MIDWIVES ASSOCIATION ZAMBIA

STRATEGIC PLAN

2020 – 2024

TABLE OF CONTENTS

FOREWORD

Midwives are skilled professionals who contribute significantly to the health of women, men, children, and families in Zambia. They and nurses are key pillars to achieving Universal Access Care (UHC) at all levels and achievement of Vision 2030 on health. A competent, well-supported, and motivated midwifery workforce can deliver quality, equitable health services and contribute to the well-being of individuals, families, and communities, which is a basic human right in Zambia and worldwide.

The Midwives Association Zambia (MAZ) Strategic Plan, 2020-2024 is based on the premise that it will fulfil the expectations of the public, members of MAZ and stakeholders in Zambia and abroad. I expect stakeholders to buy into the plan and support the association to achieve its objectives of saving the lives of mothers and newborns and contribute to better health outcomes of women and children toward achieving UHC by 2030, Sustainable Development Goals 3 by 2030 and Vision 2030.

This Plan has presented the activities needed to improve the skills of midwives in health facilities and the community thereby, contribute to the health improvement of women, neonates, children, adolescents and families in Zambia. I would, therefore, like to urge all stakeholders to support and work with MAZ, as we all strive to improve the skills of midwives to save the lives of mothers and neonates.

The health of a nation is measured on how well its health system is performing to keep its people healthy. Maternal, neonatal and child mortality and morbidity are a major public health concern in Zambia. Hence, MAZ is committed not only to supporting the Ministry of Health (MoH) to improve the health of women, children and families but also to reduce the mortalities of these vulnerable groups in society. MAZ is also cognizant of the fact that more work needs to be done by all stakeholders on maternal, neonatal, child and adolescent health and nutrition (RMNCA&N) to build on the gains made in the last decades.

Sarah Nyirongo Ngoma

President – Midwives Association Zambia

ACKNOWLEDGEMENTS

I am indebted to the United Nations Development Agency (UNFPA) for the financial support to develop the MAZ Strategic Plan, 2020- 2024. I am also grateful to the members of MAZ for their contribution to the development of this Strategic Plan: Sarah N. Ngoma, President. Rhoda Amafumba, Vice President, Regina Moseni, Treasurer, Kelvin Mulinda, Vice-Treasurer and Committee Members Naomi Bweupe, John Mwansa and Dr Peggy Chibuye. The members of MAZ include Emely Chipaya, Col. Exilda Sumbukeni, Dr Concepta Kwaleyela, Bertha Kaluba, Lastina Lwatula, Chimuka Maswenyeho, Anne S. Mtonga, Jennifer Munsaka, Mtonga Euphrasia, Lillian Mulindwa, Lillian Muyuya, Agnes Mwafulirwa, Ruth M. Muzumala, Collins Phiri, Misozi Mushinda, Vastine Sakala and Agnes N. Siwale.

I am also thankful to the management of the School of Nursing Sciences, the University of Zambia, Provincial and District Health Offices, Jhpiego and ZESCO for allowing their staff to contribute to this Strategic Plan. The maternal, neonatal and child health successes we have achieved together thus far are embedded in our strategic partnership and joint commitment to reducing maternal, neonatal and child mortality and morbidity and improve the health women, children, and families in Zambia.

This Strategic Plan endorses our partnership, which enables MAZ to continue improving the skills of midwives and other health workers, who attend to women, in lifesaving skills through in-service training as international evidence on maternal, neonatal and child health emerges.

Idah Zulu
General Secretary – **Midwives Association Zambia**

ACRONYMS

ANC	Antenatal Care
ASRHR	Adolescent Health Sexual and Reproductive Health Rights
CBD	Community Based Distributors
CBV	Community Based Volunteer
CARMMA	Campaign on Accelerated Reduction of Maternal Mortality in Africa
CONAMA	Confederation of African Midwives Associations
CSO	Central Statistical Office
EmONC	Emergency Obstetrics and Neonatal Care
ECEB	Essential Care of Every Baby
ECSB	Essential care for Small babies
HBB	Helping Babies Breathe
HIV	Human Immunodeficiency Virus
ICM	International Confederation of Midwives
ICT	Information Communication Technology
HMIS	Health Management Information systems
HMSBAB	Helping Mothers Survive Bleeding after Birth
HMSBABC	Helping Mothers Survive Bleeding after Birth Complete
LARC	Long Acting Reversible Contraceptives
LDS	Latter Day Saints
MAZ	Midwifery Association Zambia
MACAT	Member Association Capacity Assessment Tool
MCDMCH	Ministry of Community Development, Mother and Child Health

MoH	Ministry of Health
MPDSR	Maternal, Perinatal Death Surveillance Response
NFNC	National Food and Nutrition Commission
NMCZ	Nursing Midwifery Council of Zambia
PEE	Pre-Eclampsia and Eclampsia
PHC	Primary Health Care
PPIUCD	Post-partum Intra Contraceptive Device
RMC	Respectful Maternity Care
RMNCAH&N	Reproductive Maternal Neonatal Child Adolescent Health and Nutrition
RNM	Registered Nurse Midwives
SMAG	Safe Motherhood Action Group
UHC	Universal Health Coverage
ToT	Training of Trainers
UNFPA	United Nations Children's Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organisation
ZSA	Zambia Statistics Agency

EXECUTIVE SUMMARY

The strategic focus of this five-year plan is to continue improving the skills of midwives and nurses who attend to women and neonates in Zambia. None midwives such as nurses provide maternal and neonatal care services because of the critical shortage of midwives. Further, midwifery curricula are reviewed every 3 – 5 years leading to the gap between what midwives and nurses learn during training and what they are expected to do in practice after graduation. Meanwhile, the World Health Organisation (WHO) and the International Confederation of Midwives (ICM) send out to members states and the midwives research evidence on maternal and neonatal services regularly. Student midwives and nurses, therefore, miss out on new evidence because it is not in their educational curricula.

Remarkable improvements have been made to reduce the maternal and neonatal mortality rate in Zambia in the last decades, but the rates remain high compared to other countries in the region. Both the Zambia Demographic and Health Survey statistics (CSO et al., 2014) and the weekly Maternal Perinatal Death Surveillance Response (MPDSR) show upward trends and not downward trends in maternal and neonatal mortality. Hence, MAZ supports the MoH's efforts to reduce maternal, neonatal and child mortality by equipping midwives and nurses in high impact lifesaving skills through in-service training and providing mannequins to health facilities where these health workers are trained so that they can practice on them frequently to consolidate their skills.

The activities, which MAZ implements with support from the MoH and local and international partnerships are aimed at helping the midwives and nurses to provide quality and up-to-date maternal and neonates services at all levels. Well trained, supported and monitored midwives and nurses who provide maternal and neonatal services can reduce maternal and neonatal deaths from preventable causes.

