



**THE UNITED REPUBLIC OF TANZANIA**  
**MINISTRY OF HEALTH**

Implementation of Nurse Initiated Management of  
Antiretroviral Therapy (NIMART) in Tanzania: a **Task**  
**Sharing /shifting approach**

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**Share to AIHA**

# PRESENTATION OUTLINE



**1**

**Background**



13-2-2024

**2**

**The  
NIMART  
approach**

**3**

**Milestone**

**5**

**contribution  
of Nurses and  
Midwives and  
Call to  
stakeholders**

# BACKGROUND

- ❖ Health care shortage significantly impacts access to HIV services and other health services in Tanzania
- ❖ NIMART
  - ❖ Tanzania Ministry of Health (MoH) developed and endorsed Task Sharing Policy in 2016
  - ❖ NIMART baseline assessment was conducted in 2017
  - ❖ NIMART guideline was developed and endorsed in Tanzania in 2018
  - ❖ The initiative to increase access of HIV services to the Tanzanian population

# THE NURSE INITIATED MANAGEMENT OF ART (NIMART)

- This is a task sharing strategy proposed as a response to the challenge of delivering large scale, sustainable, and effective ART programs in resource constrained countries
- NIMART allows Tanzania to leverage its largest healthcare workforce of Nurses and Midwives toward HIV epidemic control
- NIMART Nurses significantly enhances access to and quality of HIV and AIDS services in Tanzania

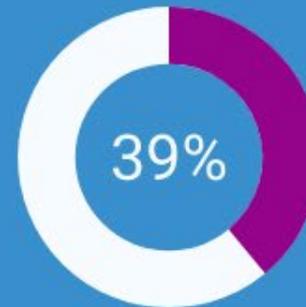
# NURSE INITIATED MANAGEMENT OF ART (NIMART)

- NIMART Baseline Assessment (2017) looking at HIV service delivery data in 12 scale-up councils revealed that nurses provide majority of HIV & AIDS services but ART initiation was very low at

HIV RAPID TESTS DONE BY NURSES



ART INITIATION DONE BY NURSES



# NIMART OBJECTIVES

To improve access to ART services.



To scale up ART services.



To increase the number of patients on ART.



To address the healthcare worker shortages.



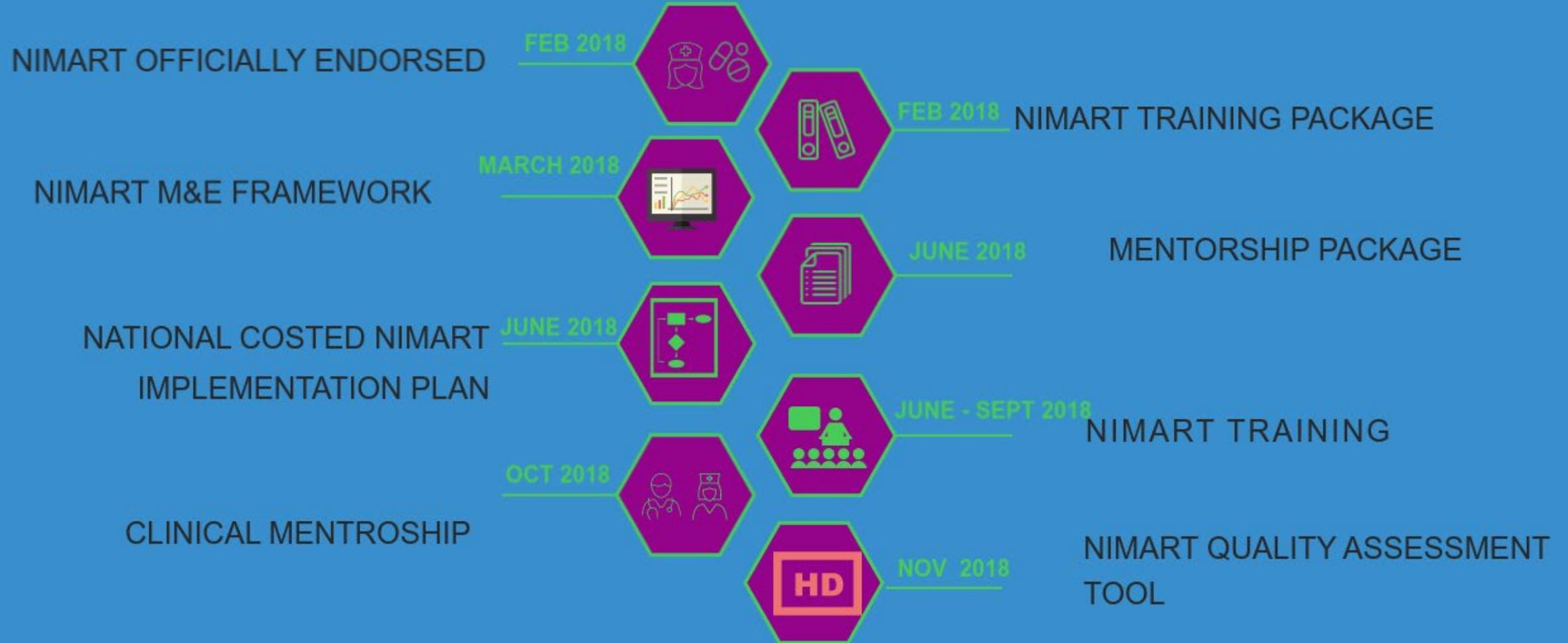
To capacitate nurses who work at HIV service points.



