-country. For example, ICM recently attended a conference hosted by the Ukrainian Midwives Union (UMU) where advocacy was an area of focus. With ongoing support for Ukraine to join the EU, there is a catalytic opportunity for the scope of midwifery to expand, and ICM is coordinating closely with UMU to rally support and generate awareness among key decision-makers to seize this political moment. This also includes mobilising support for Ukraine to appoint a Chief Midwife whose leadership and strategic foresight could have cascading impacts in bolstering efforts to facilitate care delivery during the continuing Ukraine-Russia conflict.

ICM hosted a SMART advocacy workshop for six Twin to Win countries (see the Twin to Win section above for more details). This was a fantastic opportunity to champion the voices of young leaders and support them with the knowledge and tools to harmonise their advocacy goals and cultivate consensus for enacting change among their stakeholders. Similar elements were integrated into the advocacy workshops hosted at Congress, which were some of the most popular and well-attended events. Advocacy will continue to be a key priority of future Congress events to promote the global role of ICM and steward midwifery advancements in MA countries and countries without affiliated MAs.

## Communications

ICM plays a crucial role in facilitating communication across aligned sectors and decision-makers, emphasising the significance of the midwifery profession and its holistic approach to caring for women and babies. The organisation's communication initiatives have focused on highlighting the achievements and developments of MAs, disseminating relevant news about the broader midwifery profession and community, and fostering collaboration amongst partners, donors, and midwives through targeted advocacy efforts and aligned objectives. The communications and advocacy team was also proactive in reaching out to media with specific story angles, for example, Midwives and Climate Change. Updates on communications efforts from 2023 are included below.

### Website

The ICM website was updated on a weekly basis with new information on ICM projects, MA initiatives, and industry news. Over the last year, the website was maintained while plans for a new ICM website have been put into motion. In 2023, there were 169,000 individual visitors to the ICM website (29% more than 2022).

### Newsletter

The ICM newsletter continued to go out monthly, publishing themed content related to midwifery, sexual, reproductive and maternal and health and rights, newborn health, and ICM's work with partners and MAs. By the end of 2023, ICM had 19,596 newsletter subscribers, which is an increase of 1,844 subscribers over the previous period. We also developed five Pass the Mic content pieces in 2023 that specifically highlighted the experiences of marginalised or hard-to-reach groups in SRMNAH, in accordance with our G-JEDI Plan.

## Social Media

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

**Facebook:** ICM's Facebook page gained 1,369 new followers in 2023. ICM posted on Facebook 380 times in 2023, and those posts reached 1,042,623 accounts (227% more than 2022).

**X (formerly Twitter):** ICM's X account gained 1,1K new followers (39.3% more than 2022) and earned 917K total impressions. 582 posts were shared throughout the year.

**Instagram:** ICM's Instagram account gained 7.7K new followers in 2023 (52.8% more than 2022). 489 posts shared over the course of the year reached 378K accounts (66.7% more than 2022).

**LinkedIn:** ICM's LinkedIn account gained 3.4K new followers in 2023 (52.7% more than in 2022). ICM posted over 326 times on LinkedIn this past year and earned over 660K impressions on those posts (39.9% more than in 2022).

**YouTube:** ICM's YouTube Videos got 22,271 views, and the channel gained 442 new subscribers in 2023 (62% more than 2022). 40 new videos were uploaded over the year.

## Communications Platforms for ICM Member Associations

ICM continues to run six regional Facebook groups that support intraregional networking and support. This year, regional WhatsApp groups were created, each region having its own, for a total of eight (Africa and Americas having two each, English and French, and English and Spanish, respectively), allowing ICM to share communications with MAs on items such as upcoming events and opportunities.

## ICM's Visual Identity

Over the last year, ICM has undertaken a comprehensive transformation process through our visual identity, to better reflect our evolving mission and values. Scheduled for launch in February 2024, ICM has been working to develop a new logo that will serve as a centrepiece for the organisation's impact and work, as well as a new website that has undergone significant redesign to make it more intuitive and user-friendly for all users. While these updates are visually important, they are rooted in ICM's commitment to inclusivity and effectiveness, informed by input from MAs, midwives, and key partners and aligned with our strategic priorities.



# Looking Forward

Rooted in an over 100-year legacy and built from committed efforts to improve the status and capacity of midwives and MAs, ICM stands as an advocate for midwives, pushing for policies and advocating for resources that support an enabling environment for the profession of midwifery. By bolstering the sustainability of MAs and by anchoring approaches in localisation, ICM has nurtured impactful change in 2023.

The new triennium looks bright for ICM, given the new forward-looking strategy that emphasises a deeper commitment to supporting midwives and MAs, promoting evidence-based practices, and fostering leadership and partnerships that amplify the global impact of midwifery, even in the face of humanitarian and climate crises, and backtracking on women’s rights. As our organisation embarks on the next transformative year, we stand resolute in our dedication to midwives and the midwifery profession as the solution to improving sexual, reproductive, maternal, newborn and adolescent health outcomes and ensuring the well-being of women, gender-diverse people, and newborns around the world.

# Budget Summary 2024

As part of the budget process, the annual operational plan is first developed in line with the Strategy and annual outcomes are identified. The costs of the activities needed to achieve these outcomes are calculated and funding is allocated. This approach strongly links ICM’s Strategy to our budget and supports ICM to identify and plan to recover all costs of implementing our Triennial Strategy.

The financial forecast for the income and expenses for 2024 is summarised below.

INCOME	(x € 1,000. -)	EXPENDITURES	
Membership fees	460	Personnel cost	2,242
Grants/Subsidies		Events and Programmes	1,081
Core funding	2,636	Board	68
Project funding	705	Representation	42
Other income	0	Translation/Interpretation	81
<b>TOTAL INCOME</b>	<b>3,801</b>	Professional services	110
		General office cost	160
		<b>TOTAL EXPENDITURES</b>	<b>3,784</b>
		Operational result	17
		Financial income/cost	22
		<b>Total result</b>	<b>39</b>

# Financial Overview



## EXECUTIVE SUMMARY TO THE FINANCIAL STATEMENTS

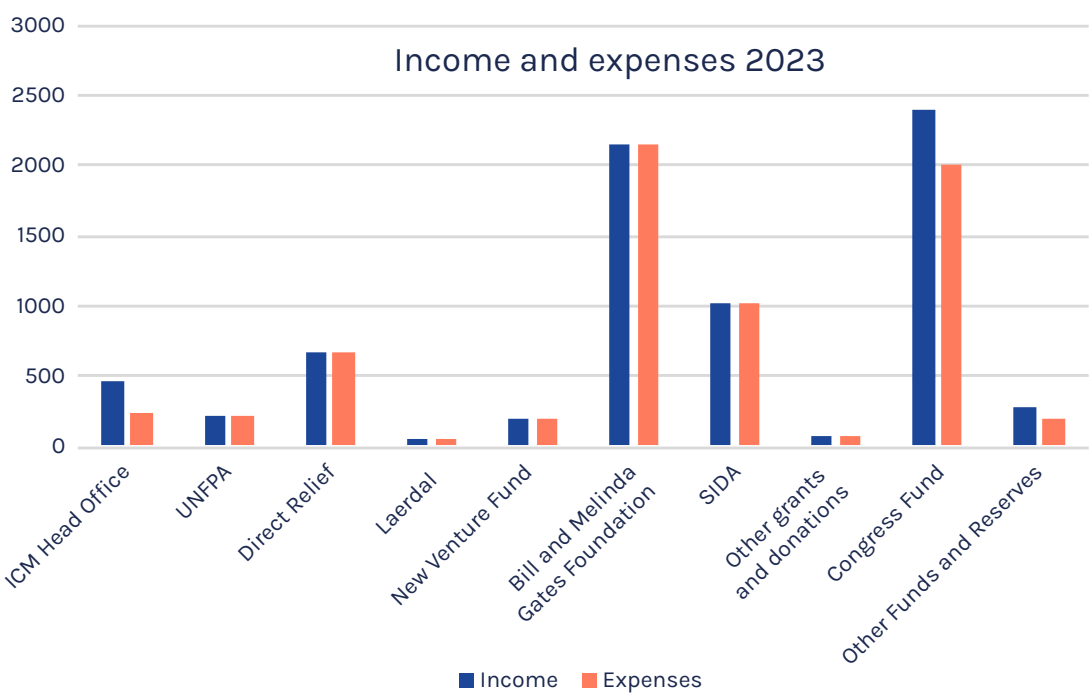
This Financial Report sets out the result of the activities described above in the year 2023. The year closed with an overall positive result of EUR 728,691 (2022: EUR 97,041). The main reasons for this result are amongst others described below:

- A very successful Congress 2023 in Bali with 2,475 participants (appr. 900 more than budgeted) closed with a positive result of USD 733,385 (EUR 674,971). After deducting the ICM costs a net contribution to the Congress reserves remains of EUR 389,854.
- ICM core activities in the first part of the year were very much related to the preparation and execution of the Congress in June in Bali. The costs involved with these activities, appr. EUR 305,000, are covered by the Congress Fund. This contributed to the positive result and the increase of the general reserve with EUR 246,072.
- The capitation fee from Congress 2023 in Bali, EUR 179,371, was appropriated to the earmarked reserves “Regional Conference Fund” and will be used to stimulate more midwives and midwife organisations to attend face-to-face activities in their region.
- In 2023 the core funding from the Swedish International Development Cooperation Agency (Sida) continued and we received additional new core funding from the Bill and Melinda Gates Foundation. Additionally Direct Relief’s grant to support midwifery services for refugees and displaced persons affected by the Ukraine war contained a portion of core funding. A new grant for the period 2023 - 2024 was also received from Direct Relief to cover core activities and build capacity to manage and further develop the Global Midwives Hub that is being transferred from Direct Relief to full ICM management. These funds helped the continued delivery of our strategic plan as well as providing funds for other core costs such as the strengthening of ICM’s Head Office team.
- Besides the additional core funding in 2023, ICM also attracted new donations for covering disaster areas as Ukraine, Morocco and Türkiye, and donations to support midwives to attend Congress 2023 in Bali.
- New donations to the PUSH campaign were received from the Trotula Fund, a Private Philanthropist, and the White Ribbon Alliance, which are appropriated to the restricted funds “PUSH campaign Fund”.
- ICM Expenditure relating to the board, representation and legal fees was less than budgeted, and is further outlined in the notes of the financial statements.



SUMMARY INCOME AND EXPENDITURE 2023

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



Reserves Policy

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

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

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

Based on the approved annual budget for 2023 the target minimum of the General Reserve is calculated as EUR 587,582. On 31 December 2023 the total of our general reserves, after the appropriation of results, is EUR 538,008. This is (EUR 49,574) below our goal.

ICM has a positive working capital as per year-end amounting to EUR 1,602,220 (31 December 2022: EUR 900,627), which includes a balance amount of cash at bank and in hand of EUR 3,998,350 (31 December 2022: EUR 3,805,294).

The total Equity amounts to EUR 1,667,209 (31 December 2022: EUR 938,517), of which EUR 36,008 (31 December 2022: EUR 54,874) relates to restricted funds.

The financial statements of the Company have been prepared on the basis of the going concern assumption.

Compliance with Laws and Regulations

ICM’s operations and work are guided by principles of transparency, accountability and integrity and we are committed to the prevention of corruption (including fraud and bribery) and promote an anti-corruption culture. ICM works in an honest and ethical manner, and takes a zero-tolerance approach to corruption, fraud, and bribery. ICM has several internal controls and policies which apply to its employees, contractors, consultants, sub grantees and members. ICM engages external specialists in local areas to manage the organisation of the triennial congress and regional conferences and ensures adherence to regional laws and regulations. As a result of these policies and procedures, ICM management has not detected any indications of fraud or non-compliance with laws and regulations.

# Financial Statements 2023

## 1 BALANCE SHEET

Balance Sheet as at 31 December 2023

(after appropriation of the result)

	Notes	2023 EUR	2022 EUR
<b>ASSETS</b>			
<b>Fixed assets</b>			
Intangible fixed assets	5.1	24,547	6,319
Tangible fixed assets	5.1	40,441	31,571
Financial fixed assets	5.2	1	1
		<b>64,989</b>	<b>37,890</b>
<b>Current assets</b>			
Receivables	5.3	149,734	763,572
Cash at bank and in hand	5.4	3,998,350	3,805,294
		<b>4,148,084</b>	<b>4,568,866</b>
<b>TOTAL ASSETS</b>		<b>4,213,073</b>	<b>4,606,756</b>
<b>EQUITY AND LIABILITIES</b>			
<b>Equity</b>			
Unrestricted reserves	6.1		
General reserves		538,008	291,935
Earmarked reserves		1,093,193	591,708*
		1,631,201	883,643
Restricted funds	6.2	36,008	54,874
		<b>1,667,209</b>	<b>938,517</b>
<b>Short-term liabilities</b>			
Creditors	6.3	137,565	58,846
Accruals		58,377	327,551*
Tax and social charges		56,094	75,078
Other payables		340	25,784
		<b>252,376</b>	<b>487,259</b>
Grants/Subsidies	6.4		
Core funding		1,751,975	881,463
Project funding		541,513	2,299,517
		<b>2,293,488</b>	<b>3,180,980</b>
		<b>2,545,864</b>	<b>3,668,239</b>
<b>TOTAL EQUITY AND LIABILITIES</b>		<b>4,213,073</b>	<b>4,606,756</b>

\* Adjusted due to correction of error, refer to page 78.



## 2 STATEMENT OF INCOME AND EXPENDITURE

Statement of income and expenditure for the year ending 31 December 2023.

	Notes	Budget 2023 EUR	Actual 2023 EUR	Actual 2022 EUR
<b>INCOME</b>				
Membership fees	8.1.1	470,211	448,827	444,249
Subsidies Core funding	8.1.2	2,035,028	2,038,610	840,568
Project funding	8.1.2	3,097,345	2,215,617	1,932,871
Funds	8.1.3	-	2,679,494	101,084
Other income	8.1.4	20,000	5,882	49,863
<b>TOTAL INCOME</b>		<b>5,622,584</b>	<b>7,388,431</b>	<b>3,368,635</b>
<b>EXPENDITURE</b>				
Personnel	8.2.1	2,186,405	1,894,290	1,472,369
Board	8.2.2	87,103	55,401	62,435
Representation	8.2.2	56,179	23,445	64,767
Professional services	8.2.3	123,200	121,946	203,281
General office costs	8.2.4	165,477	180,150	111,840
Events and programs	8.2.5	2,951,220	4,384,559	1,369,930*
<b>TOTAL EXPENDITURE</b>		<b>5,569,583</b>	<b>6,659,791</b>	<b>3,284,622</b>
<b>OPERATIONAL RESULT</b>		<b>53,001</b>	<b>728,640</b>	<b>84,013</b>
Financial income/(expenditure)	8.3	-17,600	51	13,028
<b>NET RESULT</b>		<b>35,401</b>	<b>728,691</b>	<b>97,041</b>
<b>APPROPRIATION OF RESULT - ADDITION/(DEDUCTION)</b>				
<b>Unrestricted reserves</b>				
General reserves		228,693	246,072	359
Safe Motherhood and Development Fund		-75,000	-67,586	5,008
Membership Assistance Fund		-	-154	-
Congress Fund		-118,291	389,854	53,591*
Regional Conference Fund		-	179,371	-
Subtotal unrestricted reserves	6.1	35,401	747,557	58,958
<b>Restricted Reserves</b>				
PUSH Campaign Fund		-	-18,866	39,577
Dorothea Lang Fund		-	-	-1,494
Subtotal restricted reserves	6.2	-	-18,866	38,083
<b>TOTAL APPROPRIATION OF RESULT</b>		<b>35,401</b>	<b>728,691</b>	<b>97,041</b>

