

THE UNITED REPUBLIC OF TANZANIA

**MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER,
ELDERLY AND CHILDREN**



National NIMART Costed Implementation Plan 2018 -2023

Division of Nursing and Midwifery Services

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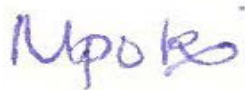
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Foreword

In 2016, the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) developed task sharing policy guideline for health sector services in Tanzania in order to address Tanzania's human resource for health crisis in the health sector. In response to the task sharing policies a number of strategies were developed to scale up specific interventions one of which is Nursing Initiated Management of ART (NIMART) to accelerate attainment of the 90, 90, 90 by 2020 UNAIDS targets.

To facilitate implementation of NIMART, the National NIMART Costed Implementation Plan (NNCIP) has been developed to guide implementations of NIMART interventions and programs. The NNCIP will enhance capacity of nurses and midwives to appropriately and effectively manage HIV and AIDS services toward attainment of 90- 90-90 by 2020 UNAIDS targets, and ultimately AIDS free generation by 2030. The NNCIP provides overall guidance to the implementation of NIMART interventions countrywide. It also indicates how resources for the implementation of NIMART will be mobilized to aid the effective implementation of the plan and how monitoring and evaluation of the plan will be done in order to track NIMART implementation progress towards the attainment of 90-90-90 and AIDS free generation targets.

The National NIMART Costed Implementation Plan is aligned with other guidelines and legal frameworks implemented at National, Zonal, Regional, District and community levels in the delivery of nursing and midwifery services. It is our hope that if NIMART implementation plan will be well executed will contribute significantly in increasing access to treatment and care towards attainment of national and global targets in HIV and AIDS and ultimately to the overall health of the population. NIMART Costed Implementation plan will be a guiding tool for management of ART by Nurses and Midwives carders at all levels in the health sector to improve HIV and AIDS service delivery in the country. It expected that the relevant authorities will support and effectively implement the NNCIP plan.



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Permanent Secretary

Acknowledgements

This National NIMART Costed Implementation Plan has been developed as a tool to guide the implementation of NIMART interventions countrywide of enabling the implementation of NIMART by Nursing and Midwifery carders at all levels for improved quality of health care services in the country.

The MoHCDGEC is indebted to the combined contributions of the Technical Team from MoHCDGEC, Nursing and Midwifery Training Institution, representatives from National Bureau of statistics, development partners, Regional and District Nurses, Representatives from National Council for People Living with HIV and AIDS, Tanzania Network of Women Living with HIV and AIDS, and representatives of Nursing and Midwifery leaders from different levels [National, Zonal, Regional, District and Health Facilities].

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CHMT	Council Health Management Team
CPD	Continuing Professional Development
DMO	District Medical Officer
DNMS	Division of Nursing and Midwifery Services
DNO	District Nursing Officer
DNS	Director of Nursing Services
DS [ND]	Director of Nursing [Nursing Director]
HF	Health Facility
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HNS	Head of Nursing Department
HRH	Human Resource for Health
HTS	HIV Testing Services
HVL	HIV Viral Load
LLHFs	Lower Level Health Facilities
MMR	Maternal Mortality Rate
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
NBS	National Bureau of Statistics
NIMART	Nurse-Initiated and Managed Antiretroviral Treatment
NNCIP	National NIRMAT Costed Implementation Plan
NO	Nursing Officer
PHC	Primary Health Care
PO-RALG	President's Office – Regional Administration and Local Government
RHMT	Regional Health Management Team
RNO	Regional Nursing Officer
TNMC	Tanzania Nursing and Midwifery Council
WHO	World Health Organisation

SECTION ONE

INTRODUCTION

Background

Tanzania is one of the countries mostly affected by HIV and AIDS epidemic, with an estimated 1,400,000 people living with HIV by December 2017. Out of the estimated PLHIV, 120,000 are children aged below 15 years and 750,000 are women aged 15 years and above. According to 2016-2017 THIS HIV prevalence among individuals aged 15-49 years was 4.7% with women being the mostly affected group by 6.2% against men 3.1%. The prevalence of HIV is less than 2% for people aged 15 to 19 years for both males and females (HSHSP, 2017- 2022). The age disparities in new HIV infection suggest an increase in numbers of new infections among younger populations. Urban dwellers are more affected (7.5%) than rural (4.5%) (HSHSP, 2017- 2022).

Data obtained from 6,529 health facilities providing Anti-Retroviral Therapy (ART) shows that the number of clients on ART as of June 2016 was 927,127 (NACP report, 2018). According to 2016-2017 Tanzania HIV Impact Survey (THIS), 1.4 million PLHIV, 52.2% were aware of their HIV status, 90.9% of PLHIV who knew their status were on ART, and 87.7% of those on ART were virally suppressed (See table 1). According to the National Guidelines for Management of HIV and AIDS 2017, the number of clients in need of ART services is expected to increase substantially due to Test and Treat Strategy and therefore call for all PLHIV to start ART irrespective of their clinical or immunological status in order to reduce mortality.

Table 1: Percentage of PLHIV aged 15+ years in relation to the 90, 90, 90 by 2020 UNAIDS targets; Tanzania 2016-2017

Age	Diagnosed	On Treatment	Virally Suppressed
	Percentage who self-reported HIV positive	Percentage who self-reported ART	Percentage virally suppressed
15-24	39.1	87.7	82.3
25-34	42.0	83.2	87.4
35-49	56.9	91.5	86.1
15-49	49.8	88.8	86.1
50+	59.1	97.2	92.6
15-64	52.2	90.9	87.7
15+	51.8	90.8	87.8

Source: NBS, 2016-17 Tanzania HIV Impact Survey (THIS)

THIS (2016-2017) data as indicated in Table 2 shows that 52% of PLHIV in the community aged 15-64 years were virally suppressed of which 41.2% were males and 57.5% were female.

Table 2: HIV Viral Load Suppression among PLHIV (< 1,000 copies/ml) by age and sex, 2016

Age	Males	Females	Total
	Percentage VLS ¹	Percentage VLS ¹	Percentage VLS ¹
0-14	*	11.7	18.4
15-24	22.2	47.1	41.5
25-34	25.7	50.5	43.3
35-44	38.9	62.5	53.9
45-54	56.0	63.2	60.5
55-64	61.5	64.4	63.3
65+	1*	42.9	46.6
Total 15-64	41.2	57.5	52.0

Source: NBS, 2016-17 Tanzania HIV Impact Survey (THIS)

UNAIDS 90-90-90 targets calls for countries to reach 90% of PLHIV are diagnosed and know their HIV status, 90% of those diagnosed are on ART and 90% of those on ART are HIV virally suppressed towards ending AIDS epidemic by 2030. The government through the MoHCDGEC have adopted stakeholders more ambitious targets and is now determined to attain 95, 95, 95 by 2020. To facilitate achievement of the set targets, the government has developed Health Sector Strategic Plan IV (HSSP-IV) to provide overall guidance on approaches and strategies to realize health outcomes including HIV and AIDS. Also, the government has called for the scale up of HIV and AIDS services to all levels of health facilities and communities.

One of the strategies that have been adopted to facilitate attainment of the national HIV and AIDS target is Nurse Initiation and Management of Antiretroviral Therapy (NIMART). Though nurses and midwives have been engaged in the provision of ART for many years, the new development in HIV and AIDS has promoted formalization and institutionalization of NIMART through Task Sharing Policy Guidelines. Experience from a number of African countries suggests that involvement of nurses in the delivery of ART services has resulted in substantial servings. Further, systematic reviews conducted in Botswana and South Africa in 2010 on task sharing for HIV care and treatment in Africa found that task sharing is an effective strategy for

* Note: cell size is less than 50 and point estimates may not be reliable

Suppression: cell size is less than 25 point estimates have been suppressed due to inadequate sample size

combating shortages in human resource for health in HIV and AIDS services. NIMART and its mentorship programme successfully resulted in increasing ART initiation by nurses and significantly improved the health outcomes to PLHIV.

Capacitating nurses and midwives who have been frontline health workers and constitute more than 60% of health workforces, will increase access and quality to HIV and AIDS services. As provided in the Task Sharing Policy Guidelines, 2016; task sharing involves the rational redistribution of tasks among health workforce teams at various levels within the health system. This major workforce in the country provides diversified health care services at different levels of health care setting administratively and clinically including prevention, care and treatment and support services.

The survey conducted in 2017 by MoHCDGEC through Division of Nursing and Midwifery Services (DNMS) found out that majority of nurses and midwives were inadequately trained on initiation and management of ART though they were engaged on provision of ART. Addressing the implementation of NIMART requires an effective, efficient and sustainable National NIMART Costed Implementation Plan that will enable the MoHCDGEC to track investments and returns as well as to monitor progress, mitigate barriers and document evidence based practice towards HIV epidemic control.

Method and Approach

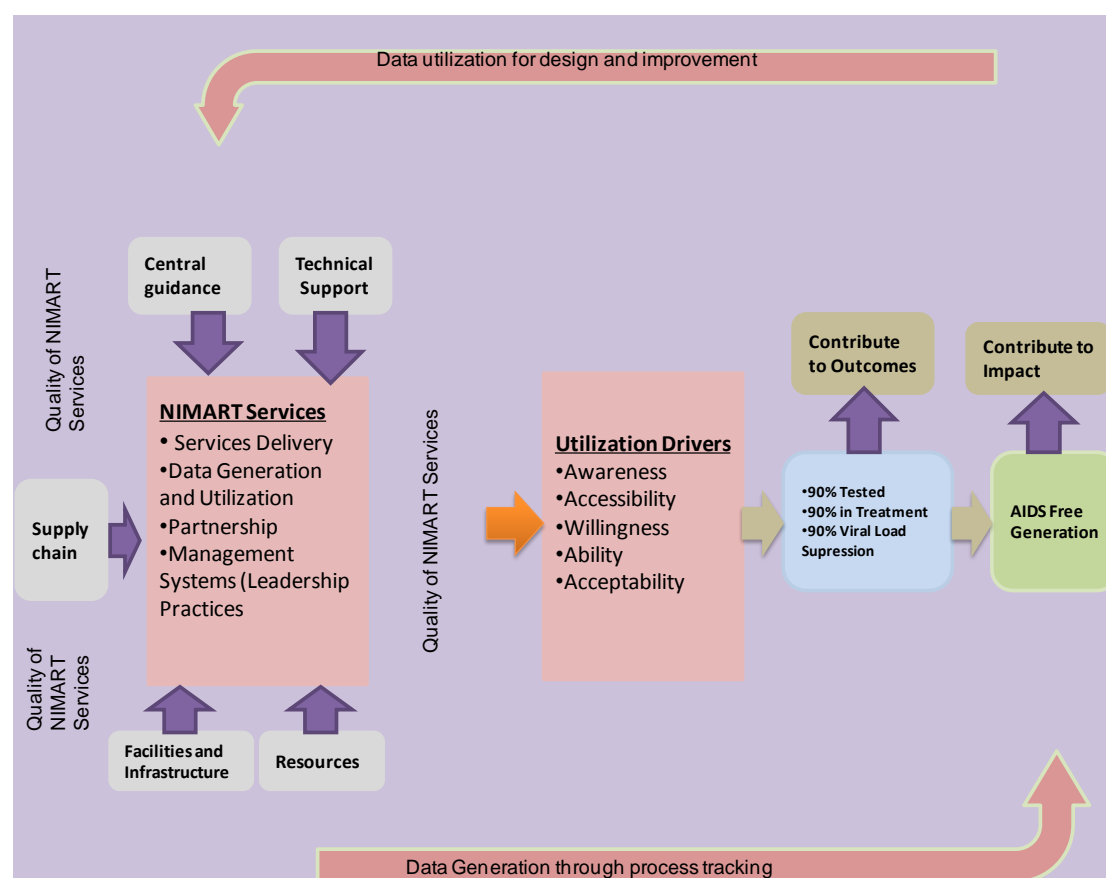
The National NIMART Costed Implementation Plan is based on the NIMART survey aimed at understanding the implementation of task sharing policy in the country since its approval in 2016. In the process of developing this plan, other related policy guidelines and literatures were consulted.

This plan was developed in a write up workshop involving consultation with key stakeholders from MoHCDGEC; TNMC; Nursing and Midwifery Training Institution; representatives from NBS; Development Partners; Implementing Partners; Nurses and Midwives from Regional and District level; Representatives from National Council for People Living with HIV and AIDS; Tanzania Network of Women Living with HIV and AIDS and; Community representatives (see appendix 4 for details of involved stakeholders).