To provide evidence based systems improvement.



# NIMART IMPLEMENTATION MILESTONE



# WHY NIMART

## SHORTAGE OF SKILLED HUMAN RESOURCES

NIMART allows TZ to leverage its largest healthcare workforce towards HIV epidemic control.

## ACCESSIBILITY GAPS

NIMART nurses can provide all crucial HIV services under one roof reducing accessibility challenges.



## CONGESTION IN HEALTH FACILITIES

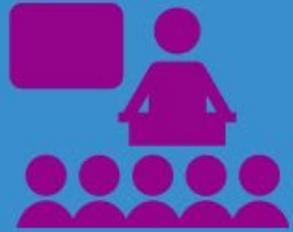
NIMART nurses can significantly reduce congestion for HIV&AIDS services.

## IMPROVED SERVICES

Builds nurses' capacity to provide quality & better targeted services for KVP, through approaches like index testing.

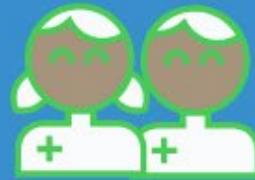


# PROJECTED IMPACT OF SCALING UP NIMART



## ACTIVITIES

- Train nurses on NIMART
- Mentor nurses on NIMART
- CQI-NQA, supportive supervision & coordination
- Support Scale-up of HIV testing & treatment (ART)



## SHORT-TERM OUTCOME

- Improved nurse competence in providing HIV services
- Increased number of qualified nurses to provide ART and PMTCT services



## MEDIUM-TERM OUTCOME

- Improved identification of PLHIV
- Scale up of ART intake
- Improved adherence and retention
- Improved viral load suppression