This Five-Year MAZ Strategic Plan 2020 – 2024 reflects continued support to the MoH's commitment to reducing maternal and neonatal mortality in Zambia. This plan will be operationalised through in-service training of midwives and nurses in lifesaving skills and provision of quality and respectful maternal and neonatal care and services. It includes promoting strategic involvement of traditional leaders, the community, and adolescents in promoting the health of mothers and children by minimizing known preventable causes of death. The objectives, strategies and activities in this plan assure implementation that will contribute to the quality of maternal and child health services toward attaining SGD 3 by 2030.

1. **Introduction**

The MAZ strategy focuses on improving the skills of midwives and other health workers who attend to women for continuous provision of quality midwifery services and saving the lives of mothers and neonates. Cognizant of the critical shortage of midwives in the country and the fact that nurses also provide RMNCAH&N services, MAZ provides in-service training to both midwives and nurses, in high impact lifesaving skills. It fills up the gap between what these health workers learn during training and what they are expected to do in practice because midwifery curricula are reviewed every 3-5 years while researchers of midwifery practice chain out the evidence needed to reduce maternal and neonatal mortality every year. Additionally, MAZ supports the efforts of the MoH and other stakeholders to improve the quality of life for mothers and children and the nation at large. This includes working with and empowering Community Organisations and Community Health Volunteers (CBVs) on RMNCAH&N services.

Well supported midwifery, including family planning interventions for maternal and new-born health, could avert a total 83% of all maternal deaths, stillbirths, and neonatal deaths (UNFPA, ICM, WHO 2014a, b). When educated and regulated to international standards, midwives can provide 87% of the needed essential care for women and newborns (UNFPA, ICM, WHO 2014a, b). This Strategic Plan is responsive to the needs of women, neonates, and families in Zambia. It is derived from the philosophy of being-with-woman, which acts as an anchoring force that guides, informs and identifies midwives' practices in the context of the rapidly changing modern maternity care landscape (UNFPA, ICM, WHO 2011, Lunze et al., 2015).

MAZ has presented in the Strategic Plan the activities, which it implements to continuously improve the skills of midwives and other health workers who attend to women in evidence based high impact interventions nationally. The association has also included the activities needed to strengthen operations and management.

2. **Background**

MAZ is committed to supporting the MoH to reduce maternal, neonatal and child mortality and morbidity in Zambia. The Government of the Republic of Zambia, through the MoH, is not only committed to reducing these mortalities but also to improving the health of women, neonates, children and families since independence from Britain in 1964 (MoH 2017a, 2011, 2005). Although remarkable improvements have been achieved to reduce the maternal mortality rate from 729/100,000 in 1996 to 649/100,000 in 2001, to 591/100,000 in 2007 and to 398/100,000 live births in 2014 (CSO et al., 1997, 2003, 2009, CSO, 2014) the rate is still high compared to

other countries in the region. Additionally, Zambia did not achieve the national Millennium Development Goal target of 162 maternal deaths per 100,000 live births at the end of 2015 (MoH 2017a). The mortality rate of children under five dropped from 197 deaths per 1,000 live births in 1996 to 75 per 1,000 live births in 2013-14 (CSO et al., 2014).

Although the MoH was not recording neonatal mortality per 1,000 lives until 2018, MoH weekly Maternal, Perinatal Death Surveillance Response (MPDSR) show that while maternal deaths increase or decrease weekly, neonatal mortality is increasing instead of decreasing and this is a worry to many especially that most causes of deaths for both mothers and neonates are preventable. For instance, the triple analysis of maternal and neonatal deaths in Week 25 in 2020, showed that there were seven maternal deaths and 78 neonatal deaths (MoH, 2020). The causes of death for mothers included severe anaemia, severe malaria in pregnancy, pneumonia with pulmonary tuberculosis, haemorrhagic shock, post-partum eclampsia, and abortion while the causes for neonates included birth asphyxia, birth trauma with metabolic acidosis, prematurity, congenital defects and congenital syphilis (MoH 2020). Well educated, supported, and mentored midwives until they consolidate their midwifery skills can reduce these preventable causes of death for both mothers and neonates.

Meanwhile, the Zambia Demographic and Health Survey of 2013-14 statistics show that although 96% of pregnant women attended antenatal care (ANC) services at least once during pregnancy, only 24% attended ANC in the first trimester and 25% of them made a minimum of four visits during their pregnancy (CSO et al., 2014). The proportion of deliveries in health facilities stood at 67%, with skilled birth attendance at 64%. Moreover, only 18% of the designated Emergency Obstetric Newborn Care (EmONC) facilities were fully functional and contributed to the unmet need for EmONC services. The caesarean section rate was only 3.6% compared to the globally accepted standard of 5.5% (CSO et al., 2014) and an estimated 303,000 women died from preventable causes - severe bleeding, sepsis, eclampsia, obstructed labour and the consequences of unsafe abortions (CSO et al., 2014). Yet, highly effective midwifery skills and interventions, which MAZ imparts through in-service training can reduce these causes and save the lives of mothers and neonates.

In light of the above, MAZ Strategic Plan 2020 to 2024, outlines the strategies, which the association will implement given the resources from partners who are interested in supporting the improvement of midwifery services to reduce both maternal and neonatal deaths in the country.

3. **Situation analysis**

The estimated population of Zambia is 17.4 million with an annual growth rate of 3.3%. The population is estimated to grow by 4.5% by 2035 (ZSA et al., 2018). The Total Fertility Rate for rural areas is 5.8 births per woman which is higher by two children in urban areas at 3.4 births per woman. Also, in rural areas, 29% of women aged 15-19 had begun childbearing. Notwithstanding that the problem was accentuated by low uptake of family planning, 20% currently married women in Zambia have an unmet need for family planning (ZSA, et al., 2018).

Maternal mortality continues to be a major public health challenge in Zambia. Officially, it is currently at 278/100,000 live births (ZSA, et al., 2018) despite that most causes of maternal deaths are preventable. The high maternal mortality in the country prompted President Edgar Chagwa Lungu to declare it as a public health emergency in May 2019. The President stressed further the need to reduce child marriages, managing women properly and directed MoH to work with traditional leaders to ensure that maternal mortality is controlled. Hence, health institutions have also intensified (through MPDSR) to review maternal and neonatal deaths so that timely interventions are put in place. Furthermore, to address the critical shortage of staff (MoH. 2017b, c), MoH has employed over 3,000 nurses and midwives, though staffing levels of the mentioned cadres in the country remain a challenge (MoH, 2017a).

However, the number of facility deliveries has increased over the years due to the MoH policy that women should deliver in health facilities as a way of reducing maternal and neonatal mortality from preventable causes. For example, in 2018, facility deliveries were 91% each in Lusaka and Copperbelt Provinces and 72% each in Central and Northern Provinces (ZSA, et al. 2018), respectively. Nonetheless, despite a high percentage of 94% of women attending antenatal care, the percentages of deliveries do not correlate with the antenatal attendances. Although 80% of pregnant women are delivered by skilled medical professions, 95.9% of those delivered by skilled providers are those in high income levels (ZSA, et al. 2018).

