FASTR
FREQUENT ASSESSMENTS & SYSTEMS TOOLS FOR RESILIENCE

TAJIKISTAN RAPID HEALTH FACILITY ASSESSMENT

Round one and two: June 2025

GLOBAL FINANCING FACILITY

SUPPORTED BY WORLD BANK GROUP

Contents

Rapid health facility assessment in Tajikistan

Rapid health facility assessment in Tajikistan

The objective of the Frequent Assessments and System Tools for Resilience (FASTR) rapid-cycle health facility phone survey is to provide an up-to-date snapshot of primary health care (PHC) facility performance, ultimately supporting and strengthening PHC systems for improved reproductive, maternal, newborn, child, and adolescent health and nutrition outcomes. Results identify service delivery readiness gaps and challenges and characterize the impact of shocks on health facility resilience.

In Tajikistan, the **Ministry of Health and Social Protection for Population** conducted this survey with support from the Global Financing Facility for Women, Children, and Adolescents and the World Bank. Data was collected by Sanigest and MVector. Ethical clearance was granted by the Biomedical Ethics Committee of the Ministry of Health and Social Protection of Population.

Methodology:

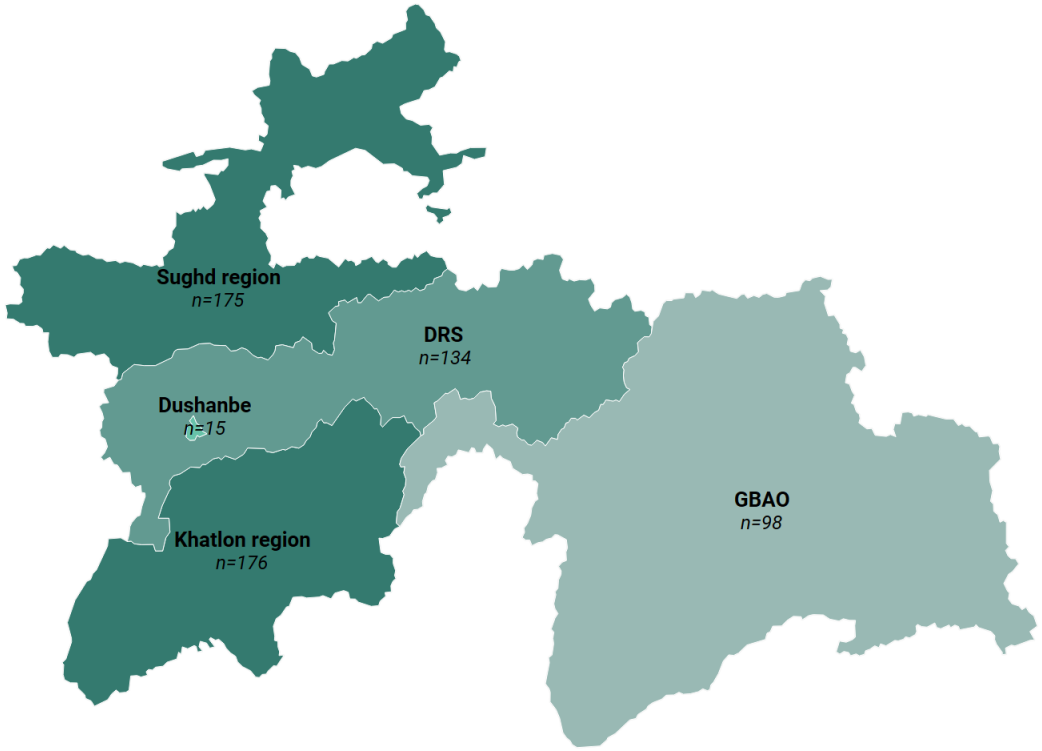
- Oblast (regional) representative panel sample of **598 public PHC facilities**
- Sample stratified by **facility type and oblast (region)**
- Health facility managers participated in structured interviews of **46 minutes**

Round 1: May-July 2024

Round 2: Oct-Dec 2024

Survey Sample

Tajikistan Round 1 and 2



Total sample: 598 health facilities
Facility type distribution: 43 city health centers, 53 district health centers, 276 rural health centers, 226 health houses
*n corresponds to the total number of surveyed health facilities in each oblast

Overview of Results TAJIKISTAN PROFILE

Color Legend*
- Above or equal to 75%
- Between 51-74%
- Less or equal to 50%

HEALTH SYTEM INPUTS

Infrastructure
Percentage of essential infrastructure items available on average within health facilities.

FMD (CHC/DHC)	RHC	Health house
75%	47%	43%

Human resources
Percentage of staff trainings received by health providers in the past two years on average within health facilities.

FMD (CHC/DHC)	RHC	Health house
72%	52%	43%

RESILIENCE

External shocks
Percentage of facilities reporting a disruptive event affecting their community in the past six months.

FMD (CHC/DHC)	RHC	Health house
14%	15%	16%

Challenges
Percentage of health facilities reporting at least one challenge with service delivery.

FMD (CHC/DHC)	RHC	Health house
80%	79%	73%

HEALTH SYTEM INPUTS

Medical Supplies (Round 2)
Percentage of medical supplies and equipment available on average within health facilities.

	FMD (CHC/DHC)	Health house	RHC
	85%	89%	76%
• Vaccines	99%	99%	91%
• Medicines	98%	92%	92%
• Equipment	83%	67%	88%
• PPE	93%	80%	73%
• Diagnostics	68%	42%	

PROCESSES

Community engagement
Percentage of community engagement tracer criteria that are met on average within health facilities.

FMD (CHC/DHC)	RHC	Health house
81%	75%	71%

Quality improvement processes
Percentage of quality improvement tracer criteria met on average within health facilities.

FMD (CHC/DHC)	RHC	Health house
91%	73%	72%

OUTPUTS

Service Provision Score
Percentage of tracer essential health services available on average within health facilities.

FMD (CHC/DHC)	RHC	Health house
97%	96%	96%

STRUCTURES

Leadership and Coordination
Percentage of leadership and coordination tracer criteria met on average within facilities.

FMD (CHC/DHC)	RHC	Health house
93%	85%	83%

*The color coding for 'Resilience' indicators (external shocks and challenges) is reversed, with the following scheme: green for values less than or equal to 25%, yellow for values between 26% and 48%, and red for values greater than or equal to 50%.

Overview of Results TAJIKISTAN PROFILE

Color Legend*
- Above or equal to 75%
- Between 51-74%
- Less or equal to 50%

HEALTH SYTEM INPUTS

Infrastructure
Percentage of essential infrastructure items available on average within health facilities.

	DRS	Dushanbe	GBAO	Khatlon	Sughd
FMD (CHC/DHC)	65%	93%	74%	71%	79%
RHC	43%		45%	45%	53%
Health house	40%		44%	44%	44%

Human resources
Percentage of staff trainings received by health providers in the past two years on average within health facilities.

	DRS	Dushanbe	GBAO	Khatlon	Sughd
FMD (CHC/DHC)	70%	87%	51%	71%	74%
RHC	51%		47%	57%	45%
Health house	36%		40%	48%	45%

RESILIENCE

External shocks
Percentage of facilities reporting a disruptive event affecting their community in the past six months.

	DRS	Dushanbe	GBAO	Khatlon	Sughd
FMD (CHC/DHC)	28%	0%	11%	21%	3%
RHC	25%		14%	16%	7%
Health house	20%		16%	13%	18%

Challenges
Percentage of health facilities reporting at least one challenge with service delivery.

	DRS	Dushanbe	GBAO	Khatlon	Sughd
FMD (CHC/DHC)	86%	40%	87%	79%	97%
RHC	77%		83%	76%	84%
Health house	65%		86%	75%	72%

HEALTH SYTEM INPUTS

Medical Supplies (Round 2)
Percentage of medical supplies and equipment available on average within health facilities.

	DRS	Dushanbe	GBAO	Khatlon	Sughd
FMD (CHC/DHC)	82%	95%	80%	82%	87%
RHC	77%		67%	74%	80%
Health house	92%		91%	86%	89%

• Vaccines

FMD (CHC/DHC)	100%	100%	100%	96%	100%
RHC	98%		94%	99%	100%
Health house	94%		86%	90%	90%

• Medicines

FMD (CHC/DHC)	100%	100%	98%	97%	97%
RHC	98%		91%	90%	92%
Health house	94%		98%	89%	93%

• Equipment

FMD (CHC/DHC)	84%	92%	73%	77%	86%
RHC	68%		55%	66%	72%
Health house	93%		89%	84%	86%

• PPE

FMD (CHC/DHC)	82%	98%	96%	95%	96%
RHC	77%		68%	81%	83%
Health house	75%		72%	70%	76%

• Diagnostics

FMD (CHC/DHC)	55%	90%	63%	65%	73%
RHC	28%		22%	43%	56%
Health house					

PROCESSES

Community engagement
Percentage of community engagement tracer criteria that are met on average within health facilities.

	DRS	Dushanbe	GBAO	Khatlon	Sughd
FMD (CHC/DHC)	91%	73%	77%	82%	77%
RHC	79%		69%	72%	78%
Health house	74%		68%	70%	71%

Quality improvement processes
Percentage of quality improvement tracer criteria met on average within health facilities.

	DRS	Dushanbe	GBAO	Khatlon	Sughd
FMD (CHC/DHC)	98%	98%	84%	89%	88%
RHC	80%		57%	68%	78%
Health house	72%		75%	74%	66%

OUTPUTS

Service Provision Score
Percentage of tracer essential health services available on average within health facilities.

	DRS	Dushanbe	GBAO	Khatlon	Sughd
FMD (CHC/DHC)	99%	100%	98%	94%	98%
RHC	92%		95%	97%	96%
Health house	96%		96%	97%	96%

STRUCTURES

Leadership and Coordination
Percentage of leadership and coordination tracer criteria met on average within facilities.

	DRS	Dushanbe	GBAO	Khatlon	Sughd
FMD (CHC/DHC)	98%	97%	85%	92%	92%
RHC	89%		75%	84%	84%
Health house	86%		78%	82%	82%

*The color coding for 'Resilience' indicators (external shocks and challenges) is reversed, with the following scheme: green for values less than or equal to 25%, yellow for values between 26% and 48%, and red for values greater than or equal to 50%.

Summary of results

Rapid health facility assessment in Tajikistan

- The rapid health facility phone survey found that **facilities performed relatively well in several structural and process-related areas, including community engagement, leadership, and quality improvement activities.** Availability of essential services, medicines, and vaccines was high, particularly at higher-level facilities such as FMD-CHCs and FMD-DHCs, which demonstrated stronger overall readiness. At the same time, the survey identified important challenges, especially among rural health centers (RHCs) and health houses. **Gaps were noted in the availability of basic infrastructure, staffing and training, as well as diagnostics, personal protective equipment (PPE) and medical equipment**, highlighting areas for continued strengthening of service delivery at the primary health care level.

- **Infrastructure:** Facilities showed strong performance in areas related to infection prevention, with 88% reporting safe infectious waste disposal systems and 71% equipped with hand hygiene facilities. However, **critical gaps remain in the availability of basic infrastructure, particularly at lower-level facilities**, where fewer than 50% of essential infrastructure items were present. Access to communication tools was limited, with only 10% of facilities reporting a functional telephone and 12% having reliable internet. Similarly, only 45% had on-site improved water and 50% continuous electricity. These findings highlight important opportunities to further strengthen foundational infrastructure at the PHC level.

- **Human Resources:** Despite significant staffing challenges, health facilities demonstrated strong resilience in maintaining service delivery, even in the face of shortages. **Most facilities (77%) reported challenges related to human resources, primarily driven by staff shortages and high workloads.** Only 20% had provided all required trainings to medical personnel in the past two years, pointing to opportunities to reinforce workforce development and training systems.

- **Medical Supplies and Equipment:** Facilities reported **high availability of essential vaccines (94% of tracer vaccines) and medicines (92%),** supporting the consistent delivery of critical services. However, gaps remained in the availability of key diagnostics – particularly blood hemoglobin and malaria testing – across all facility types. Health houses faced shortages of PPE, especially medical and respiratory masks, while rural health centers lacked basic medical equipment, with only about two-thirds of tracer items available. Strengthening the availability of these commodities will help build on the strong foundation already established through robust medicine and vaccine supply chains.

- In the first survey round (May–July 2024), **16% of surveyed health facilities reported recent disruptions due to external shocks**, primarily natural disasters. Regional variations were notable, with 21% of facilities in the DRS region affected, compared to none in Dushanbe. Transportation and infrastructure were the most impacted service delivery areas.

Contents

Rapid health facility assessment in Tajikistan

Overall challenges

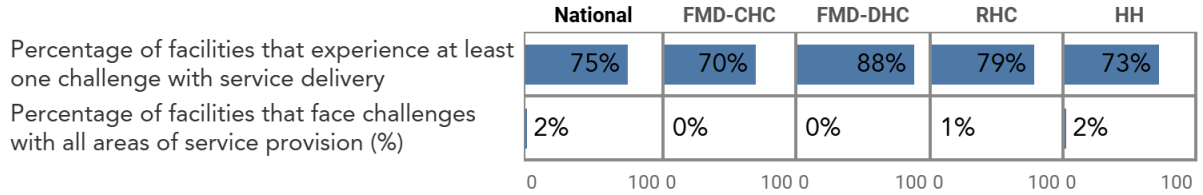
RESILIENCE | Tajikistan

Service delivery challenges

- A majority of health facilities (**75%**) reported experiencing at least one service delivery challenge, highlighting the widespread impact of operational difficulties. However, only **2%** of facilities faced challenges across all areas, indicating that most issues were concentrated in specific domains rather than being systemic.
- The most commonly reported challenges—**medical supply shortages (42%), staffing and training gaps (39%), and infrastructure limitations (37%)**—suggest that resource availability and facility conditions are key barriers to effective healthcare delivery. Financial constraints (**34%**) further exacerbate these issues, limiting the ability to address shortages and maintain service quality.
- While transportation difficulties (**29%**) and community engagement concerns (**19%**) affected service accessibility, fewer facilities (**5%**) reported challenges with leadership and coordination, indicating that governance structures may be relatively stable despite logistical and resource constraints.

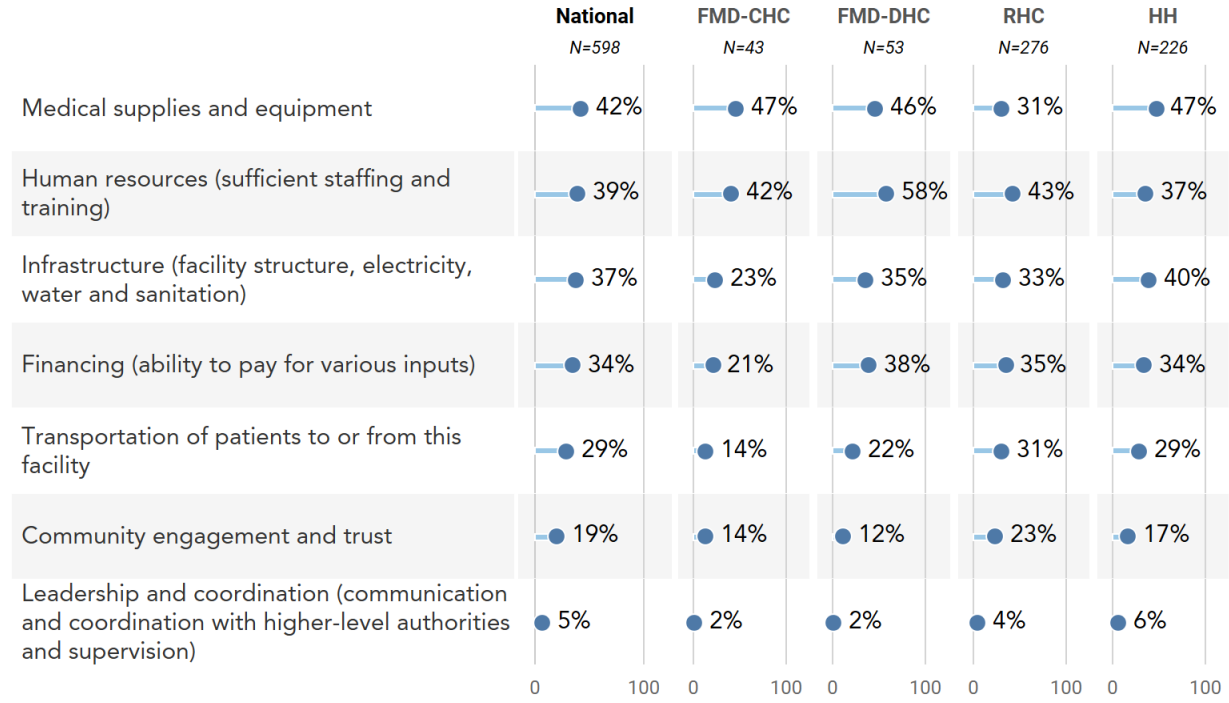
Service delivery challenges

Based on a rapid survey of 598 health facilities in June 2024



Percent of facilities reporting challenges for delivering care

Based on a rapid survey of 598 health facilities in June 2024



*A detailed regional and facility type breakdown is available in the annex of the presentation. The two composite indices are calculated based on the list of challenges presented in the graph above. "Community engagement" refers to the extent to which facilities face challenges in engaging the community—whether through public consultations, a community advisory board, or other mechanisms—to gather feedback and share health-related information. It also encompasses any issues with public trust in the services provided. "Leadership and coordination" relates to how well facilities communicate and coordinate with higher-level authorities, manage referrals, work with management committees, and receive supervision.

