TANZANIA NATIONAL NURSES ASSOCIATION (TANNA)

ADVOCACY PLAN

September 2017

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PREAMBLE

Advocacy plan is the process of supporting causes or proposals, means of finding a way to address a need that has been identified. It could as well refer to leading a change through influence.

For TANNA to be more effective in aligning its constitutional objectives and functions, it has prepared its first five year advocacy plan, 2018 – 2022. It is expected that there will be both Mid-term and Final evaluations after which NEC members shall coordinate the revision of the advocacy plan tool.

Personally I would like to appreciate full commitment of the consultant, AIHA for financial support, Executive Secretary Mr. Sebastian Luziga and all participants of the Advocacy Plan workshop in making sure that the advocacy plan is developed in time. It is my sincere hope that this tool will be useful in guiding advocacy to strengthen and promote the professional development of nurses, to advance their economic and general welfare, and lastly to see that nurses' behavior before the public and healthcare clients is highly improved.

PAUL MAGESA
PRESIDENT OF TANNA

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It is worthwhile to give sincere thanks to all advocacy plan workshop participants for their contributions, and their moral and material support in developing this **ADVOCACY PLAN**.

On behalf of TANNA I would like to acknowledge the following participants; Paul Magesa, Ibrahim Mgoo, Alexander Baluhya, Paciens Bachuba, Johari Yusufu, Josephine Lwambuka, Hosea Naman, Alphoncina Kaduma, Flora Kamwela, Beatus Lukona, Magdalena Dinawi, Imakulata Ndunguru, Bonventura Mtega, TANNA Staff Charles Soloka and Jema Kajange, QUARD members: DNMS Office - Gustav Moyo, TNMC Office - Happy Masenga, Nursing training section - Nassania Shango for their invaluable contributions and support.

I would like to extend my appreciations to Professor Andrew Mbwambo, our consultant, in developing this advocacy plan.

Most importantly, TANNA appreciates the continuing financial and technical support from the America International Health Alliance (AIHA).

TANNA believes that "Working together, we can attain our Vision as vibrant reputable association representing all professional Nurses, advancing their welfare and promoting excellence in Nursing and Health care services".

SEBASTIAN LUZIGA

EXECUTIVE SECRETARY OF TANNA

ABBREVIATIONS

TANNA	Tanzania National Nurses Association
NEC	National Executive Committee
AIHA	American International Health Alliance
QUARD	
DNMS	Division of Nurses and Midwifery Services
TNMC	Tanzania Nurses and Midwifery Council
SMART	Specific Measurable Attainable Realistic and Timely
AIDS	Acquired Immunodeficiency Syndrome
UNAIDS	United Nations AIDS
UN-WATER	United Nations Water

1.1 Introduction

The Tanzania National Nurses Association (TANNA) recognizes that nurses are working in times where changes in the healthcare system, for example, financial pressures, uncertainty of the direction of healthcare reforms, mandates from regulatory agencies to improve quality and patient safety, advancing technology, looming workforce shortages, and changes in the patient population are impacting healthcare in all practice settings. These changes challenge resource allocation decisions and adversely affect the work environment. On the other hand, they also create opportunities for nurses and the nursing profession. Such opportunities include a greater voice for nursing in healthcare policy, expanded employment opportunities, and an enhanced image for nurses and the profession. In order to successfully capitalize on these emerging opportunities, it is important for nurses to work together, across employment settings and roles, to advocate on behalf of colleagues and the profession.

1.2 Advocacy

Advocacy focuses on addressing problems or issues that need a solution. It is the act or process of supporting a cause or proposal, and most importantly, it is a process that can lead to change through influence.

It is imperative to note that while most nurses readily embrace the mandate of the professional nurses' advocacy role as it applies to patients, the expectation for advocacy on behalf of colleagues, the profession , or even oneself may not be so clear or consistently noted. The professional responsibilities of the nurse to work with colleagues to promote safe practice environments are described in the code of ethics. Nurses' code of ethics describes the responsibility of the nurse to work through appropriate channels to address concerns about the healthcare environment. Further, it identifies a range of advocacy skills and activities that nurses are expected to demonstrate. These activities promote the profession and form the basis of the advocacy role for the professional nurse.