The process was participatory involving reviews of HIV and AIDS national guidelines including NIMART handbook, Task sharing policy, Nursing and Midwifery Leadership Guidelines, Tanzania HIV Impact Survey of 2017, and other relevant documents. It also included interactive and plenary discussion sessions for brainstorming and sharing of practical experiences of the implementation of NIMART at various level of care. The interactive sessions were very useful and informative in the designing of plan that not only reflects the needs of beneficiaries of

ART but also a user friendly and implementable National NIMART Costed Implementation Plan. The following framework guided the process.

Figure 1: Framework for the Development Process of NNCIP



Organization of the Plan

The National NIMART Costed Implementation Plan is organized into five sections as follows:

- Section one: provides background and current status of HIV and AIDS in the country. The section comprises of the overview of NIMART and rationale for development of NIMART Costed Implementation Plan
- Section two: provides commitment and institutional set up for NIMART implementation at various levels of service delivery.
- Section three: provides the situational analysis of service delivery, leadership and governance at various level of health system delivery and how it supports the implementation of National NIMART Costed Implementation Plan, NIMART partnership as well as data management and utilization for

NIMART implementation. Also, in section three, strategic issues identified during analysis of the situation are presented.

- Section four: present implementation framework comprising of four thematic areas namely services delivery, leadership and governance, partnership in the implementation of NIMART, and data management and utilization.
- Section five: present management and resource mobilization for implementation of the National NIMART Costed Implementation Plan 2018-2023.

SECTION TWO

COMMITMENT AND INSTITUTIONAL SET UP

Government Commitment towards 90, 90, 90 by 2020 UNAIDS Targets

The government is committed to realize HIV and AIDS targets- 90% diagnosed, 90 on ART and 90% HIV virally suppressed. In response to the government commitment- the MoHCDGEC through Division of Nursing and Midwifery Services is dedicated to contribute to the government commitment by realizing the following vision, mission and goal.

Vision

To have accessible, high quality and compassionate nursing and midwifery services to meet the changing health needs and expectations of the Tanzanian population.

Mission

To instil nurses and midwives with competence and commitment in meeting public needs and expectations, adhering to nursing and midwifery ethics, professional standards, and providing quality services in partnership with other health professionals.

Goal and Objectives

The goal of National NIMART Costed Implementation Plan is to provide strategic guidance for increasing the number nurses and midwives who are competent in delivering HIV and AIDS services from 40% to 80% by 2023 in line with the National HIV and AIDS Management Guidelines This goal will be realised through the following strategic objectives:

- **Strategic Objective One** Improve delivery, access and utilization of HIV and AIDS services delivered by nurses and midwifery to the community
- **Strategic Objective Two** Strengthen nursing and midwifery governance and leadership capacity for the control of quality of HIV and AIDS services delivered by nurses and midwives through NIMART
- **Strategic Objective Three** Strengthen partnership for synergic attainment of HIV and AIDS interventions outcomes
- **Strategic Objective Four** Improve availability and utilization of quality NIMART information

Set up and Resources for NIMART Service Delivery

Nursing and Midwifery services are provided through the national health systems that cascade from national level through to community level. The MOHCDEGC through the Division of Nursing and Midwifery Services (DNMS) provide technical support, guidelines and policies to guide the nursing and midwifery professions and professionals. The DNMS links the Government to operational level through its three sections of clinical services and quality assurance, clinical administration and services provision, placement and capacity building for nurses and midwives which are manned by specialized technical staff.

The operational level follows the national health system that is decentralized. It is organized in a referral pyramid, made up of three main levels namely, I) Tertiary Level II) Secondary level and III) Primary level. The referral chain of the private health facilities, follow the criteria of the national health system.

Tertiary Level

This level includes National Hospital, Zonal Consultant Referral Hospitals and specialized hospitals. Nursing and Midwifery services at this level are provided by specialized and competent Nurses and Midwives. Majority of nurses and midwives in this level are graduate and diploma holders. At this level nurses and midwifery are also engaged in research and training as well as supervisory activities. According to the National Guidelines on Staffing Levels of 2014-2019 and Task Sharing Policy Guidelines of 2016, the standard number of nurses of health facilities is less than required for most of the health facilities. Table 3 provide cumulative status of availability of nursing and midwifery cadre by levels. Yet, Nurses and Midwives represent about 60% of the total health workforce in the country and they are available at all levels to assume a wide range of activities in health service delivery.

Table 3: Status of availability of Nursing and Midwifery cadre by levels

S/No	Cadre	Required	Available	Shortage (number)	Shortage (%)
1	Nursing Officer	3,390	922	2,468	72.8
2	Assistant Nursing Officer	9,896	4,027	5,869	59.3
3	Enrolled Nurses	27,700	13,846	13,854	50.01
Total		40,986	18,795	22,191	54.1

Source: Task Sharing Policy Guidelines [2016]

Secondary Level

This level comprises of Regional Referral Hospitals (RRH) and other referral hospitals with the same status including private and Faith based. Health facilities at this level form a referral point of Nursing and Midwifery services for all primary level health facilities within the region. Majority of Nurses and Midwives at this level are Nursing Officers, Assistant Nursing Officers and Enrolled Nurses as indicated in Table 3. Nurses and Midwives are also engaged in research and training as well as supervisory activities. This level also suffers shortages of qualified and competent nurses and midwives.

Primary Level

This level comprises of council hospital, health centre and dispensaries in both public and private. This level also includes private nursing and maternity services. The Council Hospital is the referral point for all health services including nursing and midwifery services from health centre, dispensaries and community. Facilities at this level are fully fledged to provide services for both in-patients and out-patient clients. Majority of the health workers in the nursing and midwifery cadre at this level are Enrolled Nurses. This level also suffers shortage of trained Nurses and Midwives.

SECTION THREE

SITUATIONAL ANALYSIS

Service Delivery

Provision of quality HIV services requires a variety and huge amount of resources. This section focuses on the number and competences of nurses and midwives in the provision of quality HIV and AIDS services at all levels, commodities security, and health system delivery environment.

Human Resource for Health

Nurses and Midwives are the largest group of health professionals and the ones who spend more time with clients. The group is found in all health facilities in the urban, rural and hard to reach areas where there are no adequate clinicians. They perform their own professional roles and a range of Task Shared activities, which include provision of some of the HIV and AIDS services. Nurses and Midwives play a big role in providing health care services, which justify that they have a great role in the achievement of Government and PEPFAR ambitious goals of 95, 95, 95 by 2020.

According to the current situation, there is a need to equip all Nurses and Midwives with appropriate knowledge and skills to enable them work smoothly. A few Nurses and Midwives are trained on comprehensive HIV and AIDS management, HIV testing services (HTS), Prevention of Mother to Child Transmission (PMTCT), Voluntary Medical Male Circumcision (VMMC), Gender Based Violence (GBV), Cervical cancer screening and data management. Other challenges include: inadequate number of Nurses and Midwives at all levels, inadequate NIMART competencies, inadequate induction to newly recruited employees, stigma towards PLHIV.. At the same time nurses are initiating ART without official authorization.

Remuneration

Public Service Pay and Incentive Policy of 2010 provides remuneration packages for different employees including Nurses and Midwives at various levels of public service. However, implementation level of the remuneration guidelines varies with some employers being reluctant to execute the guidelines effectively. In some cases, poor implementation of the remuneration guidelines has undermined the moral of Nurses and Midwives in assuming the responsibilities that are beyond their scope of practices.

Commodities Security

There has been effort by the Government and key stakeholders to ensure that HIV and AIDS related commodities are available and reliable in all delivery points. However, still some of health facilities run out of stock for some HIV and AIDS related commodities such as pediatric formulations for ART, Cotrimoxazole and Fluconazole. This situation is largely caused by delays in ordering of ARVs, over

/under estimation of ARVs during ordering (poor forecasting), no store for keeping medicine and those with storage room there is inadequate space and ventilation, no pallets and shelves.

Laboratory Services

Laboratory services are important in the diagnosis of HIV and monitoring clients' response to ARVs. However, nurses and midwives are the leading group in conducting these tests in almost all outpatient and inpatient departments in the health facilities. On the other hand, HVL testing is used in monitoring client's response to ART. The roll out of HVL testing is inadequately covered due to challenges in sample collection and transportation. The coverage of HVL testing services is still low. Consequently, samples are transported to testing laboratories that are far away from the collection points. Collection and processing for transportation of the HVL testing blood samples is mainly performed by Nurses and Midwives who are inadequately trained.

Nursing and Midwifery Education and Training

NIMART is inadequately in-cooperated into pre and in- service Nursing and Midwifery education curriculum. However, even those in practice and their leaders have limited opportunity to attend to HIV and AIDS training.

Retention

Retention mechanism guidelines for Nurses and Midwives have been inadequately put into practice resulting into unequal distribution of this cadre particularly in rural and hard to reach facilities. Unequal distribution is the result of several factors including high rate of Nurses and Midwives turnover. In addition, inadequate orientation and training of Nurses and Midwives Leaders on leadership skills have resulted to burn out and turnover among Nurses and Midwives. In other words, Nurses and Midwives Leaders were expected to provide supportive supervision and guidance that would have minimized or alleviated turnover among Nurses and Midwives.

Supervision

Integrated supportive supervision to the health facilities is conducted semi-annually by MoHCDGEC and PO-RALG quarterly by RHMT and monthly by CHMT.s. At the level of the health facility internal supportive supervision is also conducted quarterly by a facility management team. In practice, the integrated supportive supervision which is conducted does not look into details of Nursing and Midwifery services. This is partly contributed by lack of specific checklist to address issues related to Nursing and Midwifery service. Also, NIMART approach is yet to be integrated into existing supportive supervision tools and guidelines. Furthermore, there are inadequate resources to conduct supportive supervision.

Respectful and Compassionate Care

Nurses and Midwives are expected to provide respectful and compassionate care to clients while providing HIV and AIDS services. They were trained on nursing ethics and moral conducts during Pre-service Nursing and Midwifery education. In working areas, they are also oriented to adhere to nursing ethics and code of conducts. However, weak leadership and inadequate supportive supervision have resulted to low adherence to ethics and moral conducts in some of the Nurses and Midwives. Thus, it becomes paramount to strengthen leadership capacity to continuously orient and supervise the Nurses and Midwives to enhance respectful and compassionate care.

Coverage

HIV and AIDS services coverage stands at around 52% of HTS and 66% retention rate. This indicates that access to HIV and AIDS services is still low and clients who are enrolled in HIV and AIDS care and treatment are not adequately retained. This signifies that there is inadequate service integration and linkage between facilities and community, as well as low number of youth friendly services, youth corners, inadequate HIV services provision after working hours including moonlight, inadequate outreach services especially in schools, colleges and hotspot areas and low coverage of HIV services to targeted groups such as youths, adolescent, key and vulnerable populations. NIMART as among of HIV and AIDS intervention approach is expected to address some of the challenges to achieving 95, 95,95 by 2020 targets.

Health Services Delivery Environment

Health Management Information System (HMIS)

The Health Management Information System (HMIS) involves data collection, compilation and analysis. Data are required by decision makers, planners and other stakeholders to inform planning, designing of HIV and AIDS interventions and to track progress in the implementation.

Currently, data are collected at community and health facilities levels and submitted to the district level where it is entered into DHIS2 by DACC and DHMIS focal person. At the moment, NIMART indicators are not integrated in the DHIS2 database and data collection tools. In this case, the DHIS database and data collection tools need to be reviewed to integrate NIMART indicators.

Infrastructure

The population is growing and different diseases are emerging including HIV and AIDS but facilities infrastructure are not well improved especially in rural areas. Currently some health facilities' infrastructure has inadequate standards to accommodate provision of all required services in meeting the current demand. For instance some facilities have limited space to deliver all required services while others have no well-equipped laboratories to adequately perform most of the required tests.

Continuous improvement of infrastructure is need to appropriately and adequately facilitates delivery of quality HIV and AIDS services.

Leadership and Governance

Nursing and Midwifery Leadership in Tanzania

Nursing and Midwifery leadership follow the health system structure cascading from National level (DNMS) through to dispensary level. At national level DNMS is mandated to oversee provision of quality Nursing and Midwifery services in the country. At Region and District levels, Nursing and Midwifery leadership roles are carried out by RNOs and DNOs respectively. Following the hierarchy of the health systems, leadership and governance of NIMART implementation will be performed by DNOs and RNOs with technical support from DACC and RACC.

Nursing and Midwifery leaders at all levels will oversee the provision of quality NIMART services and ensure that they are monitored and evaluated in compliance with the set standards including code of professional conducts. Annex 3 describes operational structure of Nursing and Midwifery leadership.

Management and Utilization of NIMART Data

Data management and utilization is a key for assessing progress in implementation of various NIMART activities. It is a necessary component for target setting and prioritization of services to maximize coverage and ensure equity as it provides evidence based decision making during planning and resources allocation.

Management of NIMART Data

Management of NIMART data will be integrated into the existing HIV and AIDS data collection and processing systems. Reports will be generated monthly and quarterly and made available in the DHIS2 and Tanzania Nursing and Midwifery Information System (TNMIS).