External events

RESILIENCE | Tajikistan

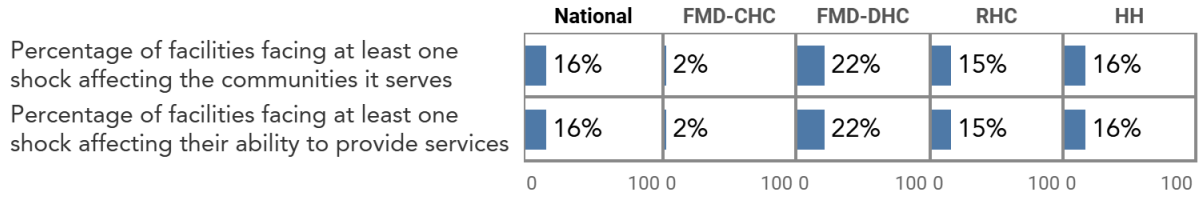
External shocks

- **16%** of health facilities reported experiencing at least one external shock affecting their community and the facility's ability to provide services in the past six months.
- Among the reported shocks, **14%** of facilities were affected by **natural disasters**, such as floods and heavy rains, causing infrastructure damage. Additionally, **3%** of facilities experienced disruptions due to **outbreaks, epidemics, or pandemics**.
- Most facilities (**84%**) did not report any external shocks, indicating that the majority remained unaffected during this period.
- Events, or shocks, were differentially reported across oblasts: **21% of facilities in DRS, 12% in Khatlon, and 11% in Sughd** reported impacts from natural disasters; while **none of the Dushanbe** facilities reported a recent shock affecting their communities or health services.

[See Annex 2 for detailed results]

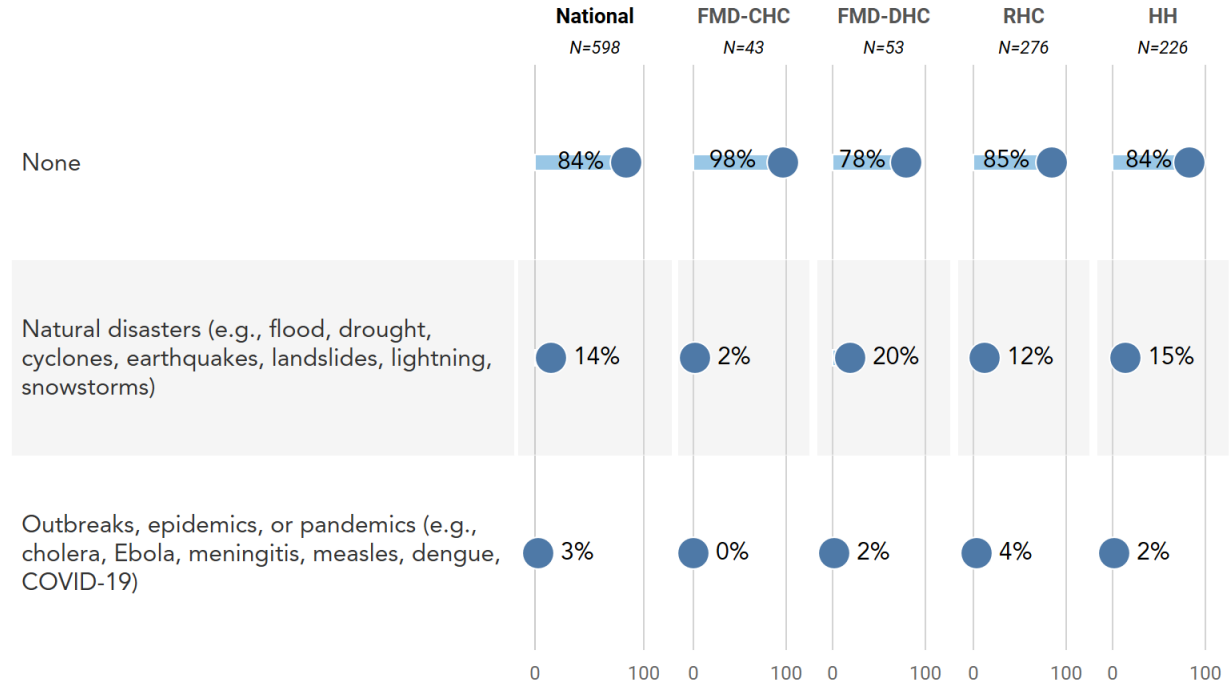
Presence of external shocks

Based on a rapid survey of 598 health facilities in June 2024



Percent of facilities reporting a disruptive event affecting the community in the past six months

Based on a rapid survey of 598 health facilities in June 2024



*A detailed regional and facility type breakdown is available in the annex of the presentation. FMD-DHC: Family Medicine Department of District Health Center; FMD-CHC: Family Medicine Department of City Health Center; RHC: Rural Health Center; HH: Health House/Health Point.

External events

RESILIENCE | Tajikistan

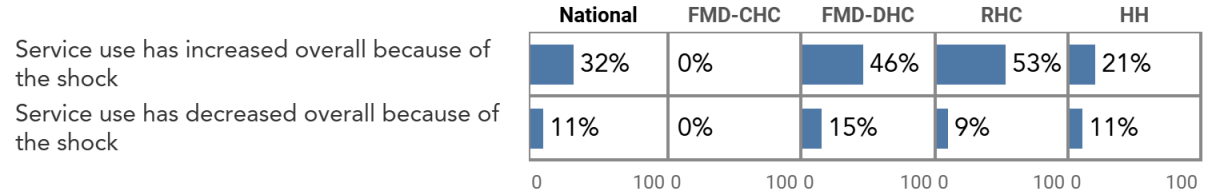
Impact of shocks on services

- **32%** of facilities that reported a shock reported an **increase in service use**, while **11%** experienced a **decline**, indicating that external shocks had varying effects on healthcare demand.
- **Transportation (32%)** and **infrastructure damage (32%)** were the most common challenges, disrupting patient access and service continuity.
- Other reported issues included **community trust concerns (21%)**, **medical supply shortages (19%)**, and **staffing limitations (11%)**, further straining service delivery.
- Facility managers reported that heavy rains and flooding caused severe **infrastructure damage, destruction of buildings, roads and bridges**, leading to significant access and transportation challenges for patients and commodities. These difficulties, coupled with an increase in demand for health services, led to shortages of medical staff and commodities at affected health facilities.

[See Annex 3 for detailed results]

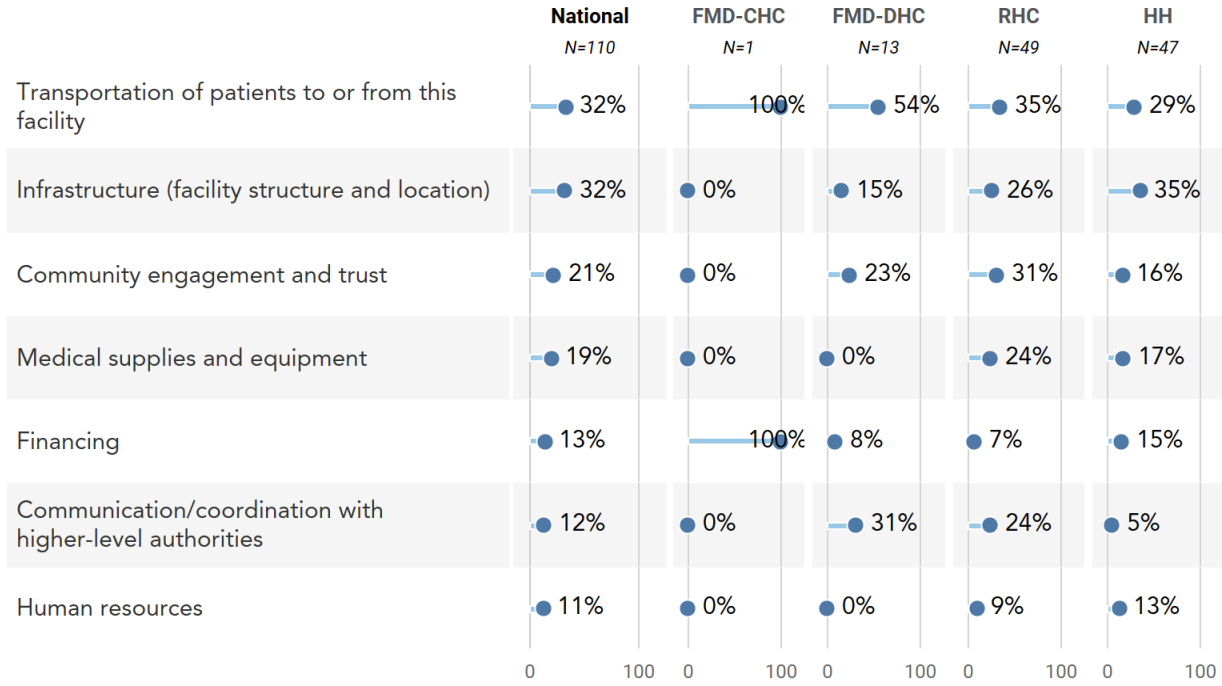
Impact of shocks on health service use

Among health facilities that have reported a recent shock affecting their health services (N= 110), June 2024



Percent of facilities reporting challenges with service delivery that have been caused or worsened by recent shocks

Among health facilities that have reported a recent shock affecting their health services (N= 110), June 2024



*A detailed regional and facility type breakdown is available in the annex of the presentation. The values presented in the graphs above are limited to health facilities that reported at least one shock affecting their health services (N=110). FMD-DHC: Family Medicine Department of District Health Center; FMD-CHC: Family Medicine Department of City Health Center; RHC: Rural Health Center; HH: Health House/Health Point.

Contents

Rapid health facility assessment in Tajikistan

Services

OUTPUTS | Tajikistan

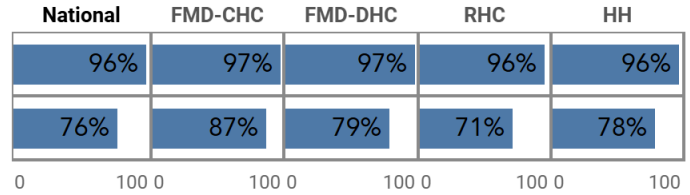
Health service availability

- Health facilities provide an average of **96%** of key services, with **76%** offering all essential services.
- The majority of facilities (**88%**) reported being open for outpatient services six days a week on average, regardless of the season. On operating days, facilities reported being open for an average of **eight hours** per day.

[See Annex 4 for detailed results]

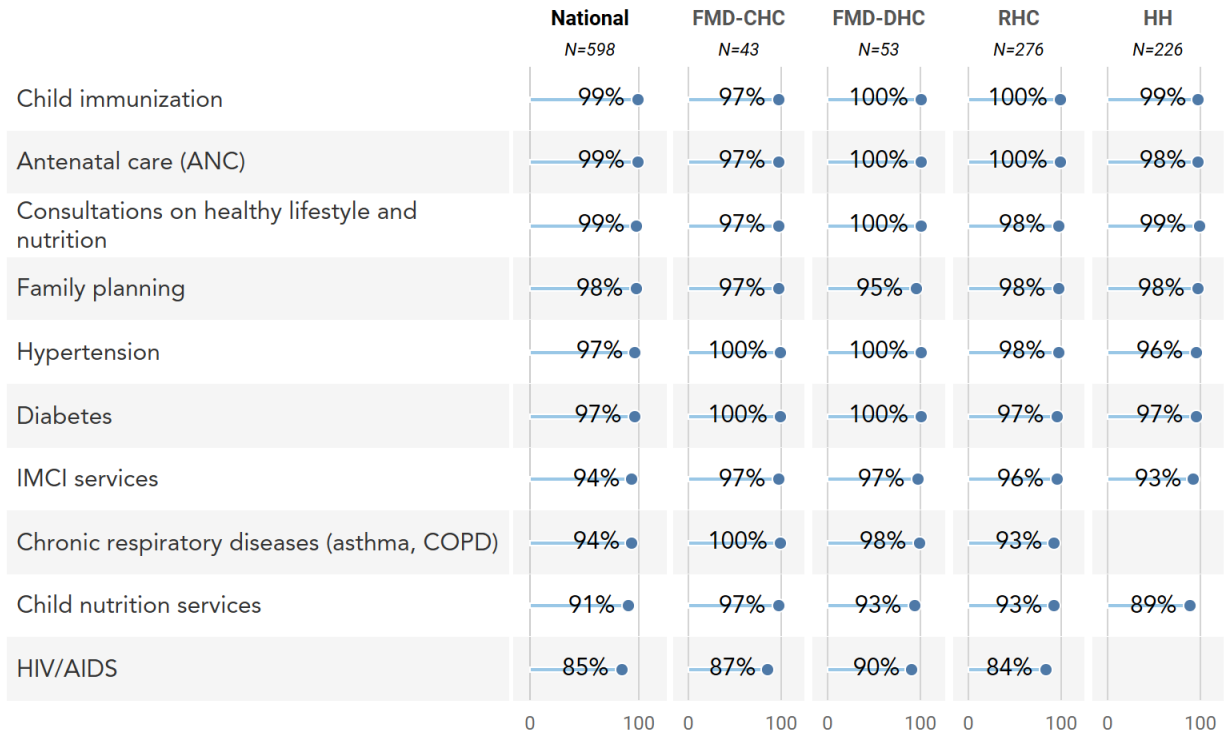
Service availability score

Based on a rapid survey of 598 health facilities in November 2024



Percent of facilities delivering a package of health services

Based on a rapid survey of 598 health facilities in November 2024



*A detailed regional and facility type breakdown is available in the annex of the presentation. The two composite indices are calculated based on the list of health services presented in the graph above. FMD-DHC: Family Medicine Department of District Health Center; FMD-CHC: Family Medicine Department of City Health Center; RHC: Rural Health Center; HH: Health House/Health Point. Health houses were excluded from the denominator for HIV/AIDS and chronic respiratory disease services which are not expected at these facilities.

Services

OUTPUTS | Tajikistan

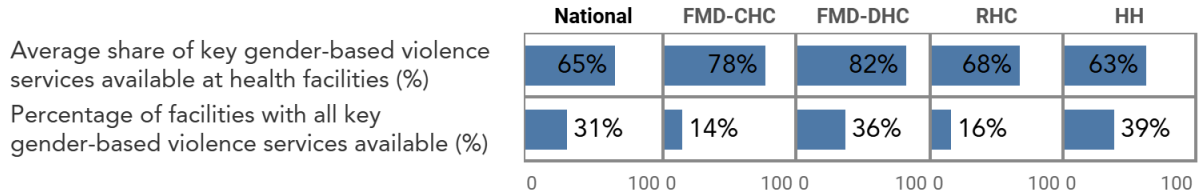
GBV service availability

- Most facilities provide some services related to gender-based violence (GBV), but only **31% of facilities** offer the full package, revealing gaps in survivor support.
- While counseling is widely available, access to forensic assessments and essential medical interventions remains more limited, restricting comprehensive care.
- Gender-based violence services were reported to be less available overall in lower-level rural health centers (RHC) and health houses.