1.3 Objective of the Advocacy Plan

The overriding goal of this advocacy plan is to propel a positive change to the nursing profession, nurses, nurses' working environment, health care clients' rights, and equally important the 90-90-90 UNAIDS treatment goals.

THE TANNA ADVOCACY PLAN

2.1   Introduction

Effective advocacy work calls for good planning. One of the ways a good advocacy plan could be prepared is to use the advocacy planning cycle, provided by UN-WATER (2009), figure 1. This gives the most important steps in planning and implementing an advocacy work.

Figure 1: Advocacy planning cycle

The Advocacy Planning Cycle, Source: UN-WATER (2009)

This important UN-WATER (2009) cycle calls for seven (7) important stages in preparing an effective Advocacy Plan. The stages include:

1) **Identifying the issues:** This stage calls for knowing the things that are to be advocated for. What is really wanted to change? Which nursing profession, nurses, patients/clients issues are most pressing and need to be changed?

2) **Analysis:** We need to understand what we already know about the identified issues and the information we may use. To ensure credibility among your target groups, you ought to be familiar with more than just the key facts. You need to have a thorough understanding of the issue.

3) **Setting objectives:** Right at the planning stage, we need to determine our specific advocacy objectives. Advocacy objectives should be SMART:

   a) Specific (what exactly do you want to happen?)

   b) Measurable (will you know when you've achieved them?)

   c) Achievable (is it possible to achieve them given your resources and time?)

   d) Relevant (are they relevant to all stakeholders and the real problem?)

   e) Time-bound (by when do you want them to happen?)

4) **Identifying the targets:** This entails knowing who do we want to influence? Whom are we addressing? The better you know and define your targets, the better you will be able to select the most appropriate way to reach and influence them.

5) **Identifying allies:** This means knowing those with whom we can work. Approach a wide range of partners with an outline of activities and events to discuss, and agree upon their involvement and support.

6) **Selecting the tools and developing the messages:** How can we best reach our targets? There are numerous communication tools that may be used for good advocacy work. Such tools include:

   a) Interpersonal meetings: These are the most effective and participatory advocacy tools, but with limited human resources, the potential number of people reached is limited and further expansion may end up very costly;

   b) Lobbying: This refers to working closely with key individuals in political and governmental structures to influence the policy process;

   c) Meetings: Usually as part of a lobbying strategy;

   d) Negotiation: Effective in the need to reach a common position;

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e) Combining of lobbying with communication instruments such as press conferences and press releases;

f) Project visits, to demonstrate good practice;

g) Newsletters, e-mail and internet, flyers, petitions or canvassing to influence leaders; and

h) The media: mostly to reach the general public.

7) **Monitoring & Evaluation**: A good advocacy plan should chart out means of measuring the impact of the advocacy activities. This part is usually done effectively if the objectives were clearly put at the outset, which will serve as yardsticks to measure success. During the planning phase, all objectives must have success indicators set.

2.2   The Advocacy Plan

TANNA as an organization that aims to strengthen and promote the professional development of nurses, and to advance nurses' economic and general welfare, just as it would wish to see healthcare clients are treated accordingly, needs to do a lot of advocacy. Advocacy in the nursing profession is essentially multidirectional with seven advocacy themes:

1) The nursing profession;
2) Nurses obligations;
3) Nurses' rights;
4) Nurses economic welfare;
5) Patients/Clients rights;
6) Task sharing in healthcare delivery; and
7) Nurses Association, TANNA.

Given the global commitment to eradicate the pandemic AIDS, the UNAIDS 90-90-90 treatment targets need special advocacy efforts to make it realize its targets. Tanzania being one of the countries where the pandemic AIDS is still a big problem, TANNA takes the UNAIDS 90-90-90 targets as an important advocacy theme and therefore this becomes the eighth advocacy theme

8) The UNAIDS 90-90-90 treatment targets.

