Midwives Association

Zambia

Midwives Save Lives

STRATEGIC PLAN

2025 – 2030

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MIDWIVES ASSOCIATION OF ZAMBIA

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Prepared by:
Midwives Association of Zambia
with support from United Population Fund
Lusaka
Zambia

September, 2025

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FOREWORD

The principal tool for managing any organisation is a Strategic Plan (SP). The Midwives Association of Zambia (MAZ) having been established just a decade ago, has proved to be true to its established principle; An empowered midwife dedicated to the provision of quality family-centred midwifery care. It is the second in the series and covers the period 2025-2030, and builds on the gains made from implementing plans from the 2020-2024 SP. It has incorporated some activities such as adolescent health, which were not fully implemented in the previous SP

Maternal, neonatal, and child mortalities and morbidities remain significant public health concerns in Zambia. Consequently, MAZ is committed to supporting the Ministry of Health (MoH) in improving the health of women, adolescents, children, and families, while also striving to reduce mortality rates among these vulnerable groups. MAZ recognises the MoH's efforts to officially adopt the World Health Organisation's (WHO) Every Woman, Every Newborn, Everywhere (EWENE) initiative to enhance maternal and newborn health services and reduce mortality rates. These continued efforts are needed from all stakeholders in Reproductive, Maternal, Neonatal, Child, Adolescent health and Nutrition (RMNCA&N) to build on the progress made by government.

Therefore, this MAZ 2025-2030 SP is premised on eight Strategic Goals (SG), which we envision will make MAZ the Association of choice both nationally and internationally, upon attainment. During the life of this SP, we shall ensure that members in health facilities, higher education institutions (HEI), midwifery leadership, and communities gain practical skills and knowledge, that will adequately prepare them to face real-world challenges. In order to achieve this, we shall work with our collaborating partners, Government, professional bodies, and other stakeholders in actualising what is stated in the SP. The MAZ SP for 2025-2030 is designed to meet the expectations of the public, MAZ members, and stakeholders both locally and internationally. It is anticipated that stakeholders will support this SP to help the Association achieve its goals of saving mothers, adolescents and newborns' lives, while improving health outcomes for them; ultimately contributing to Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs) 3 and 17 by 2030. Therefore, I urge all stakeholders to partner with MAZ to enhance midwifery skills and save the lives of mothers and newborns. The health of a nation is reflected in the effectiveness of its health system in maintaining the well-being of its people.

Kwaleyela

Prof. Concepta N. Kwaleyela, PhD
MAZ President

ACKNOWLEDGEMENTS

The process of developing this Strategic Plan (SP) was consultative and comprehensive. It involved engagements with, and participation of many stakeholders at different levels. It is with this background that the Midwiives Association of Zambia (MAZ) wishes to thank all those who contributed to the successful development of this SP. In particular, the Association wishes to pay special appreciation to the following, for their significant contributions:

- United Nations Development Agency (UNFPA) for the financial support to develop this 2025- 2030 MAZ SP.
- All representatives of various organisations, which provided valuable information to the SP's planning and development process
- MAZ members who participated in the development of this SP

It is the Association's sincere hope that the implementation of this SP will contribute to the betterment of maternal, newborn, child and adolescent health as per MAZ's mandate and attainment of SDG 3. The maternal, newborn, child and adolescent health successes MAZ has achieved are embedded in the Association's strategic partnerships and joint commitment to reducing maternal, newborn and child morbidity and mortality in Zambia. This SP endorses MAZ's partnerships, which enable the Association 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.

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CARMMA	Campaign on Accelerated Reduction of Maternal Mortality in Africa
CBD	Community Based Distributors
CONAMA	Confederation of African Midwives Associations
CSO	Central Statistical Office
ECSB	Essential care for Small babies
EmONC	Emergency Obstetrics and Neonatal Care
EWENE	Every Woman, Every Newborn, Everywhere
HBB	Helping Babies Breathe
HEI	Higher Education Institution
HIV	Human Immune-deficiency Virus
HMIS	Health Management Information systems
HMSBAB	Helping Mothers Survive Bleeding after Birth
HMSBABC	Helping Mothers Survive Bleeding after Birth Complete
ICM	International Confederation of Midwives
IUCD	Intra-Uterine Contraceptive Device
KMC	Kangaroo Mother Care
LDS	Latter Day Saints
LARC	Long-Acting Reversible Contraceptives
LCMS	Living Conditions and Monitoring Survey
MACAT	Member Association Capacity Assessment Tool
MAZ	Midwives Association of Zambia
MDGs	Millennium Development Goals
MOH	Ministry of Health
MPDSR	Maternal, Perinatal Death Surveillance Response
RAMCAHN	Reproductive, Maternal, Neonatal, Child, Adolescent health and Nutrition
RM	Registered Midwife
RMC	Respectful Maternity Care
SDG	Sustainable Development Goal
SP	Strategic Plan
ZAMSTAT	Zambia Statistics Agency

EXECUTIVE SUMMARY

The Midwives Association of Zambia (MAZ) is a non-profit professional organisation established in 2011. This 2025-2030 Strategic Plan (SP) has been prepared to guide midwives in Zambia on how best they can support Government efforts to reduce maternal and perinatal morbidity and mortality, and thereby achieve United Nations (UN) Sustainable Development Goals (SDG) number 3, which is about ensuring healthy lives and promotion of well-being for all, at all ages. Zambia is a signatory to the UN SDGs.

The development of this MAZ SP was prompted by the need for the country to outline the strategies that the Association will undertake for the next five years (2025- 2030). It is a strategic position of the Association to streamline the means on how and what activities will be undertaken during the stated period.

This SP commences with an introduction to the document, which is followed by a background and situational and environmental analyses, including the rationale. Thereafter, the strategic directions, objectives and capability statement are presented. The plan concludes by outlining the strategies and activities that MAZ intends to carry out to achieve its goals. The strategies and activities are followed by the budget, in which the planned activities are costed. References are also included.