[See Annex 5 for detailed results]

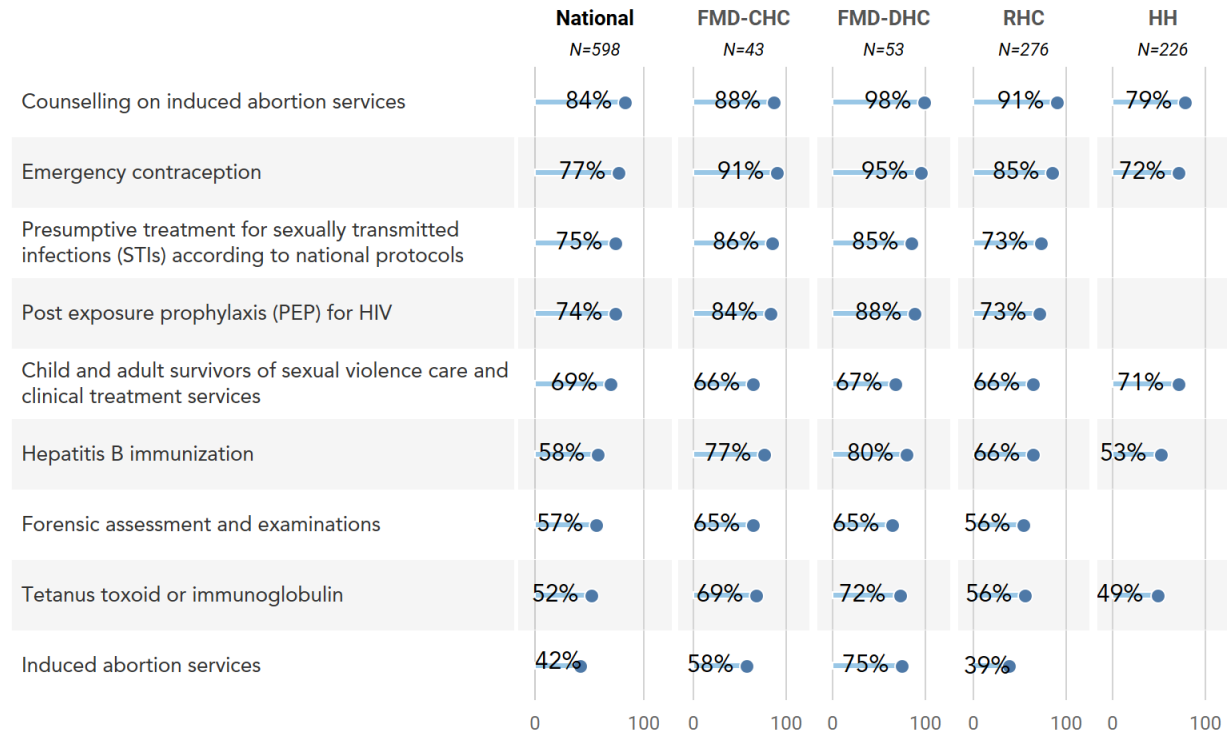
Gender-based violence service availability

Based on a rapid survey of 598 health facilities in June 2024



Percent of facilities delivering a package of services for survivors of gender-based violence

Based on a rapid survey of 598 health facilities in June 2024



*A detailed regional and facility type breakdown is available in the annex of the presentation. The two composite indices are calculated based on the list of GBV services presented in the graph above (except 'child and adult survivors of sexual violence care and clinical treatment services', which was removed from the index calculation). Health houses were excluded from the denominator for forensic examinations, PEP for HIV, presumptive treatment for STIs, and induced abortion services which are not expected at these facilities.

Contents

Rapid health facility assessment in Tajikistan

Infrastructure

HEALTH SYSTEM INPUTS | Tajikistan

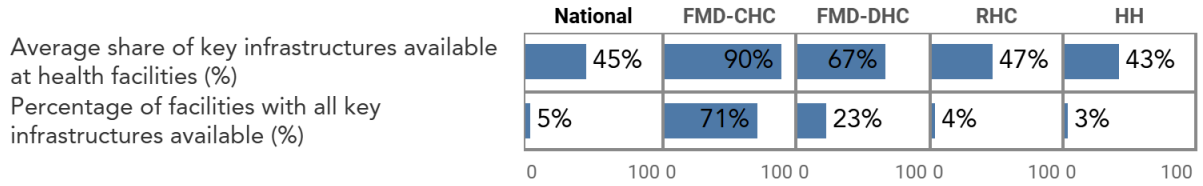
Basic infrastructure

- Nearly all facilities have power access, but only **5%** meet all infrastructure indicators in the survey, revealing severe limitations in essential services.
- Communication (**23%**), availability of improved water sources (**45%**) and improved sex-separated latrines (**24%**) are major weak points. These gaps were particularly large in rural health centers and health houses.
- Availability of functional hand hygiene (**71%**) is reportedly available in some facilities but remains inconsistent.

[See Annex 6.1 for detailed results]

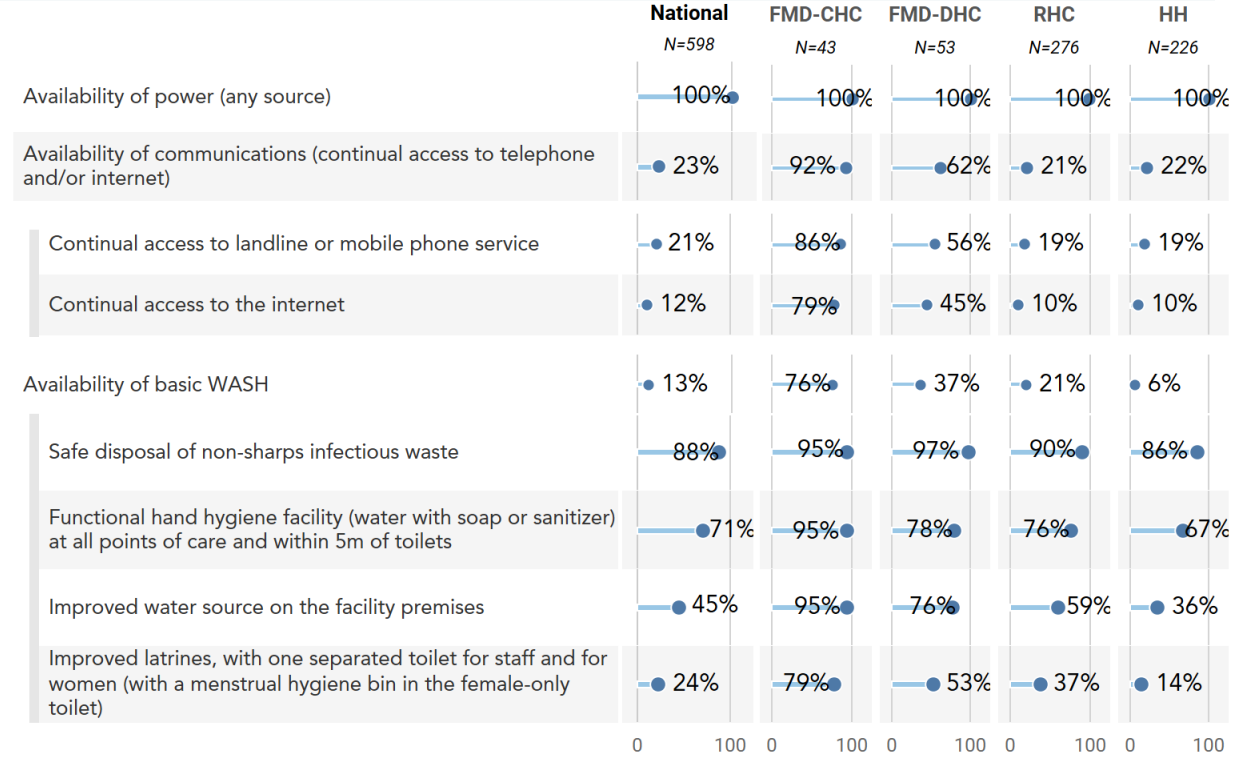
Infrastructure score

Based on a rapid survey of 598 health facilities in November 2024



Percent of facilities reporting adequate infrastructure

Based on a rapid survey of 598 health facilities in November 2024



* A detailed regional and facility type breakdown is available in the annex of the presentation The two composite indices are calculated based on three key infrastructure tracers presented in the graph above: power, communications, and basic WASH (considered available only if all four WASH tracers are met). Disposal of non-sharps infectious waste methods were considered safe if either: burn in functional incinerator; open burning in pit or protected ground; dump without burning in covered pit, pit latrine or ground; remove offsite, stored protected. A facility is considered to have an improved water source on its premises (either in the building or on the grounds) if either: piped supply inside/outside the building; public tap/standpipe; protected dug well; protected spring; rainwater; or tank on the tower (with piped water source). These categories were selected based on WHO guidelines.

Infrastructure

HEALTH SYSTEM INPUTS | Tajikistan

Routine utilities and communications

- While **33%** of routine utilities were reported available on average in the latest survey round, only **3%** of facilities reported full and continuous access to all routine utilities, indicating major gaps in essential operational infrastructure.
- Water access (**67%**) is the most reliable utility, but electricity (**52%**) remains inconsistent, potentially affecting service continuity despite reported improvements in the latest survey round.
- Digital connectivity is severely limited, with only **10%** of facilities owning functional telephones and **12%** having internet, restricting communication and data management capabilities. These gaps were particularly large among rural health centers and health houses.

[See Annex 6.2 for detailed results]

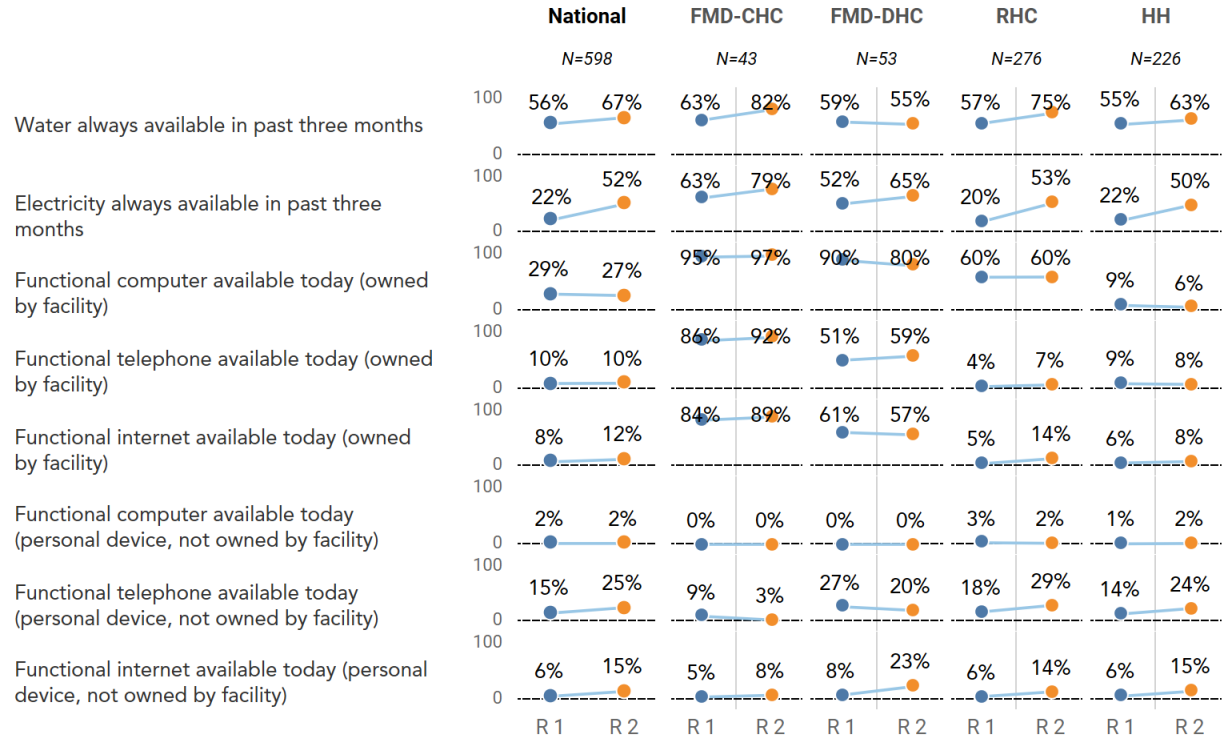
Routine utilities availability

Based on a rapid survey of 598 facilities in November 2024

		National	FMD-CHC	FMD-DHC	RHC	HH
Average share of routine utilities available (%)	R 1	25%	78%	62%	29%	20%
	R 2	33%	88%	63%	42%	27%
Percentage of facilities with all routine utilities available (%)	R 1	1%	37%	20%	0%	0%
	R 2	3%	61%	18%	4%	0%

Percent of facilities with availability of routine utilities and communications

Based on a rapid survey of 598 health facilities in June (R1) and November (R2) 2024



*A detailed regional and facility type breakdown is available in the annex of the presentation. The two composite indices are calculated based on the following list of routine utilities tracers presented in the graph above: continual availability of water, continual availability of electricity, availability of a functional telephone *owned* by the facility, availability of a functional computer *owned* by the facility, and availability of functional internet *owned* by the facility. Other indicators are shown in the graph but excluded from the index calculations.

Infrastructure

HEALTH SYSTEM INPUTS | Tajikistan

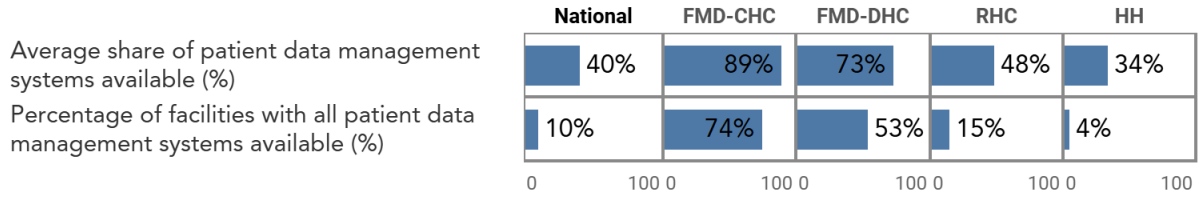
Management of patient medical data

- On average, **40%** of patient medical data management systems are available, but only **10%** of facilities have full system coverage, indicating a significant gap in digital record management.
- While nearly all facilities maintain individual patient records, only **36%** have secure storage or password-protected systems, raising concerns about data confidentiality. This gap is primary in RHC and HH facilities.
- Digitalization remains low, with just **19%** using electronic medical record systems and **15%** having trained staff for electronic data entry, limiting the efficiency of patient data management. These gaps were particularly large among rural health centers and health houses.

[See Annex 6.3 for detailed results]

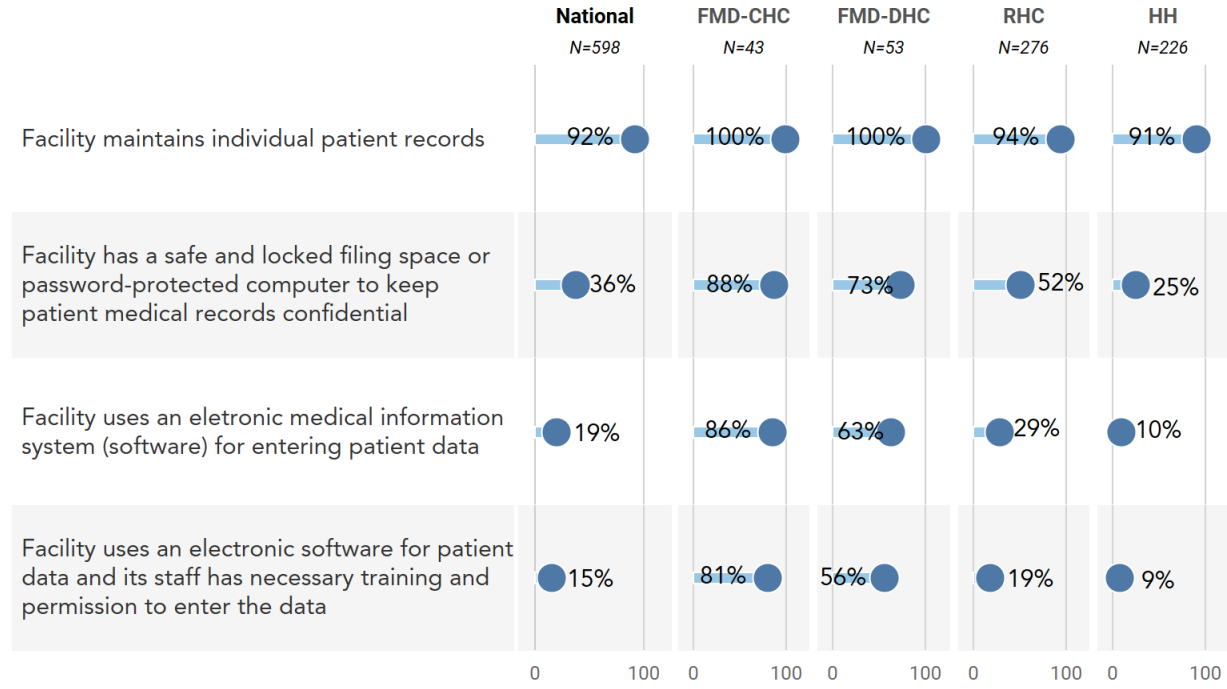
Management of patient medical data

Based on a rapid survey of 598 health facilities in June 2024



Percent of facilities with availability of patient medical data management systems

Based on a rapid survey of 598 health facilities in June 2024



*A detailed regional and facility type breakdown is available in the annex of the presentation. The two composite indices are calculated based on the list of patient data management tracers presented in the graph above.