2.2.1   The Nursing Profession

Under, nursing profession, the following were regarded important advocacy issues:

1) Nurses ethics and conduct;
2) Nurses right to continuing professional development;
3) Nurses right to be involved in decision making organs and policy dissemination; and
4) Nurses right to free and open advocacy for themselves and their clients.

2.2.2   Nurses Obligation

In this advocacy theme, four (4) issues were found important for advocacy. These include:

1) Using therapeutic communication;
2) Adherence to professional Dressing Code;
3) Confidentiality of Client Information; and
4) Impartiality in healthcare delivery.

2.2.3   Nurses Rights

Four (4) issues for advocacy under this theme were identified as:

1) Nurses' right to practice in accordance to the scope legally permissible for nurses;
2) Nurses' right to practice in a positive and safe environment as per the Safety and Occupation Act.;
3) Nurses' right to proper orientation and training at work place; and
4) Nurses' right to continuing professional development.

2.2.4   Nurses' Economic Welfare

Under this theme, two (2) issues are sought important for advocacy. These include:

1) Scheme of Service; and
2) Payment of Allowances.

2.2.5   Clients' Rights

TANNA regards the following four (4) issues as critical advocacy areas as far as clients' are concerned:

1) Right to information about their condition;
2) Right to privacy;

3) Right to Safe and Healthy environment; and

4) Right to accept or refuse treatment.

2.2.6   Task Sharing

Under Task Sharing, four (4) important advocacy issues were identified:

1) Familiarization with the task sharing guidelines (policies);

2) Supervision and mentorship in the implementation of task sharing policies;

3) Capacity building for nurses in caring for HIV/AIDS to meet 90-90-90 UNAIDS goals; and

4) Fair remuneration on the shared tasks.

2.2.7   Advocacy for TANNA

Two (2) advocacy issues were found important for making TANNA more effective and efficient in its operations. They include:

1) Enrolment for membership; and

2) Nurses' participation in important events.

2.2.8   Advocacy for the UNAIDS 90-90-90 Treatment Targets

Under this important AIDS treatment theme, six (6) issues are identified for advocacy:

1) Understanding and interpreting correctly the UNAIDS 90-90-90 treatment targets

2) Why is the programme needed

3) Merits of the 90-90-90 treatment targets

4) Societal Challenges towards attaining the targets

5) Delivery Challenges in administering the programme

6) Partnering for success

PART THREE

IMPLEMENTATION, MONITORING AND EVALUATION

3.1 Introduction

This part gives in a nutshell, what entails to make this Advocacy Plan a success. This is essentially because having a plan, is one thing and meeting the desired end results is another thing. Getting good results is a function of having a good plan followed by an appropriate implementation and evaluation process.

3.2 Implementation

An effective implementation of this advocacy plan requires the utmost commitment of all stakeholders. TANNA will make the required advocacies if:

- All responsibility TANNA personnel will play their roles with highest level of commitment;
- Development Partners and whoever may support will understand the demands of TANNA and provide it with the necessary budgetary allocations for the advocacy;
- Development Partners (organizations and individuals) will show interest in joint venturing with TANNA to implement the advocacy plan;

3.3 Monitoring and Evaluation

The implementation of the TANNA Advocacy Plan will need effective monitoring and evaluation for control and corrective measures. Monitoring and evaluation will give way for feedback, flexibility and interventions, timely. Such flexibility and particularly interventions are expected to bring about improvements and changes for the good of the Association.

3.3.1 Monitoring

Monitoring of the implementation process will be done by both internal and external experts and will include among others: verbal feedback, track up meetings, performance reports, and physical inspections. Such reports will be prepared by TANNA officials of all levels.

Emphasis will be, specifically on:

- Quarterly, semi-annual and annual implementation reports prepared by TANNA management.
- Getting feedback from forums such as workshops, meetings, seminars, informal meetings, surveys, and suggestion boxes.