This SP states the vision, mission statement, principles, goals and strategic action areas that can help strengthen the operations of the Midwives association of Zambia (MAZ). Based on these analyses, the Association has set out a strategic operational framework for the period 2025 - 2030 comprising of the following:

VISION: An empowered midwife dedicated to the provision of quality family-centred midwifery care

MISSION: To contribute to the promotion of quality and evidence-based midwifery services for women, newborns, children, adolescents and families in the community and health facilities

CORE VALUES

a) Relevance

Engaging in value addition towards fostering improvement to lives of women, newborns, children, adolescents and families, through provision of quality midwifery

and other sexual reproductive health services.

b) Integration

Utilising effective strategies fostering integration and management of communicable and non-communicable diseases (NCDs) in midwifery services, from community to tertiary care, in collaboration with all health care workers and stakeholders.

c) Professionalism

Maintaining the highest levels of professionalism through upholding of the Nursing and Midwifery Council of Zambia (NMCZ) Midwifery Ethical Code of Conduct in the provision of Reproductive, Maternal, Newborn, Child, Adolescent Health, and Nutrition (RMNCAHN).

d) Evidence Based Approach

Institutionalising and sustaining evidence-based midwifery practice through research and continuous skills improvement for improved quality midwifery services.

e) Partnerships

Working with a broad spectrum of stakeholders encompassing the Government of the Republic of Zambia (GRZ), local and international partners, as well as Zambian communities to continuously improve the health of women, newborns, children, adolescents and families.

f) Governance and Leadership

Promoting responsibility, accountability and innovation in the provision of RMNCAHN services to achieve the objectives of the Association.

1.0 BACKGROUND

1.1 Historical Perspective

Before the inception of the Midwives Association Zambia (MAZ), one was required to train as a nurse before training as a midwife. Concurrently, the regulatory body was called the General Nursing Council of Zambia (GNC) and the professional organisation was called the Zambia Nurses Association (ZNA). The ZNA was dissolved on 14 December 2007 and replaced by the Zambia Union of Nurses Organisation (ZUNO) the same year. Midwives were an interest group under ZUNO.

MAZ was established in 2010, with support from United Nations Population Fund (UNFPA). In the same year, UNFPA sponsored some MAZ members to the International Confederation of Midwives (ICM) Triennial Congress in Durban, South Africa. It was at this Congress that MAZ was encouraged to apply to the ICM for affiliation and the Association became part of the global body of midwives. The Association was officially recognised by the Ministry of Health (MoH), and registered with the Registrar of Society in 2011 as a requirement by law in Zambia.

In line with the Association's advocacy role, MAZ advocated for revision of the names of the regulatory body, GNC and the professional body, ZUNO to include 'midwifery'. Consequently, the Nurses and Midwives Act No. 10 of 2019 renamed GNC as the Nursing and Midwifery Council of Zambia (NMCZ). ZUNO also amended their Constitution and renamed it the Zambia Union of Nurses and Midwives Organisation (ZUNMO) in 2023. Additionally, the Department of Nursing at the Ministry of Health (MoH) was renamed Department of Nursing and Midwifery in 2023.

1.2 Structure

MAZ supports the efforts of the MoH to improve the quality of midwifery practice for Every Woman, Every Newborn, Everywhere (EWENE) to accelerate reduction of maternal and newborn mortality at all levels of care by 2030. Therefore, for the purpose of carrying out MAZ functions effectively, each province has Provincial Executive Committees (PECs), whose functions include; establishing District Executive Committees (DECs). DECs are responsible for forming Sub-branches as needed. Additionally, midwives working in the Defence Force have their own national MAZ branch. The

branches are critical in mobilising midwives to join the MAZ and contribute effectively to the vision and objectives of the Association.

1.3 Functions of MAZ

MAZ is a voluntary professional body whose mandate include the following but not limited to:

a. Promoting improvement of lives for women, newborns, children, adolescents, and men, focusing on family-centred care through the provision of quality midwifery and other sexual and reproductive health services;

b. Promoting the identity of midwives and midwifery professional practice through effective communication by means of influencing law reform, policy legislation and public image building;

c. Promoting best midwifery practices through research in maternal, newborn, child and adolescent health issues;

d. Providing leadership and direction in maintaining professionalism among midwives at all levels of care, including the community;

e. Creating and maintaining strategic relationships with both local and international stakeholders and the community;

f. Writing Grants Funding proposals, Concept Notes and responding to Calls for Proposals;

g. Responding and receiving donations and gifts for the benefit of the Association;

h. Enhancing national and Internationally recognised midwifery competencies, roles and spheres of practice;

I. Strengthening midwifery education in collaboration with the NMCZ to ensure alignment with international standards;

j. Facilitating Continuous Professional Development (CPDs) by providing varied capacity building in-service trainings for midwives in clinical areas, higher education institutions and leadership in both public and private sectors;

k. Carrying out all such other lawful things as may be conducive or incidental to any of the objectives and functions set out above.

1.4 Governance and Leadership

At national level, the National Executive Committee (NEC) is responsible for the governance, administration and providing leadership for the Association. In line with the MAZ Constitution, the Association operates under the guidance of a structured governance model. The NEC, which is the supreme governance authority of the Association, comprises of 19 members, among which, 10 midwives; the President, Vice President, General Secretary, Vice General Secretary, Treasurer, Vice Treasurer, and four Committee Members are elected to office during the Quadrennial General Conference held every four years. The other nine members are appointed Ex-officials from the NMCZ, MoH, consumer member, midwifery student, two senior midwives (honorary and life members), ZUNMO and Zambia Association of Gynaecologists and Obstetricians (ZAGO).

At provincial and district levels, the PECs and DECs are responsible for the governance, administration and providing leadership at their respective levels. They are elected by MAZ members in their respective provinces and districts for a four-year term. The governance and leadership structure is the same as the NEC except for the positions of President and Vice President, who are referred to as Chairperson and Vice Chairperson, respectively.

2.0 SITUATION ANALYSIS

2.1 Introduction

The development of the MAZ 2025-2030 Strategic Plan (SP) is a commitment to addressing various challenges that the Association has faced since its establishment in 2011, and to translate into action lessons learned during the implementation of the SP 2020-2024. This 2025-2030 SP builds on the MAZ 2020-2024 SP achievements of contributing to the improvement of maternal and newborn health outcomes in collaboration with key stakeholders, by prioritising reducing maternal and newborn morbidities and mortalities. A critical review and situation analysis undertaken towards the end of the implementation period of the SP 2020-2024 revealed that most planned activities were not implemented due to the effects of COVID-19 outbreak.

