



A message from the CEO-David Sutherland



Greetings of HOPE!

The Philippines is home to more than 101 million people, 22 million of these still live below the national poverty line. Farthest below that line are 7 million people living in ultra-poverty where their survival is at risk, daily struggling to find enough income to meet daily needs. ICM focuses on helping these people by igniting HOPE that propels change.

Transform, a holistic education that delivers support, training and resources, rekindles that hope of a better future. With a network of more than 6,247

pastors across the Philippines, ICM reaches those living in ultra-poverty no matter where they live. ICM Transform trainers join the pastors and community volunteers to teach the interactive curriculum on Values, Health, and Livelihood. As participants apply lessons learned, they realize small changes in attitudes, in savings, in health practices and in parenting accumulating over time to achieve significant change and progress out of poverty. Transform's livelihood curriculum empowers women to earn more money and save for the future. Participation in savings groups contributes to: strengthened financial literacy, improved financial capabilities, and increased social capital.

Over the past 27 years, ICM has grown from one small outreach in a church in Bacolod to ten operational bases partnering with ten thousand churches across the Visayas and Mindanao. Transform Level 2 aims to equip and empower more churches to effectively transform more communities by increasing the church's capacity to help ultrapoor rise out of poverty.

After reaching the significant milestone of graduating its 1,000,000th family member through Transform, ICM is now on its way to reaching the second million by 2023.

Looking forward to a deeper, wider, and global ICM!

A message from the ICMFI President—Dr. Milton Amayun



Warmest greetings from International Care Ministries Foundation Inc.!

I write this message as we enter Thanksgiving week, an opportune time to reflect and thank God for the good things we enjoy, many of them we often take for granted. We have religious and political freedoms in the Philippines that many other countries of the world do not have. We have natural resources that display the beauty of our islands, mountains and seas. We have created many cultural and food traditions that reflect the diverse influences coming from our Asian location, our centuries of Christian faith and our history as a former colony. We have a young population and a

growing economy. According to the World Bank, we are a lower middle-income country on its way to being high middle-income.

Yet, there are still several million Filipinos who do not access the basic necessities in life. Hunger and malnutrition are abiding factors in many rural farming households. School-age children, especially boys, often drop out of school due to poverty. Poor families often become poorer when a medical condition requires hospitalization. Tuberculosis is still the top-sixth killer of Filipinos and the many disasters that strike communities often wipe out the gains of the poor.

The above problems are the reasons why ICM exists. We are working hard to reach ultrapoor Filipinos who need a hands-up to lift them out of poverty. And this we have been doing over 27 years and we will continue to do so until our goal of no ultrapoor families is reached. We are also aware that the strategy requires a whole-of-society approach. That is why we work with many private individuals and companies to recruit them to help sustain our programs. We are actively engaged with civil society coalitions that address livelihoods, health, nutrition, education, indigenous peoples' needs and disasters. We collaborate with Government at all levels, including the Department of the Interior and Local Government, the Department of Social Welfare and Development, the Department of Health and the Department of Education - among others - for targeted investments in the poorest households and communities.

As we end 2019, we thank our partners, donors and staff for bringing us closer to our targets and bringing more Filipinos on a journey to self-sufficiency. At the same time, we are all reminded that we have ten years before the 2030 deadline for the achievement of the SDGs.

ICM Governance

1. VISION, MISSION, GOALS

International Care Ministries Foundation Inc. (ICM) is a grassroots non-governmental organization dedicated to ensure ultra-poor Filipino families are not left behind as the Philippine economy improves. The ultra-poor are those who survive on Php. 26 (USD 0.50) per person per day. They are at the bottom layer of the 21.6 percent of Filipinos considered by the World Bank as extremely poor.

ICM's mandate is to reduce ultra-poverty by enabling the poor to become healthier, to renew their hope in the future, and to increase their incomes by implementing strategies that primarily build resilience in families and communities through an integrated approach to development. Its mission is to deliver the right support, the right training and the right resources to unlock the bondages of poverty.

ICM's vision is to see ultra-poor families chart a pathway to self-sufficiency, releasing them from the clutches of poverty.

VISION

Ultra-poor families released from physical, emotional, and spiritual bondage.

MISSION

Deliver the right support, right training, and right resources to unlock the bondages of poverty.

The long-term goal of ICM is the elimination of ultra-poverty in support of Sustainable Development Goals (SDGs) 1 - End poverty, and 2 - Zero Hunger, 3 - Good health and well-being, 4 - Quality Education and 5 - Gender Equality. In addition, ICM is actively involved in SDG 17 - Partnerships for the Goals. ICM fully supports the Ten Principles of the UN Global Compact in all of its business operations.













2. ORGANIZATIONAL PROFILE

International Care Ministries Foundation Inc. (ICMFI) is a Filipino non-governmental organization (NGO) registered with the Securities and Exchange Commission (SEC) and is an accredited partner of the Department of Social Welfare and Development (DSWD). It is certified by the Philippine Council for NGO Certification (PCNC).

ICM's Global Center is located in Hong Kong. ICM's only field country is the Philippines hence, the bulk of ICM's technical and management staff and other resources are based in Manila, where it has more access to field locations for support and supervision. Each of the bases has a complement of technical, support and operations teams led by an Area Head. Over the past 27 years, ICM has grown tremendously, from one small outreach in Bacolod to 10 operational bases serving more than 25 provinces and 1,200 communities annually. ICM currently employs 450 full-time staff.

ICM currently runs Transform programs in more than 25 provinces managed by 10 fully staffed operational bases. Each base has a full staff complement, including Logistics and Procurement Teams (LPT) as shown in the organizational chart below. Each base may have two to four branch offices in its area of coverage. Six new bases are planned between 2019 and 2023.

Global Team



Sutherland

Director

Deanna Executive



Raymond Warhola

Executive Director



Beth Uy

Global Chief of Staff



Lincoln Lau, PhD

Director of Research



Dale Sutherland

ICM USA President

Philippine Management Team



Milton Amayun, MD, MPH

President



Shelley Trebesch, PhD

Managing Director



Daniel Mayhugh

Chief Operations Officer



Daniel Bouw

Chief of Mission **Finances**



Arlene De Leon

Chief Admin. Officer



Herman Moldez

Chief Spiritual Officer



Dan Mijares

Area Head Mentor



Carol Roa

Chief Advancement Officer



Cornejo

Chief of Human Resources



Coman

Director of Strategy

Regional Leaders



Samuel Templado

Bacolod



Minierva Lahaylahay

Bohol



Primo Sistual

Cebu



Faiola Besaña

Dipolog



Marites Petallar





Stefany Lee



Lilian Bardinas

Kalibo



Edwin Booc

Koronadal



Ercile Trespuentes

Palawan



Precyllyn Castro

Dumaguete

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Director
Former Executive VP and
Head of Corporate Client



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Vice Chair of ICM Board
Managing Partner,
Debevoise & Plimpton, LLP



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Managing Partner and Founder,
Talanton

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Human Resources,
English Schools Foundation - HK



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Former President of the Americas,
Otis Elevator Company



GUANGJIE HOPTON
Director
Senior Managing Director,
Aon Intellectual Property Solutions



MALCOLM WOOD
Director
Chief Investment Officer,
Baillieu Holst

Board of Advisors

ICM benefits from the generous counsel of a wide range of professionals.