Concerning postpartum care, Lusaka Province has the highest percentage (84%) of women receiving timely postnatal care relative to all the other provinces. In most cases, transport is ease within Lusaka Province unlike in some of the Provinces. Northern Province had the lowest proportion of women receiving postnatal care (54%). In most rural places of Zambia, access to health care institutions is a challenge in terms of distance (ZSA et al., 2018, Gabrysch et al., 2018). Most likely, many women do not go back for postnatal review especially at six days; they

return to the facility at six weeks and some of them attend postanal checkup when babies are also due for vaccinations.

Furthermore, ZSA statistics estimate neonatal mortality as 27 deaths per 1,000 live births in 2018. The major causes include neonatal asphyxia (30.2%), sepsis (18.2%), prematurity (27.2%), birth injuries (0.9%), Others (5.2%), congenital anomalies (10.4%) and acute respiratory infections (6.5%) (ZSA et al., 2018). In terms of distribution, young mothers below the age of 20 years are 1.6 times more likely to have their babies die and those who are less educated are 1.7 times more likely to lose their babies (UNICEF, 2015). This implies that young mothers are not only highly productive but also lose their children more than older mothers.

Invariably, the in-service high impact lifesaving skills training in which MAZ is the leader in improving the skills of midwives is aimed at efficient management of preventable causes of maternal and neonatal deaths and save the lives of mothers and neonates.

4. **External environmental analysis**

4.1 **Political, policy and legal development**

The political, policy and legal environment in Zambia are conducive for continuous improvement of the skills of midwives. MoH states the vision, mission and strategies in Strategic Plan every five years inclusive of strategies for RMNCAH&N services. Hence, midwives must be kept abreast of scientific evidence on RMNCAH&N immediately when World Health Organisation (WHO) and International Confederation of Midwives (ICM) share with member states and midwives for them to provide quality care to women and neonates. MAZ imparts knowledge and skills on new evidence to midwives as it emerges because midwifery curricula in Zambia are reviewed every 3–5 years. MAZ will further implement the activities in this Strategic Plan together with the RMNCAH&N activities in the Zambia National Newborn Scale-Up Plan, 2016 – 2020, Zambia National Health Strategic Plan 2017- 2021 and National Health Resource Strategic Plan 2017 - 2021, respectively. Additionally, MoH is supportive and approves all MAZ trainings and the Nursing and Midwifery Council of Zambia (NMCZ) is a partner on in-service training of midwives.

Since the WHO Declaration of Primary Health Care (PHC) in Alma Ata in Russia in 1978, Zambia has been using it as the vehicle to provide preventive, promotive and curative health services in under-served rural areas (MoH/MCDMCH, 2013, Kalumba 1997, Kasonde and Martin, 1994, WHO, 1978). PHC is in all MoH documents on service delivery and it is in midwifery and education curricula as a mode for service delivery at all levels inclusive of the community level.

4.2 **Economic factors**

The global and domestic economic environment has adversely affected the provision of RMNCAH&N services in Zambia. Despite the inflation rates stabilizing in single digit in 2015, it has been compounded by the weak economic environment in the last few years (National Assembly, 2015). Inflation rose from 7.5% in 2018 to 9.2% in 2019 and 15% in 2020 and the depreciation of the local currency from K3 to K9 and K18 and above to one United States Dollar has increased commodity prices inclusive of food prices. This prompted monetary policy tightening, with the Bank of Zambia to raise the base points to 10.25% in May 2019. The current account deficit is expected to widen to 2.8% of GDP in 2020 to 2021 due to decreased public investments and mining sector imports, and higher debt-service payments leading to reduced foreign reserves to 1.6 month of imports at the end of 2019. The rapidly increasing public debt 80% of GDP at the end of 2019, up from 35% at the end of 2014, places Zambia at a high risk of debt distress.

Despite Government commitment to funding the health sector, the national budget has been decreasing in the five years. The proportion of the MoH budget to the national budget was 9.9% in 2014, 9.6% in 2015 and 8.3% in 2016 (MoH, 2017a). The depreciation of the local currency has further affected the procurement of drugs, equipment and consumables required to provide quality health services (MoH, 2017a), including commodities for RMNCAH&M services.

4.3 Social factors

The population of Zambia has increased from 15.6 million in 2016 to 17,861.030 (ZSA, 2020). Life expectancy increased to 63.55 years, a 0.46% increase from 2018. The rapid population growth impacts the provision of health care not only RMNCAH&H services but also services for the general population (CSO, 2016). Over 60% of the population live below the poverty line with education and health infrastructure skewed toward urban areas thereby, limiting access to health care in rural areas (CSO, 2016). High poverty levels expose pregnant women and children to preventable diseases and non-communicable diseases as they are expected to provide quality food or good nutrition for themselves and their families, inclusive of other basic needs.

Other social factors such as customs, harmful traditional practices, and alcoholism predispose pregnant women and women in general to ill health. For instance, a qualitative assessment of maternal nutrition found that the majority of respondents said women were simply unable to procure or afford the recommended foods due to lack of money or means. Other participants in

Chawama, Chikobo, and Siavonga attributed this to women's cooking preferences, lack of motivation, or an inability to understand the importance of the advice (MoH and NFNC, 2010).

4.4 **Technological developments**

The world has advanced in the use of information communications technology (ICT). ICT can encourage change in health care seeking behaviour and speedy referral of women and neonates to the next level of care for further management. They also reduce barriers to access health care, distance or lack of expert resources thereby levelling the playing field for quality health care (WHO, 2010).

Although in Zambia, the health delivery process hinges on health information, technology, and research, which support evidence-based decision-making, oftentimes, data on RMNCAH&N and other health indicators are not used for decision-making at all levels. The Health Management Information System (HMIS) is probably not yet meeting the demand for consolidated decision-making on RMNCAH&N from community level to national level because of limited coverage and underutilization of the HMIS in relation to timeliness, completeness of reports, data usage, and accessibility (MoH, 2017a). According to MoH, the poor perception of the HMIS is a result of poor data quality due to inconsistent primary sources of data (MoH, 2017a).

4.5 Ecological environment

Ecological and environmental natural disasters such as floods, droughts and food insecurity and waterborne diseases have a negative impact on the health of pregnant women, mothers, neonates and children. Their health is compounded by the high disease burden from preventable diseases tuberculosis, malaria and HIV and emerging infections like Ebola, Zika, COVID-19 since March 2020, and non-communicable diseases diabetes, hypertension, cancers and mental illness (MoH, 2017a). Additionally, severe trauma occurs from the high number of road traffic accidents in the country (Government of Zambia, 2015) and this included pregnant women and mothers.