\* Adjusted due to correction of error, refer to page 78.

## 3 STATEMENT OF CASH FLOWS

Statement of cash flows for the year ending 31 December 2023

	2023 EUR	2022 EUR
<b>Net result</b>	728,691	97,041*
Adjustment for:		
Amortisation/depreciation	13,116	10,844
Exchange rate differences	66,060	-34,337
Changes in provisions	10,182	
Changes in working capital:		
Receivables	603,656	-337,971
Liabilities	-1,130,036	-81,967*
<b>Cash flow from operating activities</b>	<b>291,669</b>	<b>-346,390</b>
Investments in (in) tangible fixed assets	-40,214	-14,006
Cash flow from investing activities	-40,214	-14,006
<b>Net cash flow</b>	<b>251,455</b>	<b>-360,396</b>
Exchange rate and translation differences on cash in hand and at bank	-58,399	34,337
<b>Change of cash in hand and at bank</b>	<b>193,056</b>	<b>-326,059</b>
Cash at 31 December	3,998,350	3,805,294
Cash at 1 January	3,805,294	4,131,353
<b>Change of cash in hand and at bank</b>	<b>193,056</b>	<b>-326,059</b>

\* Adjusted due to correction of error, refer to page 78.

# 4 GENERAL NOTES TO THE FINANCIAL STATEMENTS

## General

International Confederation of Midwives (‘the Company’), having its legal address in ’s-Gravenhage, and being located at Koninginnegracht 60 in ’s-Gravenhage, is a Dutch Association and is registered as such under number 27286042 in the Trade Register.

The International Confederation of Midwives (ICM) began as a union of midwifery associations in 1922 in Belgium. In 1954 ICM was established. ICM moved from England to the Netherlands and was established as a Dutch Association in 2005.

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

One measure of success is the stability in ICM Membership. At year end 2023 there are 139 Member Associations (2022: 141) from 119 countries. New applications for membership are received on a regular basis and from time to time Member Associations withdraw or are excluded from membership, generally because of inability to pay membership fees over several years.

## Group Structure and consolidation exception

On December 16th 2019, the WithWomen Foundation was established, with its listed address as Koninginnegracht 60, 2514 AE The Hague. ICM is using the exemption according to article 2: 407 paragraph 2 of the Dutch Civil Code, whereby the WithWomen Foundation is not consolidated by ICM.

## Basis of preparation

The financial statements of the Company have been prepared in accordance with the RJK C1 “Kleine organisaties zonder winststreven” (Guideline for annual reporting C1 “small sized not for profit organisations” of the Dutch Accounting Standards Board).

## Financial reporting period

These financial statements cover the calendar year 2023, which ended at the balance sheet date of 31 December 2023.

## Going concern

ICM has a positive working capital as per year-end amounting to EUR 1,602,220 (31 December 2022: EUR 900,627), which includes a balance amount of cash at bank and in hand of EUR 3,998,350 (31 December 2022: EUR 3,805,294). The total Equity amounts to EUR 1,667,209 (31 December 2022: EUR 938,517), of which EUR 36,008 (31 December 2022: EUR 54,874) relates to restricted funds.

The financial statements of the Company have been prepared on the basis of the going concern assumption.

## Comparison with previous year

The valuation principles and method of determining the result are the same as those used in the previous year.

## Principles for the valuation of assets and liabilities

Assets and liabilities are measured at historical cost, unless stated otherwise in the further principles.

An asset is recognised in the balance sheet when it is probable that the expected future economic benefits that are attributable to the asset will flow to the Company and the asset has a cost price or value that can be measured reliably. Assets that are not recognised in the balance sheet are considered as off-balance sheet assets.

A liability is recognised in the balance sheet when it is expected that the settlement of an existing obligation will result in an outflow of resources embodying economic benefits and the amount necessary to settle this obligation can be measured reliably. Provisions are included in the liabilities of the Company. Liabilities that are not recognised in the balance sheet are considered as off-balance sheet liabilities.

## Functional and presentation currency

The financial statements are presented in euros (‘EUR’), which is the Company’s functional currency. All amounts have been rounded to the nearest euro. ICM prepares the financial statements using data extracted from the accounting software and all figures are rounded to the nearest whole number using the system’s algorithms. Due to this rounding, numbers presented throughout the financial statements may not add up precisely to the totals provided and percentages may not precisely reflect the absolute figures.

Use of estimates

In preparing these financial statements, management has made judgements, estimates and assumptions that affect the application of the accounting principles and the reported amounts of assets, liabilities, income and expenditure. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to estimates are recognised prospectively.

Principles for the translation of foreign currencies

At initial recognition, transactions denominated in a foreign currency are translated into the functional currency of the Company at the exchange rates at the date of the transactions. The exchange rates applied are based on a midpoint daily exchange rate.

Monetary assets and liabilities denominated in foreign currencies are translated at the balance sheet date into the functional currency at the spot exchange rate applying on that date. Exchange differences resulting from the settlement of monetary items or resulting from the translation of monetary items denominated in foreign currency, are recognised in the statement of income and expenditure in the period in which the exchange difference arises.

Correction of errors

After adoption of the 2022 financial statements, a material error in the recognition of reimbursement of the Congress venue contracted services was identified. An amount of EUR 287,384 was recognised as income for 2022, with the assumption that this was a reimbursement of the Congress venue contracted services from 2020. However, this amount of the venue contracted services was paid directly by the PCO (professional conference organiser i.e. Prime) to the venue and should be rolled over to the 2023 Congress in Bali, and therefore recognised as part of the current liabilities as per year-end 2022.

The impact on Equity is a decrease of EUR 287,384 as per 31 December 2022. No impact on the Equity per 1 January 2022 and the Cash flow from operating activities. The impact on the net result for the year 2022 is EUR 287,384 lower result. The comparative figures for the year 2022 have been restated.

Financial instruments

These financial statements contain the following financial instruments: receivables and other financial liabilities. The Company does not make use of derivatives.

Financial assets and liabilities are recognised in the balance sheet at the moment that the contractual risks or rewards with respect to that financial instrument originate. Financial instruments are derecognised if a transaction results in a considerable part of the contractual risks or rewards with respect to that financial instrument being transferred to a third party.

Financial instruments are initially measured at fair value, including discount or premium and directly attributable transaction costs. After initial recognition, financial instruments are valued in the manner described below.