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John & Pamela Hsu Hubie Lem Tess Lyons Ramon & Vicki Maronilla Nicholas & Jaclyn Norris Michael & Patricia Openshaw Carmen Schiffmann

Mike & Ting Small

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Steve & Bev Movius Phil & Larrisa Nguyen Sean Ragen Russ & Farrah Richardson Jim & Dede Schumacher Wendy Smith Crystal Stull

UNITED KINGDOM

Charles Mathias Grayden Reece-Smith

Bridget Salmon Julie Turner

PHILIPPINE FIELD STAFF



ICM Branch Heads

oversee regional teams of 12 staff who directly deliver programs to the ultra-poor.



Members of the Metrics Team

capture impact through surveys and data collection



Health and Livelihood Trainers

run the Transform program in poor communities.



The Support Team

keeps everything running smoothly.



Pastor Coordinators

work with pastors to coordinate Thrive and Transform



Family Academy Coordinators empower

local volunteers to train parents to engage with their children in healthy ways.



Medical Case Coordinators

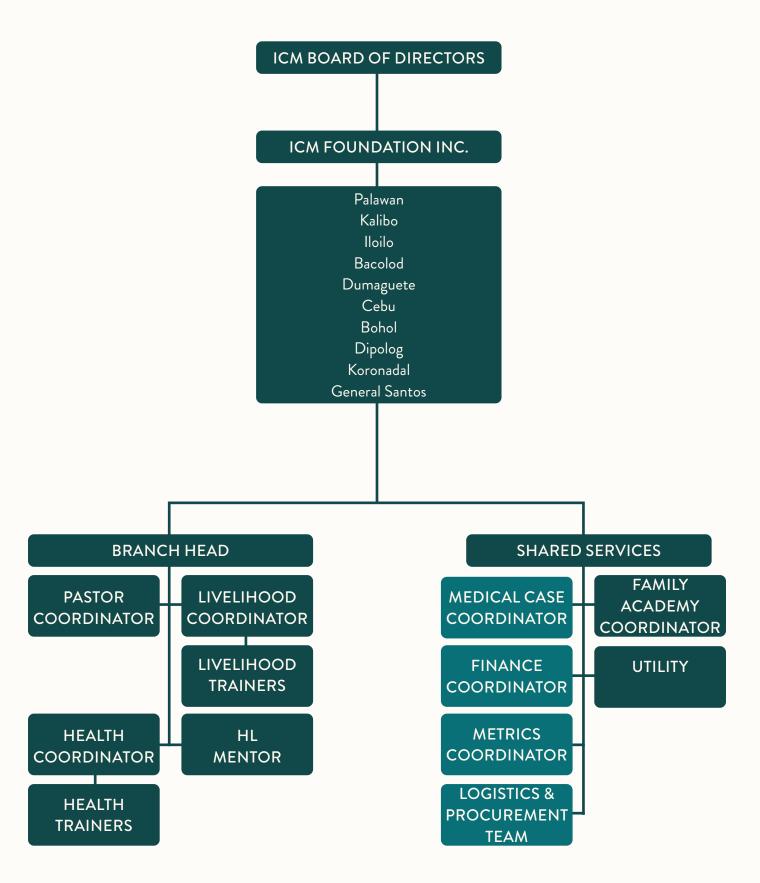
provide patient care that addresses medical needs.



Communications

Officers record stories and photos to share with donors. Each of the current ten (10) bases has staff to manage program operations, administration, and finance. A national office in Manila provides oversight to the bases through units that provide technical support, human resources functions, and financial supervision. A logistics and procurement team (LPT) within the Administration unit is responsible for managing food shipments.

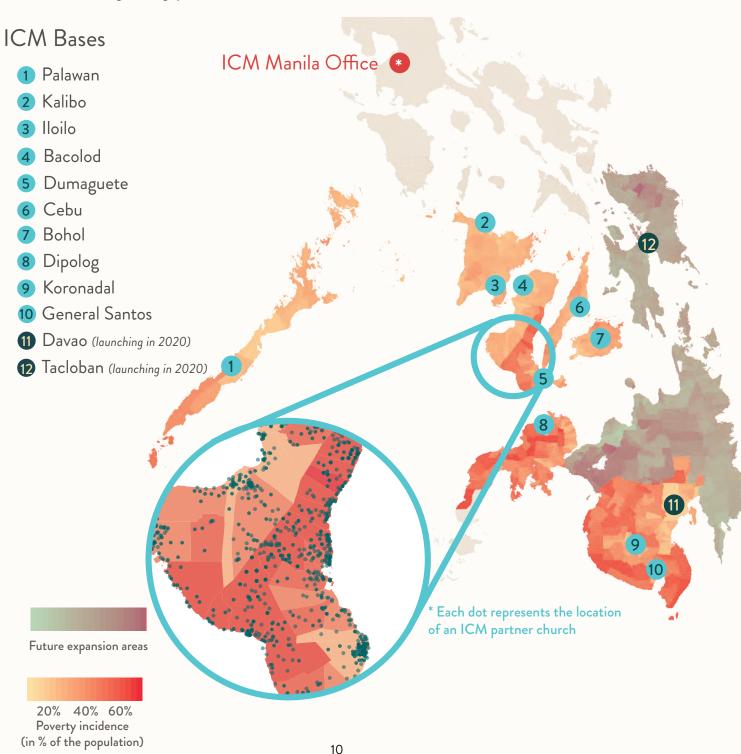
ICM's Organizational Structure



3. GEOGRAPHICAL REACH

Over the past 27 years, ICM has grown tremendously, from one small outreach in a church in Bacolod to ten operational bases serving 21 provinces and 1,200 communities annually. This unmatched reach is made possible through partnerships with more than 7,600 churches. ICM currently employs 450 full-time staff, including those in Manila, where a team of technical and financial professionals provides supervision and support to frontline personnel.

ICM has an extensive reach (and distribution capability) to the poor in urban slums, remote rural villages, mountain communities and fishing villages throughout central and southern Philippines. Regions currently covered include: MIMAROPA (Region IV-B) – Palawan; Western Visayas (Region VI) - Negros Occidental, Capiz, Iloilo, Aklan, Guimaras and Antique; Central Visayas (Region VII) - Negros Oriental, Cebu, Siquijor, Bohol; SOCCSKSARGEN (Region XII) – Cotabato, Maguindanao, South Cotabato, Sarangani, Davao del Sur, Sultan Kudarat, North Cotabato; and Zamboanga Peninsula (Region IX): Zamboanga del Norte, Zamboanga del Sur, Zamboanga Sibugay, and Misamis Occidental.



