



Zambia



Collaborative Advocacy Action Plan (CAAP)

Delivering on country
commitments for women's,
children's and adolescents' health
and well-being



2025



Hosted by the
World Health Organization



The Republic of Zambia is committed to addressing the health needs of women, men, and young people. This is evidenced through the various legal, financial and policy commitments both at Global, International, Regional and National commitments enshrined in various documents such as the National constitution, Vision 2030, Development plans (8th National Development Plan), Policies (National Health Policy), Strategic Plans (National Health strategic plan 2022 – 2026) among others. The Collaborative Advocacy Action Plan (CAAP) is a partner led and evidence-based plan to foster advocacy and accountability for women's children's and adolescent health and well-being in Zambia. The plan was developed with input from stakeholders based on the gaps identified during the Commitment Assessment presentation at a multi stakeholder platform held in Lusaka which was also attended by Members of Parliament from the Parliamentary Committee on Health, Community Development and Social Services and from the Caucus on Sexual and Reproductive Health and Rights and Life Skills and Health Education coordinated by Amref Health Africa in Zambia. The CAAP was supported by the Partnership for Maternal Neonatal and Child Health (PMNCH). The Plan builds on other advocacy efforts in the country for women, children and adolescents well-being and was developed in March 2025.

Section 1 | CAAP overview

The CAAP initiative in Sierra Leone

The aim of the [Collaborative Advocacy Action Plan \(CAAP\)](#) initiative is to improve accountability for Women's, Children's and adolescents' health and well-being (WCAH) through the collaborative efforts of partners. The process involves an initial inclusive, partner-led, scoping and assessment of WCAH commitments in each participating country. Based on this evidence, partners then identify a set of advocacy actions to be undertaken collaboratively by WCAH stakeholders to improve the quality and implementation of existing WCAH commitments, while responding to the need for new commitments where critical gaps exist. PMNCH envisages that CAAPs will add value to efforts of partners through:

- Improved evidence on existing commitments and policy gaps at country level;
- more meaningful engagement of underrepresented constituencies in national policy processes, through multi stakeholder convenings, strengthened alignment, and coordination among PMNCH partners and other WCAH actors;
- enhanced visibility of national WCAH commitments and, ultimately, increased accountability for WCAH commitments.

PMNCH facilitates the CAAP process through:

- Convening country stakeholders through the strengthening/development of a Multi-Stakeholder Platform (MSP) to agree on policy advocacy/accountability goals and priorities. This will be complemented by the development of a PMNCH-supported national "[Digital Advocacy Hub](#)", through which partners can share ideas, strategies, tools and information to enhance coordination, and linkages with/enhancing synergies with existing initiatives.
- Compile and disseminate information through a national scoping review of existing WCAH-related commitments relevant to national planning and programming, enabling gap areas to be identified for increased partner advocacy and engagement; and assessing the implementation of the commitments;

- Develop a country-specific Collaborative Advocacy Action Plan for joint partner action to improve the quality and implementation of WCAH commitments while mobilizing new or additional commitments to address gap areas; and strengthen advocacy and accountability for commitments and their implementation

CAAP process in Zambia

The process of developing the CAAP started around December 2024 through coordinating partner Amref Zambia with technical and financial support from PMNCH. It started with the engagement of the Ministry of Health through the Permanent Secretary Technical Services and the Director Public Health and Assistant Director Reproductive and Adolescent Health before engagements with the Multi Sectorial Platform. This was followed by scoping and assessment of Maternal, Newborn and Child Health (MNCH), Sexual and Reproductive Health and Rights (SRHR), and Adolescent Health and Well-Being (AHWB) national commitments.

- The CAAP serves as a roadmap to guide the advocacy efforts of partners. This Plan should be viewed as a living document, subject to updates, based on ongoing developments and progress.
- Ultimately, these advocacy efforts are aimed to help prioritize actions that ensure all women, children and adolescents realize their right to health and well-being, leaving no one behind.

The Plan builds upon findings from the WCAH commitments Scoping and Assessment review, completed in the initial stages of the CAAP process. It also builds on stakeholder input gained during the multi-stakeholder platform (MSP) dialogues and participation which was also attended by the parliamentary committee on Health and the members of the parliamentary caucus on Sexual and Reproductive Health.