Infrastructure

HEALTH SYSTEM INPUTS | Tajikistan

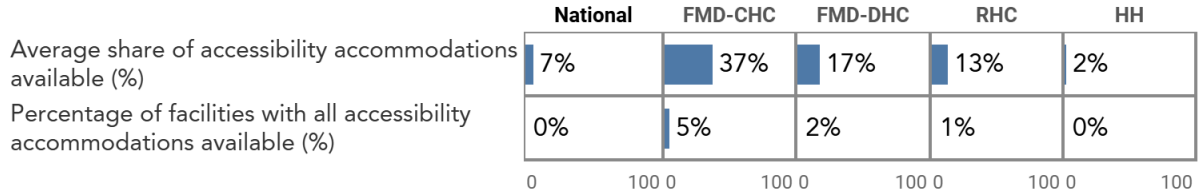
Accessibility for persons with disabilities

- Only **7%** of the survey's tracer accessibility accommodations for people with disabilities were available on average in facilities
- Few facilities reported having assistive technologies for blind or visually impaired patients.
- Among facilities that reported stairs in the facility (n= 172), only **32%** reported a ramp or lift to ensure the facility is accessible for people with limited mobility.
- Facilities located in the Dushanbe region reported better availability of accessibility accommodations than other regions, with an average score of **43%** of tracer items available.

[See Annex 6.4 for detailed results]

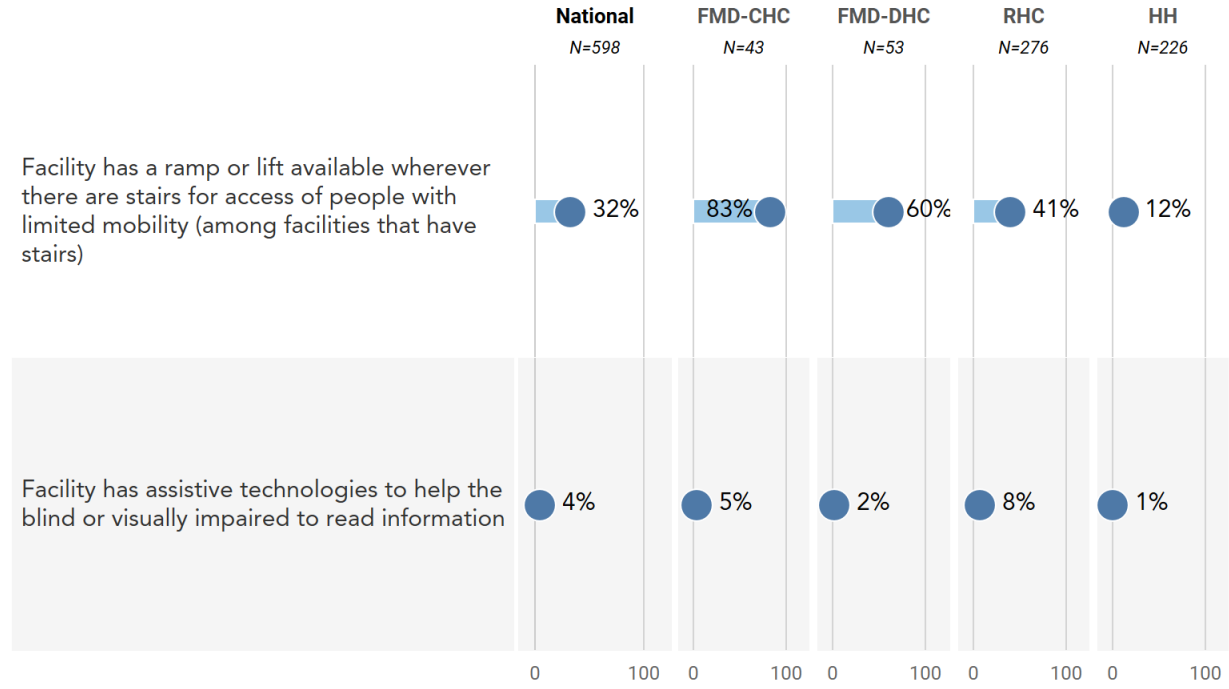
Accessibility for persons with disabilities

Based on a rapid survey of 598 health facilities in June 2024



Percent of facilities with accessibility for persons with disabilities

Based on a rapid survey of 598 health facilities in June 2024



*A detailed regional and facility type breakdown is available in the annex of the presentation. The two composite indices are calculated based on the list of tracer accessibility accommodations presented in the graph above. A total of 172 health facilities reported having steps/stairs in their building (about 21% of the 598 surveyed facilities, after applying survey weights).

Contents

Rapid health facility assessment in Tajikistan

Medical Supplies

HEALTH SYSTEM INPUTS | Tajikistan

Availability of medical supplies

- Health facilities reported having an average of **84%** of the survey's tracer medical supplies and equipment in the latest survey round, yet **only 15%** had the complete set of essential supplies.
- Facilities reported considerable gaps in the availability of tracer essential **in-vitro diagnostics and personal protective equipment (PPEs).** These gaps were particularly large in rural health centers and health houses.
- Important regional variations were observed, with facilities in the Dushanbe region reporting having an average of **95%** of tracer medical supplies in the latest survey round.

[See Annex 7.1 for detailed results]

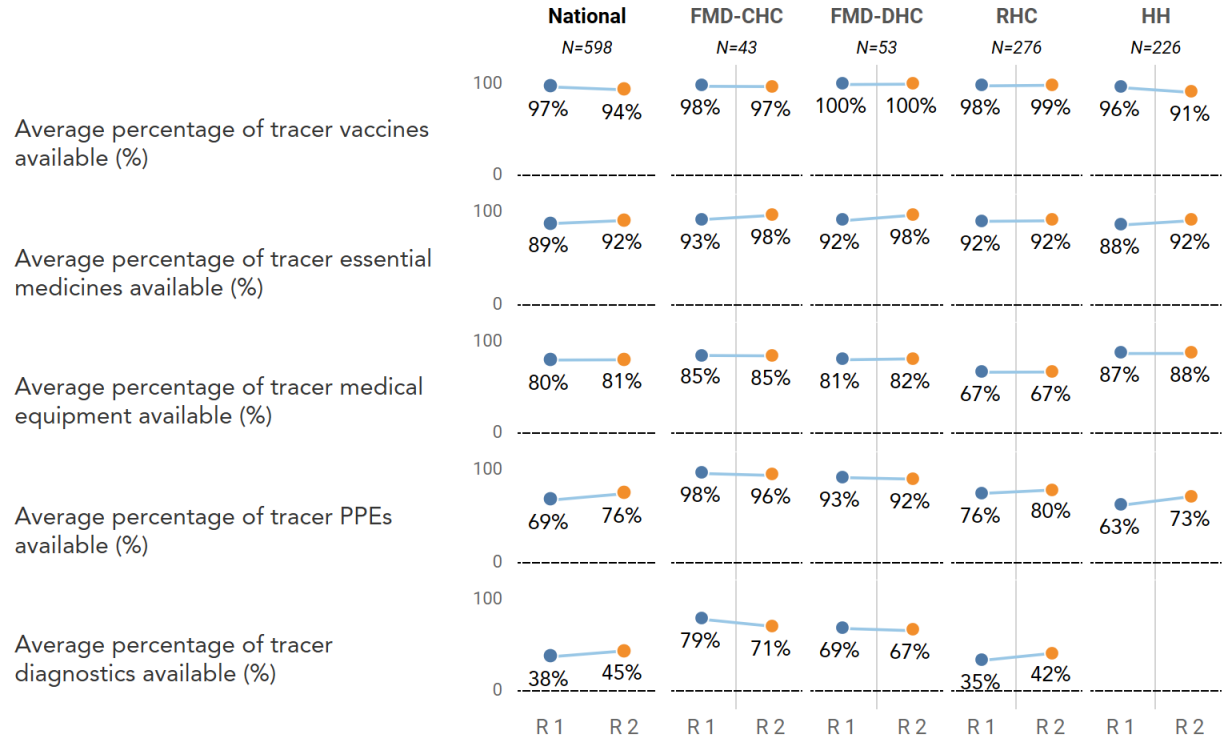
Medical supplies and equipment availability

Based on a rapid survey of 598 health facilities in June (R1) and November (R2) 2024

		National	FMD-CHC	FMD-DHC	RHC	HH
Average share of tracer medical supplies available at facilities (%)	R 1	82%	87%	83%	75%	86%
	R 2	84%	87%	84%	76%	89%
Percentage of facilities with all tracer medical supplies available (%)	R 1	5%	16%	7%	0%	7%
	R 2	15%	18%	10%	1%	23%

Percent of facilities with medical supplies and equipment currently available on-site

Based on a rapid survey of 598 health facilities in June (R1) and November (R2) 2024



*A detailed regional and facility type breakdown is available in the annex of the presentation. The two composite indices are based on the list of medical supplies presented in the subsequent slides.

Medical Supplies

HEALTH SYSTEM INPUTS | Tajikistan

Vaccine availability

- Facilities typically possess required essential vaccines, with **90%** of facilities reporting having **all tracer vaccines** available on site in the latest survey round.
- Vaccine availability was high across all regions, and relatively stable between survey rounds.

[See Annex 7.2 for detailed results]

Vaccine availability

Based on a rapid survey of 598 health facilities in June (R1) and November (R2) 2024

		National	FMD-CHC	FMD-DHC	RHC	HH
Average percentage of tracer vaccines available (%)	R 1	97%	98%	100%	98%	96%
	R 2	94%	97%	100%	99%	91%
Percentage of facilities with all tracer vaccines (%)	R 1	93%	98%	98%	95%	92%
	R 2	90%	97%	100%	97%	85%

Percent of facilities with essential vaccines currently available on-site

Based on a rapid survey of 598 health facilities in June (R1) and November (R2) 2024

*The two composite indices are based on the list of essential vaccines shown in the graph above. The questionnaire was revised between survey rounds: in round 1, facilities reported vaccine availability using five response options—'available for any patient who needs it,' 'only for some patients,' 'currently not available on-site,' 'not applicable,' or 'don't know.' In round 2, the options were streamlined to 'available,' 'not available,' or 'don't know.' In round 1, approximately 40% of facilities selected "not applicable" for BCG vaccine availability. To ensure comparability across rounds, responses were harmonized during analysis: 'not applicable' was recoded as 'not available,' while 'available for any patient who needs it' and 'only for some patients' were recoded as 'available' for all medical supplies.

Medical Supplies

HEALTH SYSTEM INPUTS | Tajikistan

Essential medicines availability

- Health facilities reported having, on average, **92%** of the survey's tracer essential medicines on site in the latest survey round. Round two results were relatively consistent with the round one findings.
- Notable gaps were observed in the availability of **Mezaton** at rural health centers and health houses, as well as **hydralazine** at FMD-DHCs in the first survey round. Availability of these medicines improved between rounds.
- Facilities located in the Dushanbe region reported better availability of medicines, with **all facilities** reporting having *all* tracer medicines available on site in the latest survey round, against **58%** of facilities in the Khatlon region.

[See Annex 7.3 for detailed results]

Essential medicines availability Based on a rapid survey of 598 health facilities in June (R1) and November (R2) 2024

		National	FMD-CHC	FMD-DHC	RHC	HH
Average percentage of tracer essential medicines available (%)	R 1	89%	93%	92%	92%	88%
	R 2	92%	98%	98%	92%	92%
Percentage of facilities with all tracer essential medicines (%)	R 1	47%	74%	55%	55%	42%
	R 2	66%	82%	85%	62%	67%

Percent of facilities with essential medicines currently available on-site Based on a rapid survey of 598 health facilities in June (R1) and November (R2) 2024

	National N=598		FMD-CHC N=43		FMD-DHC N=53		RHC N=276		HH N=226	
	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2
Pain management										
Dexamethasone	98%	97%	98%	100%	97%	100%	99%	97%	97%	97%
Analgesics	96%	98%	98%	100%	95%	100%	99%	96%	94%	99%
Emergency care										
Ammonia	97%	97%	98%	100%	95%	97%	97%	96%	97%	97%
Sodium chloride solution	94%	96%	100%	100%	93%	100%	94%	96%	94%	96%
Ringer's solution	91%	94%	95%	100%	90%	100%	94%	94%	89%	93%
Glucose solution	87%	93%	93%	100%	93%	100%	88%	91%	86%	94%
Maternal and child health										
Magnesium sulphate	95%	97%	95%	100%	97%	98%	99%	96%	93%	98%
Drotoverin (No-shpa)	92%	96%	95%	100%	98%	98%	96%	95%	89%	95%
Oxytocin	88%	97%	84%	92%	92%	100%				
Cardiovascular care										
Nifedipine	94%	93%	98%	100%	98%	100%	94%	96%	94%	91%
Hydralazine	70%	92%	78%	92%	65%	92%				
Adrenaline hydrotartrate	88%	87%	91%	92%	90%	95%	87%	85%	89%	89%
Nitroglycerin	82%	87%	95%	100%	98%	98%	88%	90%	78%	84%
Mezaton	56%	75%	91%	97%	88%	97%	63%	74%	50%	74%

*Analgesics and dexamethasone provide pain relief and reduce inflammation; Glucose, Ringer's, and Sodium chloride solutions are IV fluids and electrolytes used for hydration and stability, and ammonia serves as a respiratory stimulant to prevent fainting in emergency care; Oxytocin, magnesium sulfate, and drotaverine are obstetric drugs for labor,; Hydralazine, nifedipine, adrenaline, nitroglycerin, and Mezaton support cardiovascular care. RHC and HH were excluded from the denominator for oxytocin and hydralazine indicators at the MoH's request (as those are not specified in the PHC protocols).

Medical Supplies

HEALTH SYSTEM INPUTS | Tajikistan

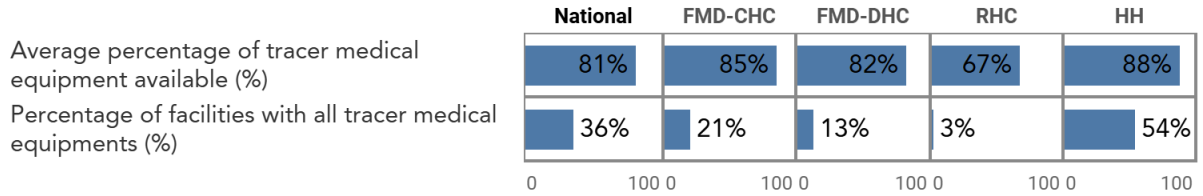
Medical equipment availability

- Health facilities reported having **81%** of the survey's tracer medical equipment available and functional on site in the latest survey round.
- The largest gaps were in the availability of **intubation and tracheostomy kits, coagulators, oxygen delivery apparatuses, and hemoglobinometers** – reported available in **less than half** of health facilities.
- Availability of key medical equipment was particularly low in rural health centers.
- Facilities located in the Dushanbe region reported better availability of medical equipment, with an average score of **92%** of tracer items available in the latest survey round.