Offsetting financial instruments

A financial asset and a financial liability are offset when the entity has a legally enforceable right to set off the financial asset and financial liability and the Company has the firm intention to settle the balance on a net basis, or to settle the asset and the liability simultaneously.

If there is a transfer of a financial asset that does not qualify for derecognition in the balance sheet, the transferred asset and the associated liability are not offset.

(In)tangible fixed assets

(In)tangible fixed assets are only recognised in the balance sheet when it is probable that the expected future economic benefits that are attributable to the asset will flow to the Company and the expenditure of that asset can be measured reliably.

(In)tangible fixed assets are measured at acquisition cost, less accumulated amortisation/ depreciation and impairment losses. Grants are deducted from the cost of the assets to which the grants relate.

Amortisation/depreciation is recognised in the statement of income and expenditure on a straight-line basis over the estimated useful lives of each item of the (in)tangible fixed assets, taking into account any estimated residual value of the individual assets. Amortisation/ depreciation starts as soon as the asset is available for its intended use and ends at decommissioning or divestment.

Financial fixed assets

Participating interests where significant influence can be exercised over the business and financial policies are valued according to the equity method on the basis of net asset value. In assessing whether the Company has significant influence over the business and financial policies of a participating interest, all facts and circumstances and contractual relationships, including potential voting rights, are taken into account. The net asset value is calculated on the basis of the Company’s accounting policies.

Participating interests with a negative net asset value are valued at EUR 1. This measurement also covers any receivables provided to the participating interests that are, in substance, an extension of the net investment.

Receivables

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

Cash in hand and at bank

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



Cash and cash equivalents denominated in foreign currencies are translated at the balance sheet date into the functional currency at the spot exchange rate applicable at that date. Reference is made to the accounting policies for foreign currencies.

Equity

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

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

Current liabilities

Current liabilities and other financial commitments are measured after their initial recognition at amortised cost on the basis of the effective interest rate method. The effective interest is directly recorded in the statement of income and expenditure.

Principles of the Statement of Income & Expenditure

General

Income and expenditure are allocated to the respective period to which they relate.

Income

(Un)restricted funds raised, inheritances and donations are recorded in the year in which they have been received, and/or on the date the receipt becomes certain and/or to the extent to which the services/project progress has been performed on the balance sheet date and the cost already incurred.

Other income will be accounted for in the relevant reporting period to which they relate.

The membership fees are determined by the number of active midwives in each association, their country’s Human Development Index (HDI) group and their country’s Gross National Income relative to that of their HDI group.

Employee benefits

Employee benefits are charged to the statement of income and expenditure in the period in which the employee services are rendered and, to the extent not already paid, as a liability on the balance sheet.

The pension charge to be recognised for the reporting period is equal to the pension contributions payable to the pension provider over the period. Insofar as the payable contributions have not yet been paid as at balance sheet date, a liability is recognised. If the contributions already paid at balance sheet date exceed the payable contributions, a receivable

is recognised to account for any repayment by the fund or settlement with contributions payable in future.

Financial income/expenditure

Interest income is recognised in the statement of income and expenditure on an accrual basis, using the effective interest rate method. Interest expenditure and similar charges are recognised in the period to which they belong.

Leasing

ICM acts as lessee in an operating lease whereby the leased property is not capitalised. Benefits received as an incentive to enter into an agreement are recognised as a reduction of rental expense over the lease term. Lease payments and benefits regarding operating leases are recognised in the statement of income and expenditure on a straight-line basis over the lease term unless another systematic basis is more representative of the time pattern of the benefits from the use of the leased asset. The ICM has no financial lease contracts.

Cash flow statement

The cash flow statement is prepared using the indirect method. Cash and cash equivalents include cash that is readily convertible to a known amount of cash without a significant risk of changes in value. Foreign exchange differences with regard to cash and cash equivalents are presented separately in the cash flow statement.

Subsequent events

Events that provide further information on the actual situation at the balance sheet date and that appear before the financial statements have been prepared, are recognised in the financial statements.

## 5 NOTES TO BALANCE SHEET ASSETS

### 5.1 TANGIBLE AND INTANGIBLE FIXED ASSETS

	IT Infrastructure EUR	Office furniture EUR	Total tangible fixed assets EUR	Website EUR	Total intangible fixed assets EUR
Net book value 1 January	11,574	19,997	31,571	6,319	37,890
Additions in 2023	12,169	5,572	17,741	22,473	40,214
Disinvestment	-	-	-	-	-
Depreciation 2023	-4,980	-3,891	-8,871	-4,245	-13,116
<b>Net book value 31 December</b>	<b>18,763</b>	<b>21,678</b>	<b>40,441</b>	<b>24,547</b>	<b>64,988</b>

The Company has received a grant of USD 46,000 (EUR 42,829) in 2023 for the website costs. This grant has been deducted from the website costs.

The percentage for depreciation of IT-Infrastructure and the website was 20%. The percentage for depreciation of office furniture was 10%.

### 5.2 FINANCIAL FIXED ASSETS

The financial fixed assets relate to the WithWomen Foundation and has a negative net asset value of EUR 22,856 (31 December 2022: EUR 26,903) and is valued at EUR 1 (31 December 2022: EUR 1). The unrecognised share of the result during the financial year amounts to EUR 4,047 profit (2022: EUR 15,270 loss).

For this participating interest no provision has been recognised because the Company does not fully or partially guarantee the debts of the participating interest and it has no constructive obligation to support the participating interest to pay its debts.

As of December 31, 2023, ICM had a claim of EUR 36,654 (31 December 2022: EUR 33,720) on the Foundation, included in the other receivables, refer to note 5.3.

### 5.3 RECEIVABLES

The building deposits (31 December 2023 and 2022: EUR 10,583), as included under the other receivables, has a maturity date of longer than one year. All other receivables have an estimated maturity shorter than one year. The carrying values of the recognised receivables approximate their respective fair values, given the short maturities of the positions and the fact that allowances for doubtful debts have been recognised, if necessary.

	Balance 31 December 2023 EUR	Balance 31 December 2022 EUR
<b>Debtors</b>		
Membership fee	26,825	54,092
WithWomen Charity	36,654	33,720
Czech-In	44,639	70,962
Other debtors	10,265	20,135
Provision doubtful debtors	-43,929	-33,947
<b>Subtotal debtors</b>	<b>74,454</b>	<b>144,962</b>
<b>Other receivables</b>		
Prepayments Congress	-	370,904
Other prepayments	37,358	44,047
Advances workshops/meetings	14,891	157,672
Grants/Subsidies	-	8,046
Other receivables	23,031	37,941
<b>Subtotal other receivables</b>	<b>75,280</b>	<b>618,610</b>
<b>Total receivables</b>	<b>149,734</b>	<b>763,572</b>

Other prepayments relate mainly to supplier invoices for rental of the office property (EUR 12,482) and IT licences/ contracts (EUR 24,094), received and paid in 2023 but for services to be received in 2024.

Other receivables concern mainly interest from bank deposits (EUR 12,448) and a building deposit (EUR 10,583).

With the execution of the 2023 Congress in June 2023, and the final payments by Prime in 2023 and C-IN in 2024, all prefinanced amounts by ICM were reimbursed before the signing date of these financial statements.

## 5.4 CASH IN HAND AND AT BANK

	Balance 31 December 2023	Balance 31 December 2022
Cash in hand	4,769	2,107
Cash at bank	1,062,313	3,803,187
Deposit at bank	2,931,268	-
<b>Total</b>	<b>3,998,350</b>	<b>3,805,294</b>

Cash is at free disposal of ICM. The deposit at the bank has a term of one month.