Section 2 | Background

Overview of women's, children's and adolescents' health in Zambia

Zambia has a population of 19.6 million according to the Central Statistics Office (CSO 2024). The growing population comes with its own health challenges thus prompting the Country to invest more into the health of its population. According to the Zambia National Health strategic plan (2022-2026), Zambia faces a huge burden of diseases, this is seen through the high prevalence and impact of communicable diseases, particularly, malaria, HIV and AIDS, Sexually Transmitted Infections (STIs) and Tuberculosis (TB); and high maternal, neonatal and child morbidity and mortality. Women, Children and Adolescents are more vulnerable and affected the most due to various reasons, which include social and economic factors. Priority challenges include maternal mortality standing at 187/100,000 live births (2024), neonatal mortality rate of 17/1,000 live births (2024), under-5 mortality rate of 42/1,000 live births (2024), and one of the highest teenage pregnancy rates in sub-Saharan Africa with 29% of girls having been pregnant or had a child by the age of 18. The prevalence is significantly higher in rural areas (36.2%) compared to urban areas (18.6%). Unsafe abortions being one of the top five causes of maternal mortality in Zambia, and the burden is compounded by high levels of sexual and gender-based violence (2024). In 2024, the total fertility rate is at 4.0 births per woman of reproductive age, a decline from 4.7 births per woman in 2018, as per the 2024 Zambia Demographic and Health Surveys (ZDHS).

Restrictive social and cultural norms such as patriarchal tendencies contribute to women and girls not having autonomy in decision making, thereby standing in the way of access quality health care services among women, children and adolescents.

The table below shows trends in the performance of selected health indicators in Zambia and the aspiration of the country in terms of realizing the progress according to the National Health Strategic Plan (2022 – 2026).

Health Indicator	2016	2017	2018	2019	2020	2021	Target 2026
Percentage of 1st Antenatal visits in 1st Trimester	24.4%	17.1%	30.8%	38%	31.8%	33%	60%
Coverage of deliveries taking place in health facilities	67%	69%	75%	80.5%	73.9%	73.5%	80%
Expended deliveries attended by skilled health personnel	54%	64%	74%	75%	70%	69%	80%
Number of maternal deaths	768	809	788	739	755	278	<100
Fully immunised	85%	86%	88%	88.8%	88.7%	88.7%	95%
Malaria incidence per 1000 population	336	335.4	292.2	296.1	394.7	340	201

Source: National Health Strategic Plan (2022-2026)

Overview of commitments for women's, children's and adolescent's health and well-being

Zambia has demonstrated strong commitment to advancing Sexual and Reproductive Health and Rights (SRHR) through global and regional frameworks, including ICPD, FP2030, and the ESA Commitments. At the national level, this dedication is reflected in key policy and legal documents such as the National Health Strategic Plan (NHSP) 2022–2026 and the Gender Equity and Equality Act. Significant progress has been made in SRHR, with improvements in key indicators according to the Zambia Demographic Health Survey 2024 as shown below:

- Modern Contraceptive Prevalence Rate (mCPR) increased from 48% in 2018 to 53% in 2024.
- Unmet need for family planning declined from 20% in 2018 to 16% in 2024.
- Total Fertility Rate (TFR) dropped from 4.7 in 2018 to 4.0 in 2024.

A milestone in Zambia's SRHR landscape is the inclusion of essential services in NHIMA's Benefits Package, covering Contraceptives, Permanent methods such as Bilateral Tubal Ligation (BTL) in private facilities, Safe abortion services and Reproductive cancer services.

Zambia remains committed to improving MNCH outcomes, aligning with global and regional frameworks such as Every Woman Every Child (EWEC), ICPD, and the Abuja Declaration. This commitment is outlined in the NHSP (2022–2026), which sets ambitious targets as outlined below:

- Reduce maternal mortality from 278 to less than 100 per 100,000 live births.
- Lower neonatal mortality from 27 to 12 per 1,000 live births.
- Reduce under-five mortality from 61 to 25 per 1,000 live births by 2026.

Zambia also prioritizes adolescent health by aligning with global and regional commitments such as the SDGs, Convention on the Rights of the Child (CRC), African Charter on the Rights and Welfare of the Child, FP2030, EWEC, and ICPD+25. Efforts to improve adolescent well-being focus on: Reducing teenage pregnancies, Ending child marriage, Expanding access to youth-friendly SRHR services.