[See Annex 7.4 for detailed results]

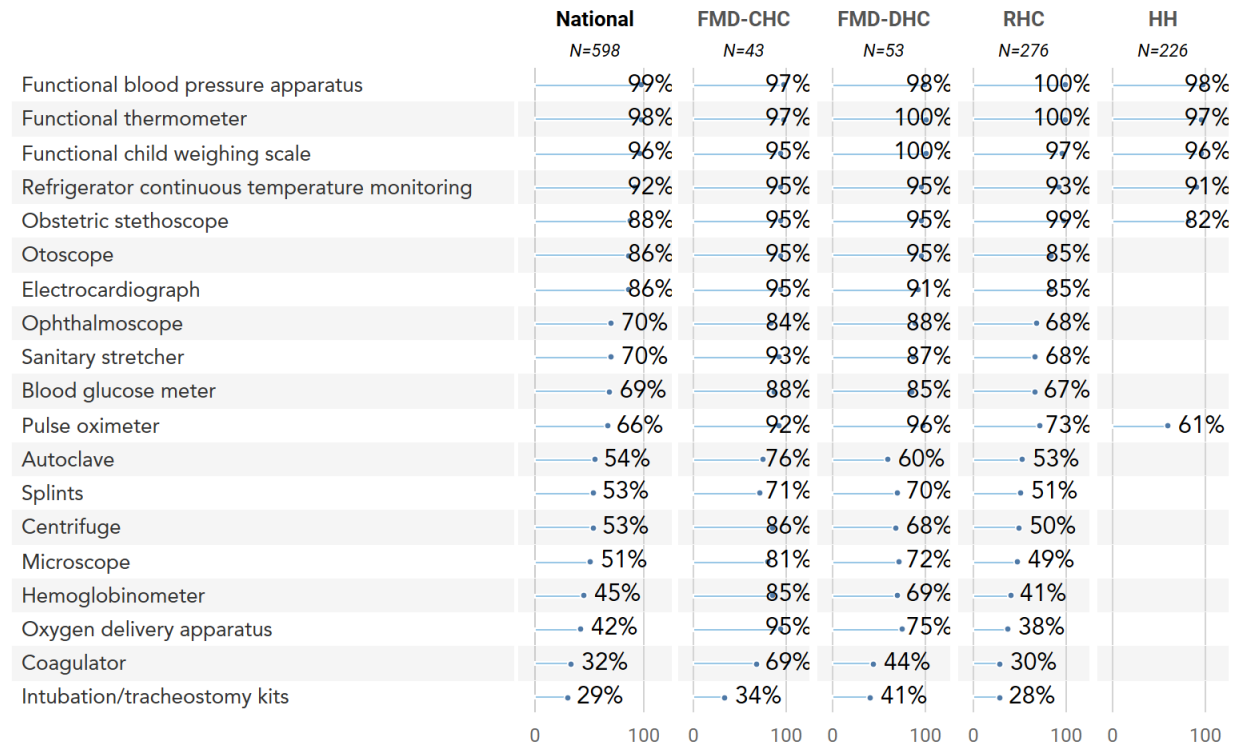
Medical equipment availability

Based on a rapid survey of 598 health facilities in November 2024



Percent of facilities with medical equipments currently available and functional on site

Based on a rapid survey of 598 health facilities in June / November 2024



*The two composite indices are based on the list of equipment shown in the graph above. Health houses were excluded from the denominator for several medical equipment. About half of the medical equipment listed above were included in the survey questionnaire in round 1, while the rest was included in round 2.

Medical Supplies

HEALTH SYSTEM INPUTS | Tajikistan

PPE availability

- Health facilities reported having, on average, **76%** of the survey's tracer essential personal protective equipment (PPE) on site in the latest survey round.
- Notable shortages of **respiratory masks** were observed in the first survey round among rural health centers and health houses, though availability improved between rounds.
- Facilities located in the Dushanbe region reported better availability of PPEs, with an average score of **98%** of tracer items available in the latest survey round.

[See Annex 7.5 for detailed results]

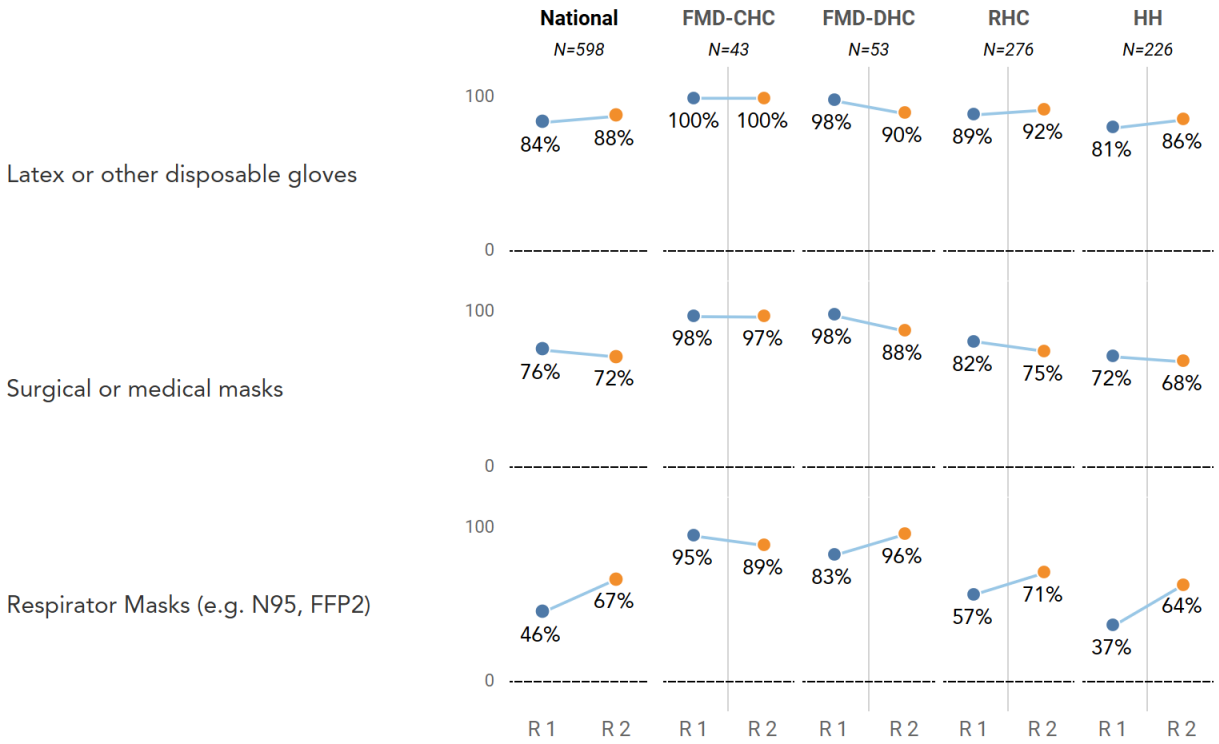
PPE availability

Based on a rapid survey of 598 health facilities in June (R1) and November (R2) 2024

		National	FMD-CHC	FMD-DHC	RHC	HH
Average percentage of tracer PPEs available (%)	R 1	69%	98%	93%	76%	63%
	R 2	76%	96%	92%	80%	73%
Percentage of facilities with all tracer PPEs (%)	R 1	33%	93%	81%	46%	22%
	R 2	52%	87%	83%	60%	46%

Percent of facilities with personal protective equipment (PPE) currently available on-site

Based on a rapid survey of 598 health facilities in June (R1) and November (R2) 2024



*The two composite indices are based on the list of PPEs presented in the graph above. The questionnaire was revised between survey rounds: in round 1, facilities reported PPE availability using five response options—'available for all consultations,' 'only for some consultations,' 'currently not available on-site,' 'not applicable,' or 'don't know.' In round 2, the options were streamlined to 'available,' 'not available,' or 'don't know.' To ensure comparability across rounds, responses were harmonized during analysis: 'not applicable' was recoded as 'not available,' while 'available for all consultations' and 'only for some consultations' were recoded as 'available' for all medical supplies.

Medical Supplies

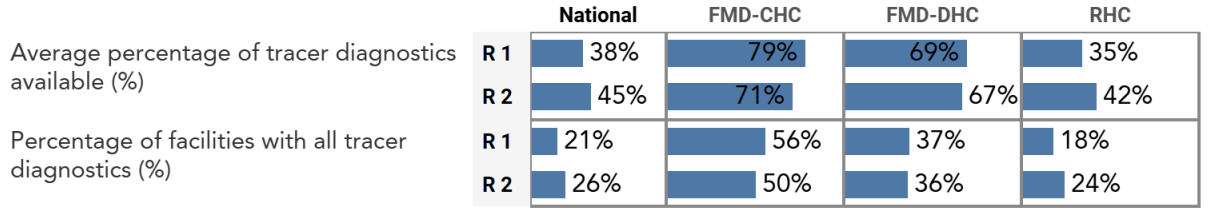
HEALTH SYSTEM INPUTS | Tajikistan

In-vitro diagnostics availability

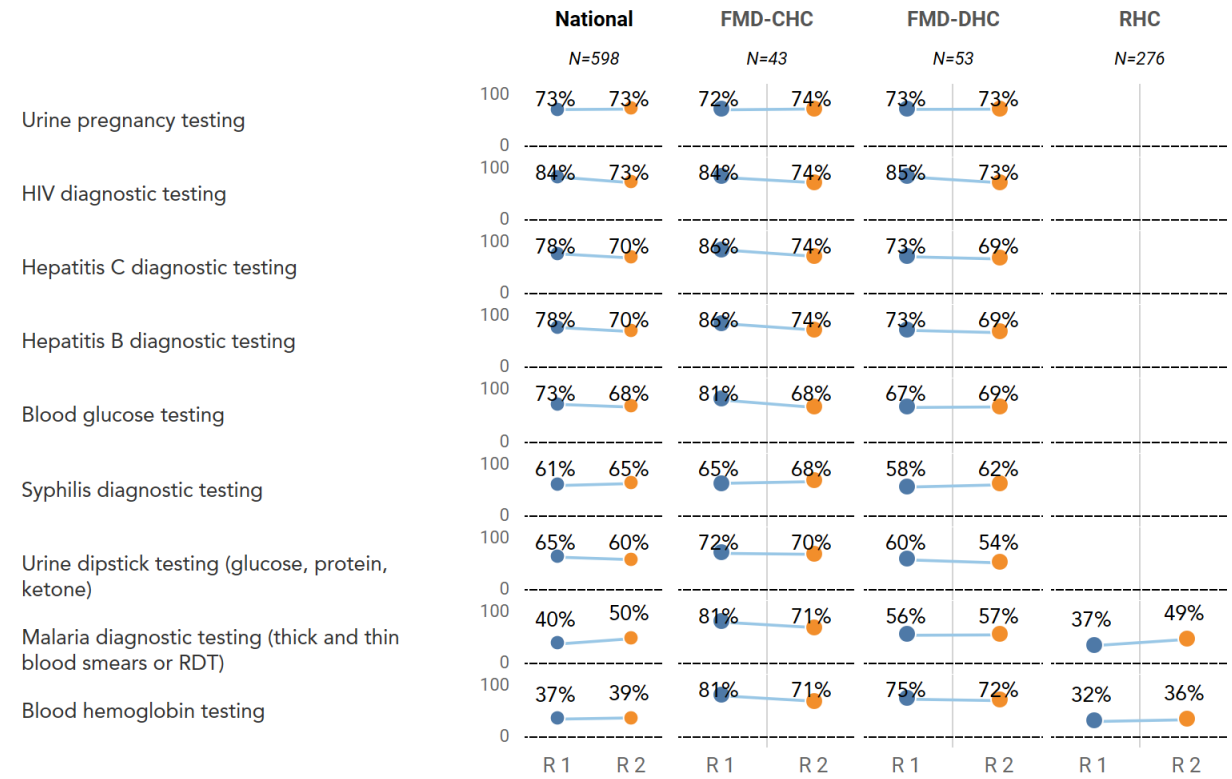
- Notable shortages of key in-vitro diagnostics were reported by health facilities, with only **45%** of tracer items available on average in the latest survey round.
- There were notable gaps in the availability of **blood hemoglobin testing and malaria diagnostic testing** at FMD-DHCs and rural health centers. Urine dipstick testing was also limited in FMD-DHCs.
- Again, facilities located in the Dushanbe region reported better availability of diagnostics, with **80%** reporting having *all* tracer diagnostics available on site in the latest survey round.

[See Annex 7.6 for detailed results]

In-vitro diagnostics availability Based on a rapid survey of 598 facilities in November 2024



Percent of facilities with essential in-vitro diagnostics currently available on-site Based on a rapid survey of 598 health facilities in June (R1) and November (R2) 2024



*Health houses were excluded from the denominator for all diagnostics. The questionnaire was revised between survey rounds: in round 1, facilities reported diagnostics availability using five response options—'available for any patient who needs it,' 'only for some patients' 'currently not available on-site,' 'not applicable,' or 'don't know.' In round 2, the options were streamlined to 'available,' 'not available,' or 'don't know.' To ensure comparability across rounds, responses were harmonized during analysis: 'not applicable' was recoded as 'not available,' while 'available for any patient who needs it' and 'only for some patients' were recoded as 'available' for all medical supplies.

Contents

Rapid health facility assessment in Tajikistan

Human resources

HEALTH SYSTEM INPUTS | Tajikistan

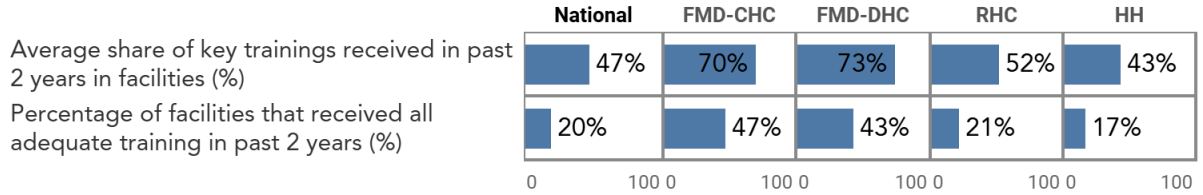
Availability of staff training

- There are important gaps in staff training available at health facilities, with **47%** of tracer trainings reported received on average in the past two years.
- The largest gaps were observed **in gender-based violence screening** – reported received by the staff in a third of facilities.
- Gaps in provider training were particularly large in rural health centers and health houses.
- Facilities located in the Dushanbe region reported better staff training, with **67%** of facilities reporting having received *all* tracer trainings.

[See Annex 8.1 for detailed results]

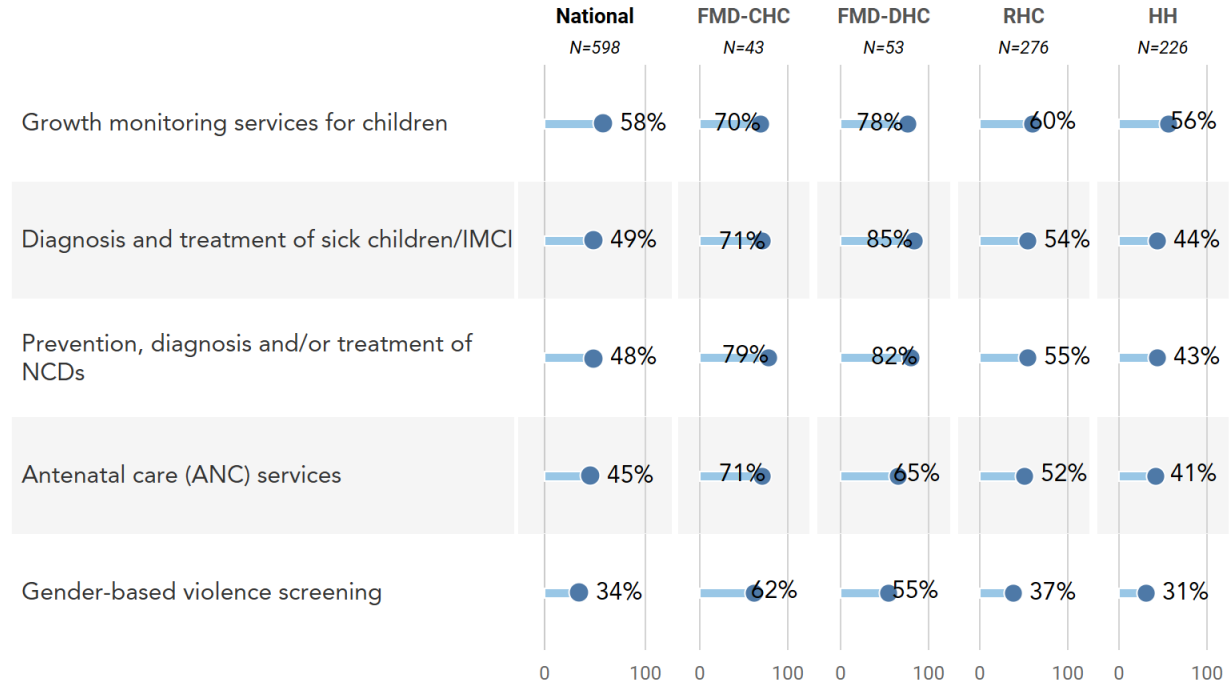
Staff training availability

Based on a rapid survey of 598 health facilities in June 2024



Percent of facilities that received staff trainings in the past two years

Based on a rapid survey of 598 health facilities in June 2024



*A detailed regional and facility type breakdown is available in the annex of the presentation. The two composite indices are calculated based on the list of staff trainings presented in the graph above.