MAZ will collaborate with the Disaster Management Mitigation Unit at Cabinet Office and traditional leaders, Neighbourhood Health Committees (NHCs), Safe Motherhood Action Groups (SMAGs) and Community Health Workers (CHWs) in the community to avert disasters and ensure effective management when they happen in order to promote the health of women, neonates and families.

4.6 Education and literacy

According to the Zambia Statistics Agency (ZSA), the primary net school enrolment rate is 94% and the primary completion rate is 91%. The two percentages provide a sense of the progress the country is making towards universal primary education. However, the country has yet to achieve universal primary education. A high percentage (15%) of children of official primary school ages are out of school (ZSA, 2018). Yet education is a prerequisite to good health and helps mothers to make informed decisions on reproductive health and to understanding health issues better. Furthermore, education is key to decision-making on health care seeking behaviour and can help to prevent most maternal deaths through access to quality maternal health services (CSO et al., 2014).

4.7 **Gender**

Zambia experiences a deep-rooted concept of an unequal gender relationship in which men are considered to be superior to women (Dlamini and Samboko, 2016). Traditionally and culturally, the man is considered the head of the household, and this has led to women being treated as subordinates in society, thus prompting perpetuation of gender inequity and inequality (Dlamini and Samboko, 2016). Rights, which are supposed to be protected under statutory law, are not necessarily observed and women endure unfair treatment in terms of child marriage, unequal distribution of property, etc. Gender inequalities can lead to inequities between men and women in health status and the provision of appropriate social services. This fact is more evident in family planning provision where husbands make unfair decisions for their wives in terms of method of family planning and number of children the couple should have. This entails that midwives should take into consideration the effects of gender on sexual and reproductive health.

5 Internal environmental analysis

In 2010, former President Rupiah Bwezani Banda launched the Campaign to accelerate the reduction of maternal mortality (CARMMA) in Zambia. MoH has been developing strategies to reduce maternal mortality for decades. Although remarkable improvements have been achieved, a lot remains to be done to reduce maternal mortality to single digits. Maternal mortality reduced from 591 per 100,000 live births in 2007 to 398 deaths per 100,000 live births in 2014 but the rate remains extremely high compared to other countries in the region. Besides, Zambia did not achieve the Millennium Development Goal target of 162 deaths per 100,000 live births by 2015 (MoH, 2017a). MAZ will therefore, contribute to the attainment of Sustainable Development Goal 3 for women and children by 2030.

6 Rationale

Additionally, MAZ has a track record in improving the skills of midwives and other health workers who provide RMNCAH&N services. It has a pool of master trainers in Emergency Obstetric and Neonatal Care (EmONC), Helping Mothers Survive Bleeding after Birth (HMSBB), Helping Mothers Survive Bleeding after Birth Complete (HMSBABC), Helping Babies Breathe (HBB), Essential Care for Every Baby (ECEB), Essential Care for Small Babies (ECSB), Pre-Eclampsia and Eclampsia (PEE), family planning and postnatal care, throughout the country. Cognizant of the shortage of midwives in the country, we train midwives and nurses in urban and rural district hospitals and urban and rural health centers. We also train midwifery educators for impact. They equip student midwives with high impact lifesaving skills before they graduate. The approach promotes the provision of quality maternal and neonatal services and reduces the cost of in-service for MAZ. Besides, although our support to MoH is national, we also train midwives in these high impact lifesaving skills in selected Provinces supported by local and international partners.

In partnership with ICM and Laerdal Global Health, the Association trained 5,221 midwives, nurses, medical licentiates and clinical officers in HMSBAB and HBB from 2014 to 2017. In 2017, MAZ trained 53 midwives working at Women and Newborn Hospital at University Teaching Hospitals, Levy Mwanawasa University Teaching Hospital and other health facilities in RMC. Most likely, not many midwives and nurses uphold RMC when delivering women. A study in Ndola and Kitwe found that midwives were not providing RMC to mothers in labour (Nyirenda et al., 2018).

Between 2018 and 2019, in collaboration with the American Academy of Pediatrics through the Latter-Day Saints (LDS), MAZ trained 154 midwives and midwifery educators in Colleges of Nursing and Midwifery in HMSBABC. Additionally, MAZ has been encouraging midwives to continue consolidating their skills through Low Dose High Frequency practicing sessions at their facilities using Mama-Natalie and Neo-Natalie mannequins, which the association has provided to all facilities where health workers have been trained in HMSBAB, HBB and HMSBABC.

Additionally, with financial support from 2250 District Rotary International Club of Norway and Rotary Club of Lusaka Central, MAZ trained 750 midwives and other health workers in Lusaka, Kitwe, Kabwe, Chipata and Mansa districts in HMSBABC. Additionally, LDS supported the training of 90 midwives in HMSBAB and HBB, 2nd Edition.

MAZ collaborates with MoH, Nursing and Midwifery Council of Zambia (formerly General Nursing Council of Zambia), Health Professions Council of Zambia and Zambia Association of Gynaecologists and Obstetricians (ZAGO). It also believes in multi-disciplinary teamwork and partnerships to achieve the objectives in the Constitution. Most importantly, MAZ supports training institutions and provincial and district health offices to assure a midwifery workforce that is skilled, compassionate, competent, confident, contemporary, and committed to leading contemporary person-centered health care and foster midwifery-led care in Zambia. Such attributes are needed to deliver quality, equitable health services and contribute to the well-being of individuals, families and communities which is a basic human right.

MAZ is committed to supporting MoH to achieve the Legacy Goals in particular Legacy Goal 1 to reduce maternal and childhood illnesses and deaths (MoH, 2017a). It is an affiliate to ICM and receives evidence in midwifery as soon as it comes out and incorporates it in in-service training. Thus, the in-service we provide to midwives is always up-to-date and helps to improve the quality of services for mothers and neonates in particular before midwifery curricula are revised. For instance, with support from UNFPA, MAZ supported NMCZ to incorporate the 2019 ICM competencies when they revised the RNM curriculum in December 2019.

Overall objective

Empower midwives to improve the health and wellbeing of women and children and contribute to the reduction of maternal and perinatal morbidity and mortality in Zambia.

Specific Objectives

The specific objectives are as follows:

a. Train midwives, nurses and CBVs in Respectful Maternity Care (RMC);
b. Equip midwives and CBVs with skills in Maternal and Perinatal Death Surveillance and Response (MPDSR);
c. Increase the uptake of modern contraceptive prevalence rates (CPR) from 45% to 70% to reduce maternal, infant, and child mortality rates;
d. Increase the number of midwives and other health workers trained in high impact lifesaving skills;

e. Improve the skills of midwives, midwifery educators and nurses in identifying high risk pregnancies to enhance maternal and child survival;
f. Enhance capacity of midwifery educators and midwives in provision of quality midwifery care;
g. Collaborate with key stakeholders to end child marriages and promote maternal, neonatal, child and adolescent health and nutrition in 3 provinces;
h. Improve the planning, coordination, management, monitoring and evaluation of MAZ activities.