Key initiatives include: Strengthening adolescent participation in decision-making platforms, demand generation, and service delivery, expanding adolescent-friendly spaces and integrating youth-friendly services into the education system, enhancing data collection through HMIS to track adolescent health outcomes effectively, implementing the Adolescent Health Strategy (2022–2026) to address the unique needs of adolescents, including those with disabilities and establishing Technical Working Groups (TWGs) at national, provincial, and sub-national levels to improve coordination and implementation of adolescent health services.

Zambia's strategic investments in SRHR, MNCH, and Adolescent Health are commendable, with clear policy direction and significant progress in key indicators. However, to achieve the ambitious targets set for 2026, continued investment, strengthened implementation, and enhanced multi-sectoral collaboration are critical. Addressing barriers such as service accessibility, financial constraints, and sociocultural norms will be key to sustaining these gains and accelerating progress.

Section 3 | Advocacy Goals

Summary of Advocacy Goals in Sierra Leone.

Advocacy Goal	Description
Advocacy Goal 1: Reduce Maternal, Neonatal and Child Mortality	Government should strengthen health care system access and infrastructure. All health care facilities should have maternity annexes as per the presidential directive. The government should build more health facilities to reduce distances in accessing them; train and recruit adequate medical personnel; improve road infrastructure, particularly in rural areas, to ease transport challenges to health facilities.
Advocacy Goal 2: Increase health financing especially domestic financing	To improve access to WCAH services nationwide, the Government needs to increase health financing to as close as possible to the Abuja declaration i.e. 15% of the national budget. Maximize domestic financing through initiatives such as the constituency development funds (CDF). There is a need to strengthen Constituency Development Committees (CDCs) to prioritize WCAH in their planning and resource allocation processes.
Advocacy Goal 3: Harmonize Policies and laws to ensure access to SRH services	Government to ensure that national laws and policies are harmonized and in line with International and Regional commitments. For example, there is a clear conflict between the Termination of Pregnancy Act which secures the right to abortion and the Penal Code, which contains contradictory provisions, further the age of consent for adolescents to access sexual and reproductive health services should be harmonized with other pieces of legislatures.
Advocacy Goal 4: Reduce teenage pregnancy and improve adolescent wellbeing	Reducing teenage pregnancy and improving adolescent well-being requires stronger delivery of adolescent-friendly health services, in line with the National Adolescent Health Strategic Plan (2022–2026). This includes better training for health workers and coordinated action with sectors such as education, gender, and nutrition. To ensure lasting impact, women and adolescents must be meaningfully involved in shaping policies and programs. Working with organizations that support their needs can help create the conditions for them to live healthier and more empowered lives. The National Adolescent Health Strategy 2021 – 2026 envisions to reduce teenage pregnancy from 29% to 26.5% by 2026.

Advocacy Goal	Description
Advocacy Goal 5: Strengthen Leadership and Governance	Ensure representation of women and adolescents in community health structures that govern health services provision such as the Neighbourhood Health Committees. There is also need to improve health financing systems governance, audits, transparency and accountability mechanisms in strengthening the public health system.

For further exchanges on the Plan implementation, MSP membership and PMNCH country partners, please go to [Zambia Digital Advocacy Hub](#).