The MAZ 2025-2030 SP is aligned to the Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition (RMNCAHN) initiatives outlined in the Government's Vision 2030, Eighth National Development Plan 2022 – 2026, National Health Strategic Plan 2022 – 2026, and the United Nations (UN) Sustainable Development Goals (SDGs) 3 and 17. The aim is to contribute to the improvement of maternal and newborn health outcomes in collaboration with key stakeholders by enhancing the skills of midwives and other healthcare workers. In light of this, the Association provides in-service training to midwives in clinical areas, training institutions, midwifery leadership, and other health professionals in both public and private sectors embracing midwifery competencies in Emergency Obstetric and Newborn Care (EmONC), Essential Newborn Care 1 and 2 (ENC1&2) and Advanced Neonatal Resuscitation (ANR).

Irrespective of the in-service trainings that have been conducted by MAZ, most midwifery educators and midwifery leaders have not been trained in high impact lifesaving skills. Research has shown that if midwives are well educated, properly regulated to international standards and well supported by their individual governments, they can avert 83% of maternal and neonatal morbidities and deaths (World Health Organisation [WHO], 2022). Midwives can also provide 87% of essential care for women and newborn when educated and regulated to international standards (WHO 2022).

Furthermore, with increasing evidence of unprofessional practices in midwifery care (Smith et al., 2020; Kwaleyela et al., 2019), although not only by midwives, MAZ supported the MoH to develop the National Respectful Maternity Care (RMC)

Guidelines in 2020. With support from UNFPA and the Latter-Day Saints Charities (LDSC), the Association commenced RMC trainings for midwives in clinical areas, training institutions, midwifery leadership, obstetricians, other health professionals, and students in both public and private sectors. However, the numbers of trained personnel is negligible in comparison to those not trained, including the support staff; therefore, MAZ plans to continue RMC trainings in the SP 2025 - 2030. MAZ also advocated for the inclusion of RMC in the 2022 Midwifery Curriculum.

Additionally, MAZ supports the efforts of the Ministry of Local Government and Rural Development (MLGRD), Ministry of Education and other stakeholders such as Government Departments and Non-Governmental Organisations (NGOs) by leveraging on their resources to strengthen Reproductive Maternal Newborn Child Adolescent Health and Nutrition (RMNCAHN).

2.2 Background

Over the past decade, Zambia has made notable improvements, with the maternal mortality ratio (MMR) decreasing from 398 per 100,000 live births in 2014 to 278 in 2018 (ZamStats et al., 2018) and 195 in 2024 (ZamStats et al., 2024). Similarly, the under-five mortality rate (UFMR) has reduced from 75 per 1,000 live births in 2014 to 61 in 2018 (ZamStats et al., 2018) and 42 in 2024 ZamStats et al., 2024). Further, although the neonatal mortality rate (NMR) increased from 24 per 1,000 live births in 2014 to 27 in 2018 (ZamStats et al., 2018), during the five years preceding the 2024 survey, the neonatal rate dropped to 17 (ZamStats et al., 2024). The progress in MMR, UFMR and NMR indicates that Zambia is moving in the right direction in reducing maternal and child mortalities. The drop in NMR may be attributed to improved neonatal health care interventions put in place in 2018 when the rate increased from 24 to 27 per 1,000 live births (ZamStats et al., 2024). Despite the progress being made in MMR, UFMR and NMR indicators, Zambia continues to face significant maternal and newborn health challenges.

Zambia is located in the sub-Saharan region, the region that accounted for around 70% (202,000) of maternal deaths of the estimated global maternal deaths in 2020 (WHO, 2024). Women in the region die as a result of preventable and treatable complications that develop during and following pregnancy and childbirth. Most of these complications develop during pregnancy, while other complications may exist before pregnancy, but are worsened during pregnancy, especially if not managed as part of the woman's care. The major

complications that account for nearly 75% of all maternal deaths in the region are severe bleeding (mostly postpartum bleeding), infections (usually after childbirth), high blood pressure during pregnancy (pre-eclampsia and eclampsia), complications from and during delivery, and unsafe abortions (WHO, 2024, MoH, 2021a).

In response to this unacceptable high MMR in the country, the MoH partnered with various stakeholders in the implementation of policies to mitigate this public health concern in the country. Health institutions have been directed to intensify implementation of MoH policies, such as the Maternal and Child Health (MCH) Policy. Maternal and Perinatal Death Surveillance and Response (MPDSR) has also been institutionalised to ensure timely notification of maternal and newborn deaths in the country (MoH, 2021b). The government has adopted the WHO EWENE system to strengthen the tracking of maternal and newborn deaths and use the data to inform strategies to accelerate progress towards meeting SDG 3 target by 2030.

Given the remaining five years towards achieving the target for SDG 3, it is time to intensify coordinated efforts, mobilise and re-invigorate national and community-level commitments and resources to ending preventable maternal and newborn mortalities. With this Call to Action, MAZ will intensify implementation of activities in this SP 2025-2030.

2.3 Internal environment

The Government of the Republic of Zambia (GRZ) has shown commitment in addressing maternal and child morbidity and mortality in the country through interventions such as, infrastructure construction of maternity healthcare facilities and mothers' shelters, employing more midwives, improving medical surgical supplies and equipment, strengthening community engagement, providing higher education for midwives, collaborating with local stakeholders, international organisations and NGOs, mobilising resources, implementing effective MCH programmes, and investing in research activities.

The Association has been operating in a rented office since 2011. It does not have a Secretariat with full-time staff due to financial constraints. Therefore, NEC members, though volunteers carry out administrative duties in addition to conducting trainings for midwives and healthcare workers. They are also members of the MoH Technical Working Groups (TWGs) and collaborate with partners and other stakeholders.