ETHICS/APPROACHES/STRATEGIES

ICM brings holistic, lasting change to those living in ultra-poverty. By combining a heart of compassion with a business mindset, ICM delivers impact that is focused, effective, and efficient.

Focused: ICM commits to helping the poorest people. **Effective:** ICM invests in evidence-based strategies. **Efficient:** ICM achieves maximum impact at scale.

Hope is the key. Progress out of poverty must start with the belief that a better future is possible.





ICM's holistic, sustainable, and measurable capacity-building program covers Values, Livelihood, and Health (VHL) components. It aims to assist ultra-poor families to chart a pathway out of poverty. ICM targets the ultra-poor, those at the bottom of the 21.6 percent of Filipinos considered by the World Bank as extremely poor. From pre-participation surveys of candidate participants, ICM has documented that the extremely poor, apart from being cash-poor, are also food-poor, suffer from ill health, and struggle to meet even the most basic needs, and live in crowded, inadequate, unsafe homes, and lack access to clean water or proper sanitation. Hunger, malnutrition, and - most important - isolation, low self-confidence and few networks of support, drive them to depression.

ICM recognizes that the problems of ultra-poverty are multidimensional, so that addressing only one aspect of poverty is not as efficient or effective as a holistic approach. Participants from ultra-poor families must first build social capital, become healthier, and learn new skills to generate new income streams. ICM delivers training alongside local community leaders (pastors) who provide ongoing support even after the implementation period ends.

ICM enables families to break out of abject poverty in Geographically Isolated and Disadvantaged Areas (GIDA) sites, such as urban hard-to-reach slums, remote mountain hamlets, and coastal fishing villages across central and southern Philippines. It uses lessons and best practices learned to implement projects. ICM has learned that social capital is the key ingredient to developing behavior change among the ultra-poor.

By design, all of ICM's programs work to build up marginalized women, empowering them to change their own lives and the lives of their families and communities. ICM promotes this by enabling undervalued women to lead to behavior change at home. ICM ensures that both women and men have the opportunity to fulfill their God-given potential.

ICM PROGRAMS

The poorest families live on the margins of society in hard-to-reach areas. ICM is able to reach those living in ultra-poverty because of partnerships with thousands of pastors serving in vulnerable communities across the Philippines. Both ICM and partner pastors share a passion and commitment to help the poor. By working together, common goals are achieved.

ICM empowers local pastors who serve in low-income communities scattered across the country's 7,000 islands. These local churches host ICM programs to provide a uniquely scalable, cost-efficient distribution channel for poverty-reduction interventions. THRIVE delivers monthly training and encouragement to equip pastors for sustained ministry among the poor. THRIVE shows pastors how they can become agents of positive change in their communities. As a network that is scalable and wide-reaching, THRIVE invites pastors to host TRANSFORM in their local church venues. Local church leaders are the backbone of ICM's operations and distribution strategy. We partner with 9,135 local Pastors to-date.

ICM Partner Pastors Live among the poor Lacks direct access to poor families Donate local church venues Needs local venues to host programs SHARED PASSION Needs local volunteers Recruit volunteers TO HELP Brings proven strategies that empower THE Lack strategies to help ultra-poor **POOR** Facilitates health and livelihood training Deliver spiritual message of hope Delivers food, medical aid, microloans Need resources to help ultra-poor



Monthly Thrive Meetings Deliver

Spiritual and Emotional Support

- Ministry skills training
- Peer mentoring groups
- Fellowship

Health Support

- Pastor health checks and training
- Funding support for medical cases
- Food supplements

ICM Program-Holding Opportunities

- Transform (four-month training program)
- Prevail (ongoing savings group support)
- Special projects

TRANSFORM

Transform is a strategic education program that delivers hope. It is four-month interactive learning experience for igniting hope that propels change. ICM assists the ultra-poor to chart a pathway out of poverty through an integrated development approach called TRANSFORM. ICM believes that the problems of ultra-poverty, are multidimensional- addressing only one problem of poverty is not as efficient or effective as a holistic approach. By implementing Transform's holistic approach that addresses the wide spectrum of strongholds preventing progress out of poverty, the impact from physical, emotional and spiritual bondage.



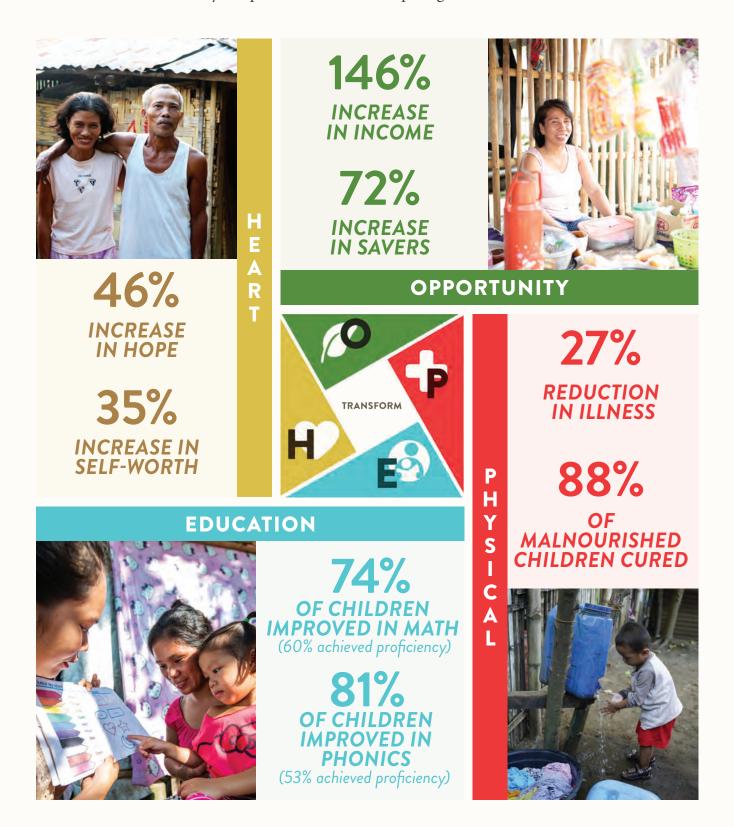
TRANSFORM is ICM's core strategy for igniting hope that propels change. The first step is to gather people who need help the most. A local pastor, using a poverty scorecard to guide selection, invites the poorest families from his or her community to join TRANSFORM, a holistic education course that delivers support, training, and resources that rekindle the hope of a better future. Once a week, for four months, ICM Transform trainers join the pastor and community volunteers to teach the interactive curriculum. As participants apply lessons learned, they realize that small changes in attitudes, in savings, in health practices, and in parenting accumulate over time to achieve significant change and progress out of poverty.