Human resources

HEALTH SYSTEM INPUTS | Tajikistan

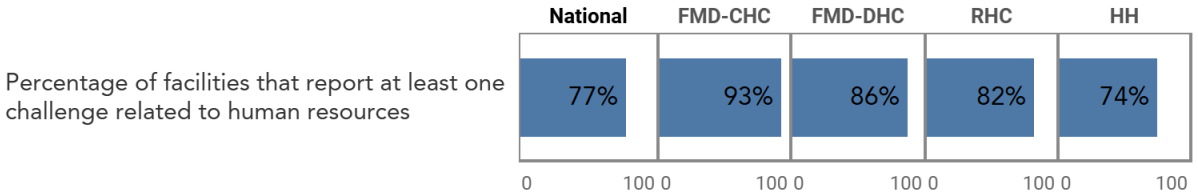
Challenges with human resources

- Facilities reported several challenges with adequate human resources
- **High work burden and unfilled positions or staff shortage** were the most reported challenges facing health facilities, particularly among family medicine departments (FMD) of city and district health centers.
- The types of human resource-related challenges reported by health facilities were relatively homogeneous across regions.

[See Annex 8.2 for detailed results]

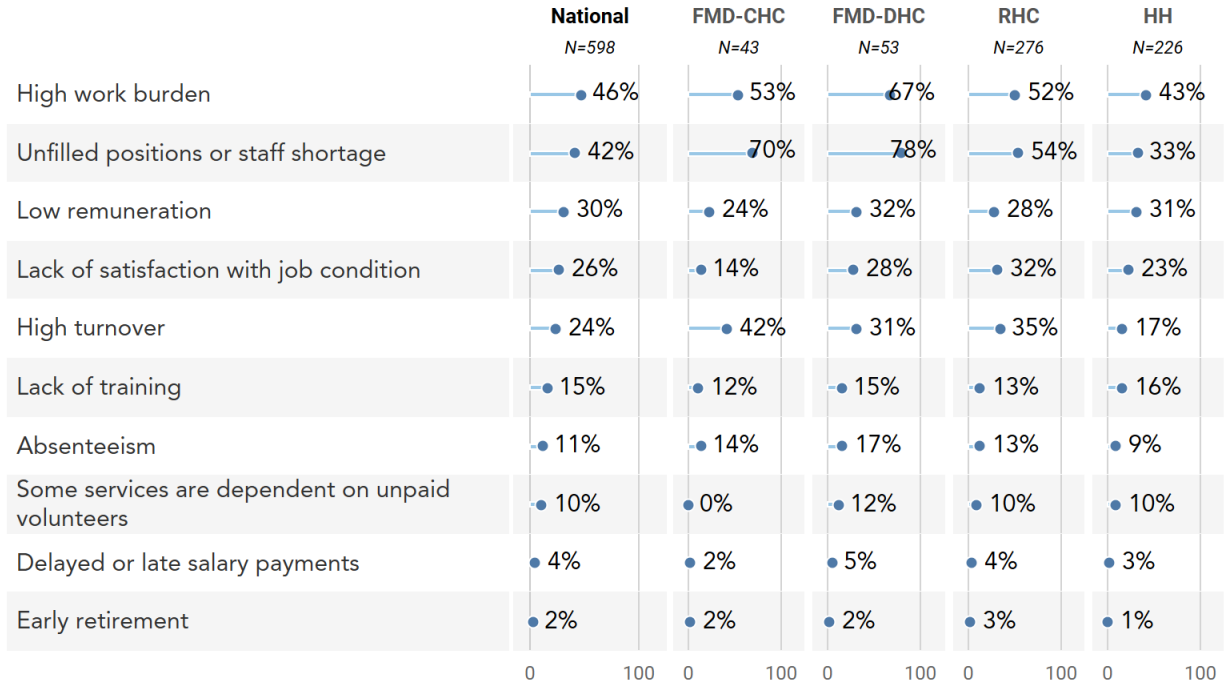
Human resources challenges

Based on a rapid survey of 598 health facilities in June 2024



Percent of facilities reporting difficulties related to human resources in the past three months

Based on a rapid survey of 598 health facilities in June 2024



*A detailed regional and facility type breakdown is available in the annex of the presentation. The composite index is calculated based on the list of human resources challenges presented in the graph above.

Contents

Rapid health facility assessment in Tajikistan

Community engagement

PROCESSES | Tajikistan

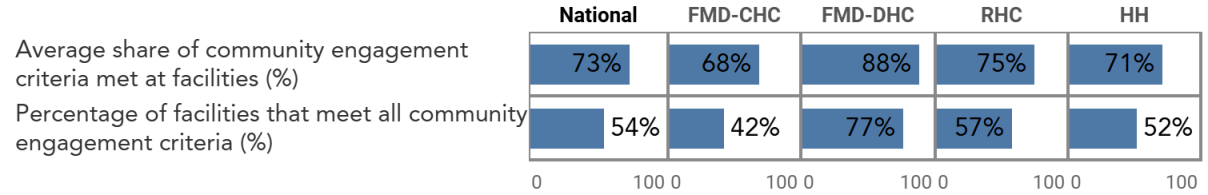
Community engagement practices

- Most health facilities reported community engagement practices, meeting **73%** of tracer criteria.
- The majority of facilities had a system in place for seeking patient feedback, with feedback processes nearly universal at FMD-CHCs.
- However, only **61%** of facilities reported meeting with their community management committee in the past year.
- Disparities were observed across facility types, with only **41%** of Family Medicine Departments of City Health Centers (FMD-CHC) reporting having a community advisory board or management committee.

[See Annex 9.1 for detailed results]

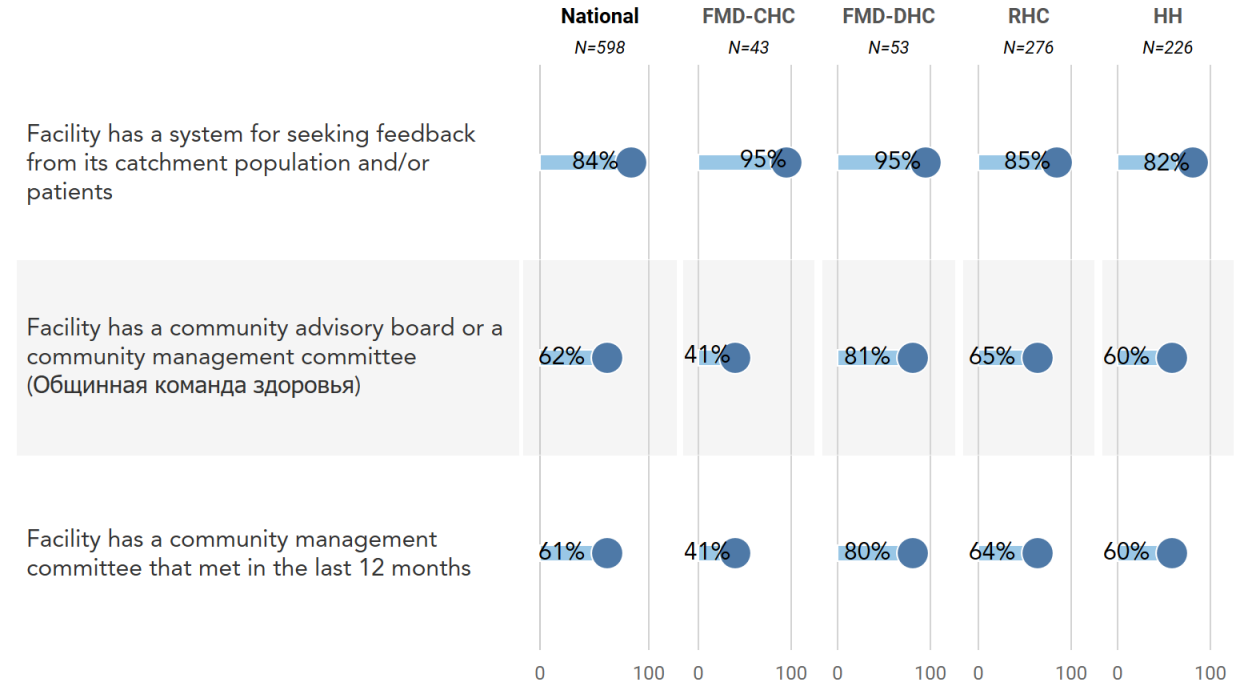
Community engagement score

Based on a rapid survey of 598 health facilities in November 2024



Percent of facilities with adequate community engagement practices

Based on a rapid survey of 598 health facilities in November 2024



*A detailed regional and facility type breakdown is available in the annex of the presentation. The two composite indices are calculated based on the list of community engagement tracers presented in the graph above. The denominator for the indicator 'Facility has a community management committee that met in the last 12 months' is all surveyed facilities (N = 598).

Community engagement

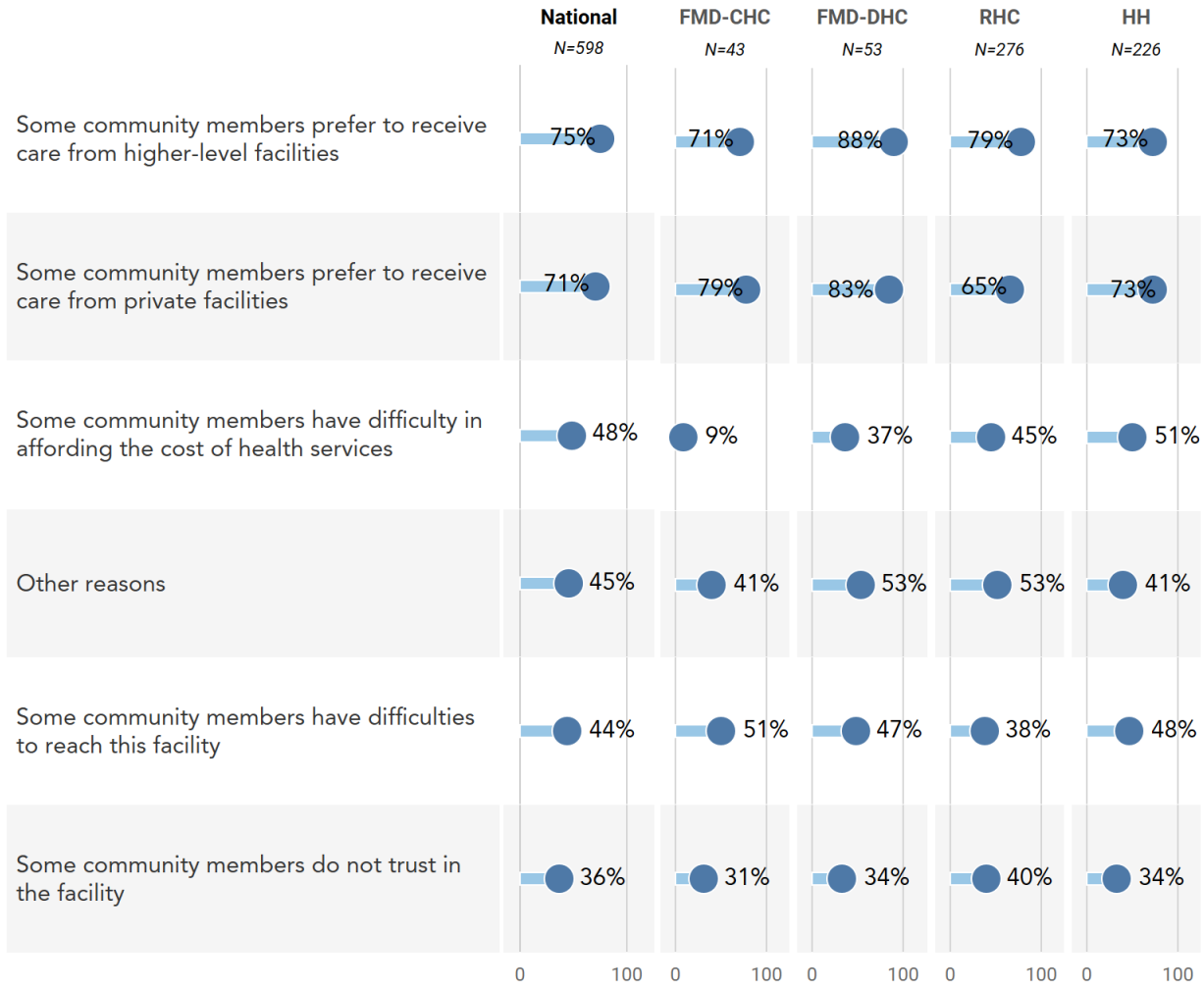
PROCESSES | Tajikistan

Bypassing of facility services

- A majority of health facilities (**71%**) reported that patients may bypass to high-level facilities or **private healthcare providers**.
- Widely reported reasons for bypassing care from the perspective of the health facility manager included the financial affordability of services (**48%**) and the geographic accessibility of facilities (**44%**).
- Facility managers also highlighted challenges such as doctor shortages and a lack of medical supplies and equipment as key factors contributing to facility bypassing.

[See Annex 9.2 for detailed results]

Percent of facilities reporting reasons why community members may not seek care at the facility Based on a rapid survey of 598 health facilities in June 2024



*A detailed regional and facility type breakdown is available in the annex of the presentation.

Contents

Rapid health facility assessment in Tajikistan

Leadership and coordination

STRUCTURES | Tajikistan

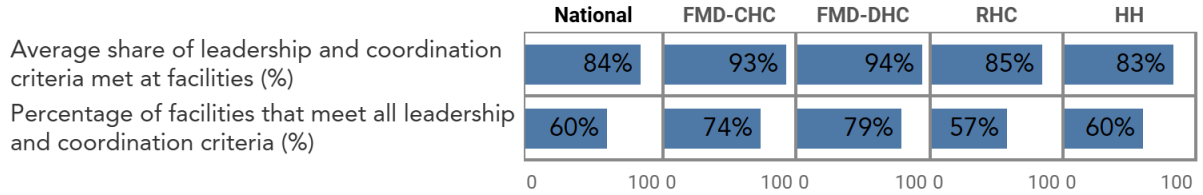
Leadership and coordination practices

- Most health facilities reported having most leadership and coordination structures, meeting **84%** of tracer criteria.
- Nearly all facilities (**96%**) reported having received a supervision visit in the past year, with the majority (**80%**) considering their most recent visit to have been supportive.
- While **82%** of facilities reported having protocols or guidelines for referring patients to other facilities, fewer facilities (**73%**) had protocols for counter-referrals. The availability of referral protocols was lower among RHCs and HHs.
- Despite the widespread availability of protocols, many facility managers reported referring patients to higher-level facilities in the past three months due to insufficient provider availability (**55%**) or a lack of medical commodities (**34%**).