Zambia Collaborative Advocacy Action Plan

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Non-financial Resources	Timeline/ Milestones [Implementation till December 2027]	Linked accountability mechanisms, as applicable
Advocacy Goal 1: Reduce Maternal, Neonatal and Child Mortality to less than 100/100,000 live birth by 2030							
Government should strengthen health care system access and infrastructure. All health care facilities have maternity annexes as per the presidential directive. The government should build more health facilities to reduce distances in accessing them; train and recruit adequate medical personnel; improve road infrastructure, particularly in rural areas, to ease transport challenges to health facilities							
Advocate for implementation of the RMNCAH&N Roadmap 2021 – 2026	PS	Public Health Director and Director Planning and Policy	CRHE	Amref, Marie stopes, CHAI, PPAZ among other MSP Members	Human Resources	RMNCAH&N Roadmap 2021 – 2026	National Health strategic Plan 2022-2026, RMNCAH Road Map 2021-2026 Inter Agency Coordinating Committee
Advocate for rolling out of Respectful Maternity Care (RMC) Guidelines and scale up of RMC trainings	PS	Public Health Director and Director planning and Policy	Amref	Marie stopes, CHAI, PPAZ among other MSP Members	RMC Guidelines	2026	National Health strategic Plan 2022-2026, RMC Guidelines Family Planning and Safe motherhood TWG
Advocate for improved infrastructure, including equipment in health centres offering maternity services	PS	Public Health Director and Director planning and Policy, Members of parliament	Amref	Marie stopes, CHAI, PPAZ among other MSP Members	Human Resource	2030	National Health strategic Plan 2022-2026, RMC Guidelines Family Planning and Safe motherhood TWG National Adolescent Health Strategy 2021-2026

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<p>Advocacy Goal 2: Increase health financing especially domestic financing</p> <p>To improve access to WCAH services nationwide, the Government needs to increase health financing to as close as possible to the Abuja declaration i.e. 15% of the national budget. There is need to strengthen domestic financing for health. By focusing on strengthening domestic resource mobilization strategies to reduce dependency on external financing, particularly for women's, children's, and adolescents' health (WCAH) services, the coalition will advocate for increased and sustained domestic investment in health, in line with the Abuja Declaration and the urgent need to prioritize health expenditures across government budgets. CDFs will be promoted as catalytic instruments to respond to community-identified needs. The coalition will work with government, parliamentarians and Constituency Development Committees (CDCs) to prioritize WCAH in planning and resource allocation, using CDFs to:</p> <ul style="list-style-type: none"> a) build maternity and adolescent-friendly health facilities b) provide emergency transport for expectant mothers c) ensure clinics are equipped with essential supplies, water, electricity and sanitation, and d) improve the safety, privacy and comfort of care environments. <p>Through community-based engagement and accountability mechanisms, the coalition will push for transparent, equitable and responsive investments that close critical health system gaps at community/constituency level.</p>							
Advocate for revised resource allocation formula	PS	Director Policy Planning	CHAI, Alliance for Health Financing	MSP Members		2025 - 2030	Abuja declarationHealth financing strategyNHIMA Strategic Plan Health Financing Technical Working Group
Advocacy Meetings with parliamentary Committee on Health, Community Development and Social Services and Parliamentary Caucus on SRHR/LSHE	Chairperson ofHealthparliamentarycommittee	PS - MoH, Speaker of the National Assembly	CRHE, Amref, Health Learners	MSP Members		2025 - 2030	Abuja declarationHealth Financing TWGand Safe MotherhoodTWG, Family Planning TWG and ADH TWG
Conduct Budget Monitoring and Expenditure tracking for MNCH Services	PS-MOH	Director Public Health	SAfAIDS, CRHE and Amref	Partners implementing MNCH Programs		2025 - 2030	Abuja declarationHealth financing strategyICPD
Advocate for at least 15% of CDF allocation to go towards Health	MPs	Word Development Committee (WDC)	AAAZ	Wildaf		2025 - 2030	CDF GuidelinesAbuja DeclarationHealth Financing Guidelines