Utilization of NIMART Data

There has been inadequate utilization of information for improvement of NIMART interventions. Nurses and other personnel involved management and utilization of NIMART data at different levels need to be equipped with necessary knowledge and skills on the use of data for evidence-based planning and decision making have adequate competencies in data management and utilization.

Partnership in the Implementation of NIMART

Partnership is crucial to ensure sustainable implementation of NIMART.. In this plan, partnership is conceived in three aspects: Intervention design, Implementation Process and Information Sharing. It is important to ensure that all partners are engaged in the all stages of program design, execution and sustainability.

Partnership in Planning and Design

The government of Tanzania through health policy promotes involvement of key stakeholders in the design and implementation of health interventions to facilitate sustainability and quality health outcomes. However, involvement of stakeholders in the planning and design of interventions has been inadequate. Findings from the NIMART survey (2016) have shown that members have been less involved in designing HIV and AIDS interventions. Also, only few stakeholders at council levels have been involved in some of NIMART related interventions sometimes causing unsustainability and low achievements of health interventions. Ensuring sustainable implementation of HIV and AIDS interventions, involvement of key stakeholders particularly the target groups during planning and designing of health service package and approaches is of paramount importance. Successful implementation of NIMART level will greatly depend on partnership among clinical health care team.

Implementation of NIMART Interventions

Effective of implementation of NIMART requires collaborative approach of stakeholders at different levels. Currently, there has been promising number of stakeholders supporting implementation of NIMART interventions, and others who are willing and ready to provide more support. Despite existing efforts to coordinate various stakeholders through Technical Working Group, Progress Review Meetings and TcSWAP, just to mention few, more mechanisms need to be devised to ensure that their efforts are well directed to attain NIMART goal and ultimately contribute to 95,95,95 ambitious targets.

Stakeholders Analysis

Analysis of key stakeholders forms an important component in planning process. Stakeholders play a vital role in facilitating development and implementation of the plan. In the process of development of National NIMART Costed Implementation Plan a number of stakeholders were identified and analyzed on the basis of their interest, expectation, and their level of influence and importance. Identification was done on the basis of their current involvement and likely participation on activities related to HIV and AIDS through direct implementation of NIMART interventions, providing technical and financial support, and in promoting and advocating NIMART. Appendix 2 presents NIMART stakeholders identified during development of this plan. It is however important to notice- some stakeholders who by mistake were not included in the list- will be incorporated in the continuous review of this NIMART.

Table 4: SWOT Analysis

Strengths	Opportunities
<ul style="list-style-type: none"> • Availability of skilled Nurses and Midwives in health care delivery facilities • Availability of qualified and capacitated Nurses for data collection at CTC • Existence of Formal Nursing Leadership System from facility, District, Region and National levels • Existence of Nursing Guidelines and Standards such as task sharing guidelines, nursing ethics and code of conducts and other National guideline and policies • Availability of medicine and medical supplies • Availability of HMIS and electronic database-DHIS2 • 	<ul style="list-style-type: none"> • Availability of other health cadres in the facilities who support in providing HIV services. • Existence of clear health system in the country • Availability of political will • Availability of development partners and Implementing partners • Availability of clients to support implementation such as peer educators, CBHS providers • Political stability • Government support
Weakness	Threats
<ul style="list-style-type: none"> • Inadequate technical capacity among Nurses and midwives to effectively implementing NIMART interventions. • Improper induction course to the new employees • Lack of Planned Preventive Maintenance (PPM) of medical equipment such as viral load machines • Inadequate competence on data management and utilization • Parallel reporting system • Low demand and use of at all levels • Inadequate documentation for best practices • Limited involvement of community members particularly the target groups • Unreliable availability of some HIV and AIDS commodities • Inadequate resources to effectively implementing NIMART services • Only few health facilities have data clerks for data entry into CTC2 database at some HF 	<ul style="list-style-type: none"> • Unproportion remuneration for expanded nurses and midwives roles • Unsatisfactory working environment. • Stigma both to health care providers, clients and community. • Dependence on donor funding • Unclear or inadequately disclosed agenda of some stakeholders

Strategic Issues

The following strategic issues were identified and categorised into the following broad thematic areas. The NIMART interventions and programs are developed in response to the strategic issues.

Thematic Area 1: Service Delivery

1. Inadequate financial resources to support training of Nurses and Midwives (In-service and Pre-service), Nurse Leaders (Supervisory authorities) and Nurse Tutors on NIMART service implementation.
2. Shortages of tools, funds, transport facilities necessary for supportive supervision and monitoring of NIMART implementation.
3. Low community sensitization on the importance of testing, treatment and retention to care.

Thematic Area 2: Leadership and Governance

Strategic Issues

4. Selection process of Nursing and Midwifery leaders is unclear.
5. Inadequate capacities of nursing leaders to execute leadership roles at different levels.
6. Inadequate incentive mechanism and resources for nursing leaders

Thematic Area 3: Partnership for Implementation of NIMART

Strategic Issues

7. Inadequate involvement of clients and service providers in the designing and implementation of NIMART
8. Unsustainable partnership among partners and stakeholders in the implementation of NIMART interventions
9. Limited financial resource to facilitate coordination of partners dealing with HIV and AIDS

Thematic Area 4: Data Management and Utilization

Strategic Issues

10. Inadequate competences of Nurses and Midwifery involved in collection, processing and use of NIMART data
11. Lack of well-defined data collection tools for NIMART indicators.
12. Inadequate integration of NIMART M&E framework into existing data collection systems.
13. Inadequate facilities for collection, processing and sharing of NIMART data

SECTION FOUR

FRAMEWORK FOR IMPLEMENTATION OF NNCIP

Introduction

The guiding framework for the implementation of NIMART is based on thematic areas and strategic issues developed during situational analysis. The interventions are developed to contribute to the strategic objectives for each thematic area. For each strategic objective, relevant strategies were developed to guide implementation of strategic activities. The strategic activities are aligned to targets, outputs and outcomes indicators to facilitate follow up and tracking of progress during implementation. The responsible stakeholders for each strategic activity are identified for accountability during implementation. Estimate costs are also presented to guide in supporting implementation of the NNCIP. Appendix 1 presents activity's description and cost details.

Thematic Area 1: Services Delivery

The interventions under this thematic area addresses all issues related to quality delivery of Nursing and Midwifery services including HIV and AIDS services. It focuses in build capacity of the delivery system including promoting utilization of HIV and AIDS services. The strategies enhance Nurses and Midwives competences and improve the working environment including logistic and supplies of medicines and equipment.

Strategic Objective One: Improve delivery, access and utilization of NIMART services to all who need it

Strategic Activities	Target	Indicators (Output and Outcomes)	Responsible	Time Frame (Years)					Estimate Budget
				1	2	3	4	5	
Strategy 1: Increase resources for implementation of NIMART interventions									
1:1 Conduct sensitization meetings to 28 RHMTs and 184 CHMTs to incorporate NIMART activities in CCHP.	124 RHMTs and 736 CHMTs members Sensitized on NIMART interventions annually.	# of sensitization meetings conducted. #of RHTMs, and CHMTs	RNO, DNMS, DNOS, TANNA						1,034,630,000.00

		members sensitized % of CHOP,CCHP incorporated NIMART activities %of NIMART interventions implemented							
1:2 Develop 56 concept notes on grant application to support NIMART.	56 concept notes developed on grant application for NIMART by June, 2023.	# of concept notes developed. % of stakeholders supporting NIMART interventions. % of concept notes funded	RNO, DNMS, DNOS, PORALG-Health Social Welfare and Nutrition.						27,200,000.00
Strategy 2: Increase competencies of Nurses and Midwives on delivery of NIMART services									
2:1 Conduct training for 70 TOTs on implementation of NIMART and Respectful and Compassionate Care.	70 TOTs trained on implementation of NIMART and Respectful and Compassionate Care by September, 2018.	# of TOTs trained on implementation of NIMART. % of NIMART trainings conducted % of trained TOTs conducted in line with to	RNO, DNMS, DNOS,						246,827,000.00

		NIMART Respectful and Compassionate Care							
2:2 Conduct training to 10,000 Nurses and Midwives on implementation of NIMART and Respectful and Compassionate Care in line with existing guidelines.	10,000 Nurses and Midwives trained on implementation of NIMART and Respectful and Compassionate Care in line with existing guidelines by June, 2021.	# of Nurses and Midwives trained. % Nurses and Midwives provide NIMART services in -line to existing NIMART guideline	RNO, DNMS, DNOS, NIMART TOTs.						8,770,710,000.00
2:3 Training 450 Nurses and Midwives Mentors on NIMART interventions.	450 Nurses and Midwives mentors trained by June, 2019.	# of Nurses and Midwives mentors trained.	RNO, DNMS, DNOS,						3,721,540,000.00
2:4 Conduct Mentorship and coaching to 10,000 Nurses and Midwives on NIMART service delivery and Respectful and Compassionate Care.	120 Mentorships and coaching visits Conducted to 10,000 Nurses and Midwives in quarterly on NIMART service delivery and Respectful and Compassionate Care by June, 2023.	# of Mentorship and coaching conducted. % of Nurses and Midwives coached and mentored.	RNO, DNMS, DNOS, NIMART Mentors						6,569,590,000.00
2:5 Conduct national launching of NIMART	National launching of NIMART conducted by December, 2018.	# of launching events conducted % of stakeholders							

		supporting NIMART							463,400,000.00
2:6 Conduct 32 dissemination meetings of NIMART handbooks to stakeholders (RHMT, CHMT, HMT, Nurses Midwives and IPs)	32 Dissemination meetings of NIMART Handbooks to stakeholders (RHMT, CHMT, HMT, Nurses Midwives and IPs) conducted by December, 2018.	# of dissemination meetings conducted. % of health service providers using NIMART handbook	RNO, DNMS,						463,400,000.00
2:7 Develop National Respectful and Compassionate Care guidelines for Nurses and Midwives.	National Respectful and compassionate Care guidelines for Nurses and Midwives developed by July, 2018	National Respectful and compassionate Care guidelines for Nurses and Midwives in place	RNO, DNMS, DNOS, TNMC.						119,840,000.00
2:8 Develop National Respectful and Compassionate Care training package for Nurses and Midwives.	Training package of National Respectful and Compassionate Care for Nurses and Midwives developed by January, 2019	Training package of National Respectful and compassionate Care for Nurses and Midwives in place	RNO, DNMS, DNOS, NACOPHA, TNW+, TN MC						208,040,000.00
2:9 Conduct 4 meetings with Regional Secretariat and LGAs to adopt retention mechanism for Nurses and Midwives in hard to reach and high HIV prevalence areas.	4 meetings with Regional Secretariat and LGAs to adopt retention mechanisms for Nurses and Midwives in hard to reach and high HIV prevalence areas conducted by June 2022	#of meetings conducted % of Local Government Authorities implementing retention mechanism % of Regional Secretariat implementing retention mechanism	DNMS,POR ALG, TANNA						324,500,000.00

2:10 Orient 10,000 Nurses and Midwives on job description in NIMART services.	10,000 Nurses and Midwives oriented on job description in NIMART services by June, 2019.	# of Nurses and Midwives oriented % of Nurses and Midwives performing their duties according to guideline	RNO, DNMS and DNOs						2,215,940,000.00
2:11 Train Male champions living with HIV using existing training packages on basics counseling and testing and engage them as advocates for NIMART.	368 of Male champions Living with HIV trained on basic of counselling and testing and engage them as advocates for NIMART by June, 2020	-# of Male LHIV champions trained % of male champions advocating for NIMART	DNMS,						627,736,000.00
2:12 Train Mother champions Living with HIV on basic counseling and testing and engaged as advocates for NIMART.	368 of Mother champions Living with HIV trained on basic of counselling and testing and engage them as advocates for NIMART by June, 2020	-# of Mother LHIV champions trained % of mother champions advocating for NIMART.	DNMS						627,736,000.00
2:13 Provide airtime and fare to 368 Male champions Living with HIV to mobilize community for NIMART services	368 Male champions Living with HIV provided with airtime and fare to mobilize community for NIMART services by June, 2022	-# of Male champions LHIV provided with airtime and fare -% of Male clients recruited into care and treatment through NIMART	RNOs/ DNOs/DNMS						191,360,000.00