[See Annex 10.1 for detailed results]

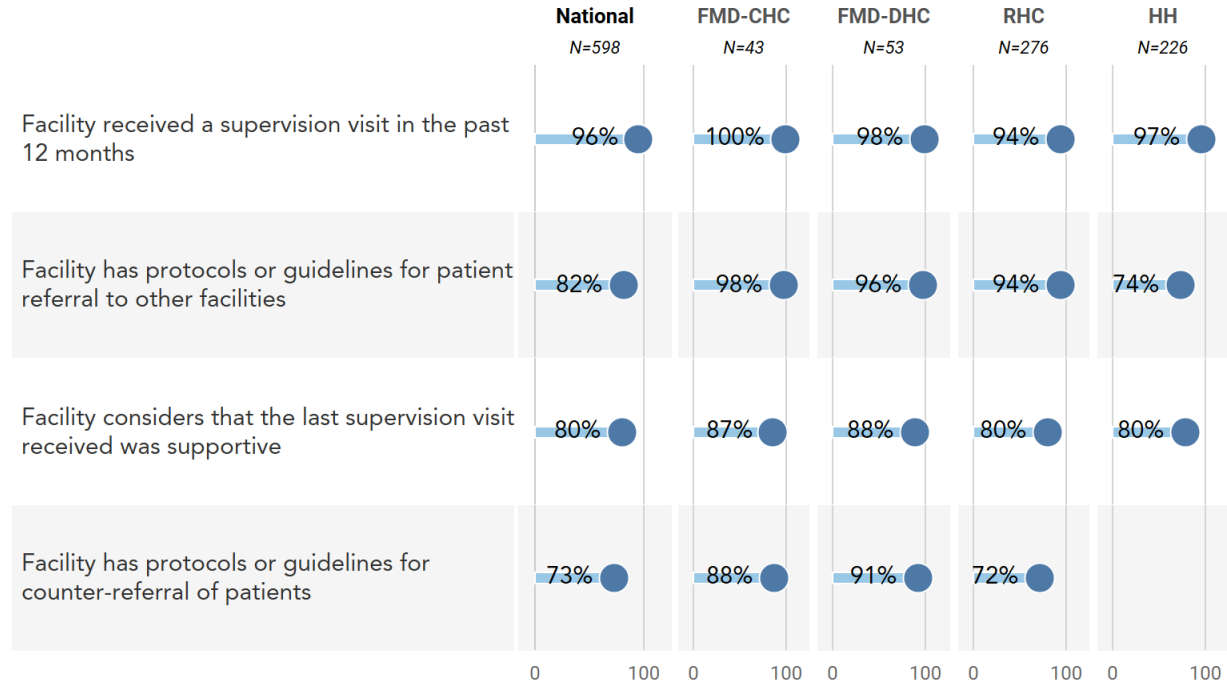
Leadership and coordination score

Based on a rapid survey of 598 health facilities in November 2024



Percent of facilities with adequate leadership and coordination practices

Based on a rapid survey of 598 health facilities in November 2024



*A detailed regional and facility type breakdown is available in the annex of the presentation. The two composite indices are calculated based on the list of leadership and coordination tracers presented in the graph above.

Leadership and coordination

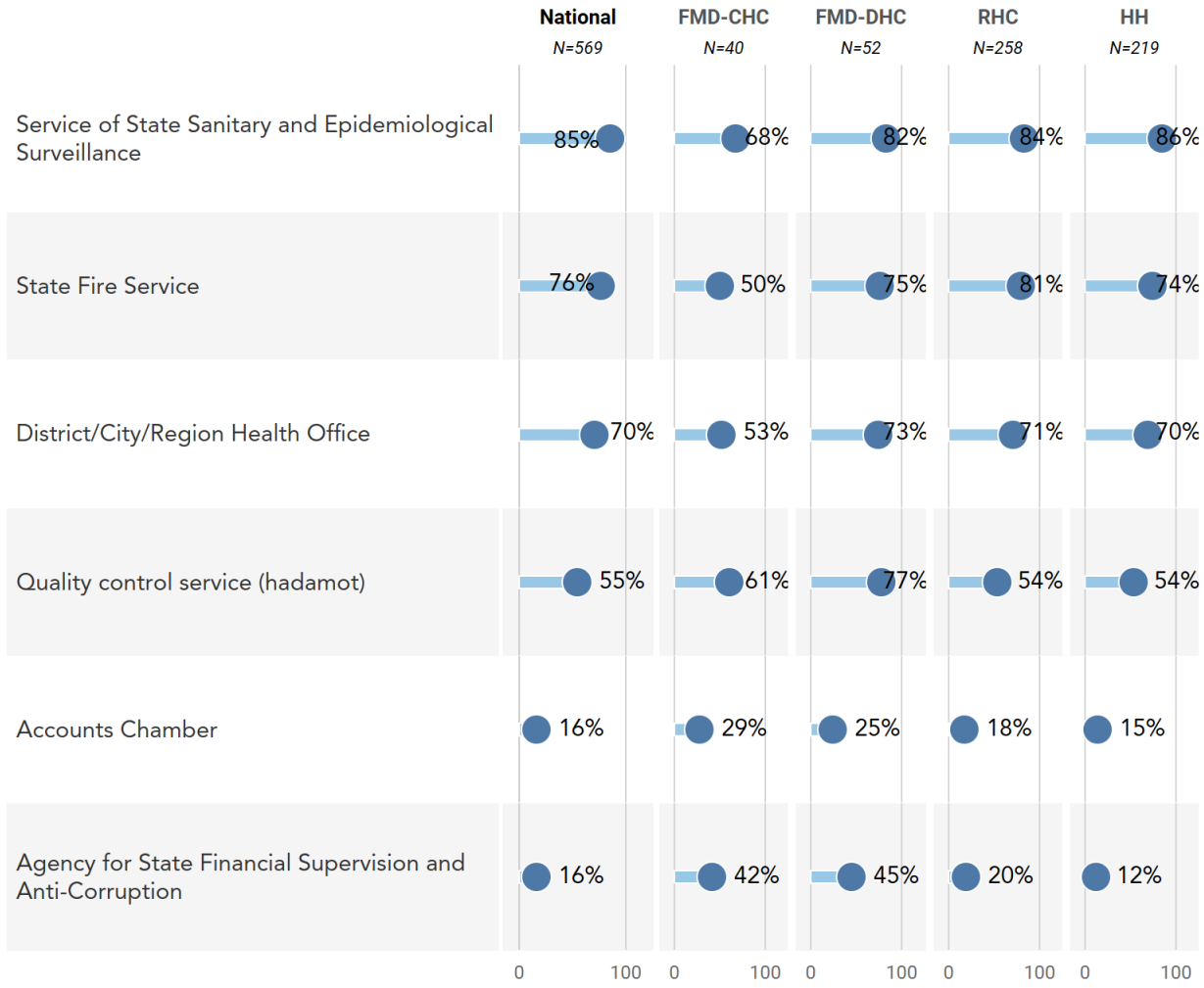
STRUCTURES | Tajikistan

Supportive supervision

- Most health facilities (**85%**) reported that their last supervision visit was conducted by the Service of State Sanitary and Epidemiological Surveillance, followed by the State Fire Service (**76%**) and the District Health Office (**70%**).

[See Annex 10.2 for detailed results]

Percentage of facilities reporting who conducted the last supervision visit in the past 12 months Among health facilities that have reported receiving a supervision visit in the past 12 months (N= 569)



*A detailed regional and facility type breakdown is available in the annex of the presentation.

Contents

Rapid health facility assessment in Tajikistan

Quality improvement processes

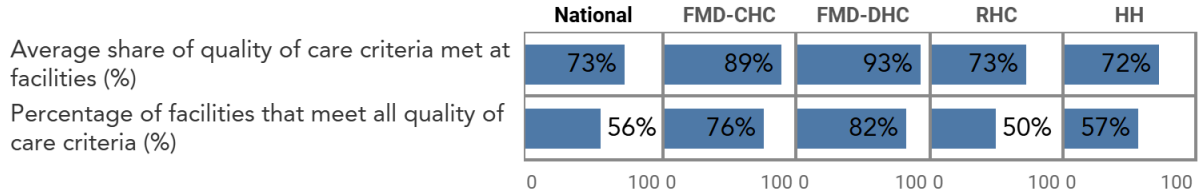
PROCESSES | Tajikistan

Quality improvement processes

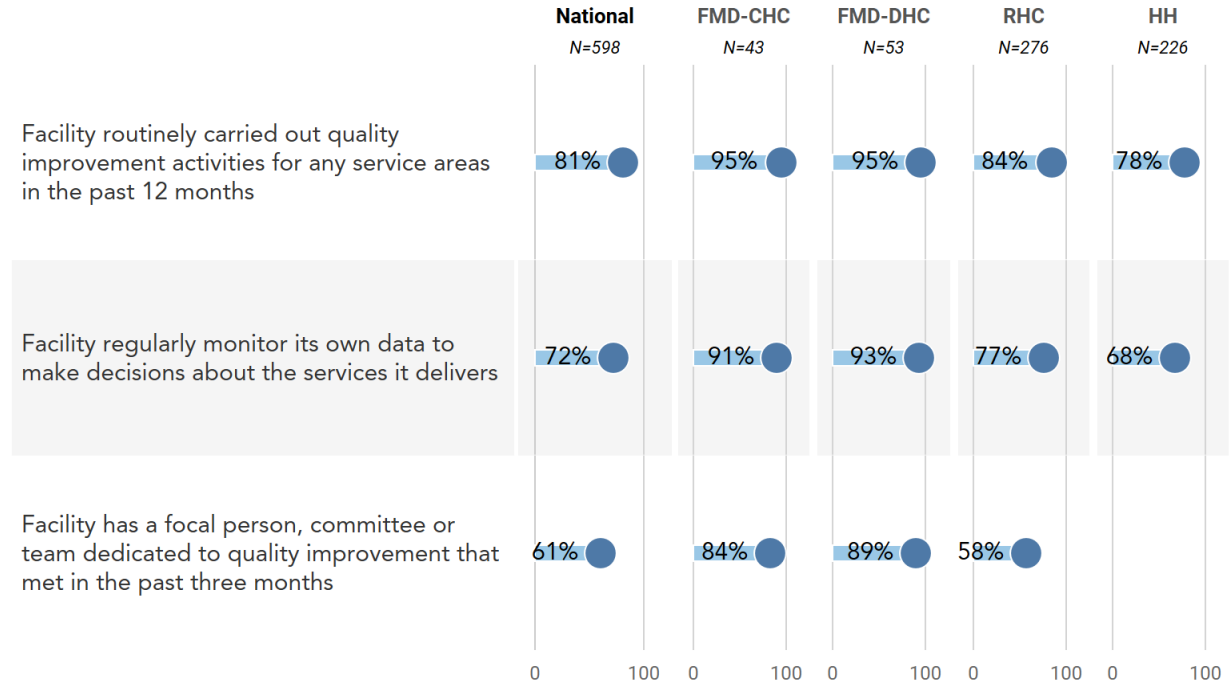
- Most health facilities reported having adequate quality improvement processes, meeting **73%** of tracer criteria.
- Quality improvement refers to changing how health services are delivered to make them more effective, safe, and/or people-centered. Examples of quality improvement activities include monitoring performance targets and increasing staff training or supervision. A majority of facilities (**81%**) routinely carried out quality improvement activities in the past year.
- However, only **58%** of RHCs reported having a focal person, committee or team dedicated to quality improvement that met in the past three months. Disparities were observed in the monitoring and use of health service data for facility-level decision-making, with only **68%** of health houses reporting such practices.

[See Annex 11.1 for detailed results]

Quality of care process score Based on a rapid survey of 598 health facilities in November 2024



Percent of facilities with adequate quality of care practices Based on a rapid survey of 598 health facilities in November 2024



*A detailed regional and facility type breakdown is available in the annex of the presentation. Quality improvement refers to changing how health services are delivered to make them more effective, safe, and/or people-centered. Examples of quality improvement activities include monitoring performance targets, changing guidelines or protocols, increasing staff training or supervision, or other activities to improve how services are delivered at this facility. Health houses were not asked about availability of a focal person, committee or team that met in the past three months.

Quality improvement processes

PROCESSES | Tajikistan

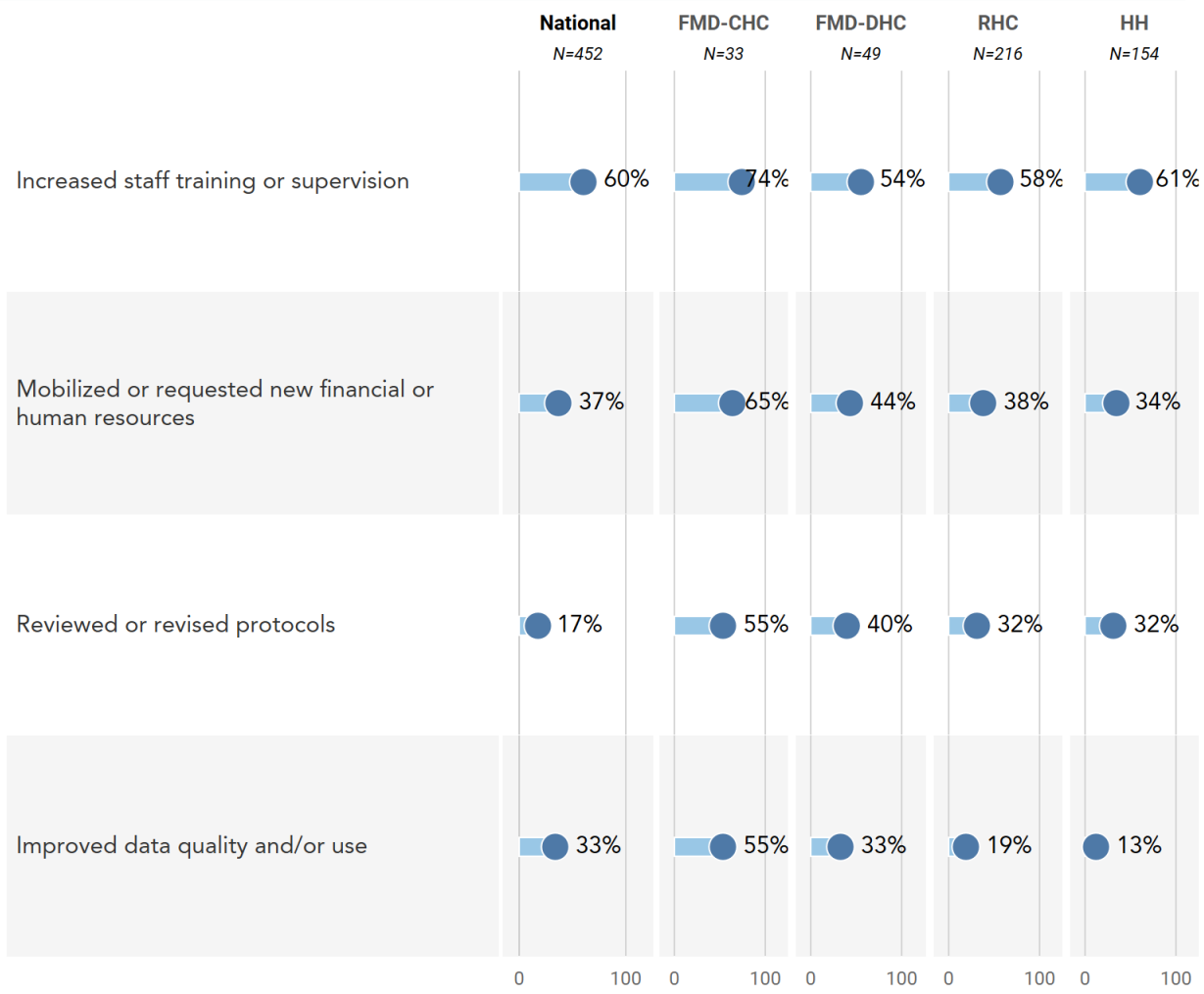
Data for decision-making

- Among facilities that reported regularly monitoring their own data for decision-making, the majority (**60%**) reported using it to enhance staff training or supervision, while **37%** used it to mobilize or request additional financial or human resources.
- Fewer facilities reported leveraging their data for health service quality improvement (**33%**) or for reviewing and revising protocols (**17%**), particularly among lower-level facilities.

[See Annex 11.2 for detailed results]

Percent of facilities reporting taking decisions or actions based on their own data

Among health facilites that reported regularly using their own data to make decisions about service delivery (N = 452)



*A detailed regional and facility type breakdown is available in the annex of the presentation.

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Rapid health facility assessment in Tajikistan

Methodology | Survey tool and data analysis

Survey Tool

- The cross-country base FASTR rapid-cycle health facility phone survey tool was adapted for Tajikistan by the Ministry of Health and Social Protection of the Population, the Global Financing Facility/World Bank, and Sanigest/MVector.
    - Standardized questions were included to enable comparisons with other large-scale surveys (e.g., HHFA, SARA, SDI, SPA).
    - Tailored Tajikistan-specific questions addressed unique country priorities.
- Two types of indicators are included: (1) annual indicators collected once and (2) quarterly indicators collected in all rounds.

Data analysis

- Main results are presented as national-level estimates, disaggregated by facility type. Additional breakdowns by oblast, facility type, and their combination (oblast × facility type) are provided in the annex.
- Annual indicators are reported as weighted cross-sectional descriptive statistics using survey sampling weights to ensure representativeness.
- Quarterly indicators are presented separately for each survey round; statistical significance of differences between rounds has not been evaluated.
- Summary scores are computed as the unweighted average of included indicators. Slides presenting summary scores also display individual indicator results below the index score.