2.4 External environment

2.4.1 Political, policy and legal development

The political will and policy direction in RMNCAHN services in Zambia is conducive to the continuous improvement of midwifery education and practice. Every five years, MoH outlines its vision, mission, and strategies that include RMNCAHN services. Therefore, MAZ will carry out the activities specified in this SP 2025-2030, in accordance with the RMNCAHN initiatives outlined in the 2016–2020 Zambia National Newborn Scale-Up Plan, the 2022–2026 National Health Strategic Plan, and the 2022–2026 National Health Resource Strategic Plan. MoH promotes Primary Health Care (PHC) as a strategy for delivering promotive, preventive and curative health services, especially in underserved rural regions (MoH, 2023).

2.4.2 Economic factors

The global and domestic economic landscape has negatively impacted the delivery of RMNCAHN services in Zambia. This situation is linked to fluctuations in inflation rates, increase in the exchange rate, and a decline in the Gross Domestic Product (GDP) growth rate (MoH, 2022). While the inflation rate decreased from 15.73% in 2020 to 8.2% in 2024, this improvement has been undermined by the fluctuations of the local currency's exchange rate. For instance, the exchange rate increased from 21.20 in 2020 to 26.57 in 2024 against one United States dollar (Ministry of Finance and National Planning [MoFNP], 2024). Additionally, the GDP growth has widened from 18.11% in 2020 to 29.87% in 2024, largely due to reduced public investments, decreased mining sector imports, and higher debt-service payments (MoFNP, 2024).

In response to the increase in the cost of living, the Bank of Zambia (BoZ) tightened monetary policy by raising the base rate to 13.5% in August 2024 (MoFNP, 2024). Inevitably, the economic challenges have raised costs associated with providing RMNCAHN services. To mitigate the effects of economic challenges on RMNCAHN services provision, the GRZ has shown commitment to funding the health sector, as evidenced by an increasing national budget over the past five years (2020 to 2024). The proportion of the MoH's budget rose from 8.87% in 2020 (MoFNP, 2020a; 2020b) to 11.8% in 2024 (MoFNP, 2024).

2.4.3 Social Factors

Social factors are the non-medical factors that impact people's health and longevity. They affect any country's economic stability, education, health care access and quality, neighbourhood and environment, as well as social and community contexts. Life expectancy for Zambia stands at around 63 years (ZamStats et al., 2018). This is an improvement from previous years, largely due to progress in healthcare, disease prevention, and economic development. Nonetheless, challenges of high rates of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), sexually transmitted infections (STIs) coupled with increased hypertension, diabetes and malaria, continue to negatively impact overall health outcomes for both men and women (World Bank, 2024; WHO, 2023).

Zambia is a low medium income country (LMIC). Therefore, high levels of poverty, approximately 54% (World Bank, 2023), limit most of its population's access to adequate healthcare services, proper nutrition, and safe living conditions for mothers and children; thereby negatively impacting maternal and newborn health outcomes.

The country faces challenges in reducing poverty due to economic constraints, inflation, and high unemployment rates, with rural areas experiencing higher poverty levels, and limited access to essential healthcare services and education (World Bank, 2023). The situation is compounded by staff shortages and reported negative attitudes among healthcare workers, some traditional and religious beliefs, and norms, that often discourage the use of formal healthcare services often leading to delayed care for pregnant women and their infants (Kwaleyela et al., 2019; UNFPA, 2019).

2.4.4 Technological Advancements

Technological advancement has had a profound impact on MCH in Zambia, influencing various aspects of healthcare delivery, access, and outcomes. Telemedicine and mobile health (mHealth) technologies are increasingly being used to provide health information and services to women in rural and underserved areas (MoH, 2021a). Mobile phones allow healthcare providers to disseminate information on antenatal care, nutrition, vaccination schedules, and many more programmes that help reduce maternal and newborn mortalities (Nkonde et al., 2019).

The technologies also enable emergency communication during complications; thus, speeding up the referral process (Nkonde et al., 2019). Other technologies utilised in Zambia include, electronic health records (EHRs), point-of-care diagnostic tools, such as Health Information Systems (HIS), portable ultrasound machines, immunisation and vaccine delivery systems, responsible use of Artificial Intelligence (AI), and data analytics, (Smith, 2022). The technological advancements are playing an increasingly important role in improving MCH in Zambia by bridging gaps in healthcare access and quality, particularly in rural and underserved communities.

2.4.5 Ecological factors

Ecological factors affecting health refer to various environmental and social conditions that influence the health and wellbeing of individuals and communities. Zambia, like many other sub-Saharan countries, faces ecological challenges related to access to clean water and sanitation, air and noise pollution, and climate change. These challenges upsurge factors that increase risks of vector-borne diseases, natural disasters, communicable diseases, and non-communicable diseases (NCDs) (WHO, 2020). These diseases and conditions disproportionately affect children and pregnant women; thereby, increasing maternal and child morbidities and mortalities (WHO, 2020).

In recent years, climate change has had significant effects on pregnancy; thereby, impacting maternal and newborn health through various pathways, such as food insecurity (Food and Agricultural Organisation [FAO], 2019), heat stress (Bruckner et al., 2019), air pollution (Stieb et al., 2012), maternal stress (Coussons-Read, 2013), and mental health disorders (Kim et al., 2017). These effects contribute to increased cases of intra-uterine growth restriction (IUGR), low birth weight (LBW) preterm births, and stillbirths (Kim et al., 2017). Extreme weather events such as droughts and floods, intensified by climate change, disrupt women's access to maternal health care provision, resulting in poor maternal and newborn outcomes.

2.4.6 Education and literacy

Women's education level affects maternal health. The 2018 Zambia Demographic Health Service (ZDHS) reported that 45% of women in Zambia had no formal education and did not receive antenatal care, compared to 12% with secondary education (ZamStats et al., 2018). High illiteracy levels among

women are strongly associated with poor health outcomes for both mothers and their infants (ZamStats et al., 2024). Women with less education are less likely to seek proper healthcare, follow medical advice, or understand the importance of family planning, nutrition, and hygiene during pregnancy and childbirth (UNICEF, 2020). Whereas, women with higher education level are more likely to seek professional health services during pregnancy and childbirth, and postnatal care, which significantly reduces the risks associated with childbirth (UNFPA, 2021).