# 6 NOTES TO BALANCE SHEET LIABILITIES

## 6.1 UNRESTRICTED RESERVES

	Balance 1 January 2023 EUR	Additions EUR	Releases/ usage EUR	Balance 31 December 2023 EUR
<b>General Reserve</b>	<b>291,935</b>	<b>246,072</b>	<b>-</b>	<b>538,008</b>
<b>Earmarked Reserves</b>				
Safe Motherhood and Development Fund	146,169	-	-67,586	78,583
Membership Assistance Fund	9,132	-	-154	8,978
Congress Fund	435,489	749,010	-359,156	825,343
Regional Conference Fund	918	179,371	-	180,289
<b>Subtotal Earmarked Reserves</b>	<b>591,708</b>	<b>928,381</b>	<b>-426,896</b>	<b>1,093,193</b>
<b>Total Unrestricted Reserves</b>	<b>883,643</b>	<b>1,174,453</b>	<b>-426,896</b>	<b>1,631,201</b>

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

The “Membership 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 release/usage amounting to EUR 359,156, consists of EUR 179,785 of ICM expenses and EUR 179,371 appropriation to the Regional Conference Fund.

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

## 6.2 RESTRICTED FUNDS

	Balance 1 January 2023 EUR	Additions EUR	Releases/ usage EUR	Balance 31 December 2023 EUR
Dorothea Lang Fund	15,297	-	-	15,297
PUSH Campaign Fund	39,577	-	-18,866	20,711
<b>Total Restricted Funds</b>	<b>54,874</b>	<b>-</b>	<b>-18,866</b>	<b>36,008</b>

The “Dorothea Lang Fund” - a retired midwife in the United States of America, has provided funds to sponsor midwives to attend future Congresses. The Board agreed in 2018 to earmark EUR 8,500 over four years as a contribution to the costs of the ICM History Project that was completed in 2022. In the period 2018-2022 a total amount of EUR 8,233 was spent on this project. ICM has reached out to Dorothea’s family to discuss the use of the remaining funds in 2024.

### The “Push Campaign Fund”

In 2023 Trotula Fund, a Private Philanthropist donated an amount of USD 97,605 (EUR 89,015) to the ICM PUSH campaign Fund. In 2023, the White Ribbon Alliance also donated USD 20,000 (EUR 18,120) to this Fund.

## 6.3 SHORT TERM LIABILITIES

All short-term liabilities have an estimated maturity shorter than one year. The carrying values of the recognised short-term liabilities approximate their respective fair values, given the short maturities of the positions.

	Balance 31 December 2023 EUR	Balance 31 December 2022 EUR
Creditors	137,565	58,847
Accruals	58,377	327,551
Tax	56,094	75,078
Other payables	340	25,783
	<b>252,376</b>	<b>487,259</b>

The accruals mainly relate to the audit of the financial statements 2023. The balance of 2022 also includes a liability of EUR 287,384 towards the Congress PCO (professional conference organiser i.e. Prime), who prepaid a deposit for the venue of the 2023 Congress in Bali.



6.4 GRANTS / SUBSIDIES

6.4.1 Core funding

	Balance 1 January 2023 EUR	Subsidy received EUR	Subsidy used/ allocated EUR	Currency revaluation EUR	Reallo- cation EUR	Balance 31 December 2023 EUR
Swedish International Development and Cooperation Agency (Sida)	226,272	803,793	1,011,601	-29,451	-	-10,987
Direct Relief	468,737	470,278	421,922	-4,143	-	512,951
Bill and Melinda Gates Foundation	186,454	1,642,820	605,087	-59,636	-	1,164,551
Johnson & Johnson - Awards	-	-	-		85,460	85,460
	881,463	2,916,891	2,038,610	-93,230	85,460	1,751,975

The currency revaluation relates to the revaluation of the outstanding grants/subsidy balances dominated in USD or SEK, to EUR at the closing rate as per year-end.

**Sida** confirmed a grant of SEK 32,000,000 (EUR 3,077,110) for the period of August 2020 to December 2023 to help cover ICM’s core costs to achieve the goals of its 2021 – 2023 Triennial Strategy. In 2023 Sida reduced the grant by SEK 3,500,000 due to government cuts. In December 2023 Sida approved a cost extension of SEK 3,500,000 until April 2024. A final amount is to be received in 2024.

**Direct Relief** donated USD 583,000 in 2022 to provided financial support to midwife organisations in countries around Ukraine to help them with the Ukraine refugees in these countries. Part of this grant was for core funding to strengthen ICM core activities and the balance of the core funding has a no cost extension until December 2024. Direct Relief confirmed a new core grant of USD 500,000 (EUR 470,278) to facilitate the transition of the Global Midwives’ Hub from Direct Relief and strengthen ICM’s core activities. The grant period is from 17 October 2023 to 20 November 2024.

**Bill and Melinda Gates Foundation** besides the ongoing project financing, the Bill and Melinda Gates Foundation confirmed an investment through the core grant, “Next Phase of ICM Strengthening Midwifery Globally”. This grant provides ICM with core funding of USD 4,500,000 (approx. EUR 4,245,283) from 28 October 2022 to 31 December 2026

**Johnson & Johnson** - in October 2023 Johnson & Johnson confirmed that that the balance of EUR 85,460 from the Johnson & Johnson Awards grant could be reallocated from project funding to core funding to be used to develop and implement the ICM Leadership Plan, building midwife leadership across the profession as an important element of our core work of strengthening the capacity of Midwives’ Associations.

## 6.4.2 Project funding

	Balance 1 January 2023 EUR	Subsidy received EUR	Subsidy used/ allocated EUR	Currency revaluation EUR	Reallocation EUR	Balance 31 December 2023 EUR
Bill and Melinda Gates Foundation - MLBC project	598,747	-	553,504	-1,276	-	43,967
Bill and Melinda Gates Foundation (SMS)	1,126,750	-	843,236	-13,670	-	269,844
Bill and Melinda Gates Foundation Bursary Congress	-	91,558	91,558	-	-	-
Laerdal	-	99,350	40,366	-	-8,046	50,938
Direct Relief PUSH project	186,454	-	123,969	-1,762	-	60,723
Direct Relief Humanitarian Support	-	94,056	-514	-3,971	-	90,599
Direct Relief Türkiye	-	93,598	92,812	-25	-	761
Johnson & Johnson - Awards	119,026	-	31,086	-2,479	-85,460	-
Johnson & Johnson - YML	12,637	-	3,098	-269	-	9,269
New Venture Fund – YML/PUSH	200,195	-	192,638	-213	-	7,344
UNFPA (Global)	50,182	86,931	137,462	-	-	-348
UNFPA Bangladesh	-	74,258	74,074	6	-	190
Every Mother Counts Ukraine	-	22,402	14,176	-	-	8,226
World Health Organization	-	18,152	18,152	-	-	-
International Federation of Gynecology and Obstetrics	5,526	-	5,526	-	-	-
<b>Total project funding</b>	<b>2,299,517</b>	<b>580,305</b>	<b>2,221,143</b>	<b>-23,660</b>	<b>-93,506</b>	<b>541,513</b>

The currency revaluation relates to the revaluation of the outstanding grants/subsidy balances denominated in USD or SEK, to EUR at the closing rate as per year-end.