2:14 Provide airtime and fare to 368 Mothers champions Living with HIV champions to mobilize community for NIMART services.	368 to Mothers champions LHIV provided with airtime and fare to mobilize community for NIMART services by June, 2022	-# of Mothers champions LHIV provided with airtime and fare -# of female clients recruited into care and treatment through NIMART	RNOs/ DNOs/DNM S						191,360,000.00
2:15 Conduct 40 zonal meetings with priority populations and key and vulnerable populations on HTS.	40 zonal meetings with priority populations and key and vulnerable population conducted by June, 2022	-# of Zonal meetings conducted #of people tested	DNMS, RNOs , DNOs, NACP,IPs						416,640,000.00
2:16 Integrate NIMART indicators into comprehensive HIV and AIDs supportive supervision tool	NIMART indicators integrated into comprehensive HIV and AIDs supportive supervision tool by June, 2023	Comprehensive HIV and AIDs supportive supervision tool with NIMART indicators in place. % of comprehensive HIV and AIDs supportive supervision visits conducted using supervision with NIMART indicators.	DNMS, RNOs and DNOs, NACP						416,640,000.00
2:17 To procure 2 vehicles for conducting national supportive supervision on NIMART implementation.	2 vehicles purchased for conducting national supportive supervision on implementation NIMART by June 2019.	# of vehicles purchased.	AIHA, DNMS,						860,000,000.00
Strategy 3: Enhance utilization of NIMART services									

3:1 Conduct NIMART sensitization meetings with community key stakeholders (VMAC,WMAC,CMAC members, PLHIV clusters, CSOs dealing with HIV) to promote utilization of HIV and AIDS services	212 NIMART sensitization meetings at Regional and Council levels conducted with community key stakeholders to promote utilization of HIV and AIDS services by June 2020	-# of NIMART sensitization meetings conducted % of increase of community members utilizing HIV and AIDS services	DNMS, RNOs, DNOs, RFP, RCT,CHAC, IPs, DNS						84,660,000.00
3:2 Conduct HTS during the raising events (AIDs day, Nurses and Midwives day) through NIMART approach. .	National events with HTS conducted through NIMART approach June, 2023	# of National events with HTS conducted through NIMART approach % of clients tested for HIV	DNMS, RNOs, DNOs, POROLAG, DNS, Associations						84,660,000.00
3:3 Conduct index client HIV testing (for partners, exposed children and family members in the households).	30% of PLHIV in the village/street have been index tested by June, 2023.	# of clients tested through index client HIV testing. % of clients tested HIV positive through Index testing	DNMS, RNOs and DNOs, PMOROLA G						273,160,000.00
3:4 Conduct 280 HTS outreach services through Bonanza targeting out of school adolescents, youth in secondary schools, colleges and universities.	280 of HTS outreach services through Bonanza conducted by June, 2023	# of HTS outreach services through Bonanza conducted. # of in and out of school adolescents, youth in secondary schools, colleges and universities	DNMS, POROLAG, RNOs and DNOs, TAYOA, NACOPHA, TNW+ , SCHOOL						273,160,000.00

		<p>tested for HIV</p> <p>% of in and out of school adolescents' youth in secondary schools, colleges and universities tested positive for HIV and linked into care.</p>	HEALTH COORDINATORS						
3:5 Conduct male friendly services beyond working hours in 920 health facilities to reach more men with HTS, ART initiation and refill services.	920 of health facilities conducting male friendly services beyond working hours to reach men with HTS, ART initiation and refill services by June, 2023.	<p># of health facilities providing male friendly services beyond working hours.</p> <p>% of male clients tested HIV positive initiated ART</p> <p>% of male clients tested HIV positive retained in care after 12 months</p>	DNMS, PMOROLA G, RNOs and DNOs						135,000,000.00
3:6 Conduct 7,284 meetings with CTC, MAT, mental health clinics and RCH nurses, HTS focal person, Peers in CTC and CBHC, on linking and tracking of MISSAP, LTFU, retention, CBHS number and referrals	7,284 of meetings with CTC, MAT, mental health clinics and RCH nurses, HTS focal person, Peers in CTC and CBHC, on linking and tracking of MISSAP, LTFU,	<p># of meetings conducted</p> <p>% decrease of LTFU</p> <p>% increase in retention</p>	DNS, NOI, RNO, DNO,						8,100,000,000.00

	retention, CBHS number and referrals quarterly by June 2023.								
3:7 Conduct HTS to under five children during National immunization week twice a year	14,568 of HTS to under five conducted in health facilities during immunization days biannually by June 2023	# of HTS conducted in health facilities to under five children during immunization days # of children tested % of children tested positive	RNOs, DNOs, RRCH Co, DRCH Co, Nutritional Officer, RIVO, DIVO						15,600,520.00
3:8 Conduct Saturday clinics for pediatric and Adolescents clients for ART initiations and refill.	7,284 of health facilities providing paediatric ART initiation and refill on Saturday.	# of health facilities providing paediatric ART clinic. % of paediatric/Adolescent initiated /refilled with ART	RNO, RACC, DNO, DACC, DNS,						8,100,000,000.00
3:9 Train 7,284 Nurses and Midwives on HIV Viral load sample collection and management	7,284 Nurses and Midwives from health facilities on HIV Viral load sample collection and management by June, 2023	# of nurses trained on VL sample collection and management % of Nurses and Midwives collecting samples according to existing guidelines.	RNO, DNO, RLT, DLT						1,861,668,000.00
3: 10 Recruit and train one focal person in each primary and secondary schools to guide and follow up on the use of ART to	3680 of focal persons in primary and secondary schools recruited and trained on the use of	# of focal person in primary and secondary schools recruited and trained	HBC Focal Person, DNO, RNO, Social						1,041,200,000.00

enhance adherence	ART to enhance adherence by 2023	% of recruited and trained focal person providing and following up children living with HIV in primary and secondary schools	Welfare Officers, Network of teachers living with HIV						
3:11 Conduct 184 follow up sensitization meetings to care takers of children under 14 years on ART in households, primary and secondary schools to enhance adherence	184 follow up sensitization meetings to care takers of children under 14 years in households, primary and secondary schools conducted annually by June 2023	<p># of follow up sensitization meetings conducted</p> <p>% of care takers guiding and following up on children under 14 years on ART to enhance adherence</p> <p>% of children under 14 years with suppressed viral load</p>	HBC Focal Person, DNO,RNO, Social Welfare Officers, Network of teachers living with HIV						4,416,000,000.00
3:12 Conduct nurse-lab quality improvement initiative for viral load results interpretation and utilization	700 Nurse-lab VL result interpretation and utilization QI initiatives conducted by facilities by 2020	# of QI initiatives implemented							42,000,000.00

Thematic Area 2: Leadership and Governance

Leadership and governance are critical components in facilitating effective implementation of National NIMART Costed Implementation Plan (NNCIP). This thematic area address issues related to nursing and midwives leaders to effectively facilitate implementation of NNCIP. Strategic activities focus in addressing nursing and midwives leaders capacity and creating a conducive environment to execute leadership and governance role that contribute to effective implementation of NNCIP.

Strategic Objective Two: Strengthen Nursing and Midwifery governance and leadership for control of quality of NIMART services deliver

Strategic Activities	Target	Indicators (output and Outcomes)	Responsible	Time frame					Estimated Cost
				1	2	3	4	5	
Strategy 1. Enhance objectivity of recruitment and operation processes for Nursing and Midwifery leaders.									
1.1. Conduct 5 dissemination meetings with Regional Secretariat and LGAs to share Nursing and Midwifery leadership guidelines	5 dissemination meetings to 700 Regional Secretariat and LGAs conducted by June 2019	# of dissemination meetings conducted to share Nursing and Midwifery leadership guidelines % of Regional Secretariat and LGAs implementing the leadership guideline to share Nursing and Midwifery leadership guidelines	DNMS, PORLAG RHMT, CHMT,RAS,DE D,						495,800,000.00
1.2. Develop facilitation package for nurses and midwives leaders (DNMS, RNO, DNO, DNS,) to coordinate NIMART at Districts and	Facilitation package for Nurses and Midwives leaders at Districts and Regions developed by June	Facilitation package for Nurses and Midwives leaders at Districts and Regions in place	DNMS, RNO, DNO, DNS						475,000,000.00

Regions	2023	% of councils and regions implementing facilitation package for Nurses and Midwives leaders							
1.3. Conduct annual competence assessment of nurses and midwives in the delivery of HIV and AIDS services through NIMART at all levels	Competence assessment to Nurses and Midwives in the delivery of HIV and AIDS services	# of competence assessment conducted % of Nurses and Midwives with competence to deliver HIV and AIDS services in line with the NIMART handbook	DNMS, RNO, DNO, DNS						1,467,800,000.00
1.4. Integrate NIMART interventions into HIV and AIDs quarterly performance reviews	225 Nurses and Midwives leaders participating in HIV and AIDS quarterly performance review meetings to present NIMART interventions by June 2023	# of performance review meetings conducted % of Nurses and Midwives leaders participating in HIV and AIDS quarterly performance review meetings and present NIMART intervention	DNMS, RNO, DNMS, DNO, NOi/c						378,500,000.00
1.5. Train 8136 Nursing and Midwifery leaders (RNO, DNOs, DNS NOi/c) on professional codes of conduct and respectful and compassionate care	8136 Nursing and Midwifery leaders trained on professional code of ethics respectful and compassionate care at all levels by June 2023	# of Nurses and Midwives leaders trained on professional code of ethics respectful and compassionate care % of nursing and midwifery leaders	TNMC, RNO, DNMS, DNO, NOi/c						3,226,812,000.00

		performing their leadership roles in accordance to code of conduct respectful and compassionate care guidelines							
Strategy 2. Strengthen nursing leadership capacity to execute their roles at all levels of health care delivery									
2.1 Develop training package for CPD leadership and management skills (planning& budgeting, supportive supervision, leadership& management, organization &coordination)	Training package for leadership and management skills developed by June 2019	# of CPD leadership modules developed	DNMS, TNMC TRAINING DEPT						49,260,000.00
2.2 Orient 410 nurse and midwives leaders on CPD modules (RNO, DNOs, DNS, NOi/c)	410 Nursing and Midwifery leaders (RNO, DNOs, DNS NOi/c) oriented on by June 2023	# of nurses and midwives leaders oriented % of Nurses and Midwives leaders performing their roles in accordance to leadership guidelines	DNMS, TNMC						371,710,000.00
Strategy 3. Strengthening motivation mechanism practices for nursing leaders at all levels.									
3.1 Award 40 Nursing and Midwifery leaders with outstanding performance rewards at regional and zonal referral hospitals levels	40 nursing and midwifery leaders receiving awards for good performance rewards by June 2023	# of Nursing and Midwifery leaders awarded	DNMS						40,400,000.00

3.2 Conduct 28 operational research on HIV and AIDS interventions	28 operational research conducted by June 2023	# of operational research conducted % of regions utilizing research findings	DNMS,RNO, TANNA, TNMC,NOi/c,DN O						459,000,000.00
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Thematic Area: Partnership for Implementation of NNCIP

Implementation of the NNCIP will depend on consolidated effort from various stakeholders at different levels. Every stakeholder from central through to community level has a key role to play in making NNCIP contribute to the 95,95,95 targets. The strategic activities in this thematic area create an environment where all stakeholders will play key roles in the implementation of the NNCIP. It focuses in creating synergy among key stakeholders that will enable to achieve the relevant strategic objectives and alternately contribute to the NIMART goal.

Strategic Objective Three: Strengthen partnership for synergic attainment of NIMART interventions outcomes

Strategic Activities	Target	Indicator (outcome and output)	Responsible	Time Frame (years)					Estimate Budget
				1	2	3	4	5	
Strategy 1. Increase involvement of HIV Implementing Partners in scale up NIMART interventions									
1.1 Conduct orientation meeting to 50 HIV Implementing and 50 development Partners in scale up of NIMART intervention	2 orientation meetings conducted by June 2023	# of orientation meeting conducted % of implementing and development partners support scale up of NIMART	DNMS,NACP,PO-RALG Implementing partners						282,800,000.00
Strategy 2. Strengthens sustainable partnership among NIMART stakeholders									
2.1 Facilitate participation in health scientific conference to share Tanzanian NIMART experiences and best practices	16 participant facilitated to participate in health annuals scientific conference by June 2023	# of scientific conference attended # of participant facilitated to attend scientific conference % of paper on	DNMS,NACP PO-RALG Implementing partners Association						49,125,000.00

		NIMART issues accepted for presentation in the scientific conference.							
2.2 Facilitate Nurses and Midwives to participate in NIMART c technical working committee.	32 Nurses and Midwives facilitated to participate in NIMART technical working committee by June 2023	# of Nurses and Midwives participated in technical working committee's meetings # of NIMART agenda discussed	DNMS,NACP PORALG Implementing Partners						24,000,000.00
Strategy 3. Strengthen partnership to increase resource mobilization and awareness									
3.1 Conduct advocacy meeting to 100 selected stakeholders from all levels to mobilize resources for NIMART intervention.	8 advocacy meeting with 100 selected stakeholders from all levels to mobilize resources for NIMART implementation conducted bi-annually	Conduct advocacy meeting to 100 selected stakeholders from all levels to mobilize resources for NIMART intervention.	DNMS,NACP,PO-RALG Development Partners						38,500,000.00

Thematic Area: Data Management and Utilization

Tracking implementation of the NNCIP is critical to collect data that will inform progress and achievements. This plan recognise that quality data and its use for informed decision on NIMART interventions improvement is critical for efficient use of the available resources to attain the NIMART goal and ultimately contribute to the 90,90,90 targets. Strategic activities in this thematic area addresses issues related to NIMART data collection, processing, analysis and use for NIMART interventions improvement. Effective use of NIMART data will enable instant response to implementation challenges and thus accelerate the attainment of strategic objectives.