3.3.2 Evaluation

Evaluation is the actual assessment of intended performance with regard to the implementation of the plan. A plan is essentially a road map towards a predetermined destiny. It is therefore imperative that at some equal periods of time, for example, six months, one year and the like, a systematic evaluation of the way things are done compared to what was expected is done. This is a mechanism to know whether we are doing correctly or some re-direction is needed in some places and reasons for the same.

Evaluation can be done by TANNA or outsourced to consultants, whichever is thought to be more effective and meaningful.

3.4 The Advocacy Plan Matrix

The plan matrix is drawn in Appendix 1

APPENDIX 1: NURSES ADVOCACY PLAN MATRIX

1:   Advocacy for Nursing Profession

ISSUES FOR ADVOCACY	ANALYSIS	OBJECTIVES	TARGETS	ALLIES	TOOLS & DEVELOPING MESSAGES	PERFORMANCE INDICATOR
1.Nurses Ethics and Conduct	1.Some nurses are inhumane when providing healthcare in their work places 2.Some nurses lack appropriate communication with clients (patients and visitors to patients) 3. Some nurses are not adhering to informed consent, confidentiality and privacy in providing healthcare to clients.	80% of all nurses are trained on Customer Care, Communication Skills, and reminded about adherence to confidentiality and privacy at work by December 2022	a) Employers b) Ministry	a) QUAD members b) TNMC, c) MoH d) Development Partners	a) Training b) Meetings c) Updates on Informed consent, privacy and confidentiality at work d) Newsletters	a) Levels of Customer Satisfaction (through Customer Satisfaction Surveys) b) Levels of satisfaction through Suggestion Boxes.
2. Nurses continuing professional development (CPD)	a) Nurses are not given information about new health problems that need innovative skills b) Most employers do not support Nurses for Continuing Professional	80% of nurses involved in new health problems are fully informed about such problems by December 2020 50% of Nurses who apply for further training are supported to do so by December 2020	a) Employers b) MoH	a) TNMC b) MOH c) Training institutions d) Development Partners	a) Training b) Meetings c) Negotiations d) Newsletters, e) websites f) Good Governance	a) Percentage of Nurses working in new health problems, for example, Ebola who are fully aware of the problem. b) Percentage of Nurses who

	Development (CPD) as they do for others, for example, MDs					applied for higher education and were allowed.
3.Nurses involvement in decision making organs and policy dissemination	Nurses are not considered in important decision making organs across the board: in Health Centers, in District, and Region	100% Involvement of Nurses in decision making organs in all levels – Health Center, District, and Region by December 2020	a) Ministry b) Employers	a) TNMC b) QUAD c) Development Partners	a) Lobbying b) Negotiations c) Meetings	Composition of Decision making organs at Health Center, District, and Region.
4. Nurses free and open advocacy for themselves and their patients/ clients.	Currently, there is fear for retribution	Nurses to be 100% free from any fear to advocate for patients' and nurses' rights by December 2022 NB: Nurses rights here could mean: conditions for their employment, Uniform allowances according to Value for Money (VFM), entitled rights etc.	a) Ministry b) Employers	a) TNMC b) QUAD c) Other Professional bodies and associations: d) Tanzania Legal and Human rights organizations, e) Trade Unions	a) Lobbying b) Negotiations c) Meetings	Level of Free Expression of Rights (using, for example, Perception Surveys)

