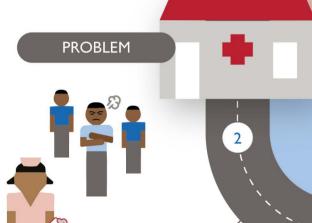


- Analyze the seriousness of the problem and determine service provider shortages
- service delivery model where task-shifting/sharing will have the greatest impact
- Reassign client numbers from one service provider more cadres of service providers
- Analyze the impact of taskor surpluses

Try task-shifting /sharing first



Identify priority cadres for task-shifting/sharing and the

shifting/sharing on staffing gaps

and model-shifting later. Sometimes the solution will require a combination of both.



A typical day at a busy health center... Nurses, social service workers and community outreach workers are overburdened with tasks

> Other cadres such as FBAs² and medical doctors are underutilized at the facility

Clients do not get attention required; flow is inefficient and takes too long

A typical day at a busy HIV clinic... a busy HIV clinic...

More time is necessary to attend to new and unstable clients

Every day more clients are added to standard + care, who need lifelong ARV treatment

Healthcare workers are overburdened by a large number of clients in certain models of care

Health Education Nurses FBAs² Triage Nurses Only 7 nurses **Medical Doctors** available to do all **ARV Refills** Nurses Pharmacy Techni-Nurses available: 7 Nurse shortage: 5 Nurses available: 7 No shortage, other staff more optimally utilized

HRH³ Situation Before

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

OUTCOME

Happy clients

TASK SHIFTING/SHARING

HOT4ART

HRH³ Optimization Tool for ART¹ Service After shifting clients from nurses to other service providers and giving FBAs2 more tasks, available staff were better utilized

standard care to both facility-based and out-of-facility DSD models, critical facility-based staffing shortages are resolved

After shifting eligible clients from resource intensive

Happy service providers Good treatment outcome

MODEL SHIFTING

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
- ldentify 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

Initial Client Distribution Final Client Distribution 6-12 months 2, 778 (57%) Standard Care 1,441 (29%) Facility-individual 1,405 (29%) 1.615 (33%) Health worker-managed group 825 (17%) Out-of-facility individual 202 (4%) 502 (10%) Out-of-facility group 722 (15%) 300 (6%) Nurses available: 7 Nurses available: 7 4,895 (100%) total clients ART1 clients moved to less health

Nurses required:13 Nurse shortage: 5

= 500 ART¹ clients

worker resource intensive models

Nurses required: 6 Nurse shortage: 0

HRH³ Situation After

achieved by moving eligible ART1 clients from standard care to appropriate DSD models

Staffing optimization can be

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

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