7 Strategic interventions

The MAZ Strategic Plan has been developed to mobilise local and international resources needed to support the MoH to improve the health of women, children and families in Zambia through the provision of quality midwifery services in health facilities and the community and help to achieve its mandate in the Constitution. High quality of midwifery services will go a long way to reduce maternal and neonatal mortality both of which are public health concerns and are used to measure the performance of the health sector. The strategic interventions are in line with the MoH Legacy Goal 1, which is aimed at reducing maternal and neonatal childhood illnesses (MoH, 2017a) and The State of World's Midwifery A Universal Pathway A Woman's Right to Health, and The State of World's Delivering Health, Saving Lives both of which propagate the strengthening of midwifery and midwifery education in order to save the lives of mothers and neonates (UNFPA, ICM, WHO 2014a,b).

Overall objective: Empower midwives to improve the health and wellbeing of women and children and contribute to the reduction of maternal and perinatal morbidity and mortality in Zambia	
Specific objectives	**Strategies**
Provide training for 3000 Health care providers and community based volunteers who attend to women in Respectful Maternity Care across the 10 provinces of Zambia by 2024	Conduct RMC training for midwives and other health workers who attend to women
	Conduct RMC training for SMAGs and NHC's
Train CBVs in Maternal and Perinatal Death Surveillance and Response (MPDSR) per year	Conduct MPDSR Training for midwives
	Orient Community Based Volunteers (CBVs), CHWs and NHCs in community MPDSR
Increase modern contraceptive prevalence rates (CPR) from 45% to 70% to reduce maternal, infant, and child mortality rates by 2024	Promote LARC and PPIUCD method mix
Increase number of midwives and other health workers trained in high impact lifesaving skills	Scale up training in lifesaving high impact interventions**:** Helping Mothers and Babies Survive (HMBS)
Improve the skills of midwives, midwifery educators and nurses in identifying high risk pregnancies to enhance maternal and child survival	Disseminate relevant guidelines to 1000 midwives and other health workers attending to women and newborns per year. (New antenatal, maternal and neonatal referral, Pregnancy Childbirth Postnatal and Newborn Guidelines (PCPN) and Postnatal Home Visits Guidelines)
	Promote Essential care of small babies in all health facilities
Enhance capacity of midwifery educators and midwives in provision of quality midwifery care	Support the MOH and NMCZ to include ICM Essential competences in the midwifery curriculum and midwifery practice at all levels of care
	Lobby for sponsorship to train midwifery educators to obtain BSc Midwifery and Masters' in Midwifery
Collaborate with key stakeholders to end child marriages and promote maternal, neonatal, child and adolescent health and nutrition in 3 provinces	Engage key stakeholders e.g. traditional and religious leaders and community to promote ASRHR to influence reduction of Gender based Violence
	Promote Adolescent sexual reproductive health and rights in 3 provinces
Improve the planning, coordination, management, monitoring and evaluation of MAZ activities.	Strengthen corporate governance and management systems for MAZ
	Enhance communication, create awareness and increase MAZ membership

8. **Community engagement**

Cognizant of the fact that most maternal, neonatal, child and adolescent health issues are more common at community level, MAZ will collaborate with the Community Health Unit in the MoH in

strengthening the Community Health Platform by supporting the training of SMAGs and Community Based Distributors (CBDs).

9. **Monitoring and Evaluation**

Implementation of this Strategic Plan will be monitored by the Monitoring and Evaluation (M&E) Sub-Committee of MAZ. The Committee will use existing MAZ and HMIS. Data will be collected quarterly and entered in the database at the MAZ office. Analyzed data will be used to inform the performance of the Strategic Plan. The data will be used for continuous improvement of the implementation of the activities and devising strategies. It will also be used for compiling the quarterly and annual reports and help with setting up the research agenda on RMNCAH&A.

Furthermore, a mid-term review of the implementation of the Strategic Plan will be carried out in 2022. The results will be used to inform the remaining two and half of years of implementation and strategies for improvement devised if needed. The final review of the Strategic Plan will be conducted in 2025. The results will be used to develop and inform the follow-on Strategic Plan 2026-2031

10. Conclusion

The MAZ Strategic Plan has been developed to mobilise the resources needed to make significant contributions to the reduction of maternal and neonatal mortality and improve sexual and reproductive health needs of individuals and families in Zambia. MAZ has the capacity to bridge the gap between what midwives learn during training and what they are expected to do in practice. The association is up-to-date with evidence in midwifery education and practice from WHO and ICM and uses it to equip midwives and nurses with new knowledge and skills to help improve the quality of maternal, neonatal and child health services in Zambia.

Table 1: Indicators, baselines, targets and data sources

Indicator	Baseline	Five Year Target	Yearly target					
	2019		2020	2021	2022	2023	2024	Data source
# of RMC ToTs trained	0	100	40	40	20	-	-	• Training reports • Database
# of midwives and nurses trained in RMC	0	3,000	600	600	600	600	600	• Training reports • Database
# of SMAGs trained in RMC	0	3,000	600	600	600	600	600	• Training reports • Database
# of NHCs trained in RMC	0	1.500	300	300	300	300	300	• Training reports • Database
# of trainers of trainers (ToTs) in MPDSR	0	100	40	40	20	-	-	• Training reports • Database
# of midwives trained in MPDSR	0	1,000	200	200	200	200	200	• Training reports • Database
# of CBVs (SMAGs, CBDs, CHWs) and NHCs oriented on MPDSR	0	5,000	1,000	1,000	1,000	1,000	1,000	• Training reports • Database
# of ToTs trained in LARC and PPIUCD method mix	0	100	40	40	20	-	-	• Training reports • Database
# of midwives trained in LARC and PPIUCD method mix.	0	1,000	200	200	200	200	200	• Training reports • Database
# of MCH Coordinators trained in supply chain management	0	150	30	30	30	30	30	• Training reports • Database
# of meetings held with partners to lobby for resources for LARC and PPIUCD equipment	0	6	-	-	-	-	-	• Minutes of meetings • Expenditure reports
Cost and procure LARC and PPIUCD equipment	0	-	-	-	-	-	-	• Receipts • Database
% of women using LARC methods		%	%	%	%	%	%	• HMIS • Quarterly district reports • Database
# of midwives ToTs trained in HMBS (HMSBABC, PEE, HBB 2.0, ECEB. ECSB, ECLB)	60	100	20	20	20	20	20	• Training reports • Database
# of midwives and other health workers trained in HMSBABC, PEE, HBB2.0, ECEB, ECSB, ECLB	5,221	1,000	200	200	200	200	200	• Training reports • Database
# of ToTs mentors trained	0	250	60	60	60	40	30	• Training reports • Database
# of midwives, midwifery educators, and nurses oriented in ANC and Newborn Guidelines	0	5,000	1,000	1,000	1,000	1,000	1,000	• Training reports • Database
# of midwifery educators oriented on 2019 ICM competencies	0	50	20	20	10	-	-	• Training reports • Database
# of midwives oriented on 2019 ICM competencies	0	1,000	200	200	200	200	200	• Training reports • Database
# of technical support visits provided to midwives on ICM competencies	0	20	4	4	4	4	4	• Field visit reports • Database