2.4.7 Gender

Gender factors significantly influence MCH through vices of gender-based violence (GBV) that include physical injuries, mental health issues, and complications during pregnancy; thereby negatively affecting women's access to resources, health behaviours, and increasing the likelihood of maternal morbidities and mortalities. Women who experience GBV may avoid healthcare facilities out of fear or shame, further endangering their health and that of their newborns (Human Rights Watch, 2020). In 2018, Zambia recorded 41% prevalence of physical violence among its women folk (ZamStats et al., 2018).

Gender norms in Zambia often place men in control of household decisions, including healthcare choices; hence, women's financial dependency on male partners affects their ability to make timely decisions regarding MCH issues (World Bank, 2021). Additionally, gender disparities in education and inequalities, particularly for girls, often restrict women's access to economic resources, nutritious food and transportation to medical facilities; thus, affecting MCH outcomes by limiting their ability to afford healthcare, autonomy to seek maternal health services, and delaying their access to prenatal care, labour and delivery services, including postnatal care.

2.4.8. Midwives as agents of change towards ending child marriage in zambia and addressing adolescent pregnancy

Zambia's demographic landscape presents a compelling case for urgent action, with adolescents constituting over 25% of the total population (ZamStat et al., 2024). This significant youth cohort underscores the national responsibility to collaborate resolutely towards the elimination of all forms of GBV and harmful practices, including child marriage, where women and girls regrettably remain the most vulnerable.

Child marriage is one of the harmful practices that has been rampant in Zambia for many years. Information on the harmful practice became heightened after the Health Pathways to Ending Child Marriage in Zambia national campaign and the passing of the UN Resolution on Child Early and Forced Marriage in December 2013. The Health Pathways to Ending Child Marriage in Zambia is a proven strategy that can lead to better house outcomes, especially for adolescent girls and young women. Even though the prevalence of child marriage has steadily declined over the past few decades, 29% of young women aged 20 to 24 years get married before age 18 years, and 5% of women aged 20 to 24 years get married before age 15 years (Zamstat et al., 2024)

Globally, approximately 1 in 3 women (30%) have experienced physical and/or sexual violence by an intimate partner or non-partner sexual violence in their lifetime (WHO, 2024). This equates to about 736 million women worldwide (WHO, 2024). Additionally, 650 million girls and women (globally) alive today were married before their 18th birthdays (WHO, 2024). Girls married before the age of 15 are almost 50% more likely to have experienced intimate partner violence than those married after 18 (WHO, 2024). The sub-Saharan region records one of the world's highest child marriage prevalences, with nearly one-third (32%) of young women in Eastern and Southern Africa having been married before the age of 18 years (WHO, 2024). The region is home to over 50 million child brides (WHO, 2024).

The role of midwives as one of the first responders to issues resulting from child marriage cannot therefore, be underestimated. They help secure better health outcomes for adolescent girls who present themselves to health facilities for services that include family planning, antenatal, antepartum and postpartum. Further, midwives work with community volunteers such as SMAGs, CBDs and NHCs to prevent harm among the adolescent girls. The life-saving interventions by midwives include:

- Provide counselling and family planning information to adolescents.
- Provide antenatal care and encourage facility-based delivery.
- Provide information to SMAGs on the best way to provide family planning services to adolescents in a respectful, non-judgmental and non-prejudicial manner.
- Provide information on the re-entry policy and the option of LARC to adolescents, if they wish to delay the next pregnancy.

- Advocate for age-appropriate access to family planning information and services based.
- Support inclusion of life-saving strategies for adolescent health in the midwifery institutions.

3.0 RATIONALE

MAZ has a track record in improving the knowledge and skills of midwives and other health workers who provide RMNCAHN services in the country. The Association has a pool of EmONC, ENC1&2, ANR, RMC, family planning, and postnatal care trainer-of-trainers (ToTs) throughout the country. Cognisance of inadequate skills among some midwives, exacerbated by shortage of skilled birth attendants in the country, MAZ trains midwives and other healthcare providers working in MCH care facilities on high-impact interventions aimed at reducing MMR and NMR. The Association also orients midwifery educators to essential midwifery competencies to ensure that they graduate competent practitioners at the end of the training. These activities are aimed at enhancing the provision of quality maternal and newborn health services. MAZ in collaboration with partners, use their own resources to provide in-service training; therefore, GRZ utilises resources meant for short-term trainings on other needy areas.

MAZ managed to successfully implement several activities in the 2020-2024 SP. In collaboration with UNFPA, the Association trained 72 midwifery educators in ToT programmes on EmONC. Additionally, the Association in collaboration with LDSC trained 1,742 midwifery educators and students in Abridged EmONC. Furthermore, the Association in collaboration with the Catholic Relief Services (CRS) trained 120 midwives in Eastern Province in EmONC. To strengthen the acquired skills, the trainings were followed up with mentorship programmes for the trained professionals.

The LDSC also supported MAZ in training 75 midwives and nurses in ENC1&2, along with 15 master trainers and 35 healthcare providers in ANR. The Association with support from UNFPA, went further and trained ToTs who cascaded training of more than 400 midwifery leaders and midwives in RMC. Additionally, with support from AMREF Health Africa in Zambia, MAZ increased the number of ToTs in RMC by training a further 40 midwifery educators and 80 midwives and healthcare providers working in clinical settings.

MAZ was awarded the Midwifery Service Framework (MSF) programme by ICM to run from 2021-2023. The aim of the programme was to spearhead the introduction of midwife-led-model of care in the country. A total of 20 champions were trained, and out of these, three were identified as facilitators to implement MSF activities. A further 25 midwives from different provinces were trained in advocacy by the programme.

MAZ continues to support high impact interventions in midwifery by promoting ongoing skills development in midwives through Low Dose High Frequency (LDHF) practice sessions in respective health facilities. To facilitate the sessions, the Association supplied simulators such as Mama-Natalie, Neo-Natalie, Mama Breast, Mama Birthie, and Premie Natalie, to all health facilities where health workers have received training in EmONC operate from.