TRANSFORM is a comprehensive, capacity building 15-week program that has four key components: Values, Health, Education, and Livelihood (VHL). The program is delivered alongside local community leaders – mostly pastors – who provide ongoing support even after the program period ends.

Health lessons promote healthy behaviors and disease prevention. For education, both parent and child are fellow learners while preparing the young child for the formal school system. The Livelihood component provides the opportunity for participants to learn financial literacy and micro-entrepreneurship. Alongside is the Medical Case Program which supports patients in accessing curative care. Our vision is to see ultra-poor families chart a pathway to self- sufficiency, releasing them from the clutches of poverty.

Transform focuses on four key components essential for hope to grow.





Hope starts with the **HEART**

Fostering positive values

Hope is a powerful motivating force essential for well-being. ICM's values curriculum instills in people the belief that a better life is within reach. This helps them overcome feelings of inferiority and passivity that hold them back.

Hope changes the odds in the fight to escape from poverty by fostering:

- The belief that you can be an agent of change in your own life
- Safe relationships, a sense of belonging, and a knowledge of self
- The ability to problem-solve, set goals, and work toward those goals
- A sense of purpose and meaning in life

Transform's values lessons emphasize:

Healthy Relationships God, Family, Community

Personal Character Self-worth, Integrity, Self-control

Wise Choices
Priorities, Future,
Resilience

One of the best ways to foster economic growth among the poor is to empower underserved women for greater productivity. ICM's Transform program does this by:

- Creating safe support networks for women
- Inspiring entrepreneurialism among women
- Improving the standing of women in their communities
- Providing new leadership roles for women
- Addressing women's and children's health issues





Hope Grows with OPPORTUNITY

Empowering sustainable income

Families need reliable and sufficient income if they are ever to get out of poverty. ICM's livelihood curriculum provides the training, the resources, and the support needed for women to start new businesses, save earnings, and invest in their future.



Participants learn how to run low-capital, low-risk businesses.



A portion of new income is saved in newly formed, self-governed savings groups.



As savings grow and trust is established, new businesses are launched.

Transform's livelihood lessons emphasize:

Small Business Skills

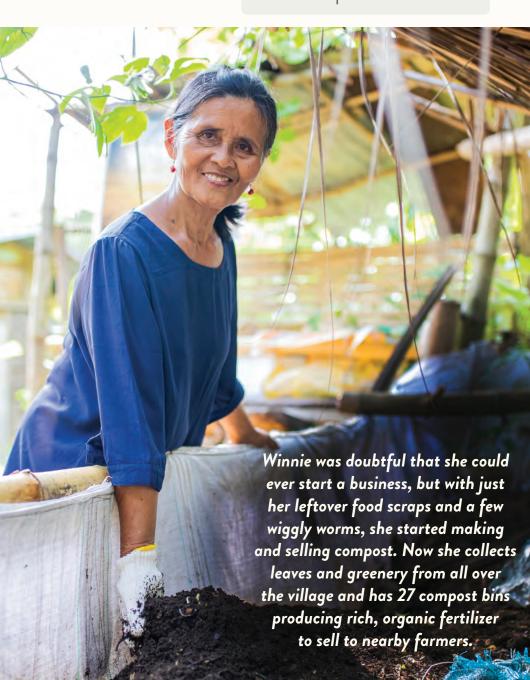
Planning, Budgeting, Marketing

Livelihood Options

Snack Production, Cleaning Products, Organic Vegetables

Savings Groups

Principles, Governance, Record Keeping, Group Businesses





Hope Endures in the PHYSICAL

Promoting healthy living

Poor health can both result from poverty and contribute to poverty.

TRAINING: ICM's health training breaks this cycle by increasing family well-being through health education resulting in better nutrition, sickness prevention, and improved family care.

TREATMENT: ICM also screens for common health concerns among the poor, delivering medical treatment and follow-up as needed.

Transform's health lessons emphasize:

Wellness

Disease Prevention, First Aid, Nutrition

Family

Reproductive Health, Prenatal Care, Child Development

Sanitation

Hygiene, Clean Water, Public Health





Hope Advances Through **EDUCATION**

Launching confident learners

Parents in extreme poverty face the chronic stress of providing for their children's basic needs—food, shelter, healthcare, and education. This stress negatively affects parent/child relationships despite parents' commitment to their families.

ICM's education training (Family Academy) empowers parents to proactively engage with their preschool children through educational play. Using colorful math and phonics flashcards and a library of interactive games, parents become their children's first teachers. When kindergarten begins, preschoolers are emotionally and academically ready to thrive.

Transform's education lessons emphasize:

School Readiness

Math, Phonics, Vocabulary

Parenting Skills

Behavior, Communication, Play

Parent-Child

Love, Acceptance, Encouragement



PREVAIL SAVINGS NETWORK

After Transform, ICM continues to empower newly-formed savings groups with monthly Prevail meetings that support the ongoing development of Transform participants.

Prevail builds resilience, strengthens financial literacy, increases social capital, and helps participants achieve financial inclusion in the economic activities in their communities.

Prevail Savings Groups

- Each self-governed savings group is made up of 15-100 members
- Members contribute a set amount each week to their collective savings
- Pooled savings are lent out to members based on each group's policies
- Profits from interest earned is shared among members at year end
- As groups mature, savings groups register as formal cooperatives and access government grants
- Many groups start group businesses with fellow savers

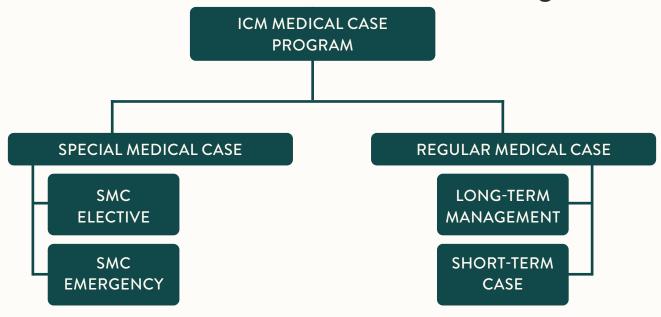
MEDICAL MERCY PROGRAM

One medical crisis can wipe out any progress in the fight against poverty. Injury, disease, and illness limit a family's ability to earn income. People become isolated due to stigma. Families are trapped with massive debt from medical costs. ICM caseworkers support and encourage patients before, during, and after treatment, providing personalized patient care that maintains the dignity of families in need. Overseen by a medical advisory board, treatment is arranged through partnerships with nonprofits and local hospitals, ensuring ICM can help as many patients as possible. ICM helps those with cleft lips and palates, hernias, goiters, cataracts, clubfoot, digestive disorders, and other conditions.