Table 1: Indicators, baselines, targets and data sources

Indicator	Baseline	Five Year Target	Yearly target					
	2019		2020		2019		2020	Data sources
# of dialogue meetings held with chiefs, religious leaders and other community leaders on child marriages	0	15	4	3	3	3	-	• Participant lists • Meeting minutes • Database
# of ToTs trained in Adolescent sexual reproductive health and right	0	50 (30 midwives, 10 teachers)	20	20	10	-	-	• Training reports • Database
# of midwives and teachers trained in Adolescent sexual reproductive health and rights	0	300 (200 midwives, 100 teachers)	60	60	60	60	-	• Training reports • Database
# dialogue meetings held with adolescents in 3 provinces	0	60	20	20	20	-	-	• Meeting minutes • Disaggregated by gender
# Yearly Member Association Capacity Assessment (MACAT) conducted	2	1	1	1	1	1	1	MACAT Assessment Report
# Resource Mobilization Plan developed	0	1	-	-	-	-	-	Resource Mobilization Plan
# MAZ utility Vehicle procured	0	1	-	-	-	-	-	One vehicle
# MAZ staff employed	0	4	-	-	-	-	-	4 staff working
# Human Resource Manual developed	0	1	-	-	-	-	-	Human Resource Manual
# MAZ website	0	1	-	-	-	-	-	Functional MAZ website
# of fully paid up MAZ Members	0	#	#	#	#	#	#	Database
# of student midwives recruited	0	#	#	#	#	#	#	Database
# of MAZ branches formed	12							Database

Table 2: Total summary budget

	Description	Total Budget (ZMW)	USD@K14 exch	Year 1	Year 2	Year 3	Year 4	Year 5
Objective 1.0: Provide training for 3000 Health care providers and community based volunteers who attend to women in Respectful Maternity Care across the 10 provinces of Zambia by 2024								
Strategy 1.1: Conduct RMC training for midwives and other health workers who attend to women.								
Activity 1.1.1: Conduct 4 RMC Training of Trainers of 100 participants		ZMW 689,415.00	$ 49,243.93	ZMW 336,300.00	ZMW 353,115.00	ZMW -	ZMW -	ZMW -
Activity 1.1.2: Train 3000 midwives and other health workers in RMC		ZMW 16,807,000.00	$ 1,200,500.00	ZMW 3,094,000.00	ZMW 3,227,700.00	ZMW 3,361,400.00	ZMW 3,495,100.00	ZMW 3,628,800.00
Sub total		**ZMW 17,496,415.00**	**$ 1,249,743.93**	**ZMW 3,430,300.00**	**ZMW 3,580,815.00**	**ZMW 3,361,400.00**	**ZMW 3,495,100.00**	**ZMW 3,628,800.00**
Strategy 1. 2: **Conduct RMC training for SMAGs and NHC's**								
Activity 1.2.1: Train 1 500 SMAGs in RMC in 5 years (30/pr/yr)		ZMW 3,333,550.00	$ 238,110.71	ZMW 606,100.00	ZMW 636,405.00	ZMW 666,710.00	ZMW 697,015.00	ZMW 727,320.00
Activity 1.2.2: Train 1 500 NHCs in RMC in 5 years (30/pr/yr)		ZMW 3,333,550.00	$ 238,110.71	ZMW 606,100.00	ZMW 636,405.00	ZMW 666,710.00	ZMW 697,015.00	ZMW 727,320.00
Sub total		**ZMW 6,667,100.00**	**$ 476,221.43**	**ZMW 1,212,200.00**	**ZMW 1,272,810.00**	**ZMW 1,333,420.00**	**ZMW 1,394,030.00**	**ZMW 1,454,640.00**
Objective 2.0: Train 1000 midwives and 1000 CBVs in Maternal and Perinatal Death Surveillance and Response (MPDSR) per year								
Strategy 2.1: Conduct MPDSR Training for midwives								
Activity 2.1.1: Train 100 trainers in MPDSR (10/pr in 2020)		ZMW 1,114,175.00	$ 79,583.93	ZMW 543,500.00	ZMW 570,675.00	ZMW -	ZMW -	ZMW -
Activity 2.1.2: Train 3000 midwives in MPDSR (600 in 2020)		ZMW 33,907,500.00	$ 2,421,964.29	ZMW 6,165,000.00	ZMW 6,473,250.00	ZMW 6,781,500.00	ZMW 7,089,750.00	ZMW 7,398,000.00
Sub total		**ZMW 35,021,675.00**	**$ 2,501,548.21**	**ZMW 6,708,500.00**	**ZMW 7,043,925.00**	**ZMW 6,781,500.00**	**ZMW 7,089,750.00**	**ZMW 7,398,000.00**
Strategy 2:2: Orient 5000 Community Based Volunteers (CBVs), CHWs and NHCs in community MPDSR.								
Activity 2.2.1: Orient 5000 CBVs and NHCs in community MPDSR in 5 years (1000/year)		ZMW 2,169,200.00	$ 154,942.86	ZMW 394,400.00	ZMW 414,120.00	ZMW 433,840.00	ZMW 453,560.00	ZMW 473,280.00
Sub total		**ZMW 2,169,200.00**	**$ 154,942.86**	**ZMW 394,400.00**	**ZMW 414,120.00**	**ZMW 433,840.00**	**ZMW 453,560.00**	**ZMW 473,280.00**
Objective 3.0: Increase modern contraceptive prevalence rates (CPR) from 45% to 70% to reduce maternal, infant, and child mortality rates by 2024								
Strategy 3.1: **Promote LARC and PPIUCD method mix**								
Activity 3.1.1: Conduct ToTs in LARC and PPIUCD method mix for 100 providers (100/year)		ZMW 5,373,500.00	$ 383,821.43	ZMW 977,000.00	ZMW 1,025,850.00	ZMW 1,074,700.00	ZMW 1,123,550.00	ZMW 1,172,400.00
Activity 3.1.2: Train 1000 midwives in LARC and PPIUCD methods. (200/year)		ZMW 28,941,000.00	$ 2,067,214.29	ZMW 5,262,000.00	ZMW 5,525,100.00	ZMW 5,788,200.00	ZMW 6,051,300.00	ZMW 6,314,400.00