MAZ values multi-disciplinary teamwork and partnerships in accomplishing its primary goal to continuously improve the lives of pregnant women, mothers and newborns. This is why the Association closely collaborates with key stakeholders such as the MoH, NMCZ, ZUNMO, Zambia Association of Gynaecologists and Obstetricians (ZAGO), and Health Professions Council of Zambia (HPCZ). Further, MAZ assists HEIs, provincial and district health offices, in developing a midwifery workforce that is skilled, compassionate, competent, confident, current, and dedicated to providing family-centred healthcare. Additionally, the Association was pivotal in promoting the acceptance of the midwifery-led care model in Zambia to enhance quality maternity healthcare. These interventions are essential toward the achieving Universal Health Coverage (UHC) by 2020 for the wellbeing of women, newborns, and families, which is a fundamental human right. As an affiliate of ICM, the Association stays informed about updates to midwifery standards, which are utilised for advocacy with the NMCZ whenever there is a need to integrate them into midwifery curricula. The objective for the MAZ SP 2025 - 2030 are:

3.1. OVERALL OBJECTIVE

Empower midwives to improve the health and wellbeing of women and newborns by enhancing the quality, accessibility and equity of midwifery services.

3.2. STRATEGIC OBJECTIVES

SO1. Enhance the provision of RMC in the care of women and their newborns

SO2. Scale up ToT trainings of midwives in lifesaving high impact interventions; HMBS, Helping Mothers Survive Bleeding after Birth Complete (HMSBABC), PEE, Helping Babies Breathe (HBB), ECEB, EMoNC, ENC, and ECLB

SO3. Scale up training of midwives in Mentorship

SO4. Increase the number of midwifery educators, clinicians and CBVs trained in Maternal and Perinatal Death Surveillance and Response (MPDSR)

So5: Increase number of midwifery educators, clinicians and other healthcare workers trained in LARC and PPIUCD method mix

SO6. Improve the skills of midwifery educators, midwives in clinical settings and other healthcare workers who attend to women, in identifying and managing mothers and newborns at high-risk, to enhance maternal and child survival.

SO7. Collaborate with key stakeholders to end child marriages and promote maternal, newborn, child, adolescent health, and nutrition

SO8. Improve the planning, coordination, management, monitoring, and evaluation of MAZ activities

4.0 STRATEGIC INTERVENTIONS

The strategic interventions targeting and guided by each strategic objective are as follows:

1. Conduct regular training sessions for midwifery educators, midwives in clinical settings and other health workers who attend to women, as well as SMAGs and NHCs in RMC
2. Conduct ToTs in HMBS, HMSBABC, PEE, HBB, ECEB, EMoNC, CEMoNC, ENC and ECLB for midwifery educators, midwives in clinical settings and other health workers who attend to women
3. Conduct Mentorship training for midwifery educators, midwives in clinical settings and other healthcare workers who attend to women
4. Conduct training for midwifery educators, midwives in clinical settings and other healthcare workers who attend to women, and orient SMAGS, CBVs, CHWs, and NHCs in MPDSR
5. Train midwifery educators, midwives in clinical settings and other healthcare workers who attend to women in LARC and PPIUCD method mix
6. Disseminate relevant guidelines (Antenatal care, maternal and neonatal referral; Pregnancy, Childbirth, Postnatal and Newborn (PCPN); Postnatal Home Visits; Premature Baby Under-Five) promote essential care of small babies in all health facilities
7. Engage key stakeholders such as traditional, community and religious leaders to promote ASRHR and influence reduction of gender based violence (GBV)
8. Strengthen corporate governance and management systems for MAZ, to enhance communication, create awareness and increase MAZ membership

An illustration of the eight strategic objectives and interventions are presented in Table 1.

Table 1: Strategic Interventions

Strategic Objective	Strategic Intervention	Activities	Key Performance Indicators	Target	Responsible Office	Budget (USD@K25)
SO1. Enhance the provision of RMC in the care of women and their newborns	Conduct regular training sessions for midwifery educators, midwives in clinical setts ings and other health workers who attend to women, as well as SMAGs and NHCs in RMC	i. Revise and review MAZ RMC Guidelines	MAZ RMC Guidelines revised and reviewed	By the end of 2025, MAZ RMC Guidelines must be revised and reviewed	• MAZ, President • MAZ, Vice President • Committee	K657,500.00 $26,300.00
		ii. Conduct RMC Training of Trainers (ToTs) for midwifery educator s, midwives in clinical settings and other health care workers who attend to women	# of ToT midwives and other health care workers who attend to women trained in RMC	By the end of 2030, 3,000 midwives and other health care workers who attend to women should have been trained as ToTs in RMC		K7,364,500.00 $526,035.71
		iii. Conduct RMC training for midwives and other health care workers who at tend to women	# of midwives and other health workers trained in RMC	By the end of 2030, 3,000 midwives and other health workers who attend to women should have been trained in RMC		
		iv. Conduct RMC training for SMAGs and NHCs	# of SMAGS and NHCS trained in RMC	By the end of 2030, 1,500 each of SMAGS and NHCs should have been trained in RMC		K8,247,410.00 $589,100.71
SO2. Scale up ToT trainings of midwives in lifesaving high impact interventions ;	Conduct ToTs in HMBS, HMSBABC, PEE, HBB, ECEB, EMoNC, CEMoNC, ENC	i. Conduct T oT trainings for midwifery educat ors and midwives in clinical settings in HMBS, HMSBABC,	# of midwives trained in HMBS, HMSBABC, PEE, HBB, ECEB , and ECLB	By the end of 2030, 500 ToT midwifery educators and midwives in clinical settings in	• MAZ Vice President • MAZ General Secretary	K560,175.00 $40,012.50