Strategic Objective Four: Improve availability and utilization of quality of NIMART Information

Strategic Activities	Target	Indicators (Output and Outcomes)	Responsible	Time Frame (years)					Estimate Budget
				1	2	3	4	5	TShs
Strategy Na. 1. Improve competences of Nurses and Midwives involved in collection , processing and use of NIMART data by June 2023									
1.1 Orient and sensitize Nurses and Midwives on NIMART data collection and management from all levels of health facilities	7284 Nurses and Midwives oriented and sensitized on NIMART data collection by June 2020	<div># of Nurses and Midwives oriented and sensitized on NIMART data collection and management</div> <div>% of Nurses and Midwives collecting NIMART data in accordance to the guidelines</div>	DNMS NACP M&E, DCS						2,028,955,000.00

Strategy Na.2. Improve existing data collection tools and data bases to accommodate NIMART data by June 2023									
2.1 Review existing HIV and AIDS data collection and reporting, DQA tools NIMART data	HIV and AIDS data collection and reporting tools and DQA reviewed to integrate NIMART data by June 2022	# of HIV and AIDS data collection and reporting tools and DQA tools reviewed # of NIMART indicator integrated in existing HIV and AIDS data collection and reporting, and DQA tools	DNMS, M&E NACP						114,750,000.00
2.2 Review CTC2 data base and DHIS2, HMIS, to capture NIMART data	CTC2 data base, DHIS2 HMIS reviewed to capture NIMART data by 2021	# of reviews conducted # of NIMART indicators captured in CTC2 data base and DHS2	DNMS, M&E NACP						

									134,462,500.00
2.3 Conduct DQI/DQA for NIMART interventions	70 Nurses and Midwives facilitated to participate in the DQI/DQA of NIMART interventions by June 2021	#. of Nurses and Midwives facilitated to participate in NIMART DQI/DQA process Report of the DQI/DQA process in place	DNMS, M&E NACP QA						130,240,000.00
Strategy No 3: Strengthen environment and capacity for Management of NIMART data at all levels by June 2023									
3.1 Disseminate NIMART M&E results to Stake holders by 2021	2 dissemination meetings conducted to deliberate M &E results by June 2021	# of dissemination meeting conducted Report of dissemination meeting in place % of stake holders using NIMART M& E results	DNMS, RNO, DCS M&E, TNMC DNO						18,130,000.00
Strategy No 4: Strengthen coordination and sustainability of the NIMART M&E System by June 2023									

4.1 Procure working tools to facilitate processing and analysis of NIMART data(laptops and Printer) by 2020	450 Laptops and 450 printers for processing and analysis of NIMART data purchased by June 2020	# of working tools procured % of Laptop and printer used for NIMART data	DNMS							1,260,000,000.00
4.2 Conduct 2 Evaluation studies on NIMART implementation interventions	2 evaluation studies on NIMART implementation conducted by June 2021	# of evaluation studies conducted on NIMART implementation Midterm and end term M&E reports in place	DNMS							675,000,000
4.3 Conduct 28 sensitization meeting on data use to promote a culture of NIMART data utilization	28 sensitization meeting on NIMART data use conducted by June 2023	# of sensitization meeting conducted % of Regional Referral Hospitals using NIMART data	DNMS, M&E, NACP, DCS							258,220,000.00

SECTION FIVE

MANAGEMENT AND RESOURCE MOBILIZATION FOR NNCIP

Institutional Arrangement for Implementation of NIMART

NIMART programme will be implemented under the leadership and management of the existing government structure of the health system. For the successful implementation of NIMART, a wide range of partners and stakeholder must be involved. Key stakeholders for this program will include Ministries, Development Partners, Implementing Partners, Professional Associations, Professional Regulatory Authorities, Regions, Councils, Health facilities and community.

The roles and responsibilities of the stakeholders are stipulated below:

1. Ministry of Health, Community Development, Gender, Elderly and Children

MoHCDGEC is responsible for preparation of policies and guidelines for easy implementation of the NIMART. At the level of Ministry, several Divisions will be collaborating to ensure effective implementation of the program. Division of Nursing and Midwifery Services (DNMS), which is mandated to oversee provision of quality Nursing and Midwifery Services, will be responsible to coordinate development of guidelines and materials to support implementation of NIMART. Also, it will oversee the actual implementation of the NIMART through existing systems for provision of HIV and AIDS services. In collaboration with PO-RALG, it will be responsible in mobilizing resources for success implementation of NIMART including facilitating capacity building, supportive supervision and routine reporting of NIMART indicators in existing database (DHIS2 and TNMIS). Through Division of Policy and Planning (DPP), the DNMS office will facilitate integration of NIMART indicators into the National M&E Framework for the HIV and AIDS.

The Division of Human Resource Development (DHRD) which oversees Nursing and Midwifery Pre-Service trainings in the country will be responsible to make sure required NIMART competences are incorporated into the training curricular and it will participate in monitoring and evaluation of implementation of NIMART.

The Division of Preventive Services through NACP will oversee HIV and AIDS services in the country and provides technical support during development of the protocols, tools and materials for the implementation of NIMART. At implementation stage, NACP will provide guidance on ensuring NIMART aligns with the existing system for HIV and AIDS services provision including facilitating availability of the commodities.

2. Tanzania Commission for AIDS (TACAIDS)

Tanzania Commission for AIDS (TACAIDS) is a Commission which is under Prime Minister's Office is charged with multi-sectorial coordination of all activities related

to HIV and AIDS in the country. It will be responsible in facilitating advocacy for the NIMART interventions and utilizing NIMART data for informing stakeholders on the contribution of NIMART in controlling of HIV and AIDS in the country.

President's Office-Regional Administration and Local Government (PO-RALG)
President's Office-Regional Administration and Local Government (PO-RALG) oversees all aspects of general administrative matters including budgeting, equity of human resource provision across the region and delivering health issues to the central decision makers. PO-RALG through the Department of Health, Social Welfare and Nutrition will be responsible in allocating resources for effective implementation of NIMART at the regional and council level. Collect and utilize NIMART information for better planning and decision making. It will also oversee and strengthen NIMART implementation at all levels through supportive supervision. In collaboration with MoHCDGEC it will participate during development of NIMART guidelines and materials.

3. Regional Level

At Region level, RHMT will be responsible to oversee NIMART implementation at all Councils and Regional Referral Hospitals under the region. The RHMT through supportive supervision visit will provide technical support to Nurses and Midwives to ensure effective implementation including data utilization and management. RHMT also will ensure Councils have incorporated budgets for NIMART activities in CCHP and CHOP. It will provide technical advice to the Regional Secretariat on NIMART related interventions and report the implementation to National Level.

4. Council Level

The council will oversee facilities in implementing NIMART as well as conducting periodic supportive supervisions for technical support. It will also be responsible to ensure availability and accessibility of NIMART interventions to the community. In addition, council will ensure facilities have incorporated NIMART activities in their Comprehensive Council Health Plans. It is also responsible in supervising data collection and uploading of NIMART data into DHIS 2 and TNMIS.

5. Health Facility level

Health facilities are implementers of NIMART interventions. They have a vital role of providing services according to the National guidelines and Standard Operating Procedures (SOPs). Also, they are responsible for collecting, processing, utilizing and timely sharing accurate data to the Council. Health facilities will advocate NIMART interventions at community level and provide technical support to Community Based HIV and AIDS Services (CBHS) workers. They will be responsible in validating data collected from the community and integrate them into health facility reporting system.

6. Civil Society Organizations (CSOs)

CSOs are important partners in implementation of NIMART. CSOs will be responsible for resources mobilization, capacity building in operationalization of NIMART. The CSOs will facilitate advocacy to the community to seek HIV and AIDS services and facilitate retention of clients in HIV care and treatment. The CSOs will provide health education in different settings according to National HIV and AIDS guidelines and SOPs.

7. Tanzania Nurses Professional Associations (TANNA and TAMA)

Nurses Professional Associations will advocate and promote excellence in Nursing towards implementation of NIMART. They will also influence implementation of health policy in relation to NIMART at all levels. They will provide advice to MoHCDGEC, PO-RALG on the implementation status of NIMART by their members and advice on improvement.

8. Tanzania Nursing and Midwifery Council (TNMC)

Tanzania Nursing and Midwifery Council (TNMC) will ensure accreditation of NIMART training materials and program; revise Scope of Practice for Nurses and Midwives to accommodate NIMART interventions. It will be responsible to conduct orientation of ethics including code of conduct to ensure adherence to ethical practice during provision of NIMART interventions.

9. Development and Implementing Partners

Development partners will provide technical assistance, equipments and financial support in ensuring NIMART is implemented. They are invited to increase support and complement Government efforts in implementing NIMART interventions.

Implementing partners under the coordination of the MoHCDGEC will provide support in scaling up NIMART interventions by working closely with Regions and Councils.

10. Community Level

Community is the consumer of NIMART interventions. CBHS workers who are part of the community will work closely with Nurses and Midwives to ensure NIMART services are accessible to PLHIV. They will also be responsible in collection of NIMART data from the community and submit to the health facility. Community is also responsible for using the feedback from the facilities to advocate for NIMART services.

Monitoring and Evaluation of Implementation of National NIMART Costed Implementation Plan

NIMART is a countrywide strategy that is adopted to contribute in realizing the 90, 90, 90 targets. The strategy calls for a collaborative efforts from various development partners, implementing partners and other key stakeholders. It is likely that each stakeholder will have its area of interest in supporting and/or implementing NIMART interventions. NNCIP is designed to guide implementation of NIMART by various stakeholders toward the 90, 90, 90, targets and DNMS vision.

The National NIMART Costed Implementation Plan consists of indicators and targets that are aligned and will be operationalised through NIMART M&E framework. NIMART M&E framework is aligned to existing DHIS2 and other existing data bases to track NIMART indicators. NIMART data for measuring the indicators will be collected routinely and periodic using existing data collection tools and registers that are integrated to capture NIMART data. Other data will be collected through special surveys and M&E studies.

The M&E framework will be useful to the government, the HIV and AIDS Technical Working Group, development partners, implementing partners and other stakeholders to track progress in the implementation of the planned NNCIP strategic activities. Routine data will be useful to inform progress and provide evidence based information for NIMART interventions or program improvement. It will also be a source of information for special surveys and evaluation studies. Periodic evaluation is designed to be carried out in two phases during implementation cycle of the NNCIP 2018-2023. The phase one will be mid-term evaluation that will be carried out between July and December, 2020. The result of this evaluation will inform on the progress and achievement obtained in the halfway implementation of the plan and areas for improvement. The phase two will be end-term evaluation which will be conducted at the end of the implementation cycle between January and June, 2023. The result of this evaluation will provide information on the achievement obtained in the implementation of NNCIP plan and areas for further improvement. The end- term evaluation will also inform development of the new NNCIP and research agenda to support continued innovation and ensure sound, evidence based NIMART program and interventions.

The measurement of progress will be done using the target and indicators in this NNCIP. Each activity is aligned to output and immediate outcome indicators that are used to track progress. Successful implementation of strategic activities will contribute to the attainment of the relevant strategic objectives which ultimately contribute to the NIMART strategic goal and attainment of the 95, 95,95 by 2020 targets.

Resources Mobilization for Implementation of National NIMART Costed Implementation Plan

NIMART Costed Implementation Plan requires a joint effort from stake holders. Resource mobilization will be required for successful interventions and achieving NIMART goals.

The government budget through the MoHCDGEC, PO-RALG and LGAs will have to allocate the resources for NIMART implementation. According to the government's procedures, MoHCDGEC in collaboration with PO-RALG through the Ministry of Finance will allocate funds from development budget and other operational costs to make sure that the NIMART is smoothly implemented.

Good communication with various stakeholders will be required from resource partners to ensure great impact of NIMART TcSwap a Joint Coordination Committee meetings chaired by Permanent Secretary /Chief Medical Officer will be the main agent expanding dialogue with potential resource partners to support NIMART implementation. The meetings will be held at least every quarter annually and whenever deemed necessary. Joint committees will review the annual NNCIP progress and monitoring and evaluation results of NIMART will be used to make informed decisions about the implementation NIMART.