The Strengthening Midwifery Services (SMS) project, funded by the **Bill and Melinda Gates Foundation** was initially approved for three years from 2018 – 2020 and extended with a supplementary grant from 2020-2023, with a no cost extension until December 2024. The total project is worth EUR 4,240,000 (USD 4.8 million).

Another grant from the **Bill and Melinda Gates Foundation** was for a research project on Midwife-Led Birthing Centres (MLBC). The research documented experiences with midwife-led birthing centres and proposed a model of care that can provide high quality, respectful, cost-effective midwifery care to mothers and newborns. The project took place between September 2021 and December 2023 and has a total value of USD 907,396 (EUR 801,303).

To support midwives attending ICM Congress 2023 in Bali, **Bill and Melinda Gates Foundation** sponsored USD 100,000 (EUR 91,558) for registration, accommodation, travel and per diem for midwives from low and medium developed countries.

In November 2022, ICM and **Laerdal** started a project to co-develop midwifery education content for competency skills and behaviour formative checklists. The remaining balance of this project as per year-end 2022 amounted to EUR 8,046 receivable, which has been received in 2023. For 2023, the agreement provides for a lump sum payment to ICM of EUR 38,350 to cover projected related activities and resources. In 2023, an additional grant from the Laerdal Foundation of EUR

61,000 was provided for the Utstein project, meetings to develop global guidelines for midwifery education faculty development from July 2023 through June 2024.

**Johnson & Johnson** provided funding for the ICM education and research awards and the Marie Goubran Agent for Change Award in each year of 2019, 2020 and 2021 with awardees attending regional conferences and the Virtual Congress. Awardees were notified in 2022 that those unable to attend a conference because of the Covid-19 pandemic would have their awards transferred to 2023, allowing them to attend Congress 2023 in Bali. In October 2023 Johnson & Johnson confirmed that the balance EUR 85,460 from the Johnson & Johnson Awards grant could be reallocated from project funding to core funding to be used to develop and implement the ICM Leadership Plan, building midwife leadership across the profession as an important element of our core work of strengthening the capacity of Midwives' Associations.

**The New Venture Fund** provided funding to extend the support of Young Midwife Leaders through the period of 2021- 2023, with a no cost extension until June 2024.

**Direct Relief and The New Venture Fund** awarded ICM in the period 2022-2023 grants to support the PUSH Campaign. The duration of this project is (no-cost) extended until September 2024.

**Direct Relief** provided USD 100,000 (EUR 94,056) funding for Humanitarian support in Morocco. This grant's aim is to assist in midwifery emergency response activities following the Morocco earthquake (USD 50,000 / EUR 47,028) and to provide support for ICM's emergency

preparedness efforts (USD 50,000 / EUR 47,028). Direct Relief also supported with an additional USD 100,000 (EUR 93,598) - for emergency support in Türkiye. UNFPA Global was a gold sponsor for the ICM Congress 2023 in Bali via the annual workplan and also provided funding for strengthening midwives' education. Besides the global workplan. UNFPA Global also supported midwives to attend Congress 2023 in Bali.

**UNFPA Bangladesh** provided funding for the period 2023-2026 for strengthening the Midwives' Association in Bangladesh. Funds are provided via an annual workplan.

**Every Mother Counts** provided funding for Ukraine Midwives to attend Congress 2023 in Bali.

**World Health Organization** supported participants from Timor Leste and India to attend Congress 2023 in Bali.

## 7 OFF BALANCE SHEET RIGHTS, OBLIGATIONS AND AGREEMENTS

### 7.1 LONG TERM FINANCIAL COMMITMENTS

The rental agreement for the ICM office (Koninginnegracht 60, The Hague) amounts to EUR 49,930. annually. The contract expires on 30 June 2025, and can be extended for 5 years until 30 June 2030. Afterwards the rental agreement will be extended by 5 years each time.

The rental lease agreement for the Xerox machine amounts to EUR 5,575 annually; the contract is now renewed and expires in 2027.

### 7.2 COUNCIL MEETING AND TRIENNIAL CONGRESS

#### General

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

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

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

In the pre-Congress years ICM pre-finances payments to suppliers, according to the execution of contracts and agreements. These amounts will be settled when sufficient funds are available from participant registrations and receipt of funds from sponsors and exhibitors. As per year-end, no pre-finances have been made for the Congress 2026.

### 7.3 TRIENNIAL CONGRESS 2026 PORTUGAL

At the ICM Triennial Council meeting (held virtually) in June 2020, the Council selected two locations for due diligence assessment for 2026 Congress (Paris and Lisbon).

In October 2020 the ICM Board decided to hold 2023 Congress in Bali instead of Abu Dhabi for financial reasons including non-refundable payments already made to the 2020 Congress venue in Bali, BNDCC, which was postponed and later transferred to a virtual event due to the COVID pandemic. The ICM Board also decided to continue the selection process for 2026 Congress rather than automatically transferring Abu Dhabi as the venue for 2026 Congress and offering United Arab Emirates MA the opportunity to co-host the 2029 Congress in Abu Dhabi.

In September 2022 the ICM Board selected Lisbon, Portugal, as the venue for the 35th Triennial Congress 2026. CZECH-IN s.r.o has been appointed as the Congress Management Team. A preliminary contract has been agreed with a value of EUR 10,950 as a flat management fee and a variable fee of EUR 20 per delegate. The budget for the Congress 2026 is in development.

### 7.4 REGIONAL CONFERENCES

#### General

Following the successful 2023 Congress in Bali, plans were made for Regional Conferences to be held in 2024 and 2025. The workshop-focused conferences will be 2 days plus one day focusing on midwife skills and education in collaboration with ICM partners.

In September 2023 the Board was informed of the plans for the Regional Conferences to take place in the Triennium 2024 - 2026, namely:

2024: Europe Regional Conference - Berlin, Germany

2024: Africa & Eastern Mediterranean combined Regional Conference - Kigali, Rwanda

2025: Americas Regional Conference - location to be confirmed 2025: South East Asia & Western Pacific combined Regional Conference - location to be confirmed

For any expenditure that occurs in the pre-Regional Conferences year, ICM pre-finances payments to suppliers, according to the execution of contracts and agreements. These amounts will be settled when sufficient funds are available from participant registrations and receipt of funds from sponsors. As per year-end, no pre-finances have been made for the Regional Conferences.



Regional Conferences 2024

The 2024 Regional Conferences were confirmed in October 2023 and co-host agreements signed with the Rwanda Association of Midwives for the Africa and Eastern Mediterranean combined Regional Conference in Rwanda and the German Midwives Association for the Europe Regional Conference in Berlin. CZECH-IN s.r.o has been appointed as the Regional Conference Management Team. A preliminary contract until December 2023 have been agreed with a value is EUR 1,500. The budgets for the Regional Conferences 2024 are in development.

The ICM Board approves the final Regional Conference budgets. Actual costs for the Regional Conferences are reported in the year they fall and are only part of the annual financial report in the year that the Regional Conferences take place. ICM is responsible for the obligations that are connected to the Regional Conferences.

8 NOTES TO STATEMENT OF INCOME AND EXPENDITURE

8.1 ICM INCOME

8.1.1 Membership fees

	Budget 2023 EUR	Actual 2023 EUR	Actual 2022 EUR
Membership fees	470,211	448,827	444,249

In 2022 1 new midwives’ association joined ICM and 2 member associations were terminated.