2. Advocacy for Nurses obligations;

ISSUES FOR ADVOCACY	ANALYSIS	OBJECTIVE (S)	TARGETS	ALLIES	TOOLS AND MESSAGES DELIVERING	PERFORMANCE INDICATOR
1. Using therapeutic Communication	Some Nurses are inhumane in providing healthcare to patients	75% of nurses use therapeutic communication to clients, by December 2020	Nurses	a) MOH b) TNMC c) Employers d) and e) Training institutions	a) Training on Customer Care, b) Supportive supervision, c) Mentorship	Customer Satisfaction Surveys
2. Adherence to Professional Dressing Code	Some nurses lack the nurses professional outlook at places of work	90% of all working nurses to abide to professional Nurses Dressing Code by December 2022	Nurses	a) MoH b) TNMC, c) DNMS d) Employers	a) Meetings, b) Good Governance	Nurses Professional Dressing outlook
3. Confidentiality of Client information	Some nurses are failing to observe Confidentiality and Secrecy of clients issues	Confidentiality and Secrecy maintained by 80% of all working nurses by December 2020	Nurses	a) Training institutions b) TNMC c) DNMs d) Employers e) MoH	a) Training on Customer Care b) Meetings, c) Fliers d) Effective Supervision	Client Satisfaction Survey
4. Impartiality in healthcare delivery	Some nurses exercise unfairness or favour in healthcare delivery	80% of all working nurses to show highest level of impartiality in healthcare delivery by December 2022	a) Nurses	a) Employers b) MoH c) TNMC	a) Training on Customer Care, b) Meetings, c) Fliers d) Media	Client satisfaction Survey

3:   Advocacy on Nurses rights

ISSUES FOR ADVOCACY	ANALYSIS	OBJECTIVES	TARGETS	ALLIES	TOOLS & DEVELOPING MESSAGES	PERFORMANCE INDICATOR
1. Nurses' right to practice in accordance to the scope legally permissible for Nurses	Nurses are currently practicing beyond the scope of Task sharing Policies/ Guidelines	75% of nurses adhere to Nursing Scope of practice on shared tasks by Dec. 2020	a) Employers b) Ministry c) Healthcare Partners	a) QUAD members b) TNMC c) MoH d) Development Partners	a) Updates on Task Sharing Policies b) Training c) Meetings d) Newsletters	Percentage of nurses adhering to Scope of Task-sharing Policies/Guidelines
2. Nurses' right to practice in a positive and safe working environment as per Safety and Occupation Act.	Nurses are being exposed to risky work environments contrary to Safety and Occupation Act	75% of nurses work in safe environment as per Occupation Act by December 2022	a) Ministry b) Employers c) Healthcare Partners	a) Regulatory bodies b) TNMC c) OSHA	a) Updates on Safety and Occupation Act b) Training c) Meetings d) Newsletter	Percentage of nurses working in appropriate environment as per Safety and Occupation Act.
3.Nurses' right to proper orientation and training at workplace	Newly employed nurses in health facilities do not get the required induction or get inadequate induction and orientation.	By December 2022, 50% of newly employed nurses get the required induction for the much needed exposure before they practice	a) MOH b) Employers c) Supervisors	a) MoH b) TNMC c) Development Partners	a) Updates on Labour laws b) Negotiations c) Meetings d) Mentoring	Percentage of newly employed nurses who got the required induction

4:   Advocacy for Nurse's Economic Welfare

	ISSUES FOR ADVOCACY	ANALYSIS	OBJECTIVE (S)	TARGETS	ALLIES	TOOLS AND MESSAGES DELIVERING	PERFORMANCE INDICATOR
1	Scheme of Service	The current Scheme of Service does not accommodate all Professional Nursing Levels	All nursing professional levels to be included in the Scheme of Service by December 2019	a) MOHCDGEC, b) PO-PSM c) Employers	a) QUAD b) TNMC c) Policy d) Makers	a) Lobbying, b) Meetings, c) Negotiations d) Interpersonal Visits	Scheme of Service
2	Payment of Allowances (Uniform, leave, extra duty)	Currently the allowances are either not provided, or provided untimely, or partly paid with regard to laws, rules and regulations	100% of all allowances paid procedurally and timely as per Government Regulations taking care of Value for Money phenomenon by 2020	a) Employers	a) MoH b) QUADS, c) Nurses d) Partners	a) Lobbying, b) Meetings, Negotiations	Payment of allowances mod-us- operandi