The Division of Nursing and Midwifery services will be responsible for overall administration and implementation of NIMART plan to achieve the goal. The Division will ensure that the agenda for supporting NIMART will be discussed at the Technical Working Group (TWG). The NNCIP will be placed and any interested partner will be invited to support the efforts of Nursing and Midwifery NIMART.

To ensure sustainability and ownership of NIMART services at health facilities from the Council level (CHMT), Regional level (RHMT) and Regional Referral Hospital teams (RRHMT) will be required to allocate an annual budget to their plans for NIMART implementation. Stakeholders within the Regions or councils engaged in HIV and AIDS interventions will have to collaborate with relevant authorities to support NIMART interventions both financially and technically.

In addition, to ensure effective communication of NIMART interventions at all levels of health facilities, communication messages will be developed such as posters, Medias to support resources mobilization.

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Appendix 1: Costing Matrix

Service Delivery

Services Delivery Estimate Cost							
Activity	Activity Description		Rate	Days	Number of unity	Frequency	Total Cost- Million
Conduct sensitization meetings to 28 RHMTs, 8 DNS and 184 CHMTs to incorporate NIMART interventions in CCHP	112 RHMTs, 32DNS and 736 CHMTs Sensitization meetings conducted on NIMART interventions annually by June, 2019.	Per diem domestic	120,000.00	3	294	1	105,840,000.00
			100,000.00	3	1,598	1	479,400,000.00
			80,000.00	3	100	1	24,000,000.00
			60,000.00	3	48	1	8,640,000.00
			50,000.00	3	128	1	19,200,000.00
			40,000.00	3	16	1	1,920,000.00
		Conference package	45,000.00	3	2,184	1	294,840,000.00
		Travel tickets domestic	20,000.00	2	901	1	36,040,000.00
		Stationary	3,000.00	1	2,000	1	6,000,000.00
		Fuel in Lts	2,500.00		23,500	1	58,750,000.00
	Total Activity						1,034,630,000.00
Develop 56 concept notes on grant application to support NIMART	56 concept notes developed on grant application for NIMART	Per diem domestic	120,000	10	11	1	13,200,000.00
			80,000	10	4	1	3,200,000.00

interventions	intervention by June, 2019.	Fuel	2500	1	500	1	1,250,000.00
		Conference package	45000	10	15	1	6,750,000.00
		Stationary	50,000		56	1	2,800,000.00
	Total Activity						27,200,000.00
Conduct training for 70 TOTs on implement NIMART services and National Respectful and Compassionate Care.	2 training conducted to 70 TOTs for 14 days on implementation of NIMART services and National Respectful and Compassionate Care by September, 2018.	Per diem domestic	120,000	25	5	2	30,000,000.00
			100,000	25	35	2	175,000,000.00
			80,000	25	2	2	8,000,000.00
		Fuel	2500	17	17	2	1,445,000.00
		Conference package	45,000.00	17	42	2	32,130,000.00
		Stationary	3,000	1	42	2	252,000.00
							246,827,000.00
Conduct training to 10,000 Nurses and Midwives on implementation of NIMART services and National Respectful and Compassionate Care in-line with existing guideline.	286 training conducted to 10,000 Nurses and Midwives for 14 days on implementation of NIMART services and National Respectful and Compassionate Care in-line existing guideline by June, 2020.	Per diem domestic	120,000.00	14	1,000	1	1,680,000,000.00
			100,000.00	14	4,000	1	5,600,000,000.00
		Conference package	45,000.00	14	2,184	1	1,375,920,000.00
		Travel tickets domestic	20,000.00	2	901	1	36,040,000.00
		Stationary	2,000.00	1	10,000	1	20,000,000.00
		Fuel in Lts	2,500.00	1	23,500	1	58,750,000.00
							8,770,710,000.00

Training 450 Nurses and Midwives Mentors on NIMART interventions	13 mentorship training conducted to 450 Nurses and Midwives mentors by June, 2019.	Per diem domestic	120,000.00	7	2,250	13	1,890,000,000.00
			100,000.00	7	2,250	13	1,575,000,000.00
		Conference package	45,000.00	7	450	13	141,750,000.00
		Travel tickets domestic	20,000.00	2	901	13	36,040,000.00
		Stationary	2,000.00	1	10,000	13	20,000,000.00
		Fuel in Lts	2,500.00	1	23,500	13	58,750,000.00
							3,721,540,000.00
Conduct Mentorship and coaching 10,000 Nurses and Midwives on NIMART service delivery and National Respectful and Compassionate Care.	120 Mentorships and coaching visits (60 Monthly and 60 Quarterly)	Per diem domestic	120,000.00	5	5,000	1	3,000,000,000.00
			100,000.00	5	5,000	1	2,500,000,000.00
		Conference package	45,000.00	5	2,184	1	491,400,000.00
	Mentorship and coaching conducted to 10,000 Nurses and Midwives on NIMART implementation by June, 2023.	Travel tickets domestic	20,000.00	2	901	1	36,040,000.00
		Stationary	2,000.00	1	10,000	1	20,000,000.00
		Fuel in Lts	2,500.00	1	23,500	1	58,750,000.00
Conduct National launching of NIMART interventions.	National launching of NIMART interventions conducted in December, 2018. Participants are 36 RHMT,	Per diem domestic	120,000.00	14	100	1	168,000,000.00
			100,000.00	14	100	1	140,000,000.00
		Conference package	45,000.00	14	200	1	126,000,000.00
		Travel tickets	20,000.00		100	1	4,000,000.00

	108CHMTs, 16RS Tanga and 20 IPs	domestic		2			
		Stationary	2,000.00	1	200	1	400,000.00
		Fuel in Lts	2,500.00	1	10,000	1	25,000,000.00
							6,569,590,000.00
Conduct meeting to disseminate NIMART handbooks to stakeholders (RHMT, CHMT, HMT, Nurses Midwives and IPs)	4 Dissemination meetings of NIMART Handbooks to stakeholders (RHMT, CHMT, HMT, Nurses Midwives and IPs)	Per diem domestic	120,000.00	14	100	1	168,000,000.00
			100,000.00	14	100	1	140,000,000.00
		Conference package	45,000.00	14	200	1	126,000,000.00
		Travel tickets domestic	20,000.00	2	100	1	4,000,000.00
		Stationary	2,000.00	1	200	1	400,000.00
		Fuel in Lts	2,500.00	1	10,000	1	25,000,000.00
							463,400,000.00
Develop National Respectful and Compassionate Care guideline for Nurses and Midwives.	National Respectful and compassionate Care guideline for Nurses and Midwives developed by July, 2018	Per diem domestic	120,000.00	10	30	1	36,000,000.00
			100,000.00	10	40	1	40,000,000.00
		Conference package	45,000.00	10	70	1	31,500,000.00
		Travel tickets domestic	20,000.00	2	55	1	2,200,000.00
		Stationary	2,000.00	1	70	1	140,000.00
		Fuel in Lts	2,500.00	1	4,000	1	10,000,000.00
							119,840,000.00

Develop National Respectful and Compassionate Care training package for Nurses and Midwives	Training package of National Respectful and Compassionate Care for Nurses and Midwives developed by January, 2019	Per diem domestic	120,000.00	12	80	1	115,200,000.00
			100,000.00	12	20	1	24,000,000.00
		Conference package	45,000.00	12	100	1	54,000,000.00
		Travel tickets domestic	20,000.00	2	55	1	2,200,000.00
		Stationary	2,000.00	1	70	1	140,000.00
		Fuel in Lts	2,500.00	1	5,000	1	12,500,000.00
							208,040,000.00
Conduct 4 meeting with employers to adopt retention mechanism for Nurses and Midwives in hard to reach and high HIV prevalence areas.	4 meetings with employers under PORALG at 28 Regional and 184 Council level together with R/DMOs, R/DNOs, R/DHSs and R/DPLO to adopt retention mechanisms for Nurses and Midwives in hard to reach and high HIV prevalence areas conducted by June 2022 .	Per diem domestic	120,000.00	10	100	4	120,000,000.00
			100,000.00	10	100	4	100,000,000.00
		Conference package	45,000.00	10	200	4	90,000,000.00
		Travel tickets domestic	20,000.00	2	40	4	1,600,000.00
		Stationary	2,000.00	1	200	4	400,000.00
		Fuel in Lts	2,500.00	1	5,000	4	12,500,000.00
							324,500,000.00
Orient 10,000 Nurses and Midwives on job	10,000 Nurses and Midwives oriented on job description	Per diem domestic	120,000.00	2	5,000	1	1,200,000,000.00
			100,000.00		5,000	1	1,000,000,000.00

description in NIMART services	in NIMART services by June, 2019.			2			
		Conference package	45,000.00	2	130	1	11,700,000.00
		Travel tickets domestic	20,000.00	2	40	1	1,600,000.00
		Stationary	2,000.00	1	70	1	140,000.00
		Fuel in Lts	2,500.00	1	1,000	1	2,500,000.00
							2,215,940,000.00
Train Male champions living with HIV using existing training packages on basics counselling and testing and engage them as advocates for NIMART services.	368 of Male champions Living with HIV trained on basic of counselling and testing and engage them as advocates for NIMART services by June, 2020	Per diem domestic	120,000.00	10	200	1	240,000,000.00
			100,000.00	10	172	1	172,000,000.00
		Conference package	45,000.00	10	200	1	90,000,000.00
		Travel tickets domestic	400,000.00	2	150	1	120,000,000.00
		Stationary	2,000.00	1	368	1	736,000.00
		Fuel in Lts	2,500.00	1	2,000	1	5,000,000.00
				1			
							627,736,000.00
Train Mothers champions Living with HIV on basic counselling and testing and engaged as advocates for NIMART services.	368 of Mothers champions Living with HIV trained on basic of counselling and testing and engage them as advocates for NIMART	Per diem domestic	120,000.00	10	200	1	240,000,000.00
			100,000.00	10	172	1	172,000,000.00
		Conference package	45,000.00	10	200	1	90,000,000.00
		Travel tickets domestic	400,000.00	2	150	1	120,000,000.00

	services by June, 2020	Stationary	2,000.00	1	368	1	736,000.00
		Fuel in Lts	2,500.00	1	2,000	1	5,000,000.00
							627,736,000.00
Provide airtime and fare to 368 Male champions Living with HIV to mobilize community for NIMART services	368 Male champions Living with HIV champions provided with airtime and fare to mobilize community for NIMART services by June, 2022	Airtime	10,000.00	52	368	1	191,360,000.00
							191,360,000.00
Conduct 40 zonal meetings with priority populations and key and vulnerable populations on HTS.	40 zonal meetings with priority populations and key and vulnerable population (2MSM, 2FSW, 2PWID, 2Youths and 2Disabled people) conducted by June, 2023	Per diem domestic	120,000.00	10	40	4	192,000,000.00
			100,000.00	10	40	4	40,000,000.00
		Conference package	45,000.00	10	80	4	36,000,000.00
		Travel tickets domestic	400,000.00	2	40	4	128,000,000.00
		Stationary	2,000.00	1	80	4	640,000.00
		Fuel in Lts	2,500.00	1	2,000	4	20,000,000.00
							416,640,000.00
Conduct stakeholders	A Stakeholders (NACP 5, DNMS	Per diem domestic	120,000.00	10	40	4	192,000,000.00

meeting to Integrate NIMART indicators into comprehensive HIV and AIDs supportive supervision tool	5,TNMC 1, TANNA 1, RMOs 28, RNOs 28 and RACs 28) meeting conducted to integrate NIMART indicators into comprehensive HIV and AIDs supportive supervision tool by June, 2023		100,000.00	10	40	4	40,000,000.00
		Conference package	45,000.00	10	80	4	36,000,000.00
		Travel tickets domestic	400,000.00	2	40	4	128,000,000.00
		Stationary	2,000.00	1	80	4	640,000.00
		Fuel in Lts	2,500.00	1	2,000	4	20,000,000.00
							416,640,000.00
Procure 2 vehicles for coordination of National supportive supervision on NIMART services implementation.	2 vehicles purchased for coordination on implementation of NIMART services by June 2019.	Procure 2 vehicle	250,000,000.00	-	2	1	500,000,000.00
		coordinators - allowence	2,000,000.00	12.00	3	5	360,000,000.00
							860,000,000.00
Intergrate NIMART activities into National events (AIDs day, Nurse and Midwives day) to raise awareness to the community on NIMART services.	National events (AIDs day, Nurse and Midwives day) to raise awareness to the community on NIMART services by June, 2023.	Per diem domestic	120,000.00	10	20	1	24,000,000.00
			100,000.00	10	10	1	10,000,000.00
		Conference package	45,000.00	10	30	1	13,500,000.00
		Travel tickets domestic	400,000.00	2	40	1	32,000,000.00
		Stationary	2,000.00	1	80	1	160,000.00
		Fuel in Lts	2,500.00		2,000	1	5,000,000.00