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Advocacy Goal 3: Harmonize Policies and laws to ensure access to SRH services Government to ensure that national laws and policies are harmonized and in line with International and Regional commitments, national legislation, and policies are in harmony. For example, there is a clear conflict between the Termination of Pregnancy Act which secures the right to abortion and the Penal Code, which contains contradictory provisions, further the age of consent for adolescents to access sexual and reproductive health services should be harmonized with other pieces of legislatures							
Advocacy meetings with the lawmakers	Chairperson of Parliamentary committee on Health, Community Development and Social Services	PS - MoH, Speaker of the National Assembly	CRHE, Amref, Healthy Learners	MSP Members		2025 - 2030	Abuja declarationHealth Financing TWG, Safe Motherhood TWG, Family Planning TWG and Adolescent Health TWG
Advocacy meetings with Attorney General	Attorney General	PS Ministry of Health	CRHE, Marie stopes, WILDAF, SAFAIDS, PPAZ	MSP Members		2025 - 2030	ICPD, National Health strategic Plan, ADH Strategy 2022-2026
Advocacy Goal 4: Reduce teenage pregnancy and improve adolescent wellbeing Reducing teenage pregnancy and improving adolescent well-being requires stronger delivery of adolescent-friendly health services, in line with the National Adolescent Health Strategic Plan (2022-2026). This includes better training for health workers and coordinated action with sectors such as education, gender, and nutrition. To ensure lasting impact, women and adolescents must be meaningfully involved in shaping policies and programs. Working with organizations that support their needs can help create the conditions for them to live healthier and more empowered lives. The National Adolescent Health Strategy 2021 - 2026 envisions to reduce teenage pregnancy from 29% to 26.5% by 2026.							
Advocate for roll out of guidelines on ADH	PS - MoH/ Public Health Director	Director - Reproductive and Adolescent Health	PPAZ, CRHE, Amref	MSP Members		2025- 2031	ADH strategyNational Health Strategic Plan 2022 - 2026
Advocate for community engagement	Traditional and religious leaders	Director Public Health - MoH	SAFAIDS, CRHE, SAT, MSZ, Amref	MSP Partners		2025-2030	Community Health Strategy, National Health Strategic Plan, ICPD, ADH TWG

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Advocacy Goal 5: Strengthen Leadership and Governance for ADH services Ensure representation of women and adolescents in structures that govern health services provision such as the NHCs. There is also need to strengthen health financing systems governance, audits, transparency and accountability mechanisms in strengthening the public health system.							
Strengthen TWGs at National and Sub National level	PS	Director Public Health	CRHE, PPAZ, MSZ, SAfAIDS	MSP Partners		2025 – 2030 At least 60% of the districts have functional ADH TWGs	ICPD, National ADH Strategy, SDGs, National Health Strategic Plan
Advocate for women and adolescents' representation	PS - MoH	NNCH, Community Health Directorate	PPAZ, CRHE, Amref, SAfAIDS, MSZ	MSP Members		At least 20% youth Representation and 30% women representation by 2030	NHC Guidelines, ADH Strategic Plan,

ANNEX 1: WHAT IS A QUALITY COMMITMENT?

Commitments should be of the highest quality, including as many as possible of the following attributes:

Scope

- Government-led financial, policy and/or service delivery pledge to advance WCAH through MNCH, SRHR and/or AHWB. Commitments may be supported by Official Development Assistance (ODA);
- Commitments are made in support of national campaign targets as well as global or regional financing, policy, programmatic, or accountability processes and platforms generated by Member State-led institutions or initiatives in support of these processes;
- A specific focus on WCAH, and a subsequent link to the national social development plans, policies, and budgets.

Context and format

- Context-specific, highlighting concrete and measurable results that can be monitored through established institutionalized accountability mechanisms;
- SMART – Specific, Measurable, Achievable, Relevant, Time-bound;
- 'New' or 'Additional' commitments, where possible;

An example of a quality commitment is:

Financing commitment made by Secretariat of State for Planning and Regional Integration, Guinea Bissau towards ICPD25:

Mobilize at least \$1,000,000 through domestic and foreign funding mechanisms for implementation of the ICPD Programme of Action in Guinea-Bissau, especially ICPD interventions related to young people, by 2024.