## IMPACT

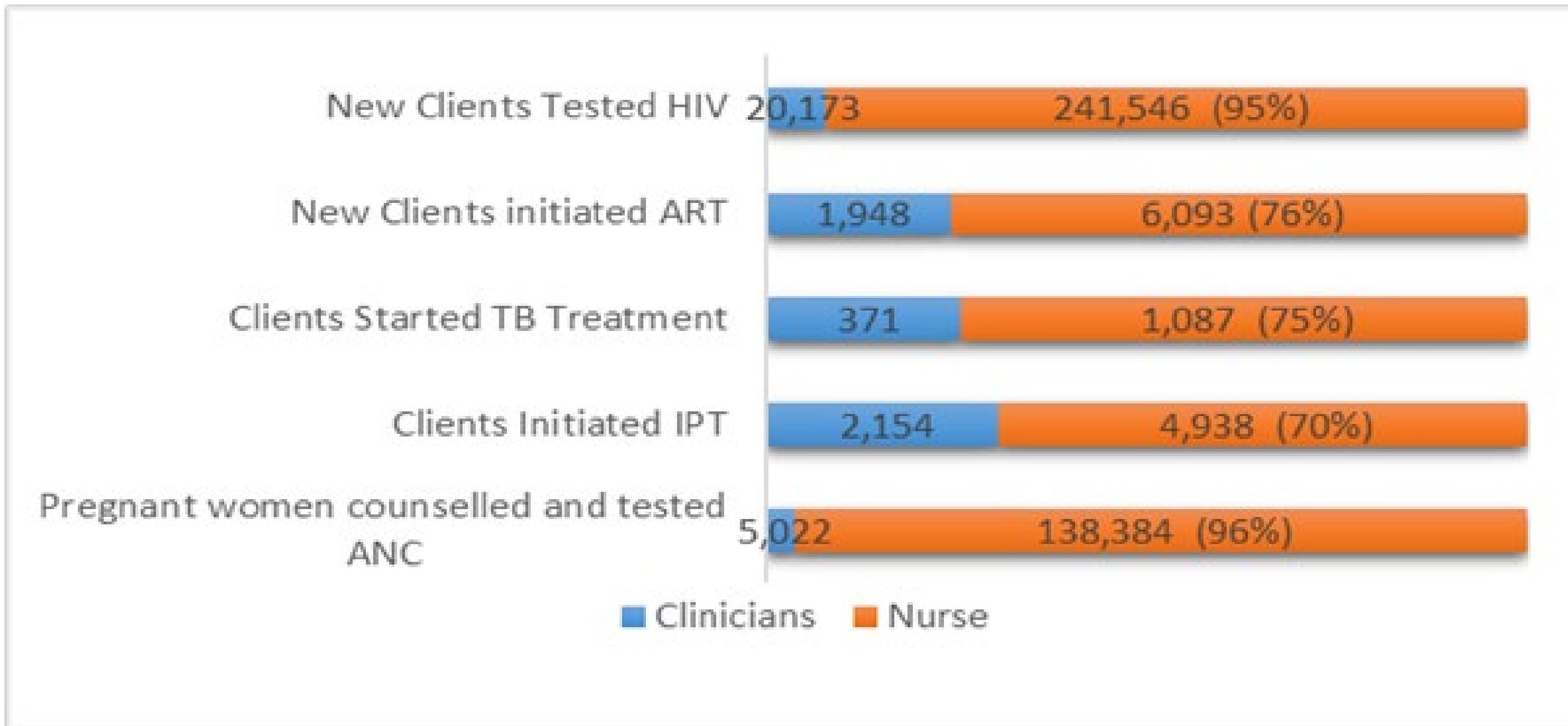
- Nurse contribute significantly towards attainment of epidemic control
- AIDS Epidemic Control



# Standard HIV indicators are also NIMART indicators integrated into CTC2/3 and in DHIS2

INDICATOR LEVEL	INDICATOR NAME
HIV TESTING AND COUNCELLING	Number of New Clients counseled, tested and given results
	Number of Clients tested HIV positive (New and Return)
PREVENTION-PMTCT	Number of pregnant women counselled and tested at ANC
	Number of HIV exposed infants initiated on ARV prophylaxis
	Number of HIV exposed Infant DBS Collected
	Number of exposed infants confirmed final HIV status using HIV antibody test at 18 months
CARE AND TREATMENT	Number of persons newly initiated on ART
	Number of persons who received care
	Number of persons who started on Isoniazid preventive therapy (IPT)
	Number of persons who started on TB treatment
	Number of HIV infected women newly initiated on ART at RCH clinics
	Number of HVL test requested in a reporting period
	Number of HVL sample collected

# Contribution of nurses towards HIV service delivery



- Access to quality HIV services has increased significantly in Primary Health Facilities following the adoption of NIMART approach.
- NIMART is proven to be cost-efficient in addressing the HRH crisis and in accelerating the country to achieve HIV 95-95-95 targets
- NIMART enabled the decentralization of HIV services and the establishment of 1,021 CTC and cART refilling centers that were not initially providing services

# Call to stakeholders

- ❖ Provide resources to support Nurses and Midwives to implement Task Shifting /Task sharing interventions both in Communicable and Non Communicable diseases
- ❖ Support Implementation of Respectful Maternity Care Services
- ❖ When Nurses and Midwives are well supported will significantly contribute to Universal health coverage
- ❖ Support research and documentation of Implementation sciences of Task sharing/Shifting conducted by Nurses and Midwives
- ❖ Support implementation of NIMART quality assessments, supportive supervision and mentorship
- ❖ Use the task sharing/NIMART data for planning/ to inform service delivery programs re-engineering

THANK YOU