8.1.2 Grants / Subsidies

ICM is supported by several funding partners to carry out activities that are fundamental to help strengthen the profession of midwifery globally and create a highly skilled workforce of midwives. The supporting partners and their amount of support in 2023 were:

	Budget 2023 EUR	Actual 2023 EUR	Actual 2022 EUR
<b>Subsidies Core funding</b>			
Swedish International Development and Cooperation Agency (Sida)		1,011,601	763,640
Bill and Melinda Gates Foundation (BMGF)		605,087	-
Direct Relief		421,922	76,928
<b>Subtotal Subsidies Core funding</b>	<b>2,035,028</b>	<b>2,038,610</b>	<b>840,568</b>
<b>Project funding</b>			
UNFPA (Global + Bangladesh)		211,536	50,671
Bill and Melinda Gates Foundation (SMS)		843,236	1,527,127
Bill and Melinda Gates Foundation (MLBC)		553,504	-
Bill and Melinda Gates Foundation (Congress)		91,558	-
Every Mother Cares (Ukraine)		14,176	-
Laerdal		40,366	8,046
Direct Relief (PUSH)		123,969	-
Direct Relief (Türkiye)		92,812	-
Johnson & Johnson (YML + Awards)		34,184	115,604
New Venture Fund (YML + PUSH)		192,638	112,527
World Health Organization		18,152	-
Other grants		-514	118,896
<b>Subtotal Project funding</b>	<b>3,097,347</b>	<b>2,215,617</b>	<b>1,932,871</b>
<b>Total Grants / Subsidies</b>	<b>5,132,375</b>	<b>4,254,227</b>	<b>2,773,439</b>

The actual grant, donations, sponsorship is EUR 881,730 lower than the budgeted amount due to some project activities not being completed in 2023.

### 8.1.3 Funds

	Budget 2023	Actual 2023	Actual 2022
<b>Income funds</b>			
Safe Motherhood Fund	-	-	5,692
Congress Fund	-	2,392,988	-
PUSH Trotula Fund	-	89,015	95,392
PUSH White Ribbon Alliance	-	18,120	-
Regional Conference Fund	-	179,370	-
<b>Total income funds</b>	<b>-</b>	<b>2,679,494</b>	<b>101,084</b>

The Congress fund income consists of registration fees, sponsoring, exhibition and merchandise. Trotula Fund, a Private Philanthropist, donated an additional amount of USD 97,605 (EUR 89,015) to ICM PUSH campaign Fund. The White Ribbon Alliance donated USD 20,000 (EUR 18,120) to support the PUSH campaign Fund.

The capitation fee (ICM service fee) of the Congress is added to the “Regional Conference Fund”, as part of the unrestricted reserves, to stimulate more midwives and midwife organisations to attend face-to-face activities in their region.

### 8.1.4 Other income

	Budget 2023	Actual 2023	Actual 2022
Donations Board members	-	-	650
Stichting WithWomen	-	3,133	16,283
Tropical Health and Education Trust	-	-	23,613
Consultancy services	-	-	207
Other	20,000	2,749	9,110
<b>Total other income</b>	<b>20,000</b>	<b>5,882</b>	<b>49,863</b>

## 8.2 ICM EXPENDITURE

### 8.2.1 Personnel costs

	Budget 2023	Actual 2023	Actual 2022
Gross salaries	1,097,190	956,003	617,284
Social charges	197,725	161,223	107,282
Pension cost	109,439	79,246	-
Contractor fees	709,635	601,296	694,667
Other personnel costs	72,416	96,522	53,136
<b>Total Personnel costs</b>	<b>2,186,405</b>	<b>1,894,290</b>	<b>1,472,369</b>

ICM employs staff on payroll in the Netherlands, Sweden, and Croatia. As at 31 December 2023 15 staff members (14 FTE during 2023) were employed at ICM Head Office as compared with 15 staff members (9.77 FTE during 2022) in December 2022. The actual gross salaries are EUR 141,187 lower than the budgeted amount. The reason for this is budgeted employee positions being fulfilled under contractor agreements.

In 2023 ICM took out a Pension scheme for employees through Nationale Nederlanden for staff based in the Netherlands. For staff based in Sweden and Croatia a pension allowance is paid to the staff directly for them to invest in a pension scheme in their respective countries.

Other personnel costs include costs relating to recruitment and relocation, staff development and annual face-to-face team building and strategy meeting. Recruitment and relocation expenses were higher in 2023 as 2 new staff members were recruited and relocated to the Netherlands.

Other members of the ICM Head Office work and live in other countries and are therefore contractors. On 31 December 2023, 14 contractors were under contract as part of ICM Head Office, compared with 12 contractors in December 2022. The actual contractor fees are EUR 108,339 lower than the budgeted amount as recruitment for new positions was put on hold due to uncertainty relating to core funding.

### 8.2.2 Board and representation costs

	Budget 2023 EUR	Actual 2023 EUR	Actual 2022 EUR
Board costs	87,103	55,401	62,435
Representation	56,179	23,445	64,767
<b>Total Board and Representation</b>	<b>143,282</b>	<b>78,846</b>	<b>127,202</b>

The Board costs were less than budgeted due to a change in the Board configuration following the election of the new Board in June 2023. Due to 2023 being a Congress year, there was less representation in 2023.

### 8.2.3 Professional services

	Budget 2023 EUR	Actual 2023 EUR	Actual 2022 EUR
Audit	68,000	88,677	106,148
Legal fees	40,000	20,538	88,849
Salary administration	3,200	5,215	3,180
Other professional services	12,000	7,516	5,104
<b>Total professional services</b>	<b>123,200</b>	<b>121,946</b>	<b>203,281</b>

The audit cost for 2023 is based on the fees stipulated in the engagement letter between ICM and the auditors. Besides the audit cost for 2023 financial statements, there was extra cost for the audit of the KPMG report for Sida (EUR 3,630) and for closing the audit of 2022 (EUR 25,047).

Less legal advice was needed due to ICM contracting a HR specialist to strengthen ICM's HR capacity and ensure compliance with Dutch regulations.

### 8.2.4 General office costs

	Budget 2023 EUR	Actual 2023 EUR	Actual 2022 EUR
Office cost	52,348	60,812	50,230
IT and communication	71,244	56,106	31,007
Other cost	41,885	63,232	30,603
<b>Total general office costs</b>	<b>165,477</b>	<b>180,150</b>	<b>111,840</b>

The office cost includes, beside the rent, also local taxes and cleaning cost. The extra cost for office was caused by the final expenses for services (energy, water, etc.) in 2022 (EUR 5,187) and an increase in the office rent due to the steep inflation.

The increase of the other cost is due to a provision for our debtors (membership fees and others) of EUR 40,398. The amortisation/depreciation expenses of the fixed assets (EUR 13,098) are also included as part of the other cost.

### 8.2.5 Events and Programmes

	Budget 2023 EUR	Actual 2023 EUR	Actual 2022 EUR
Local staff	99,428	98,720	39,735
Consultancy costs	1,515,971	1,286,873	1,055,105
Travel costs	542,043	451,434	137,411
Venue and accommodation	90,964	115,068	90,417
Other direct costs	433,045	526,213	158,482
Funds	-	69,945	-
Congress Bali 2023	269,769	1,836,306	-111,220
<b>Total events and programmes</b>	<b>2,951,220</b>	<b>4,384,559</b>	<b>1,369,930</b>

Consultancy and travel costs were lower than budgeted due to some project activities not being completed in 2023.

Venue and accommodation costs were higher than budgeted due to changes in work plan expenditure.

Other direct costs were higher than budgeted due to new grants being received during 2023 to cover disaster areas such as Morocco and Türkiye.