ANNEX 2: MNCH, SRHR, and AHWB Sub Domains

MNCH	SRHR	AHWB
<p>High-quality MNCH services for mothers, newborns and children, including stillbirths: essential antenatal, childbirth and postnatal packages of care, including emergency obstetric and newborn care, and the prevention of stillbirths.</p> <p>Maternal:</p> <ul style="list-style-type: none"> • Preconception care • Antenatal care • Skilled birth attendants • Postnatal care • Emergency obstetric care <p>Newborn</p> <ul style="list-style-type: none"> • Small and vulnerable newborn care • Prevention of stillbirths <p>Child:</p> <ul style="list-style-type: none"> • Child health services including • Breastfeeding and child nutrition • Immunization services <p>MNCH interventions embedded in UHC schemes, including financial protection and MNCH financing.</p> <ul style="list-style-type: none"> • UHC Schemes • Country health expenditure per capita on MNCH financed from domestic sources and ODA for MNCH • Out-of-pocket expenditure for MNCH services (% of current health expenditure) <p>Health systems strengthening including MNCH data and accountability, human resources for health – especially midwifery and nursing – and essential medicines and commodities</p> <ul style="list-style-type: none"> • MNCH information systems and accountability mechanisms including birth registration and disaggregation of data (sex, age) 	<p>Access and choice to effective contraception methods (family planning).</p> <ul style="list-style-type: none"> • Family planning needs satisfied • Strengthened autonomy and access to contraceptive services • Comprehensive sexual health education <p>Access to safe and legal abortion services.</p> <ul style="list-style-type: none"> • Legalized abortion and access to safe abortion services <p>Prevention and treatment/referrals for Sexual and Gender-Based Violence.</p> <ul style="list-style-type: none"> • Legal mechanisms for addressing GBV • Training and support for health workers on GBV • Violence against women and girls including intimate partner violence <p>Prevention, detection and management of reproductive cancers, especially cervical cancer.</p> <ul style="list-style-type: none"> • Cervical cancer screening programs • HPV vaccine programs <p>Inclusion of essential packages of SRHR interventions within UHC and PHC schemes, including financial protection and SRHR financing.</p> <ul style="list-style-type: none"> • Coverage of all essential SRH interventions • Country health expenditure per capita on SRHR financed from domestic sources and ODA for SRHR • Out-of-pocket expenditure for SRHR services (% of current health expenditure) 	<p>Policy: National policy and programs for adolescent well-being (10-19 years) offering information and services in the public sector (e.g., health, education including CSE, nutrition, financial protection, and vocational training)</p> <ul style="list-style-type: none"> • Health education for children and adolescents – including mental health • Provision of quality education and training opportunities to ensure their future employability • Nutrition programs and physical activity for children and adolescents • Pregnant adolescent support • Financial protection for adolescent health <p>National standards for delivery of AHWB information and services to adolescents, including on user fee exemption</p> <ul style="list-style-type: none"> • Health services for adolescents – user fee exemptions for health services (contraceptives, immunizations) <p>Legal systems to protect the rights of adolescents (both female and male) with a specific focus on minimum age of consent (e.g. for marriage, sexual activity, and medical treatment without parental consent)</p> <ul style="list-style-type: none"> • Legal provisions against child marriage • Interventions to eliminate female genital mutilation • protection from violence (including physical, sexual, gender-based and electronic violence) and injury.

<ul style="list-style-type: none"> • Training and support for health workers for service delivery • Essential medicines, vaccines, commodities, technologies and innovations • Health information systems • Health system financing • Leadership and governance <p>Intersectoral approaches for MNCH across the life-course, including nutrition, WASH, environment, and gender equality</p> <ul style="list-style-type: none"> • Nutrition schemes and food security across the life course: pregnancy nutrition, breastfeeding support, child nutrition, adolescent nutrition • Financing for WCAH • Education • Shelter • WASH facilities and services • Protection from pollutants and toxicants and excessive heat • Social protection • Child Protection • Women in the workforce and leadership positions 		<p>AHWB is embedded in national policies and plans with dedicated financing for AHWB programs</p> <ul style="list-style-type: none"> • Country health expenditure per capita AHWB financed from domestic sources and ODA for AHWB • Out-of-pocket expenditure for AHWB services (% of current health expenditure)
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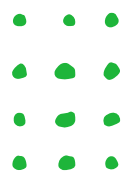
ANNEX 3: MAPPING OF CAAP IMPLEMENTING PARTNERS

Please access and populate the [partner database](#) here, including both the Multistakeholder Platform (MSP) database, as well as the updated PMNCH Partners database engaged in this country.

List of engaged organization

Fourteen multi-constituency organizations took part in the CAAP process through a range of engagements. They include:

- 1.AMREF
- 2.CHA1
- 3.Copper Rose Zambia
- 4.PATH
- 5.CRS
- 6.Marie Stopes Zambia (MSZ)
- 7.Ipas
- 8.Healthy Learners
- 9.SAfAIDS
- 10.Women in Law and Development in Africa (WiLDAF)
- 11.Centre for Reproductive Health and Education (CRHE)
- 12.Young women in Action
- 13.Restless development
- 14.Alliance for Accountability Advocacy Zambia (AAAZ)



Published in 2025