				1			
							84,660,000.00
Conduct index testing for partners exposed children and family members of identified PLHIV in the household	280 of HTS outreach services through Bonanza conducted by June, 2023.	Per diem domestic	120,000.00	10	100	1	120,000,000.00
			100,000.00	10	80	1	80,000,000.00
		Conference package	45,000.00	10	80	1	36,000,000.00
		Travel tickets domestic	400,000.00	2	40	1	32,000,000.00
		Stationary	2,000.00	1	80	1	160,000.00
		Fuel in Lts	2,500.00	1	2,000	1	5,000,000.00
				1			
	Total Activity						273,160,000.00
Conduct 280 HTS outreach services through Bonanza targeting out of school adolescents, youth in secondary schools, colleges and universities.	280 of HTS outreach services through Bonanza conducted by June, 2023.	Per diem domestic	120,000.00	10	100	1	120,000,000.00
			100,000.00	10	80	1	80,000,000.00
		Conference package	45,000.00	10	80	1	36,000,000.00
		Travel tickets domestic	400,000.00	2	40	1	32,000,000.00
		Stationary	2,000.00	1	80	1	160,000.00
		Fuel in Lts	2,500.00	1	2,000	1	5,000,000.00
				1			
							273,160,000.00

Conduct male friendly services beyond working hours in 920 health facilities to reach more men with HTS, ART initiation and refill services.	920 of health facilities conducting male friendly services beyond working hours to reach men with HTS, ART initiation and refill services by	Etraduty	30,000.00	10	450	1	135,000,000.00
							135,000,000.00
Conduct 7,911 meetings with CTC and RCH nurses, HTS focal person, Peers in CTC and CBHC, on linking and tracking of MISSAP, LTFU, retention, CBHS number and referrals.	7911 of meetings with CTC and RCH nurses, HTS focal person, Peers in CTC and CBHC, on linked and tracking of MISSAP, LTFU, retention, CBHS number and referrals quarterly by June 2023.	Extra-duty	30,000.00	36	1,500	5	8,100,000,000.00
Total Activity							8,100,000,000.00
Conduct HTS to under five children during National immunization week twice a year	14,568 of HTS to under five conducted in health facilities during immunization days biannually by June 2023	Extra-duty	30,001.00	1	260	2	15,600,520.00
							15,600,520.00

Conduct Saturday clinics for pediatric and Adolescents clients for ART initiations and refill.	7,284 of health facilities providing pediatric ART initiation and refill on Saturday.	Etraduty	30,000.00	36	1,500	5	8,100,000,000.00
							8,100,000,000.00
Train 7,284 Nurses and Midwives on HIV Viral load sample collection and management	7,284 Nurses and Midwives from health facilities on HIV Viral load sample collection and management by 2023.	Per diem domestic	120,000.00	10	4,000	1	120,000,000.00
			100,000.00	10	3,284	1	80,000,000.00
		Conference package	45,000.00	5	7,284	1	1,638,900,000.00
		Travel tickets domestic	40,000.00	2	40	1	3,200,000.00
		Stationary	2,000.00	1	7,284	1	14,568,000.00
		Fuel in Lts	2,500.00	1	3,000	1	5,000,000.00
							1,861,668,000.00
Recruit and train one focal person in each primary and secondary schools to guide and follow up on the use of ART to enhance adherence	3680 of focal persons in primary and secondary schools recruited and trained on the use of ART to enhance adherence by June, 2023	Per diem domestic	120,000.00	5	1,840.00	1	120,000,000.00
			100,000.00	5	1,840.00	1	80,000,000.00
		Conference package	45,000.00	5	3,680	1	828,000,000.00
		Travel tickets domestic	40,000.00	2	40	1	3,200,000.00
		Stationary	2,000.00	1	2,500	1	5,000,000.00
		Fuel in Lts	2,500.00	1	3,000	1	5,000,000.00
							1,041,200,000.00

3:11 Conduct 184 follow up sensitization meetings to care takers of children under 14 years on ART in households, primary and secondary schools to enhance adherence	184 follow up sensitization meetings to care takers of children under 14 years in households, primary and secondary schools conducted annually by June, 2023	Extra-duty	30,000.00	184	800	1	4,416,000,000.00
							4,416,000,000.00
Conduct nurse-lab quality improvement initiative for viral load results interpretation and utilization	700 Nurse-lab VL result interpretation and utilization QI initiatives conducted by facilities by June,2020	Extra-duty	30,000.00	2	700	1	42,000,000.00
							42,000,000.00
	Grand Total						51,184,777,520.00

Leadership and Governance

Leadership and Governance							
Activity	Activity Description		Rate	Days	Number of unity	Frequency	Total Cost-Million
Conduct 5 dissemination meetings with employers and key stakeholders to share Nursing and Midwifery leadership guidelines	Conducting dissemination meetings to 700 employers	Per diems	120,000.00	1.00	700	5	420,000,000.00
		Fuel	2,500.00	1.00	4,000	1	10,000,000.00
		Conference package	45,000.00	2.00	700	5	63,000,000.00
		Stationary	50,000.00		56	1	2,800,000.00
Total Activity cost							495,800,000.00
Develop facilitation package for nurses and midwives leaders (DNMS, RNO, DNO, DNS) to coordinate NIMART activities at Districts and Regions	Facilitating 250 Nurses and Midwives leaders to coordinate NIMART services to region and districts	Airtime	50,000.00	1.00	250	1	12,500,000.00
		Printers	1,500,000.00	1.00	250	1	375,000,000.00
		laptops	250,000.00	1.00	250	1	62,500,000.00
		computer accessories	100,000.00	1.00	250	1	25,000,000.00
Total Activity cost							475,000,000.00
Conduct National supportive supervision on NIMART QI/ QA	Conducting biannual Supportive supervision to all 28 regions	Per diems	120,000.00	20.00	300	2	1,440,000,000.00
		Fuel	2,500.00	1.00	10,000	2	25,000,000.00

		Stationary	50,000.00	1.00	56	2	2,800,000.00
Total Activity cost							1,467,800,000.00
Conduct Regional supportive supervision on NIMART QI/ QA	Conducting quarterly Supportive supervision to all 184 districts	Per diems	120,000.00	1.00	300	4	144,000,000.00
		Fuel	2,500.00	2.00	10,000	4	25,000,000.00
		Stationary	50,000.00		56	4	2,800,000.00
Total Activity cost							171,800,000.00
Conduct Districts supportive supervision on NIMART QI/ QA	Conducting Supportive supervision to all H/F	Per diems	120,000.00	30.00	50	4	720,000,000.00
		Fuel	2,500.00	1.00	10,000	4	25,000,000.00
		Stationary	50,000.00	1.00	56	4	2,800,000.00
Total Activity cost							747,800,000.00
Integrate NIMART interventions into HIV and AIDs quarterly performance review	Facilitating 437 Nurses and Midwives leaders(RNO, DNOs, DNS NOi/c) to participate in HIV and AIDS quarterly performance review meetings.	Per diems	120,000.00	19.00	40	4	364,800,000.00
		Travel tickets domestic	20,000.00	2.00	30	1	1,200,000.00
		Fuel	2,500.00	1.00	5,000	4	12,500,000.00
		Stationary	50,000.00	1.00	56	4	2,800,000.00
Total Activity cost							380,100,000.00

Train 8136 Nursing and Midwifery leaders (RNO, DNOs, DNS NOi/c) on professional codes of conduct and respectful and compassionate care	Training of 8136 Nursing and Midwifery leaders on professional code of ethics, respectful and compassionate care at all levels	Per diem domestic	10,000	5.00	8,136	1	406,800,000.00
		Fuel	2500	5.00	3,000	1	37,500,000.00
		Conference package	20,000.00	17.00	8,136	1	2,766,240,000.00
		Stationary	2,000	1.00	8,136	1	16,272,000.00
Total Activity cost							3,226,812,000.00
Develop training package for CPD leadership and management skills (planning& budgeting, supportive supervision, leadership& management, organization &coordination)	Developing training package for leadership and management skills	Per diem domestic	10,000	5.00	30	1	1,500,000.00
		Fuel	2500	5.00	3,000	1	37,500,000.00
		Conference package	20,000.00	17.00	30	1	10,200,000.00
		Stationary	2,000	1.00	30	1	60,000.00
Total Activity cost							49,260,000.00
Orient 410 nurse and midwives leaders on CPD modules (RNO,	Training of 410 nurses leaders on CPD modules	Per diem domestic	10,000	5.00	410	1	20,500,000.00
		Fuel	2500	5.00	3,000	1	37,500,000.00

DNOs, DNS, NOi/c)		Conference package	45,000.00	17.00	410	1	313,650,000.00
		Stationary	2,000	1.00	30	1	60,000.00
Total Activity cost							371,710,000.00
Conduct 28 operational research on HIV and AIDS interventions	Generating 28 reports of Nursing and Midwifery research done from the districts and regions	Per diem domestic	10,000	5.00	30	1	1,500,000.00
		Fuel	2500	5.00	3,000	1	37,500,000.00
		Stationary	500,000	1.00	30	28	420,000,000.00
Total Activity cost							459,000,000.00
Award 40 Nursing and Midwifery leaders with outstanding performing Nursing and Midwifery services intervention at all levels	Awarding 40 Nursing and Midwifery leaders with outstanding performance on NIMART indicators	Gift and prizes	1,000,000.00	1.00	40	1	40,000,000.00
		Printing certificates	10,000.00	1.00	40	1	400,000.00
Total Activity cost							40,400,000.00
Grand Total							7,885,482,000.00

Partnership for Cost Implementation

Partnership for Cost Implementation							
Activity	Activity Description		Rate	Days	Number of unity	Frequency	Total Cost-Million
Conduct orientation meeting to 50 HIV Implementing and 50 development Partners in scale up of NIMART intervention	Conduct 2 orientation meetings by June 2023	Per diems	120,000.00	5	100	2	120,000,000.00
		Fuel	2,500.00	5	1,000	2	2,500,000.00
		Conference package	45,000.00	5	700	2	157,500,000.00
		Stationary	50,000.00	1	56	2	2,800,000.00
							282,800,000.00
Facilitate participation in health scientific conference to share Tanzanian NIMART experiences and best practices	Facilitate 16 participants to participate in health annuals scientific conference by June 2023	Per diems	120,000.00	5	30	2	36,000,000.00
		Fuel	2,500.00	5	700	2	1,750,000.00
		Conference package	45,000.00	5	35	2	7,875,000.00
		Stationary	50,000.00	1	30	2	1,500,000.00
		Travel tickets domestic	50,000.00	2	20	1	2,000,000.00
							49,125,000.00
Facilitate Nurses and Midwives to participate in care and treatment technical	Facilitate 32 Nurses and Midwives to participate in care	Per diems	120,000.00	5	30	1	18,000,000.00
		Fuel in liters	2,500.00	5	500	1	1,250,000.00

working committee.	and treatment working committee by June 2023		2,500.00				
		Fuel in liters		5	500	1	1,250,000.00
		Stationary	50,000.00	1	30	2	1,500,000.00
		Travel tickets domestic	50,000.00	2	20	1	2,000,000.00
							24,000,000.00
Conduct advocacy meeting to 100 selected stakeholders from all levels to mobilize resources for NIMART intervention.	Conduct 8 advocacy meeting with 100 selected stakeholder from all level to mobilize resources for NIMART implementation biannually by June 2023	Per diems	120,000.00	5	30	2	36,000,000.00
		Fuel in liters	2,500.00	5	500	1	1,250,000.00
			2,500.00	5			
		Fuel in liters			500	1	1,250,000.00
							38,500,000.00
Grand Total							394,425,000.00

Data Management and Utilization

Data Management and Utilization Cost					
Activity	Activity Description		Rate	Number of unity	Total Cost- Million
Orient and sensitize Nurses and Midwives on NIMART data collection management from all levels of health facilities	7911 Nurses and Midwives on NIMART data collection oriented and sensitized by June, by 2020	Stationeries	10,000	7,911	79,110,000.00
		Bus fair	100,000	7,911	791,100,000.00
		Conference	45,000	7,989	359,505,000.00
		Per diem - Participants	100,000	7,911	791,100,000.00
		Per diem -Support staff	80,000	8	640,000.00
		Allowance - Facilitators	100,000	70	7,000,000.00
		Allowance- Consultants	100,000	4	400,000.00
		Allowance- Official visitor	100,000	1	100,000.00
Total Activity Cost			100,000	7,911	2,028,955,000.00

Improving Existing Data Collection Tools and Database

Strategy Na. 2. Improve existing data collection tools and data base to accommodate NIMART data by 2023