Objective 3.0: : Increase modern contraceptive prevalence rates (CPR) from 45% to 70% to reduce maternal, infant, and child mortality rates by 2024 (cont'd)							
Strategy 3.1: **Promote LARC and PPIUCD method mix**							
Activity 3.1.3: Train 150 MCH Coordinators in supply chain management. (30 /year)	ZMW 4,401,375.00	$ 314,383.93	ZMW 800,250.00	ZMW 840,262.50	ZMW 880,275.00	ZMW 920,287.50	ZMW 960,300.00
Activity 3.1.4: Procure LARC and PPIUCD equipment	ZMW 2,000,000.00	$ 142,857.14	ZMW 0.05	ZMW -	ZMW -	ZMW -	ZMW -
Activity 3.1.5: Lobby for LARC and PPIUCD equipment from stakeholders (Hold meeting with stakeholders)	ZMW 17,660.00	$ 1,261.43	ZMW 8,000.00	ZMW -	ZMW 9,660.00	ZMW -	ZMW -
Sub total	**ZMW 40,733,535.00**	**$ 2,909,538.21**	**ZMW 7,047,250.05**	**ZMW 7,391,212.50**	**ZMW 7,752,835.00**	**ZMW 8,095,137.50**	**ZMW 8,447,100.00**
Objective 4.0 : Increase number of midwives and other health workers trained in high impact lifesaving skills							
Strategy 4.1: Scale up training in lifesaving high impact interventions: Helping Mothers and Babies Survive (HMBABSC)							
Activity 4.1.1: Train 100 midwives as Trainers in HMBS (HMSBABC, PEE, HBB, ECEB. ECLB) (4 trainings- 2 training in 2020 of 25 ToTs)	ZMW 1,479,450.00	$ 105,675.00	ZMW 704,500.00	ZMW -	ZMW 774,950.00	ZMW -	ZMW -
Activity 4.1.2: Train 1000 midwives and other health workers in HMBS (ECLB, HMSBABC, PEE, HBB, ECEB) per year (200/year)	ZMW 12,879,532.00	$ 919,966.57	ZMW 2,476,000.00	ZMW 2,599,800.00	ZMW 2,600,522.00	ZMW 2,601,244.00	ZMW 2,601,966.00
Activity 4.1.3: Train 50 midwives as trainers in Mentorship. (2 trainings) (25 participants /year)	ZMW 560,175.00	$ 40,012.50	ZMW 266,750.00	ZMW -	ZMW 293,425.00	ZMW -	ZMW -
Activity 4.1.4: Train 250 midwives as mentors (50 /year)	ZMW 2,966,250.00	$ 211,875.00	ZMW 537,500.00	ZMW 564,375.00	ZMW 591,250.00	ZMW 618,125.00	ZMW 655,000.00
Sub total	**ZMW 17,885,407.00**	**$ 1,277,529.07**	**ZMW 3,984,750.00**	**ZMW 3,164,175.00**	**ZMW 4,260,147.00**	**ZMW 3,219,369.00**	**ZMW 3,256,966.00**
Objective 5.0 : Improve the skills of 1000 midwives, midwifery educators and nurses in identifying high risk pregnancies to enhance maternal and child survival							
Strategy 5.1: Disseminate relevant guidelines to 1000 midwives and other health workers attending to women and newborns per year. (New antenatal, maternal and neonatal referral, Pregnancy Childbirth Postnatal and Newborn Guidelines (PCPN) and Postnatal Home Visits Guidelines).							
Activity 5.1.1: Disseminate and orient midwives, midwifery educators, nurses and other health care workers on relevant guidelines (200/year)	ZMW 15,048,000.00	$ 1,074,857.14	ZMW 2,736,000.00	ZMW 2,872,800.00	ZMW 3,009,600.00	ZMW 3,146,400.00	ZMW 3,283,200.00
Sub total	**ZMW 15,048,000.00**	**$ 1,074,857.14**	**ZMW 2,736,000.00**	**ZMW 2,872,800.00**	**ZMW 3,009,600.00**	**ZMW 3,146,400.00**	**ZMW 3,283,200.00**
Strategy 5.2: Promote Essential care of small babies in all health facilities							
Activity 5.2.1: Train 100 trainers in care for premature babies and low birth weight babies (includes KMC). (50/year)	ZMW 722,625.00	$ 51,616.07	ZMW 352,500.00	ZMW -	ZMW 370,125.00	ZMW -	ZMW -

Objective 5.0 : Improve the skills of 1000 midwives, midwifery educators and nurses in identifying high risk pregnancies to enhance maternal and child survival (cont'd)							
Strategy 5.2: Promote Essential care of small babies in all health facilities (cont'd)							
Activity 5.2.2: Train 1000 midwives and other health care providers who attend to mothers in ECSB(includes KMC). (200/year)	ZMW 11,737,000.00	$ 838,357.14	ZMW 2,134,000.00	ZMW 2,240,700.00	ZMW 2,347,400.00	ZMW 2,454,100.00	ZMW 2,560,800.00
Sub total	**ZMW 12,459,625.00**	**$ 889,973.21**	ZMW 2,486,500.00	ZMW 2,240,700.00	ZMW 2,717,525.00	ZMW 2,454,100.00	ZMW 2,560,800.00
Objective 6.0: Enhance capacity of midwifery educators and midwives in provision of quality midwifery care							
Strategy 6.1: Support the MOH and GNCZ to include ICM Essential competences in the midwifery curriculum and midwifery practice at all levels of care.							
Activity 6.1.1: Orient 100 Midwives on ICM Essential competences (10/pr/year)	ZMW 1,993,750.00	$ 142,410.71	ZMW 362,500.00	ZMW 380,625.00	ZMW 398,750.00	ZMW 416,875.00	ZMW 435,000.00
Activity 6.1.2: Collaborate with GNCZ in orienting 1000 midwives on the implementation of ICM Essential competences. (200/year)	ZMW 11,737,000.00	$ 838,357.14	ZMW 2,134,000.00	ZMW 2,240,700.00	ZMW 2,347,400.00	ZMW 2,454,100.00	ZMW 2,560,800.00
Activity 6.1.3: Partner with GNCZ to orient 200 midwifery educators on the implementation of ICM Midwifery Educators competences (200 in year 1)	ZMW 1,486,000.00	$ 106,142.86	ZMW 1,486,000.00	ZMW -	ZMW -	ZMW -	ZMW -
Activity 6.1.4: Conduct 100 provincial supportive & monitoring visits on implementation of ICM Essential competencies (20 visits per year)	ZMW 1,523,500.00	$ 108,821.43	ZMW 277,000.00	ZMW 290,850.00	ZMW 304,700.00	ZMW 318,550.00	ZMW 332,400.00
Activity 6.1.5: Conduct CPD training on ICM Essential competences for 1000 midwives and midwifery educators.	ZMW 11,737,000.00	$ 838,357.14	ZMW 2,134,000.00	ZMW 2,240,700.00	ZMW 2,347,400.00	ZMW 2,454,100.00	ZMW 2,560,800.00
Sub total	**ZMW 28,477,250.00**	**$ 2,034,089.29**	**ZMW 6,393,500.00**	**ZMW 5,152,875.00**	**ZMW 5,398,250.00**	**ZMW 5,643,625.00**	**ZMW 5,889,000.00**
Strategy 6.2: Lobby for sponsorship to train midwifery educators to obtain BSc Midwifery and Masters' in Midwifery							
Activity 6.2.1: Advocate for partners to provide scholarships for MSc in Midwifery Education	ZMW 123,000.00	$ 8,785.71	ZMW 60,000.00	ZMW 63,000.00	ZMW -	ZMW -	ZMW -
Activity 6.2.2: Advocate for partners to provide scholarships in BSc Midwifery	ZMW 157,500.00	$ 11,250.00	ZMW 50,000.00	ZMW 52,500.00	ZMW 55,000.00	ZMW -	ZMW -
Sub total	**ZMW 280,500.00**	**$ 20,035.71**	**ZMW 110,000.00**	**ZMW 115,500.00**	**ZMW 55,000.00**	**ZMW -**	**ZMW -**
Objective 7.0: Collaborate with key stakeholders to end child marriages and promote maternal, neonatal, child and adolescent health and nutrition in 3 provinces							
Strategy 7.1: Engage key stakeholders e.g. traditional and religious leaders and community to promote ASRHR to influence reduction of Gender based Violence							
Activity 7.1.1: Hold dialogue meetings with key stakeholders in 3 provinces	ZMW 2,111,450.00	$ 150,817.86	ZMW 383,900.00	ZMW 403,095.00	ZMW 422,290.00	ZMW 441,485.00	ZMW 460,680.00