The cost from Funds is related to participants attending Congress 2023 in Bali and their expenses were covered by the Safe Motherhood Fund.

#### Congress 2023 Bali

The expenditure for the ICM Congress 2023 in Bali is the sum of the Congress Budget 2023 (monitored by our congress manager Czech-IN) and ICM direct Congress cost:

ICM direct Congress cost:

Budget item	Actuals 2023
Travel cost	44,171
Registration cost	1,288
Per diem staff	3,675
Translation cost	19,257
Professional services	1,524
Stationary and miscellaneous	55,821
<b>Subtotal ICM direct Congress cost</b>	<b>125,736</b>



Congress budget 2023:

Activity	Actuals Euro	Actuals USD	Budget USD
Meeting Space Rental & Equipment	491,923	534,621	547,017
Printing & Electronic media	43,341	47,103	34,971
IT & Graphic design	28,015	30,447	32,500
Exhibition & Posters	20,539	22,322	13,002
Food and Beverage	317,299	344,841	186,640
Social Programme	128,824	140,006	97,450
Local staff	8,062	8,762	13,520
(Council) Meetings	191,619	208,251	224,428
Transportation	8,421	9,152	1,500
Financial cost	36,268	39,589	36,776
ICM Capitation fee	179,371	194,940	-
Management fees	256,888	279,186	271,172
<b>Subtotal direct Congress cost</b>	<b>1,710,570</b>	<b>1,859,220</b>	<b>1,458,976</b>
<b>Total direct Congress cost</b>	<b>1,836,306</b>		

The increase in the actual cost of the Congress 2023 Bali is a direct result of the significant increase in the number of participants, sponsors, and exhibitors.

### 8.3 FINANCIAL INCOME/(EXPENDITURE)

	Budget 2023 EUR	Actual 2023 EUR	Actual 2022 EUR
Financial income	-5,200	-106,193	177
Bank cost	22,800	17,336	10,288
Amortisation/depreciation	-	-	10,844
Exchange rate differences	-	88,806	-34,337
<b>Total financial (income)/cost</b>	<b>17,600</b>	<b>-51</b>	<b>-13,028</b>

In 2023 ABN Amro bank started to pay credit interest on all balances. We hold cash at bank in EUR, USD and SEK and only convert to EUR when the rates are in our favour. With the deposit account, opened in 2023, we achieved a higher rate of interest than on the regular accounts. The finance income from the deposit account was not budgeted.

### 8.4 SUBSEQUENT EVENTS

There are no significant subsequent events.

's-Gravenhage, date 29th April 2024:

On behalf of the Board:

- Sandra Oyarzo, President
- Andrew Otiko, Treasurer
- Olive Tengera, Board Member
- Samara Ferrara, Board Member
- Lia Brigante, Board Member
- Faridah Shah, Board Member
- Laxmi Tamang, Board Member
- Alison Eddy, Board Member



# Other Information

## 9.1 PROVISION IN THE ARTICLES OF ASSOCIATION GOVERNING THE RESULT APPROPRIATION

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

## 9.2 AUDITOR’S REPORT OF THE INDEPENDENT AUDITOR



### INDEPENDENT AUDITOR’S REPORT

To: The Board of International Confederation of Midwives

**Report on the audit of the financial statements 2023 on page 72 up to and including page 100 included in this annual report**

#### Our opinion

We have audited the financial statements 2023 of International Confederation of Midwives based in ‘s-Gravenhage.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of International Confederation of Midwives as at 31 December 2023 and of its result for 2023 in accordance with the RJK C1 “Kleine organisaties zonder winststreven” (Guideline for annual reporting C1 “small sized not for profit organizations” of the Dutch Accounting Standards Board).

The financial statements comprise:

1. the balance sheet as at 31 December 2023;
2. the statement of income and expenditure for the year ending 31 December 2023; and
3. the notes comprising of a summary of the accounting policies and other explanatory information.

#### Basis for our opinion

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

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

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

#### Report on the other information included in the annual report

The annual report contains other information, in addition to the financial statements and our auditor’s report thereon.

The other information consists of:

- Vision and mission;
- Message from the President;
- Message from the CEO;
- The activity and Board report on page 14 up to and including page 71;
- Other information as required by the RJK C1 “Kleine organisaties zonder winststreven” (Guideline for annual reporting C1 “small sized not for profit organizations” of the Dutch Accounting Standards Board);
- Annexes - Income and expenditures by source.





Based on the following procedures performed, we conclude that the other information:

- is consistent with the financial statements and does not contain material misstatements;
- contains all the information regarding the other information as required by the RJK C1 “Kleine organisaties zonder winststreven” (Guideline for annual reporting C1 “small sized not for profit organizations” of the Dutch Accounting Standards Board).

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

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

The Board is responsible for the preparation of the other information as required by the RJK C1 “Kleine organisaties zonder winststreven” (Guideline for annual reporting C1 “small sized not for profit organizations” of the Dutch Accounting Standards Board).

**Description of responsibilities regarding the financial statements**

**Responsibilities of the Board for the financial statements**

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

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

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

**Our responsibilities for the audit of the financial statements**

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

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

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



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

- identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, designing and performing audit procedures responsive to those risks, and obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control;
- evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board;
- concluding on the appropriateness of the Board'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 company'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 the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant findings in internal control that we identify during our audit.

Delft, 29 April 2024  
Audit 4You B.V.

Signed by L.G. Hu RA



# Annexes

## Income and expenditure by source

(x EUR 1,000)	ICM	Sida	Bill and Melinda Gates Foundation	UNFPA	Laerdal	New Venture Fund	Direct Relief	ICM Funds	Other grants and donations	Total
<b>INCOME</b>										
Membership fees	449	-	-	-	-	-	-	-	-	449
Subsidies Core funding	-	1,012	605	-	-	-	422	-	-	2,039
Project funding	-	-	1,488	211	40	193	216	-	67	2,216
Funds and Reserves	-	-	-	-	-	-	-	2,679	-	2,679
Other income	6	-	-	-	-	-	-	-	-	6
<b>TOTAL INCOME</b>	<b>455</b>	<b>1,012</b>	<b>2,093</b>	<b>211</b>	<b>40</b>	<b>193</b>	<b>638</b>	<b>2,679</b>	<b>67</b>	<b>7,389</b>
<b>EXPENDITURE</b>										
Personnel	175	829	568	45	-	71	99	107	-	1,894
Board	16	40	-	-	-	-	-	-	-	56
Representation	5	-	18	-	-	-	-	-	-	23
Professional services	47	27	36	-	-	-	-	12	-	122
General office costs	145	19	16	-	-	-	-	-	-	180
Events and programmes	-242	91	1,509	166	40	124	555	2,073	69	4,385
<b>TOTAL EXPENDITURE</b>	<b>146</b>	<b>1,006</b>	<b>2,146</b>	<b>211</b>	<b>40</b>	<b>195</b>	<b>654</b>	<b>2,192</b>	<b>69</b>	<b>6,660</b>
<b>OPERATIONAL RESULT</b>										
Financial (income)/cost	63	5	-53	-	-	-2	-16	5	-2	-
<b>NET RESULT</b>	<b>246</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>482</b>	<b>-</b>	<b>729</b>

Expenditure is allocated to the funding sources based on actual time spent by staff and contractors, X tariff for projects and agreed budget for core funding, invoices from consultants and other direct cost and considering a markup for covering ICM overhead. Expenditure is covered by donor funding and membership fees.