HMBS, HMSBABC, PEE, HBB, ECEB, EMoNC, CEMoNC, ENC, and ECLB	and ECLB for midwifery educators, midwives in clinical settings and other health care workers who attend to women	PEE, HBB, ECEB , EMoNC, CEMoNC, ENC and ECLB		HMBS, HMSBABC, PEE, HBB, ECEB, EMoNC, CEMoNC, ENC and ECLB should have been trained		
		ii. Train midwives and other health care workers, in HMBS, HMSBABC, PEE, HBB, ECEB, EMoNC, CEMoNC, ENC and ECLB	# of midwives and other health care workers who attend to women trained in HMBS, HMSBABC, PEE, HBB, ECEB, EMoNC, CEMoNC, ENC and ECLB	By the end of 2030, 5,000 midwives and other health care workers who attend to women should be trained in HMBS, HMSBABC, PEE, HBB, ECEB, EMoNC, CEMoNC, ENC and ECLB		K40,562,000.00 $2,897,285.71
SO3. Scale up training of midwives in Mentor ship	Conduct Mentorship training for midwifery educators, midwives in clinical settings and other health care workers who attend to women	i. Conduct ToT of midwives in Mentorship trainings	# of midwives trained in Mentorship per year	By the end of 2030, 250 midwives should have been trained as ToTs in Mentorship	MAZ Vice President	K560,175.00 $40,012.50
		ii. Conduct Mentorship training for midwifery educators, midwives in clinical settings and other health care workers who attend to women	# of midwifery educators, midwives in clinical settings and other health care workers who attend to women trained in Mentorship	By the end of 2030, 1,000 midwifery educators, midwives in clinical settings and other health care workers who attend to women		K2,966,250.00 $211,875.00

SO4. Increase the number of midwifery educators, clinicians and CBVs trained in MPDSR	Conduct training for midwifery educators, midwives in clinical settings and other healthcare workers who attend to women, and orient SMAGS, CBVs, CHWs, and NHCs in MPDSR	i. Conduct training for midwives as MPDSR ToTs	# of midwifery educators and clinicians trained as ToTs in MPDSR	By the end of 2030, 100 midwives should have been trained as ToTs in MPDSR	MAZ President	K188,031,500.00 $13,430,821.43
		ii. Conduct trainings for midwifery educators and clinicians in MPDSR per year	# of midwifery educators and clinicians trained in MPDSR	By the end of 2030, 3,000 midwifery educators and clinicians should have been trained in MPDSR		
		iii. Conduct orientation meetings for CBVs, CHWs and NHCs in MPDSR	# of CBVs, CHWs and NHCs oriented to MPDSR	By the end of 2030, 5,000 CBVs should have been oriented to MPDSR		K17,979,500.00 $1,284,250.00
SO5. Increase number of midwifery educators, midwives in clinical settings and other healthcare workers trained in LARC and PPIUCD method mix	Train midwifery educators, midwives in clinical settings and other healthcare workers who attend to women in LARC and PPIUCD method mix	i. Hold meeting with Stakeholders for purchase of LARC and PPIUCD equipment	# of lobbying meetings for purchase of LARC and PPIUCD mix equipment held with stakeholders	By the end of 2026, 5,000 CBVs should have been oriented to MPDSR	MAZ President	K17,660.00 $1,261.43
		ii. Conduct ToTs in LARC and PPIUCD method mix for midwifery educators, clinicians and other healthcare workers who attend to women	# number of midwifery educators, clinicians and other healthcare workers who attend to women trained as ToTs in LARC and PPIUCD method mix	By the end of 2030, 100 midwifery educators, clinicians and other healthcare workers who attend to women should have been trained as ToTs in LARC and PPIUCD method mix and the use by women should have increased to 70%of		K5,858,875.00 $418,491.07

		iii. Train midwifery educators, midwives in clinical settings and other healthcare workers who attend to women in LARC and PPIUCD mix methods	# number of midwifery educators, midwives in clinical settings and other healthcare workers who attend to women Trained in LARC and PPIUCD mix methods	By the end of 2030, 1,000 midwifery educators, midwives in clinical settings and other healthcare workers who attend to women trained in LARC and PPIUCD mix methods		K28,721,000.00 $2,051,500.00
		Train 150 MCH Coordinators in supply chain management.	# number of MCH coordinators in supply chain management	By the end of 2030, 150 MCH coordinators should have been trained in supply chain management		K4,404,375.00 $314,383.93
SO6. Improve the skills of midwifery educators, clinicians and other healthcare workers who attend to women, in identifying and managing mothers and newborns at high-risk, to enhance maternal and child survival	Disseminate relevant guidelines (Antenatal care, maternal and neonatal referral; Pregnancy, Childbirth, Postnatal and Newborn (PCPN); Postnatal Home Visits; Premature Baby Under-Five) and promote essential care of small babies (ECSB) in all health facilities	i. Conduct orientation workshops with midwifery educators, midwives in clinical settings and other health care workers who attend to women and newborns on relevant guidelines	# of midwifery educators, clinicians and other healthcare workers who attend to women and newborns oriented to relevant guidelines	By the end of 2023, 1,000 midwifery educators, clinicians and other health care workers who attend to women and newborns oriented to relevant guidelines	MAZ Vice President	K15,048,000.00 $1,074,857.07
		ii. Conduct ToT trainings for midwifery educators, clinicians and other health workers who attend to women and newborns on care of sick term newborns and preterm babies, including KMC	# of midwifery educators, clinicians and other health workers who attend to women and newborns on care of sick term newborns and preterm babies,	By the end of 2030, 1,000 midwifery educators, clinicians and other health workers who attend to women and newborns should be able to		K722,625.00 $51,616.07

			including KMC	timely identify and manage mothers and newborns who are at risk		
		iii. Conduct trainings for midwifery educators, midwives in clinical settings and other health care providers who attend to mothers, in ECSB	# of midwifery educators, midwives in clinical settings and other health care providers who attend to mothers, trained in ECSB	By the end of 2030, 1,000 midwifery educators, midwives in clinical settings and other health workers who attend to women and newborns should be able to attend to mothers in ECSB		K11,737,000.00 $838,357.14
	Support the MoH and NMCZ to include ICM Essential competences in both the undergraduate and postgraduate midwifery curricula and midwifery	iv. Conduct ToT for midwifery educators, midwives in clinical settings and other healthcare providers who attend to mothers midwives on ICM Essential Competencies	# of midwifery educators, midwives in clinical settings and other health care providers who attend to mothers, trained as ToTs in ICM Essential Competencies	By the end of 2030, 100 midwifery educators, midwives in clinical settings and other health workers who attend to women and newborns should have been trained in ICM Essential Competencies		K1,993,750.00 $142,410.71
		v. Conduct provincial supportive and monitoring visits on implementation of ICM essential competences by midwifery educators, clinicians and other healthcare providers	# of supportive and monitoring visits on implementation of ICM Essential Competencies made	By the end of 2030, 100 supportive and monitoring visits on implementation of ICM Essential Competencies should be made		K1,523,500.00 $108,821.43