	Activity	Activity Description		Rate	Number of unity	Total Cost- Million
1	Review existing data collection tools eg CTC1, CTC2 cards, cohort and system to accommodate NIMART data	Data collection tool (eg , CTC1 CTC2 cards, cohort register)reviewed to accommodated NIMART data by June 2022	Facilitators	100,000.00	35	3,500,000.00
			Participants	100,000.00	410	41,000,000.00
			Support staff	80,000.00	8	640,000.00
			fuel	2,500.00	1,190	2,975,000.00
			Bus fair	100,000.00	410	41,000,000.00
			Bus fair	100,000.00	8	800,000.00
			Stationeries	10,000.00	445	4,450,000.00
			Conference	45,000.00	453	20,385,000.00
	Total Activity Cost					114,750,000.00
2	Review CTC2 data base and DHIS2, HMIS, to capture NIMART data	CTC2 data base, DHIS2 HMIS reviewed to captured NIMART data by 2021	Facilitators	100,000.00	35	3,500,000.00
			Participants	100,000.00	500	50,000,000.00
			Support staff	80,000.00	8	640,000.00
			fuel	2,500.00	35	87,500.00
			Bus fair		500	50,000,000.00

				100,000.00		
			Bus fair	100,000.00	8	800,000.00
			Stationeries	10,000.00	500	5,000,000.00
			Conference	45,000.00	543	24,435,000.00
	Total Activity Cost					134,462,500.00
3	Conduct DQI/DQA for NIMART Intervention	410 Nurses and Midwives to participate in the DQI/DQA on NIMART intervention	Facilitators	100,000.00	35	3,500,000.00
			Participants	100,000.00	410	41,000,000.00
			Support staff	80,000.00	8	640,000.00
			fuel	16,000	2,500	40,000,000.00
			Bus fair	410	100,000	41,000,000.00
			Stationeries	410	10,000	4,100,000.00
	Total Activity Cost					130,240,000.00
Grand Total						379,452,500.00

Strategy :3 Strengthen environment and capacity for Management of NIMART data at all levels by 2023

Activity	Activity Description		Rate	Number of unity	Total Cost- Million
Disseminate NIMART M&E results to Stake	2 Dissemination meetings conducted to deliberate monitoring and evaluation results	Facilitators	100,000.00	14	1,400,000.00
		Participants	100,000.00	10	1,000,000.00

	holders by 2021	by June 2021	Support staff	80,000.00	10	800,000.00
			Official Visitor	1,200,000.00	1	1,200,000.00
			fuel	2,500	500	1,250,000.00
			Bus fair	100,000	70	7,000,000.00
			Bus fair	100,000	8	800,000.00
			fuel	2,500	170	425,000.00
			Stationeries	10,000	70	700,000.00
			Conference	45,000	79	3,555,000.00
	Total Activity Cost					18,130,000.00
	Procure working tools to facilitate processing and analysis of NIMART data (laptops and Printer)	450 Laptops and 450 printers from processing and analysis of NIMART data purchased by 2020	Laptops	2,000,000.00	450	900,000,000.00
Printers			800,000.00	450	360,000,000.00	
	Total Activity Cost					1,260,000,000.00
	Conduct 28 Sensitization meeting on data use to promote a culture of NIMART data utilization	28 sensitization meeting on NIMART data use conducted by June 2023	Coordinators (DNMS)	100,000.00	56	5,600,000.00
			Participants	100,000.00	950	95,000,000.00
			Support staff	80,000.00	112	8,960,000.00
			fuel	2,500	11000	27,500,000.00
			Bus fair	50,000	950	47,500,000.00

			Bus fair	100,000	212	21,200,000.00
			Stationeries	10,000	215	2,150,000.00
			Conference	45,000	1118	50,310,000.00
	Total Activity Cost					258,220,000.00
	Grand Total					1,536,350,000.00
	Overall Total					64,640,602,020

Appendix 2: Stakeholders Analysis Matrix

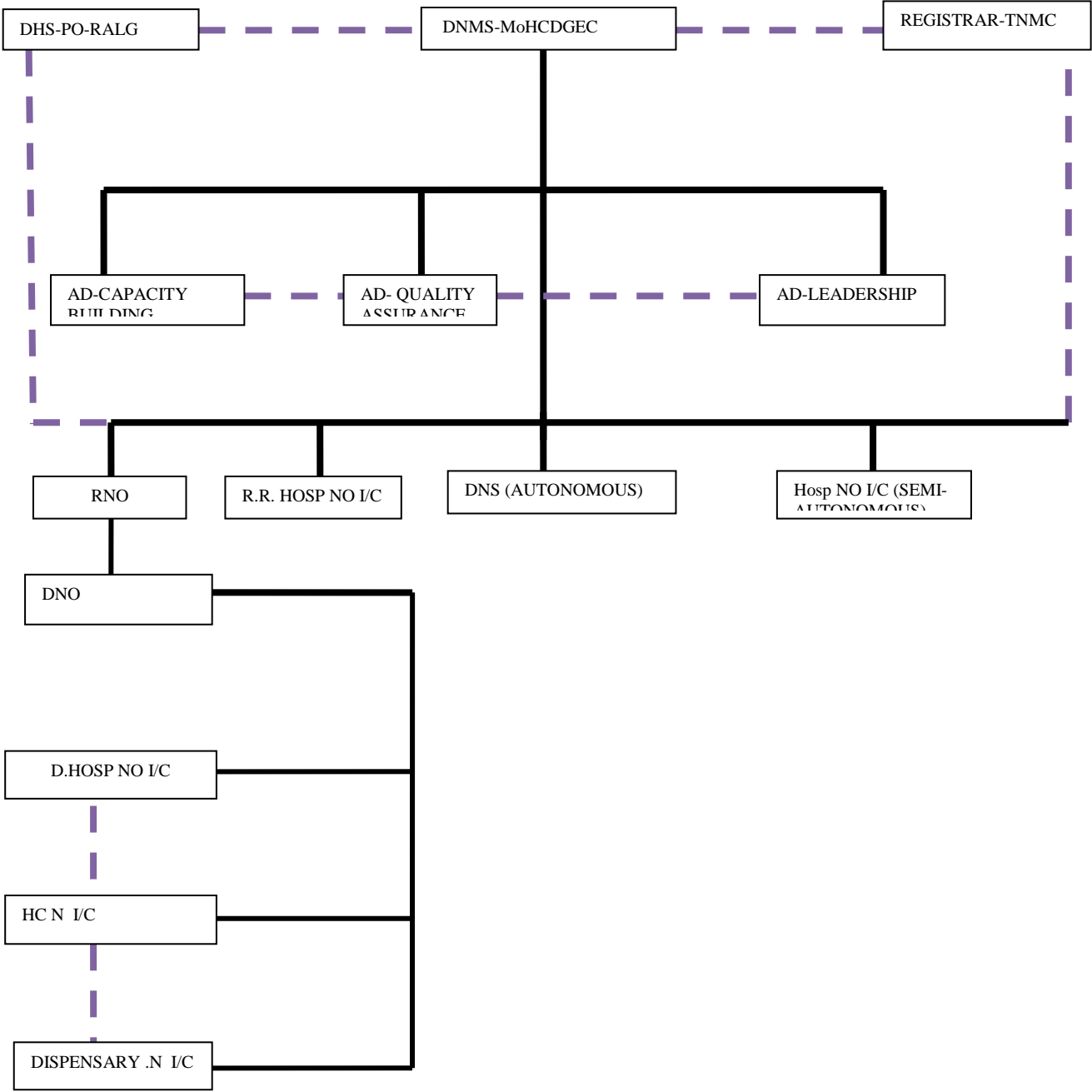
Stakeholders	Area of Interests	Expectation	Status of Stakeholders
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				Level of Influence (Significant/Some/little)	Level of Importance (Significant/Some/little)
Development Partners	CDC, PEPFAR, USAID, UNAID, Global Fund, UNICEF, WHO, World Bank, UNFPA, Melinda and Bill Gates, FHI	Realization of 90-90-90 targets	<p>Improve quality of life for people living with HIV</p> <p>Reduce mortality due to HIV and AIDS</p> <p>Reduce HIV prevalence</p>	Significant	Significant
Implementing Partners	AIHA, TAUCHE, THPS, JHPIEGO, EGPAF, EGPAHI, MDH, DELLOIT, AMREF, ICAP, I-TECH BMAF, JSI, JICA, TAYOA, THPS, TNMC, RHMT, CHMT	<p>Availability of resources and capacity for NIMART implementation</p> <p>Availability of quality and user friendly services</p> <p>Availability of competent Nursing and Midwifery for NIMART implementation</p>	<ul style="list-style-type: none"> Increased access to quality HIV and AIDS services Improved wellbeing to Nurses and Midwifery 	Significant	Significant
	Political Leaders <ul style="list-style-type: none"> President 	Quality and responsive NIMART services	Quality of life to people living with HIV and zero AIDS	Significant	Significant

	<ul style="list-style-type: none"> • Vice president • Prime minister • Minister of MoH • Minister PO-RALG • Ward councilor • Village chairperson 		related death		
	Service Providers <ul style="list-style-type: none"> • Nurses • Clinicians • Pharmaceutical • Technicians • Lab Technician 	Well equipped and motivating working environment for delivery of NIMART services	Increase services to the clients	Significant	Significant
	Religious Leaders	Happy and healthy People living with HIV and AIDS	Effective participation in religious activities	Little	Little
	Regulatory Bodies <ul style="list-style-type: none"> • TNMC • Pharmacy Council • Medical Council Of Tanganyika • Laboratory Council 	Regulates profession practices	Equitable HIV and AIDS services	Significant	Significant
	Professional Associations: <ul style="list-style-type: none"> • TANNA • TAMA • MAT 	NIMART Professionals adhering to professional code of conducts and ethics	Ethical NIMART professionals	Some	Some
Community/Client	Infected with HIV (TNW+, NACOPHA) Affected by HIV	Availability of quality and responsive HIV and AIDS related services	Improved quality of life of people living with HIV and AIDS	Significant	Significant

			HIV free community		
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Appendix 3: Operational Structure of Nursing and Midwifery Leadership



Appendix 4: List of Stakeholders

SN	Name	Title	Institution
1.	Dr. Mpoki Ulisubisya	Permanent Secretary	MoHCDGEC
2.	Andrew Makoi	Public Health Specialist	CDC
3.	Sally Chalamila	Country Director	AIHA
4.	Samwel Ligmas Koyo	Coordinator	MOHCDGEC
5.	Eliaremisa Ayo	Nursing Program Manager	AIHA
6.	Joan Chamungu	Director of TNW+	TNW+
7.	Dr. Henry Mollel	Consultant	Mzumbe University
8.	Dr. Lawrence Mushi	Ass. Consultant	Mzumbe University
9.	Godfrey Kacholi	Ass. Consultant	Mzumbe University
9.	Maurice Hiza	PNO	MOHCDGEC – DNMS
10.	Saturini Manangwa	SNO	MOHCDEC – DNMS
11.	Dickson Rwezahula	OA	MOHCDEC-DNMS
12.	Fatuma Mtunga	AES	MOHCDGEC
13.	Asigele Oswald	Administrator	MOHCDGEC
14.	Silvesta Njelekela	Economist	MOHCDEC
15.	Jumanne Alexander Baluhya	Nurse Tutor	BMC/TANNA
16.	John Meshack Challo	Nurse Tutor	Mvumi –NTC
17.	Reuben William	Nurse Tutor	Sumve- NTC
18.	Juma Songoro	MD	EGPAF
19.	Anatolia J. Mkindo	RNO	RAS-Dodoma
20.	Romana F. Sanga	PNO	MOHCDGEC
21.	Grace A. Masawe	RNO	RAS-Morogoro
22.	Beatrice E. Munisi	DNO	DED –Geita DC

23.	Jane Wado	RNO	RAS-Manyara
24.	Gaudensia A. Olomi	RNO	RAS –Kilimanjaro
25.	Rachel J. Non'halle	M&E Manager	NACOPHA
26.	Justine Mwinuka	Chairman of PLHIV	NACOPHA
27.	Elias A. Haali	DNO	DED Meru DC
28.	Msafiri Z. Sehaba	NSM	Kibaha Education Centre
29.	James J. Kamuga	Programme Officer	MOHCDGEC-NACP
30.	Ronald Nakaka	M&E	AIHA
31.	Hawa Kisusi	AIHA CBHS Coordinator	AIHA
32.	Alice Christensen	JHPIEGO	Dar -es Salaam
33.	Modesta S. Mngoffy	NO	DED Same DC
34.	Lydia I. Kipetha	Ass RIVO	RAS Rukwa
35.	Augustine J. Urassa	NSHP Officer	MoHCDGEC - HPS
36.	Jacqueline Neema Isaack	SI	AIHA
37	Ummi Kipitu	DNO	DED Mbeya DC