5: Advocacy for Clients' rights

ISSUES FOR ADVOCACY	ANALYSIS	OBJECTIVE (S)	TARGETS	ALLIES	TOOLS AND MESSAGE DELIVERING	PERFORMANCE INDICATOR
Right to information about their condition	Some nurses are not providing clients with the right information about their conditions and treatment	75% of working nurses to provide appropriate ethical medical information to patient/clients all the time by December 2022	a) Nurses	a) Employers b) MoH c) TNMC d) QUAD	a) Meetings, b) Training on customer care c) Fliers d) Effective Supervision	Client Survey
Clients' right to privacy	a) Patients' privacy is jeopardized by poor facility Infrastructure (lack of partition in the wards, Shortage of bedside screens)	a) 50% of Wards in healthcare facilities to have the needed partitions, and bed screens for patients by 2022	a) Healthcare facility owners b) Nurses	a) MoH b) Employers c) TNMC d) QUAD	a) Training on Customer Care b) Meetings, c) Fliers d) Effective Supervision	Satisfaction Surveys
	b) Some Nurses do not abide to professional requirements on privacy	b) 75% of all working nurses to abide to privacy regulations by 2022	a) Healthcare facility owners b) Nurses	a) MoH b) Employers c) TNMC d) QUAD e) Training Institutions	a) Training on Customer Care b) Meetings, c) Fliers d) Effective Supervision	Client Satisfaction Survey
Clients' right to healthy and safe environment	In some healthcare facilities: a) Patients use wards that are not adequately ventilated b) Lack of beddings to patients c) Inconsistent	25% of all wards to have adequate ventilation for creating a conducive environment to patients by 2022	Patients/clients	a) Healthcare facility owners b) MoH c) Development Partners	a) Lobbying b) Meetings, c) negotiation	Quality of Wards

	application of IPC in rooms					
Clients' right to accept or refuse treatment	Currently most of clients are not given the right and accurate information about their treatment or diseases for own decision to accept or refuse treatment.	75% of patients are provided with appropriate and accurate medical information as far as their sickness are concerned for accepting or refusing treatment by 2022	Nurses	d) Healthcare facility owners e) MoH f) Development Partners	a) Meetings, b) Training on Customer Care c) Supportive Supervision	Client Satisfaction Survey

6.   Advocacy for Task Sharing

ISSUES FOR ADVOCACY	ANALYSIS	OBJECTIVE	TARGET GROUP	ALLIES	TOOLS AND MESSAGES	PERFORMANCE INDICATOR
Familiarization with the task sharing guidelines (policies)	Currently, there is inadequate dissemination of the task sharing guidelines (policies) by Healthcare provision partners.	By December 2019, 75% of nurses on task sharing duties understand clearly guidelines on the tasks.	Nurses	a) Employers b) TNMC, c) MoHCDGEC d) Development partners (such as AIHA)	a) Meetings b) Training c) Distribution of the policies to nurses	Percentage of Nurses who are fully familiar with the policies (Mid/End time Survey)
Supervision and mentorship in the implementation of task sharing policies	Nurses on shared tasks are not adequately supervised	By December 2020, 80% of nurses in task sharing duties are subjected to adequate supervision and mentorship.	Nurses	a) MoHCDGEC b) Development partners (for example, AIHA), c) Employers, d) Healthcare provision partners, for example, TACAIDS	a) Training, b) Meetings, c) Effective Supervision	Percentage of Nurses who claim to have been given adequate supervision and mentorship (mid/end time survey)
Fair remuneration on the shared tasks	Currently there is observed some segregated motivational arrangements between nurses and others who perform shared tasks	By December 2020, all nurses (100%) in shared tasks to be remunerated fairly according to profession and type of shared tasks	a) Employers b) Healthcare provision partners, for example, TACAIDS	a) MoH b) TNMC c) QUAD Members	a) Lobbying b) Collaboration c) Meetings d) Negotiations	Remuneration packages