The Medical Case Program is the curative complement of ICM's TRANSFORM Program. It provides assistance to indigent patients through a multi-phased evaluation process. The MCP has two separate subprograms: Special Medical Cases (SMCs) and Regular Medical Cases (RMCs). SMCs are patients needing surgical care while RMCs are patients needing medical management such as consultations, laboratory tests, or medications. The processing of patients involves physical examination, X-rays, and laboratory testing, in addition to close coordination with the MCP Team composed of a pediatrician and a nurse. This Team communicates with a network of Medical Case Coordinators working in ten bases and around 30 branch offices through the Trello online bulletin board. Cases are identified with the help of pastors (one-third are women) in 1,200 poor communities, annually, who, with their volunteers, assist ICM staff in health screening during TRANSFORM. These faith-based community partners offer compassionate care and demonstrate ownership to health improvement in their communities.

SMCs (surgery cases) are prioritized when there is funding available or when partner NGOs organize surgical camps and missions. RMCs are given a maximum of 12 months' support if they are pediatric cases (up to 18 years old). This scenario is designed to assist patients in finding a sustainable approach to managing their long-term medical needs. ICM awards short-term management cases funds to access low-cost medical treatment and support. For both short-and long-term management cases, the MCP's goal is to maximize health outcomes for the patient within her/his socio-economic context.

Structure of the Medical Case Program



OTHER HEALTH PROGRAMS

A. Home-Based Feeding (HBF) - to rehabilitate children with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) through food supplements

ICM's Home-based Feeding Program (HBF) is a 12- week community-based program for severely and moderately wasted children between the ages of 6 months to 12 years. At risk children are identified through screening during Week 2 of the Transform program and the local health center's list of malnourished children, community awareness and mobilization, and house to house visits. Initial screening is conducted and children are categorized as either Severe Acute Malnutrition (SAM) or Moderate Acute Malnutrition (MAM) according to international weight-for-height z scores (WHZ).

ICM's HBF program involves the weekly provision of Ready-to-Use-Therapeutic Food (RUTF) for SAM children under the age of 5 years, and a rice-based micronutrient fortified food called Nutripack for SAM children 5 -12 years and all MAM children. It also includes deworming, a health assessment, weekly weight monitoring, and education on health and nutrition. Due to the potential risk of relapse following a community-based nutrition program, ICM children remain in HBF for the duration of the 12-week program, irrespective of reaching normal (target) weight. If the child has not achieved normal weight (WHZ score of \geq -2) on completion of HBF, they are enrolled into Extended HBF.

B. Pregnancy and Newborn support - to encourage safe motherhood practices, exclusive breastfeeding and to support nutrition for the first 1,000 days of a child's life

ICM provides extra Nutripacks for pregnant women attending Transform. This extends up to six months post-delivery for lactating mothers, in order to optimize the nutritional status of mother and infant in support of the First 1,000 Days initiative. Ongoing follow-up of a mother and her baby continues post-Transform to ensure that the baby gains weight, and to encourage breastfeeding, postnatal check-ups, and immunization against childhood diseases. This also applies to women who are continuing to attend Transform during pregnancy or lactation. Their young children under-five would also be dewormed, screened for malnutrition and given treatment for skin diseases. Of the more than 30 women who are enrolled in Transform in a usual community, an average of five to six women per batch would be lactating, pregnant or expected to become pregnant during their Transform attendance.

ICM delivers a 'Safe Motherhood' series which provides education on safe pregnancy, safe delivery, newborn care, breastfeeding, complementary feeding, and childhood growth and development, including the Philippines Expanded Program of Immunization (EPI). Education not only benefits the pregnant women and mothers attending our program but extends to the community, as they share their newly acquired knowledge with other mothers within the community.

ICM introduced C-MAMI (Community Management of Acute Malnutrition in Infants) at the beginning of the fiscal year in support of WHO and UNICEF's global initiative, and the DOH's national agenda of 'The First 1000 Days'. C-MAMI, in conjunction with ICM's Pregnancy Follow-up and HBF initiatives, enables ICM to support the nutrition and well-being of the child in the first 1000 days of life. The program enrolls mothers and their infants aged 0-6 months, conducts weekly weights, delivers counseling and support on exclusive breastfeeding and newborn care, and provides extra nutrition for the lactation period. Breastfeeding resources are handed out that supports and advises the mother on exclusive breastfeeding, and how to address breastfeeding issues and concerns.

C. Treatment compliance, e.g., for TB and post-surgery

The Philippines is ninth out of the 22 highest TB-burden countries in the world and has one of the highest numbers of multidrug-resistant TB (DOH 2016). It is the 8th leading cause of illness and death in the country according to 2016 Philippine Health Statistics. TB has been documented to be more prevalent among poor households, especially in urban slums and in Geographically Isolated and Disadvantaged Areas (GIDAs). ICM referred TB suspects to the RHU for testing. From 2018 to present, ICM was able to refer to screening 108,111 potential cases.

D. Deworming

Soil-transmitted Helminths (STH) or 'worms' is a public health problem that has a detrimental impact on children's growth and development. STH can cause anemia, malnutrition, weakness, impaired physical and cognitive development, resulting in poor growth and poor school performance.

In 2015, the Department of Health in partnership with schools and local government units (LGUs) distributed anti-helminthic drugs during National Deworming Month (NDM), a bi-annual campaign held in January and July. The two components of NDM are National School-Deworming Month (NSDM) that focuses on school-aged children aged 5-18 years, and Community Based Deworming Month (CBDM) that targets pre-school children aged 1-4 years. A total of 3,534 individuals received deworming medication, of which 11% were children under 5 years, 19% were aged 5-18 years, and 70% were adults.

DISASTER PREPAREDNESS AND RESPONSE

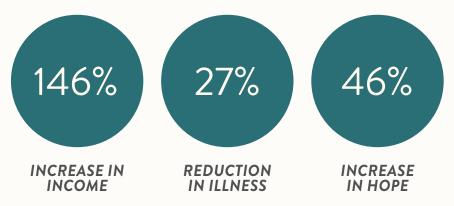
ICM provides immediate response to families affected by disasters. ICM responds to disasters by providing Nutripacks to community partner-leaders who have been trained in post-disaster assessment, communication of needs, food distribution and reporting. ICM has an agreement with donors of food that one to two containers of food will always be made ready to ensure immediate support to first responders to an emergency in the communities ICM assists.

ICM in its Transform program provides awareness-raising and disaster preparedness training. The assisted communities identify their local hazards and map their evacuation plan. There are 1.2 million people from the 1,189 communities that were trained on disaster-preparedness and whose members facilitated putting up early warning systems at the community level.

PROGRAM IMPACTS IN SUPPORT OF SDG GOALS

ICM contributes toward the achievement of the United Nation's Sustainable Development Goals.

Over 1.2 million people have graduated from ICM's Transform program since 2009. Ultra-poor participants experience:





SDG 1 No Poverty

Transform participants realize their own potential to reach a better future. Hope shines through in the families of once ultra-poor participants, evidenced by positive improvements in many areas of their lives. Through TRANSFORM, 1,189 communities and 33,571 households are reached.

