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
- Reroute client numbers from one service provider to another in a more effective manner
- Analyze the impact of task-shifting/sharing on the quality of care

HOT4ART HRH³ Optimization Tool for ART¹ Service

A typical day at a busy health center...
Nurses, social service workers, and community outreach workers are overburdened with tasks
- Other cadres such as FBA² 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...
- 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

Initial Client Distribution

<table>
<thead>
<tr>
<th>Models of Care</th>
<th>Standard Care</th>
<th>Facility-individual</th>
<th>Health worker-managed group</th>
<th>Out-of-facility individual</th>
<th>Out-of-facility group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>2,778 (57%)</td>
<td>1,615 (33%)</td>
<td>0</td>
<td>202 (4%)</td>
<td>300 (6%)</td>
</tr>
<tr>
<td>ART¹ clients moved to less health worker resource intensive models</td>
<td>4,895 (100%) total clients</td>
<td>ART¹ clients required: 13</td>
<td>500 ART¹ clients</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Final Client Distribution

<table>
<thead>
<tr>
<th>Models of Care</th>
<th>Standard Care</th>
<th>Facility-individual</th>
<th>Health worker-managed group</th>
<th>Out-of-facility individual</th>
<th>Out-of-facility group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1,441 (29%)</td>
<td>1,405 (29%)</td>
<td>825 (17%)</td>
<td>502 (10%)</td>
<td>722 (15%)</td>
</tr>
</tbody>
</table>

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

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.