7: Advocacy for TANNA

ISSUES FOR ADVOCACY	ANALYSIS	OBJECTIVES	TARGETS	ALLIES	TOOLS & DEVELOPING MESSAGES	PERFORMANCE INDICATOR
1. Membership Enrolment	The current TANNA members cover just 42.2% of all nurses (i.e. 19,000 while there are 45,000 nurses in the country)	TANNA membership increased to 85% of all potential members by December, 2022	a) All nurses who are non-members b) Students in nursing colleges c) Principals of nursing colleges. d) NGOs, CBOs, CSOs. International Agencies e) National health programs	a) QUAD members b) Employers c) Nurse leaders (RNOs, DNOs, DNS) d) Nursing training colleges	a) Professional Meetings b) Membership campaigns c) Newsletters d) Media e) Simple SMS messages	f) Change in TANNA Membership
2. Participation of nurses (members & non-members) in important events such as NND celebrations, AGM, ASC	Most of the nurses (members & non members) do not participate in the NND (12th May each year), AGM, ASC.	50% of TANNA members and 25% of non-members to attend the mentioned important events by December 2022	a) Nurses (registered and not registered) b) Employers (TAMISEMI, private) c) MOH, d) PO-PSM)	a) QUAD members b) International Council of Nurses -ICN, ECSACON, CNMF	a) Professional campaign meetings b) Newsletters c) Fliers d) Billboards e) Media f) Simple SMS messages	Level of Participation in the events.

8.   Advocacy for UNAIDS 90-90-90 treatment targets

ISSUES FOR ADVOCACY	ANALYSIS	OBJECTIVES	TARGETS	ALLIES	TOOLS & DEVELOPING MESSAGES	PERFORMANCE INDICATOR
1. What is The 90-90-90 UNAIDS treatment target.	Nurses are expected to clearly understand the 90-90-90 UNAIDS treatment target and interpret it correctly to others	1.By December 2018, 90% of nurses to fully understand and adequately interpret the 90-90-90 UNAIDS treatment target that: • By 2020, 90% of all people living with HIV will know their HIV status; • By 2020, 90% of all people with diagnosed HIV infection will be receiving sustained antiretroviral therapy; • By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.	a) Nurses	a) MoH b) UNAIDS c) Development Partners d) Training Institutions e) Media	a) Training b) Seminars c) Newsletters d) Fliers e) Billiboards	Percentage of nurses who know clearly the 90-90-90 UNAIDS treatment target.

		2. By December 2019 90% of General Community to be sufficiently knowledgeable about the 90-90-90-UNAIDS treatment targets	b) General society	a) Nurses b) MoH c) UNAIDS d) Development Partners e) Training Institutions f) Media	a) Advocacy Campaigns b) Seminars c) Newsletters d) Fliers e) Billiboards	a) Percent of People living with HIV who know their status, b) Percentage of People with diagnosed HIV infection receiving antiretroviral therapy, c) Percentage of Antiretroviral users who have attained required viral suppressed

2. Why is this new treatment target needed	Nurses are required to clearly understand the urgency of this program.	By December 2018 90% of nurses to know the urgency of this post 2015 progress towards curbing the pandemic AIDS and that targets are set because: a) Targets drive progress, b) The new 2020 target will guide actions beyond 2015, c) Targets promote accountability d) A bold new target underscores that ending the AIDS epidemic is achievable.	Nurses	a) MoH b) UNAIDS c) Development Partners d) Training Institutions e) Media	a) Advocacy Seminars b) Workshops c) Newsletters d) Fliers	Percentage of nurses who know clearly Why the 90-90-90 UNAIDS treatment target is needed.
3.`Merits of the 90-90-90 UNAIDS treatment targets over earlier approaches	Nurses are expected to comprehend fully the inherent benefits of the 90-90-90 treatment targets compared to previous treatment arrangements: • Rather than	By December 2019 90% of nurses working in AIDS programs and in other healthcare areas in Tanzania to be fully informed of the four (4) benefits this UNAIDS target commands over the previous	Nurses	a) MoH b) Employers c) UNAIDS d) TACAIDS e) Development Partners	a) Advocacy Campaigns b) Training c) Seminars d) Newsletters e) Fliers	Percentage of nurses who are adequately aware of the benefits of this programme.