146% 72% 15,902
INCREASE IN INCREASE IN LAUNCHED NEW BUSINESSES

2,074 56,974 US\$281

SAVINGS TOTAL AVERAGE SAVINGS PER GROUP

1,230 new savings group with 33,788 new savings group members with US\$87,516 total saved.



SDG 2 Zero Hunger

Impact of Food Relief and Development

ICM distributed 3.4 million food packs in FY2018-19. This is equivalent to 21 million meals, a significant contribution to the development efforts of ICM in a specific demographic target: the ultra-poor. Without the donated food, thousands of families would continue to miss dinner twice a week. In addition, 1,408 children were treated for acute malnutrition, 1,362 pregnant women were given extra food, and 422 potential TB cases were referred to the nearest DOTS (Directly Observed Extra Treatment, Shourt-course) Clinic. On the issue of impact on relief, food is the most requested need when natural disasters strike, due to the interruption of access to food, livelihood or employment and market systems.

1,712

OF

MALNOURISHED

CHILDREN

CURED



SDG 3 Good Health and Well Being

Medical Mercy/Case Program

In 2019, with the help of ICM's medical partners, 264 surgical cases and 1,678 medical cases were supported. ICM screened 2,133 patients, of which 1,200 were further reviewed, while 264 completed surgical treatment. Services provided were worth Php12 million, of which Php7.2 million was contributed by partners:

Medical Partners:











SDG 4 Ensure Inclusive and Equitable Quality Education and Promote Lifelong Learing Opportunities for All

3,618
PRESCHOOLS
GRADUATED

74%

OF CHILDREN

IMPROVED IN MATH

(60% ACHIEVED

PROFICIENCY)

81%
OF CHILDREN
IMPROVED IN
PHONICS
53% ACHIEVED
PROFICIENCY)



SDG 5 End all forms of discrimination against women and girls everywhere

In 2019, 90% of Transform participants are women.



1.2 million people graduated from Transform Program.

Empowering Women

One of the best ways to foster economic growth among the poor is to empower underserved women for greater productivity. ICM's Transform program does this by:



- Inspiring entrepreneurialism among women
- Improving the standing of women in their communities
- Providing new leadership roles for women
- Addressing women's and children's health issues





International Care Ministries is a lead organization in various coalitions and alliances in support of SDGs and sustainable development. These are the Association of Foundations (AF), the Philippine Coalition of Advocates for Nutrition Security (PHILCAN), the National Nutrition Council, the Zero Extreme Poverty Philippines 2030 Movement as lead for the Health cluster, the Philippine Faith-Based Organizations Forum (Phil FBO), Philippine Coalition Against Tubercolosis (PHILCAT) and the UN Global Compact Network Philippines.

KEY COLLABORATIONS AND PARTNERSHIPS

ICM aims to leverage its size, scale and reach to positively impact the communities in which it serves and operates. To go beyond its own operations and vendors, ICM leverages strategic partnerships and collaborations to provide innovative solutions to the most pressing issues it faces today. ICM's partnerships act as platforms to share information, technical resources, training and financial support depending on the issues that need to be addressed. Joint activities revolve around advocacy, legislation and community mobilization.

ICM is a respected member or leader in networks that touch on health and development. ICM often chairs or hosts the meetings. Through formal and informal agreements, ICM forges partnerships with other health and development organizations to achieve common goals. Formal partnerships are governed through Memoranda of Agreement e.g., the Department of Health and the National Nutrition Council. Others include memberships in networks, such as the Zero Extreme Poverty Philippines 2030 (ZEP PH 2030), Philippine Coalition of Advocates for Nutrition Security (PHILCAN), Philippine Faith-Based Organizations Forum (Phil FBO), Philippine Coalition Against Tuberculosis (PHILCAT), Angat Buhay and the UN Global Compact Network Philippines. All of these networks aim to reduce poverty and are focused on the achievement of the Sustainable Development Goals by 2030.

ICM is a member of the following:



Association of Foundations

An association of NGOs associated with the private sector in the Philippines



Zero Extreme Poverty (ZEP) Movement

A coalition of NGOs supporting the Sustainable Development Goals. ICM is on the Steering Committee of the Health Cluster and co-lead for Puerto Princesa City



International Partnership of Religion and Sustainable Development (PaRD)

Brings together governmental and intergovernmental entities with civil society organisations to harness the positive impact of religion and values in sustainable development and humanitarian assistance



PhilCAN (Philippine Coalition of Advocates for Nutrition Security)

A coalition of 13 NGOs with a special interest in nutrition promotion, policy and legislation



Christian Connections for International Health

A US-based membership organization dedicated to the promotion of wholeness and healing from a Christian perspective



Joint Learning Initiative (JLI)

An international collaboration on evidence for faith groups' role and contributions to local community health and wellbeing and ending poverty



UN Global Compact Network

The UN GCNP is a coalition of businessses committed to uphold human rights, labor, the environment and transparency (anti-corruption).

ICM also partners with the following Philippine Departments at the national level:

- 1. Department of Health (DOH)
- 2. Department of Social Welfare and Development (DSWD)
- 3. Philippine Health Insurance Corporation (PHIC)
- 4. Department of Education
- 5. National Nutrition Council

ICM's formal and informal partnerships with public and private health providers help expand access to treatment. Arrangements for surgeries are collaboratively supported by Local Government Units; Philippine Government agencies, like the Department of Social Work and Development, and the Philippine Charity Sweepstakes Office. Patients are also assisted by PhilHealth (national health insurance), 4Ps (Pantawid Pamilyang Pilipino Program), partner hospitals, and foundations.

ICM has partnership arrangements with Local Government Units (LGUs) at the provincial level in all of the provinces where it implements its Transform program. At the municipal and city LGU levels, ICM's partnerships are less formal but more interactive, including cross-referrals of patients and malnourished children.

An important aspect of ICM's work is its ability to provide people living in poverty with nutritional food and other essential resources. This is possible due to its partnership with other non-profit organizations who share the same values and vision. ICM is also grateful to its partners who provide medical and hygiene services to ICM participants.





EQUAL OPPORTUNITY POLICY

ICM welcomes the participation of the ultra-poor based on need and does not consider ethnicity, religion, political affiliation, or sexual orientation as factors for eligibility in its programs. Partner pastors employ a strict non-discrimination policy to target those in greatest need without regard to whether they are church members or not. On the issue of gender, ICM's programs have been gender-transformative in that they tended to involve a lot more women than men, since women, especially those who head households, are more vulnerable to ultra-poverty and have more time to participate in TRANSFORM activities.

MONITORING, EVALUATION, AND RESEARCH

ICM is committed to effectiveness by means of its dedication to data obtained through monitoring, evaluation and research. It has a robust internal research capability that captures baseline and end-of- project outcome indicators. Every ICM base has a Metrics Team collecting data on all program participants. The Operations Team also collects data on project performance quarterly and yearly.