Objective 7.0: Collaborate with key stakeholders to end child marriages and promote maternal, neonatal, child and adolescent health and nutrition in 3 provinces (cont'd)							
Strategy 7.1: Engage key stakeholders e.g. traditional and religious leaders and community to promote ASRHR to influence reduction of Gender based Violence (cont'd)							
Activity 7.1.2: Hold 60 targeted dialogue meetings with communities in 3 provinces per year x 5 years)	ZMW 1,316,700.00	$ 94,050.00	ZMW 239,400.00	ZMW 251,370.00	263,340.00 **ZMW**	ZMW 275,310.00	ZMW 287,280.00
Sub total	**ZMW 3,428,150.00**	**$ 244,867.86**					
Strategy 7.2: Promote Adolescent sexual reproductive health and rights in 3 provinces							
Activity 7.2.1: Train 30 trainers (20 midwives and 10 teachers) in Adolescent sexual reproductive health and rights	ZMW 312,250.00	$ 22,303.57	ZMW 312,250.00	ZMW -	ZMW -	ZMW -	ZMW -
Activity 7.2.2: Train 200 midwives and 100 teachers in Adolescent Sexual Reproductive health and rights.	ZMW 5,786,000.00	$ 413,285.71	ZMW 1,052,000.00	ZMW 1,104,600.00	ZMW 1,157,200.00	ZMW 1,209,800.00	ZMW 1,262,400.00
Activity 7.2.3: Train 300 Adolescents in SRH in 3 provinces (4 trainings per province x 25 participants in 5 years).	ZMW 3,107,500.00	$ 221,964.29	ZMW 565,000.00	ZMW 593,250.00	ZMW 621,500.00	ZMW 649,750.00	ZMW 678,000.00
Activity 7.2.4: Hold 60 Targeted dialogue meetings for adolescents in 3 provinces in 5 years	ZMW 1,316,700.00	$ 94,050.00	ZMW 239,400.00	ZMW 251,370.00	ZMW 263,340.00	ZMW 275,310.00	ZMW 287,280.00
Sub total	**ZMW 10,522,450.00**	**$ 751,603.57**	**ZMW 2,168,650.00**	**ZMW 1,949,220.00**	**ZMW 2,042,040.00**	**ZMW 2,134,860.00**	**ZMW 2,227,680.00**
Objective 8.0: Improve the planning, coordination, management, monitoring and evaluation of MAZ activities.							
Strategy 8.1: Strengthen corporate governance and management systems for MAZ							
Activity 8.1.1: Conduct assessment of MAZ using the Member Association Capacity Assessment Tool (MACAT)	ZMW 255,750.00	$ 18,267.86	ZMW 46,500.00	ZMW 48,825.00	ZMW 51,150.00	ZMW 53,475.00	ZMW 55,800.00
Activity 8.1.2: Develop Resource Mobilization Plan	ZMW 215,100.00	$ 15,364.29	ZMW 215,100.00	ZMW -	ZMW -	ZMW -	ZMW -
Activity 8.1.3: Strengthen MAZ secretariat	ZMW 2,290,000.00	$ 163,571.43	ZMW 324,000.00	ZMW 458,850.00	ZMW 480,700.00	ZMW 502,300.00	ZMW 524,150.00
Activity 8.1.4: Source for funding to procure a utility Vehicle for MAZ	ZMW 1,043,500.00	$ 74,535.71	ZMW 517,000.00	ZMW 122,850.00	ZMW 128,700.00	ZMW 134,550.00	ZMW 140,400.00
Activity 8.1.5: Procure Pay roll package	ZMW 7,200.00	$ 514.29	ZMW 7,200.00	ZMW -	ZMW -	ZMW -	ZMW -
Sub total	**ZMW 3,811,550.00**	**$ 272,253.57**	**ZMW 1,109,800.00**	**ZMW 630,525.00**	**ZMW 660,550.00**	**ZMW 690,325.00**	**ZMW 720,350.00**
Strategy 8.2: Enhance communication, create awareness and increase MAZ membership							
Activity 8.2.1: Design and Develop a MAZ website.	ZMW 7,200.00	$ 514.29	ZMW 7,200.00	ZMW -	ZMW -	ZMW -	ZMW -
Activity 8.2.2: Sensitize midwives, student midwives and other health workers on professional responsibility of belonging to MAZ.	ZMW 10,666,000.00	$ 761,857.14	ZMW 1,792,000.00	ZMW 2,070,600.00	ZMW 2,169,200.00	ZMW 2,267,800.00	ZMW 2,366,400.00
Activity 8.2.3: Support members to create MAZ branches at Provincial, district and health facility level.	ZMW -	$ -	ZMW -	ZMW -	ZMW -	ZMW -	ZMW -
Sub total	**ZMW 10,673,200.00**	**$ 762,371.43**	**ZMW 1,799,200.00**	**ZMW 2,070,600.00**	**ZMW 2,169,200.00**	**ZMW 2,267,800.00**	**ZMW 2,366,400.00**
GRAND TOTAL	**ZMW 204,674,057**	**$ 14,619,575.5**					

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