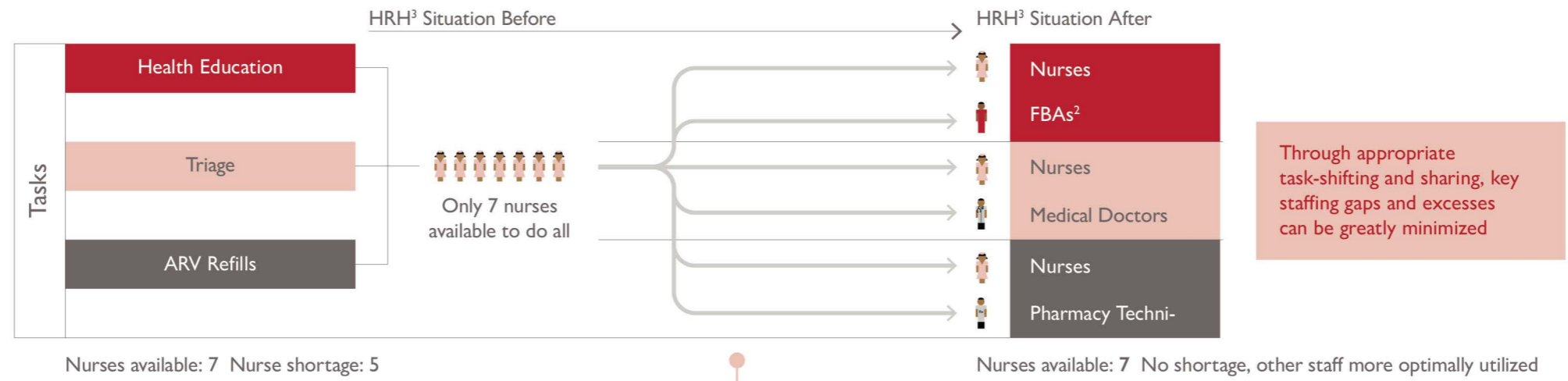


How can the HRH³ optimization tool for ART¹ (HOT4ART) service delivery help quantify the problem and decide how to task-shift/share?

- ▶ Analyze the seriousness of the problem and determine service provider shortages
- ▶ Identify priority cadres for task-shifting/sharing and the service delivery model where task-shifting/sharing will have the greatest impact
- ▶ Reassign client numbers from one service provider more cadres of service providers
- ▶ Analyze the impact of task-shifting/sharing on staffing gaps or surpluses

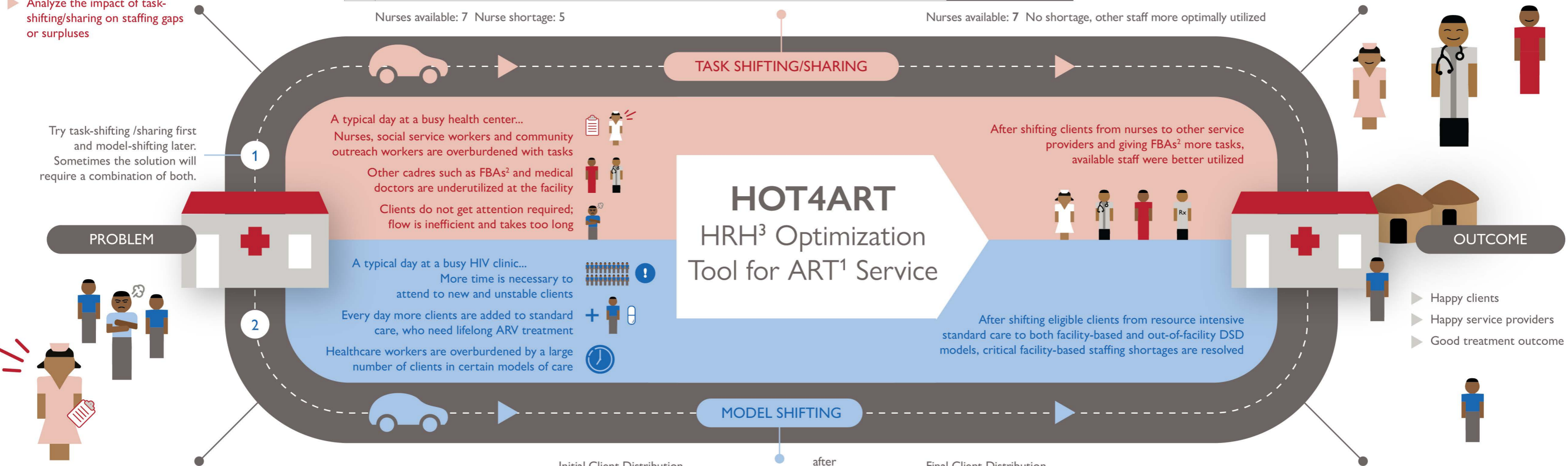


Through appropriate task-shifting and sharing, key staffing gaps and excesses can be greatly minimized

How else can the HOT4ART help with task-shifting/sharing?

Help facility in-charge and district health management teams estimate which cadres need to be trained to conduct new tasks and how many workers need to be trained in each health facility and in a health district

Try task-shifting /sharing first and model-shifting later. Sometimes the solution will require a combination of both.



How can the HRH³ optimization tool for ART¹ (HOT4ART) service delivery help in quantifying the problem and deciding how to model-shift?

- ▶ Analyze the seriousness of the problem and determine shortages
- ▶ Identify which differentiated service delivery models will have the greatest impact on staff shortages or surpluses
- ▶ Reassign client numbers from some models of care to others
- ▶ Analyze the impact of model-shifting

Models of Care	Initial Client Distribution		Final Client Distribution	
	Count	Percentage	Count	Percentage
Standard Care	2,778	(57%)	1,441	(29%)
Facility-individual	1,615	(33%)	1,405	(29%)
Health worker-managed group	0		825	(17%)
Out-of-facility individual	202	(4%)	502	(10%)
Out-of-facility group	300	(6%)	722	(15%)
Total	4,895	(100%)	4,895	(100%)

after 6-12 months

ART¹ clients moved to less health worker resource intensive models

Nurses available: 7
Nurses required: 13
Nurse shortage: 5

Nurses available: 7
Nurses required: 6
Nurse shortage: 0

1 person icon = 500 ART¹ clients

Staffing optimization can be achieved by moving eligible ART¹ clients from standard care to appropriate DSD models

How else can the HOT4ART help with model-shifting?

Help facility in-charge and district health management teams with assessing:

- what advocacy efforts will be required
- what type of training will be required

Use this information with the ministry of health and donors to plan, fund and implement more models of care options for ART¹ clients

1. ART: Antiretroviral Therapy
2. FBAs: Facility-Based Auxiliaries
3. HRH: Human Resources for Health