Monitoring. ICM tracks everything that happens on the ground.

- Program implementation
- Participant engagement
- Resources distributed
- Milestones achieved

Evaluation. Impact is evaluated

- Regular pre- and post-program participant surveys of a representative sample of participants
- Internal database integrates monitoring and evaluation data

Research. ICM aims to do better tomorrow than it did yesterday.

- Randomized controlled trials (gold standard in impact measurement)
- New program pilots
- Program tinkering and testing
- Analytics and assessments

ICM is honored to partner with the following outstanding academic institutions who are committed to excellence in research.























ECONOMIC PERFORMANCE

In 2009-10 ICM reached 50,000 people, increasing to an expected 263,000 people in 2019-20, a 426% increase compared to its impact eleven years ago. In 2018-19, ICM's budget was US\$10.0M and our actual expenses were US\$11.0M. This 10% increase versus budget was virtually all an increase in food requirements due to expanded TRANSFORM programs offset by minor favorability in other programs.

2018-2019 ACTUAL FINANCIAL RESULTS

Year Ending May 31, 2019 (in '000s)

Program	Philippine Peso PHP	HK Dollars HK\$	US Dollars US\$	%
Transform	426,587	63,105	8,143	73%
Feeding	302,932	44,812	5,782	52%
Heart, Opportunity, and Physical training and resources	123,655	18,292	2,360	21%
Family Academy (Education)	21,565	3,190	412	4%
Prevail (Savings Groups)	21,667	3,205	414	4%
Thrive Network	57,115	8,449	1,090	10%
Other Services (Health, Disaster, Capital)	27,967	4,137	534	5%
Support	21,573	3,191	412	4%
Total Actual	576,474	85,277	11,004	100%

These pages consolidate the results of two ICM Philippine charities (ICM Foundation Inc. and ICMManila Inc.) as well as certain costs incurred overseas which relate directly to Philippine operations. These pages exclude other costs from Hong Kong and the USA. Non Philippine costs are supported by designated donations (including banquet tables and tangible auction items, donations from the Board of Directors, and grants from three foundations), allowing virtually all other donations to go straight to the Philippines.

ICM manages an annual budget of more than US\$10 million, of which US\$4 million is donated food. Hong Kong and the United States are the primary sources of support, and a donor base in the Philippines is slowly developing. Individuals (68 percent) comprise the most significant donor category, followed by foundations (14 percent), corporations (12 percent) and others (six percent).

In 2019-20, ICM's budget is US\$12.1M, up 10% from the previous year's actual results of US\$11.0M. This was mainly driven by expansion of programs in both Mindanao as well as continued favorable depreciation of the peso. The value of donated food distributed in 2018-19 was US\$5.8M and ICM expects to distribute food valued at US\$5.7M in 2019-20. ICM expects to reach 263,000 people in 2019-2020 while keeping its program support expense to 4% of Philippine expenses.

2018-2019 BUDGET

Year Ending May 31, 2020 (in '000s)

Program	Philippine Peso PHP	HK Dollars HK\$	US Dollars US\$	%
Transform	451,869	66,845	8,625	72%
Feeding	296,768	43,901	5,665	47%
Heart, Opportunity, and Physical training and resources	155,101	22,944	2,961	25%
Family Academy (Education)	34,094	5,043	651	5%
Prevail (Savings Groups)	26,537	3,926	507	4%
Thrive Network	64,575	9,552	1,233	10%
Other Services (Health, Disaster, Capital)	30,800	4,556	588	5%
Support	26,518	3,923	506	4%
Total Budget	634,392	93,845	12,109	100%

ICM's financial statements in the Philippines are audited by SGV & Co, the largest Philippine accounting firm and an affiliate of Ernst & Young LLP. All of ICM's audited financial statements from the Philippines, Hong Kong and the USA are available on request. ICM's books are open to our donors. Any questions about our finances? Just ask.

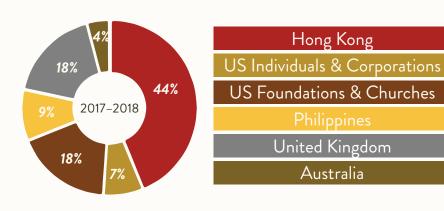
Historically, partners and donors from Hong Kong have been the most important source of ICM's program resources. ICM has been actively pursuing new partnerships with a number of foundations and donors outside of Hong Kong. As a result, ICM expects that its international partners will contribute a higher percentage of its total program resources in the future.

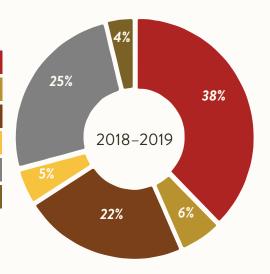
ICM is a registered charity in the Philippines, Hong Kong, and the United States.

- 1. Hong Kong: 21/F, Siu On Building, 243 Des Voeux Road West, Sai Ying Pun, Hong Kong (+852-3470-3009)
- 2. Philippines: Unit 2001, Antel Global Corporate Center, Julia Vargas Avenue, Pasig City, Philippines (+632-571-6975)
- 3. United States: PO Box 2146, La Plata, MD 20646

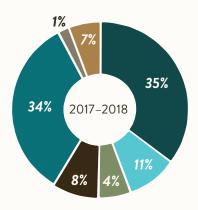
ICM partners with Entrust in Australia, with Stewardship in the UK and with TGCF in Canada.

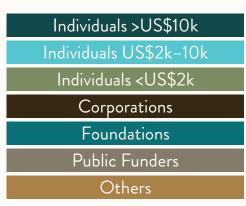
Cash Donation by Country

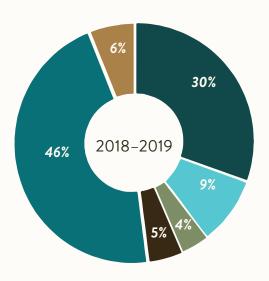




Cash Donation by Source







PRIVACY AND DATA PROTECTION

The International Care Ministries (ICM) in its commitment to uphold, respect, and value data privacy rights, developed and adopted a Data Privacy Manual in compliance with the Data Privacy Act of 2012 (DPA) and its Implementing Rules and Regulations, and other relevant policies, including issuances of the National Privacy Commission (NPC). All personal data collected from all its officials, personnel, and clients, including all volunteer, project-based and contractual employees were processed in adherence to the general principles of transparency, legitimate purpose, and proportionality. It likewise covers software developers and electronic service providers of the organization.