		who attend to mothers				
		vi. Conduct CPD training on ICM Essential Competencies for midwives in clinical settings, midwifery educators, and other healthcare providers who attend to mothers	# of CPD training on ICM Essential Competences conducted	By the end of 2030, 1,000 midwives in clinical settings, midwifery educators, and other healthcare providers who attend to mothers should have attended training on ICM Essential Competencies		K13,223,000.00 $947,178. 57
	Lobby for sponsorship for midwives to upgrade and obtain BSc MSc and PhD in Midwifery	Facilitate t raining of midwives at BSc, MSc and PhD Midwifery levels	# of midwives trained at BSc, MSc and PhD levels	By the end of 2030, 50 midwives would have been sponsored for BSc, MSc and PhD Midwifery training		K280,500.00 $20,035.71
SO7. Collaborate with key stakeholders to end child marriages and promote maternal, newborn, child, adolescent h ealth, and nutrition	Hold introductory and orientation meetings with community key stakeholders in 3 provinces	Conduct introductory and orientation meetings with community key stakeholders in 3 provinces	# of introductory and orientation meetings held with community key stakeholders	By the end of 2030, 70% of community key stakeholders should have been introduced and oriented to ASRHR		K2,111,450.00 $150,817.86
	i. Engage key stakeholders such as traditional, community and religious	i. Conduct 60 targeted community dialogue meetings with key stakeholders in 3 provinces, annually	# of targeted community dialogue meetings held with key stakeholders in 3 provinces	By the end of 2030, 900 community targeted d ialogue meetings with key stakeholders	MAZ President	K1,316,700.00 $94,050.00

	leaders to promote ASRHR and influence reduction of gender-based violence (GBV)			should have been held in 3 provinces		
		ii. Conduct training for midwives in 3 provinces on quality improvement and quality assurance	# of midwives in 3 provinces trained in quality improvement and quality assurance	By the end of 2030, 50 midwives from health facilities in the 3 provinces should have been trained in quality improvement and quality assurance		K312,250.00 $22,303.57
		iii. Formulate quality improvement and quality assurance committees in selected communities in 3 provinces	# of quality improvement and quality assurance committees formulated in selected communities in 3 provinces	By the end of 2030, 9 (3 in each province) quality improvement and quality assurance committees headed by a midwife from a health facility in the 3 provinces should have been		K312,250.00 $22,303.57
		iv. Develop a monitoring tool to measure and track progress of ASRHR care provision in healthcare facilities	Availability of a monitoring and evaluation tool on ASRHR	By the end of 2025 a monitoring and evaluation tool on ASRHR should have been developed	MAZ President	K215,100.00 $15,364.29
		v. Conduct ToT for midwives and teachers in ASRHR	# of midwives and teachers trained as ToTs in ASRHR in 3 provinces	By the end of 2030, 20 midwives and 10 teachers should have been trained as ToTs in ASRHR in the 3 provinces		K312,250.00 $22,303.57

		vi. Conduct t raining of midwives and teachers in ASRHR	# of midwives and teachers trained in ASRHR in 3 provinces	By the end of 2030, 200 midwives and 100 teachers should have been trained in ASRHR in the 3 provinces		K5,786,000.00 $413,285.71
		vii. Conduct t raining for adolescents in SRH	# of adolescents trained in SRH in 3 provinces	By the end of 2030, 300 adolescents must have been trained in SRH in 3 provinces		K3,107,500.00 $221,964.29
		viii. Hold 60 targeted dialogues with adolescents in 3 provinces, annually	# of targeted dialogues held with adolescents in 3 provinces	By the end of 2030, 900 targeted dialogues with adolescents in 3 provinces should have been held		K1,316,700.00 $94,050.00
SO8. Improve the planning, coordination, management, monitoring and evaluation of MAZ activities	8.1 Strengthen corporate governance and management systems for MAZ	i. Conduct an assessment of MAZ's governance and management systems, using the Member Association Capacity Assessment Tool (MACAT)	Conducting an assessment of MAZ's governance and management systems	By the e nd of 2026 MAZ's governance and management systems should have been assessed	MAZ President	K255,750.00 $18,267.86
		ii. Develop resource mobilisation Plan	MAZ resource mobilisation plan developed	By the end of 2025 a resource mobilisation plan for MAZ should have been developed		K215,100.00 $15,364.29
		iii. Strengthen MAZ Secretariat	# of MAZ Secretariat (full-time/part -time) recruited	By the end of 2030 a MAZ Secretariat should be fully functional		K2,290,000.00 $163,571.43
		iv. Procure a util ity vehicle for MAZ	MAZ utility vehicle purchased	By the end of 2030, MAZ should have a		K1,043,500.00

				utility vehicle		$74,535.71
		v. Procure Accounting and Management package	Accounting and Management package procured	By the end of 2030, MAZ should hav e been using an Accounting and Management package		K7,200.00 $514.29
	8.2 Enhance communication, create awareness and increase MAZ membership	i. Design and develop a MAZ website	MAZ website developed	By the end of 2025, MAZ website should be up and running	MAZ General Secretary	K7,200.00 $514.29
		ii. Sensitise midwives, student midwives and other health workers who attend to mothers and newb orns on professional responsibility of belonging to MAZ through use of digital tools	# of sensitisation trainings on digital awareness and utilisation conducted with midwives, student midwives and other health workers who attend to mothers and newb orns	By the end of 2030, 1,000 midwives, student midwives and other health workers who attend to mothers and newb orns should have been sensitised on MAZ's digital platforms		K10,666,000.00 $761,857.14
		iii. Support members to create MAZ branches at provincial, district and health facility levels	# of PECs and DECs created	By the end of 2030, all provinces should have PECs and DECs		K2,290,000.00 $163,571.43

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