	focusing on those receiving HIV treatment only, this focuses on quality and outcomes of antiretroviral therapy. • 90-90-90 captures both therapeutic and preventive benefits of HIV treatment • 90-90-90 prioritizes equity- all affected individuals must have equal access to treatment: children, adolescents and key populations using the rights based approaches. • 90-90-90 emphasize	approaches and correctly interpret the same to communities and societies in their areas of influence.				

	speed in scale-up and early initiation of HIV treatment in a manner consistent with human rights.					
4.Towards 90-90-90: Societal Challenges	The General Population is yet to understand and develop a positive attitude towards the importance of knowing one's HIV status	By December 2019, the following must be attained: • All punitive and discriminative frameworks to be repealed and be replaced by rights-based policies that recognize people with HIV as important partners in the development and implementation of rights-based programs and policies. • Knowledge of one's HIV status should be established	The General Population	a) MoH b) Employers c) UNAIDS d) TACAIDS e) Development Partners	a) Intensive Community-based testing campaigns b) Intensive Provider-initiated HIV counseling and testing c) Intensive Advocacy/Social Marketing d) Intensive Campaigns on the importance of HIV testing f) Negotiations g) Lobbying h) Seminars i) Newsletters j) Fliers	A: Number of: a) Repealed punitive and discriminatory norms/practices b) Rights-based policies or practices installed c) Established social norms for voluntary testing for HIV and Use of Antiretroviral therapy B: Rate of: a) Voluntary HIV testing b) Voluntary use of antiretroviral therapy c) Rate of viral depression

		as a social norm • Coercion and Stigmatization in HIV testing and treating must be highly prevented.				
5.`90-90-90: Delivery Challenges	Nurses or Health care delivery personnel in the 90-90-90 UNAIDS targets need to fully understand the delivery challenges that the program faces or is likely to face.	By December 2018, all nurses and other staff in UNAIDS target must have clearly understood and set strategies on the following: a) The influence of distance to treatment point b) The cost implication of task-shifting to extend the reach of antiretroviral therapy c) Establishing decentralized community-based treatment delivery systems d) Flexible evening and weekend clinic hours	a) Employers b) UNAIDS targets Task-sharing personnel: • Doctors, • Nurses • Healthcare providers	a) MoH b) Employers c) Policy makers d) Development Partners e) WHO f) UNICEF g) UNDP h) UNAIDS i) TACAIDS	a) Community-based testing campaigns b) Provider-initiated HIV counseling and testing c) Advocacy/Social Marketing d) Campaigns on the importance of HIV testing e) Seminars f) Newsletters g) Negotiation h) Meetings	Rate of: a) Voluntary HIV testing b) Voluntary use of antiretroviral therapy c) Viral depression

		e) The influence of Partnerships with private sector and service systems in promoting the attainment of the targets				
6.`Partnering for Success	Task-sharing personnel (Nurses and others) must understand that the 90-90-90 UNAIDS targets will be successful only and only when effective and efficient partnering between Financing, Advocacy/Political, Normative/technical and Research and Development.	By December 2019, Advocacy must have been done adequately to cover Policy makers/Decision makers, Society and HIV treatment modus-operandi.	Policy makers Society HIV treatment teams	a) MoH b) Employers c) Development Partners d) WHO e) UNICEF f) UNDP g) UNAIDS h) TACAIDS i) Private Sector	a) Negotiation b) Lobbying c) Meetings Community-based testing campaigns d) Provider-initiated HIV counseling and testing e) Advocacy/Social Marketing f) Campaigns on the importance of HIV testing g) Seminars h) Newsletters	Rate of: a) Voluntary HIV testing b) Voluntary use of antiretroviral therapy c) Rate of viral depression