Processing of personal data from collection, use, storage retention and destruction, access, disclosure and sharing were guided by specific policies and that all employees and personnel of the organization must maintain the confidentiality and secrecy of all personal data that come to their knowledge and possession, even after resignation, termination of contract, or other contractual relations. Personal data under the custody of the ICM shall be disclosed only pursuant to a lawful purpose, and to authorized recipients of such data. Organizational security measures and technical security measures were in place in the organizational structure with assigned Data Protection Officer (DPO) and Compliance Officer for Privacy (COP). There is also a Data Breach Response Team who is responsible for ensuring immediate action in the event of a security incident or personal data breach. It also executes measures to mitigate the adverse effects of the incident or breach. The ICMF sponsors a mandatory training on data privacy and security at least once a year.

AWARDS RECEIVED

2019 ICMDA Leadership in Christian Health and Development Initiative

"Dignity and Right to Health Award 2019"

This Award aims to model, mobilize and encourage creative and sustainable ways that enhance the dignity and human rights of people, all made in the image of God, and communities living with a range of health and development challenges. Hence, this award recognizes ICM's visionary and innovative leadership in providing health services for communities who have difficulties accessing care due to ethnicity, caste, behavior, and or other reasons and those that are hard to reach due to geographical difficulties, violence or conflicts. The award also gives credit to ICM's demonstrated significant program impact at local and wider level.

"Exemplary Health Partner" Award



The plaque of recognition was given by the Province of South Cotabato during the Provincial Health Summit 2019. This award is given to its exemplary partner in the implementation of health program in the province of South Cotabato. Hence, it recognizes ICM's hard work and achievements to bring optimum health to all the people in the province.

GRI CONTENT INDEX

This report has been prepared in accordance with the GRI Standards and Frameworks.

For the Materiality Disclosures Service, GRI Services reviewed that the GRI content index is clearly presented and the references for Disclosures 102-40 to 102-49 align with appropriate sections in the body of the report.

Reason

GRI STANDARD	Disclosure		Page Number(s)	for Omission
GRI Standard Foundation 2016				
General Disclosure	s			
GRI 102:		Organizational Profile		
General Disclosures 2016	102-1	Name of the organization	Cover page	
	102-2	Activities, brands, products, services	12 - 21	
	102-3	Location of Headquarters	6, 29	
	102-4	Location of Operations	10, 29	
	102-5	Ownership and legal form	6	
	102-6	Markets served	10, 11	
	102-7	Scale of the organization	6 - 12	
	102-8	Information on employees and other workers	6 - 10	
	102-9	Supply Chain	25, 26	
	102-10	Significant changes to the organization and its supply chain		
	102-11	Precautionary Principle or approach	11 - 27	
	102-12	External initiatives	24 - 27	
	102-13	Membership of associations	24 - 27	
		STRATEGY		
	102-14	Statement from senior decision-maker	3 - 9	
	102-15	Key impacts, risks, and opportunities		
ETHICS AND INTEGRITY				
	102-16	Values, principles, standards, and norms of behavior	11	
	102-17	Mechanisms for advice and concerns about ethics	27	
GOVERNANCE				
	102-18	Governance structure	6 - 9	
	102-19	Delegating authority	6 - 9	

102-20	Executive-level responsibility for economic, environmental, and social topics	6 - 8
102-21	Consulting stakeholders on economic, environmental, and social topics	6 - 8
102-22	Composition of the highest governance body and its committees	6 - 8
102-23	Chair of the highest governance body	6
102-24	Nominating and selecting the highest governance body	
102-25	Conflicts of interest	
102-26	Role of highest governance body in setting purpose, values, and strategy	
102-27	Collective knowledge of highest governance body	
102-28	Evaluating the highest governance body's performance	
102-29	Identifying and managing economic, environmental, and social impacts	
102-30	Effectiveness of risk management processes	
102-31	Review of economic, environmental, and social topics	
102-32	Highest governance body's role in sustainability reporting	
102-33	Communicating critical concerns	
102-34	Nature and total number of critical concerns	
102-35	Renumeration policies	HR Manual
102-36	Process for determining renumeration	HR Manual
102-37	Stakeholders' involvement in renumeration	
102-38	Annual total compensation ratio	28
102-39	Percentage increase in annual total compensation ratio	
;	STAKEHOLDER ENGAGEMENT	
102-40	List of stakeholders groups	10, 12
102-41	Collective bargaining agreements	
102-42	Identifying and selecting stakeholders	
102-43	Approach to stakeholder engagement	
102-44	Key topics and concerns raised.	

REPORTING PRACTICE

102-45	Entities included in the consolidated financial statements	
102-46	Defining report content and topic boundaries	
102-47	List of material topics	
102-48	Restatements of information	Not Applicable
102-49	Changes in reporting	
102-50	Reporting period	Annual Report
102-51	Date of most recent report	2019 - 2020 Annual Report
102-52	Reporting cycle	Monthly, Quarterly, Annual
102-53	Contact point for questions regarding the report	
102-54	Claims of reporting in accordance with the GRI standards	1, 2
102-55	GRI content index	31 - 36
102-56	External assurance	Not Applicable

MATERIAL TOPICS GRI 200 Economic Stands

GRI 200 Economic Standard Series				
		ECONOMIC PERFORMANCE		
GRI 103: Management Approach 2016	103-1	Explanation of the material topic and its Boundary	28 - 30	
	103-2	The management approach and its components	6 - 10	
	103-3	Evaluation of the management approach	27	
GRI 201: Economic Performance 2016	201-1	Direct economic value generated and distributed	28 - 30	
	201-2	Financial implications and other risks and opportunities due to climate change		
	201-3	Defined benefit plan obligations and other retirement plans		
	201-4	Financial assistance received from government		

GRI 400 Social Standard Series				
Employment				
GRI 103: Management Approach 2016	103-1	Explanation of the material topic and its Boundary		
	103-2	The management approach and its components		
	103-3	Evaluation of the management approach		
GRI 401: Employment	401-1	New employees hire and employee turnover	HR Manual	
	401-2	Benefits provided to full-time employees that are not provided to temporary or part-time employees		
	401-3	Parental Leave	HR Policy	
		Training and Education		
GRI 103: Management Approach 2016	103-1	Explanation of the material topic and its Boundary		
	103-2	The management approach and its components		
	103-3	Evaluation of the management approach		
GRI 404: Training and Education	404-1	Average hours of training per year per employee		
	404-2	Programs for upgrading employee skills and transition assistance programs	HR Policy	
	404-3	Percentage of employees receiving regular perfomance and career development review	HR Policy	
		Diversity and Equal Opportunity		
GRI 103: Management Approach 2016	103-1	Explanation of the material topic and its Boundary	27	
	103-2	The management approach and its components		
	103-3	Evaluation of the management approach		
	404-1	Employee training on human rights policies or procedures		
	404-2	Significant investment agreements and contracts that include human rights clauses or that underwent human rights screening		

Local Communities				
GRI 103: Management Approach 2016	103-1	Explanation of the material topic and its Boundary	12 - 21	
	103-2	The management approach and its component		
	103-3	Evaluation of the management approach		
	413-1	Operations with local community engagement, impact assessments, and development programs	12 - 21, 27	