For more information on the FASTR initiative: https://data.gffportal.org/key-theme/FASTR

Methodology | Sampling and weighting

Survey sampling and weighting

- **Sampling Frame:** All primary health care (PHC) facilities in Tajikistan were included (CHCs, DHCs, RHCs, HHs) in the sampling frame. Higher-level referral facilities were excluded.
- **Stratified Sampling:** Stratified by oblast, facility level, project facilities, and facility size. 26 strata were created, with some strata using census sampling and others using probability proportional to size (PPS) sampling. A census of facilities was selected for all strata that included CHCs, DHCs, project RHCs, and large RHCs. For small/medium RHCs and HHs a sample of facilities was selected.
- **Sample Size:** Targeted 600 facilities for the FASTR survey to ensure representativeness at national and oblast levels and by facility type. 598 facilities were effectively interviewed each survey round.
- **Replacement Facilities:** A reserve list of 75 facilities was created to replace non-participating facilities, with replacements available for each non-census stratum. A total of 14 replacements (2.3% of the total sample of 598 interviewed facilities) were used during R1 data collection, mainly due to facilities either having recently closed or could not be reached. An additional 9 replacements were used during R2 data collection.
- **Weighting:** Sampling weights were calculated as the inverse of the probability of selection for each facility.

Piloting of assessment instruments

To identify the main shortcomings and issues in the structure of the questionnaire, the wording of the questions, and the logical connections between them, pilot (test) interviews were conducted prior to the main data collection phase. During this stage, **7 pilot interviews were conducted** (3 interviews based on the first questionnaire and 4 based on the second part of the questionnaire):

District	# of pilot interviews
Rudaki	2
Asht	2
Spitamen	1
Shahrituz	2
Total	**7**

As a result of the pilot interviews, no significant difficulties in understanding the questionnaire were identified. However, recommendations were received for 11 questions regarding improvements to the wording of the questions and answer options. Additionally, suggestions were made to simplify certain expressions in Tajik to enhance clarity for respondents. All recommendations were approved by Sanigest and the World Bank and were incorporated into the preparation of the final version of the questionnaire.

Quality assurance of the collected data

The "M-Vector" company places special emphasis on the control and assurance of the quality of the collected data. This function is entrusted to an independent department, ensuring an objective and unbiased evaluation of the quality of the work performed.

The quality of the collected data was ensured at all stages of the project implementation, including:

1. **Detailed revision of all instruments at the stage of preparation and refinement of research instruments, as well as piloting and testing of the programmed questionnaire.**
2. **Audio control of the work of CATI studio operators (50% of the interviews of each operator).**
3. **Telephone control to clarify inaccuracies and unclear answers (respondent callback).**
4. **Systematic reconciliation and verification of the collected data based on pre-prepared reconciliation syntaxes in the SPSS format (3 stages: when 30%, 50% and 100% of data collection is achieved).**
5. **Constant and direct monitoring of the operators' performance in the CATI studio by the data collection manager, followed by the provision of feedback.**
6. **Cross-checking of the collected data within the FASTR framework with SDI data, as well as comparing FASTR-2 data with the results of FASTR-1.**

Methodology | Strengths and limitations of phone surveys

Growing academic literature and GFF's experience implementing phone surveys indicates the potential for rapid-cycle phone survey approaches to complement, but not replace, traditional, in-person surveys. Results should be interpreted as signals and with considerations to limitations of phone-based approaches.

Phone survey validation results with comparison to in-person SDI survey will be available in the coming months!

Strengths

- Enables a cost-effective, continuous data collection platform
- Helpful for monitoring in rapidly changing contexts and to capture changes over time
- Flexibility in scheduling interviews may lead to higher participation rates
- Potential for reduced social desirability bias with sensitive topics which may enhance data accuracy
- Phone surveys allows for easier monitoring of data collection quality and enumerator behavior (e.g., calls can be recorded, with consent, for quality checks and training purposes)

Limitations

- Potential under-representation of facilities in areas with low phone connectivity
- Shorter surveys are employed to mitigate respondent fatigue
- Simplified language usage may be necessary
- Limitations exist in measuring the quality of services provided solely through phone surveys
- In-ability of in-person verification; all results are self-reported by the respondent

For more information on the FASTR initiative: https://data.gffportal.org/key-theme/FASTR

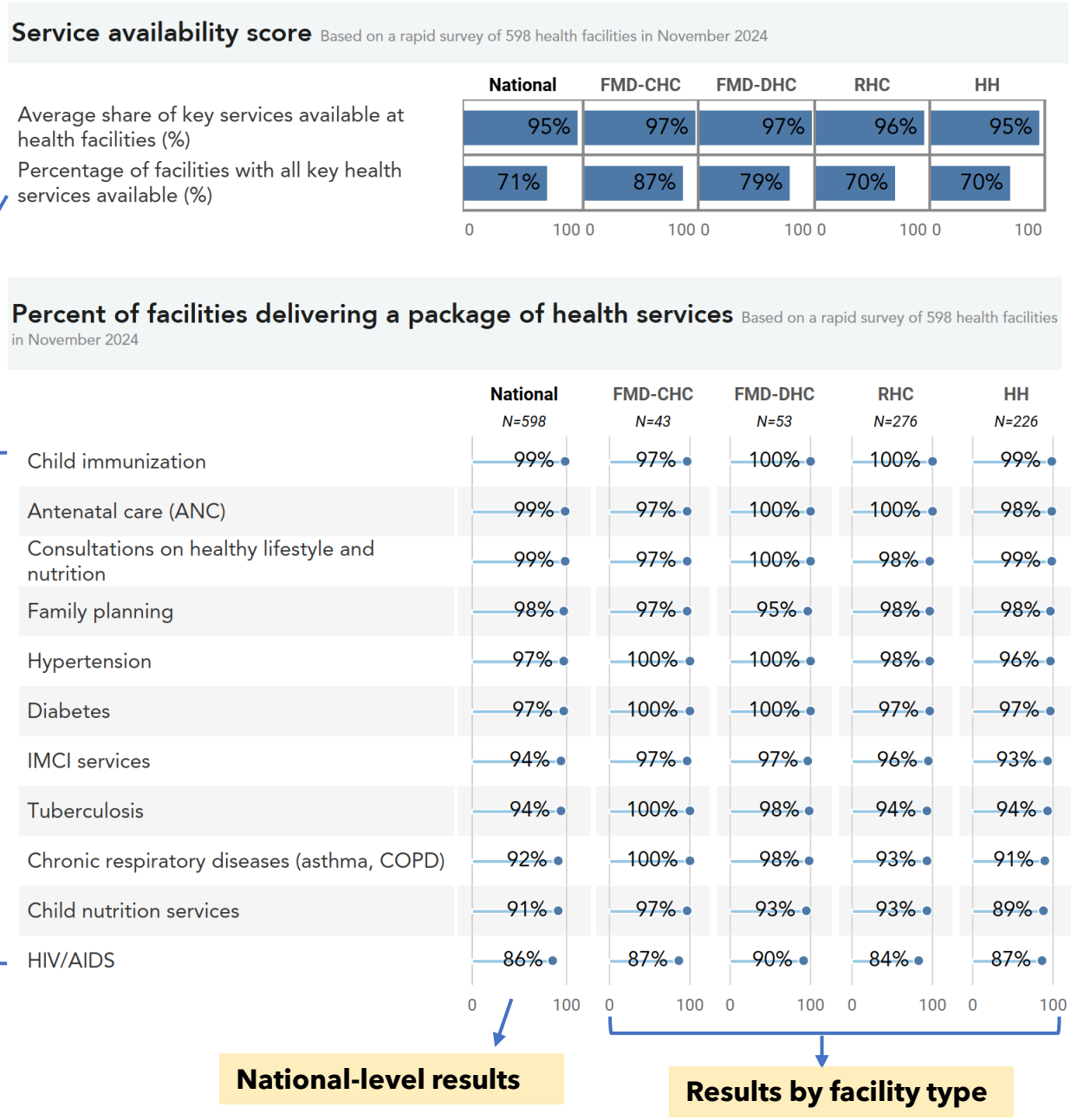
Interpreting the slides

Data collection round ← **Round Two Results**

95% corresponds to the **average percentage of tracer health services** included in the survey that are available in health facilities (number of services available in the facility ÷ total number of services included in the survey x 100, averaged across all facilities).

71% corresponds to the **percentage of health facilities that provide all tracer health services** included in the survey.

Components of the index scores



National-level results

Results by facility type

Index scores | Medical supplies

***Two summary scores:**
- Average percentage of tracer supplies available at facilities
- Percentage of facilities that have all tracer supplies

MEDICAL SUPPLIES SCORE*
Based on the full set of tracer medical supplies

EQUIPMENT SCORE*
- Ophthalmoscope
- Electrocardiograph (ECG)
- Blood glucose meter
- Centrifuge
- Autoclave
- Coagulator
- Hemoglobinometer
- Intubation and tracheostomy kits
- Splints
- Sanitary stretcher
- Refrigerator with thermostat
- Child weighing scale
- Thermometer
- Blood pressure apparatus
- Otoscope
- Obstetric stethoscope
- Pulse oximeter
- Microscope
- Oxygen delivery device

PPE SCORE*
- N95 mask
- Surgical or medical masks
- Disposable latex gloves

MEDICINES SCORE*
- Glucose solution
- Ringer's solution
- Sodium chloride solution
- Analgesics
- Dexamethasone
- Hydralazine
- Oxytocin
- Nifedipine
- Drotoverin (No-shpa)
- Magnesia sulfate
- Adrenaline hydrotartrate
- Nitroglycerin
- Mezaton
- Ammonia

VACCINES SCORE*
- Measles and Rubella vaccine
- Penta vaccine (DPT + HiB + HepB)
- Polio vaccine
- Pneumococcal vaccine (PCV)
- BCG vaccine

DIAGNOSTICS SCORE*
- Dipsticks for urine protein, glucose, and ketone bodies
- Blood glucose testing
- Malaria diagnostic testing
- HIV diagnostic testing
- Urine pregnancy test kit
- Syphilis diagnostic testing
- Blood hemoglobin testing
- Hepatitis B diagnostic testing
- Hepatitis C diagnostic testing

Index scores | Infrastructure

***Two summary scores:**
- Average percentage of tracer infrastructure available
- Percentage of facilities that have all tracer infrastructure

INFASTRUCTURE SCORE*
Based on the four infrastructure domains

POWER
- At least one source of electricity available at the facility

COMMUNICATIONS
- Continual access to landline/mobile phone service or to the internet in the past three months at the facility

BASIC WASH
All 4 criteria met by the facility

Water
- Availability of an improved water source on the facility premises

Hygiene
- Availability of a functional hand hygiene facility (running water and soap or alcohol-based hand sanitizer) at all points of care and within 5m of the toilets

Sanitation
- Availability of improved latrines, with one separate latrine for staff and for women (and a menstrual hygiene bin in the female-only toilet)

Waste disposal
- Safe method for disposing of non-sharps infectious medical waste

Sampling | Margins of error, by facility type (round 1)

	Margin of error	Number of health facilities in the sampling frame	Selected sample size
Tajikistan	**2.98%**	**2,694**	**598**
Family medicine department of city health center (CHC)	0.00%	43	43
Family medicine department of district health center (DHC)	0.00%	53	53
Rural health center (RHC)	4.13%	894	276
Health house/health point (HH)	5.11%	1704	226
	Confidence	*90%*	*1.64*
	Prevalence	*50%*	*0.25*

Interpretation : There is a 90% chance that the real national value is within ± 2.98 percentage points of the measured/surveyed value.

Sampling | Margins of error, by oblast (round 1)

	Margin of error	Number of health facilities in the sampling frame	Selected sample size
Tajikistan	**2.98%**	**2,694**	**598**
DRS	6.43%	713	134
Dushanbe	0.00%	15	15
GBAO	6.30%	227	98
Khatlon region	5.71%	1123	176
Sughd region	5.28%	616	175
	Confidence	*90%*	*1.64*
	Prevalence	*50%*	*0.25*

Interpretation : There is a 90% chance that the real national value is within ± 2.98 percentage points of the measured/surveyed value.

Sampling | Margins of error, by oblast x facility type (round 1)

		Margin of error	Number of health facilities in the sampling frame	Selected sample size
Tajikistan		**2.98%**	**2,694**	**598**
DRS	Family medicine department of city health center (CHC)	0.00%	5	5
	Family medicine department of district health center (DHC)	0.00%	9	9
	Rural health center (RHC)	9.45%	208	56
	Health house/health point (HH)	9.63%	491	64
Dushanbe	Family medicine department of city health center (CHC)	0.00%	15	15
GBAO	Family medicine department of city health center (CHC)	0.00%	1	1
	Family medicine department of district health center (DHC)	0.00%	8	8
	Rural health center (RHC)	6.26%	50	39
	Health house/health point (HH)	9.81%	168	50
Khatlon region	Family medicine department of city health center (CHC)	0.00%	8	8
	Family medicine department of district health center (DHC)	0.00%	21	21
	Rural health center (RHC)	7.97%	397	85
	Health house/health point (HH)	10.01%	697	**62**
Sughd region	Family medicine department of city health center (CHC)	0.00%	14	14
	Family medicine department of district health center (DHC)	0.00%	15	15
	Rural health center (RHC)	6.47%	239	**96**
	Health house/health point (HH)	10.45%	348	**50**
		Confidence	*90%*	*1.64*
		Prevalence	*50%*	*0.25*

Interpretation : There is a 90% chance that the real national value is within ± 2.98 percentage points of the measured/surveyed value.

Contents

Rapid health facility assessment in Tajikistan

Annex 1: Service delivery challenges *All surveyed health facilities (N = 598)*

	OBLASTS/REGIONS					FACILITY TYPES				
	DRS	Dushanbe	GBAO	Khatlon region	Sughd region	FMD-CHC	FMD-DHC	HH	RHC	**Tajikistan**
	N=134	N=15	N=98	N=176	N=175	N=43	N=53	N=226	N=276	N=598
	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1
Percentage of facilities that experience at least one challenge with service delivery	69%	40%	85%	75%	79%	70%	88%	73%	79%	75%
Percentage of facilities that face challenges with all areas of service provision (%)	0%	0%	0%	5%	0%	0%	0%	2%	1%	2%
Medical supplies and equipment	31%	13%	54%	49%	39%	47%	46%	47%	31%	42%
Human resources (sufficient staffing and training)	37%	20%	32%	44%	37%	42%	58%	37%	43%	39%
Infrastructure (facility structure, electricity, water and sanitation)	30%	13%	39%	42%	38%	23%	35%	40%	33%	37%
Financing (ability to pay for various inputs)	27%	0%	39%	37%	37%	21%	38%	34%	35%	34%
Transportation of patients to or from this facility	33%	0%	39%	23%	34%	14%	22%	29%	31%	29%
Community engagement and trust	16%	13%	4%	22%	22%	14%	12%	17%	23%	19%
Leadership and coordination (communication and coordination with higher-level authorities and supervision)	4%	0%	3%	6%	8%	2%	2%	6%	4%	5%

Annex 1: Service delivery challenges *All surveyed health facilities (N = 598)*

	DRS				Dushanbe	GBAO				Khatlon region				Sughd region				**Tajikistan**
	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-DHC	RHC	HH	
	N=5	N=9	N=56	N=64	N=15	N=1	N=8	N=39	N=50	N=8	N=21	N=85	N=62	N=14	N=15	N=96	N=50	N=598
	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1
Percentage of facilities that experience at least one challenge with service delivery	40%	100%	77%	65%	40%	100%	86%	83%	86%	88%	76%	76%	75%	100%	93%	84%	72%	75%
Percentage of facilities that face challenges with all areas of service provision (%)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	6%	0%	0%	0%	0%	2%
Medical supplies and equipment	40%	44%	18%	35%	13%	0%	49%	37%	60%	63%	48%	37%	56%	79%	47%	31%	42%	42%
Human resources (sufficient staffing and training)	40%	50%	59%	29%	20%	100%	37%	27%	33%	50%	52%	40%	46%	57%	87%	40%	31%	39%
Infrastructure (facility structure, electricity, water and sanitation)	0%	25%	36%	28%	13%	0%	24%	33%	42%	25%	57%	29%	49%	43%	20%	37%	39%	37%
Financing (ability to pay for various inputs)	20%	50%	39%	21%	0%	0%	37%	36%	41%	29%	38%	31%	40%	43%	27%	39%	36%	34%
Transportation of patients to or from this facility	0%	44%	42%	29%	0%	0%	37%	45%	38%	50%	10%	23%	22%	14%	7%	31%	38%	29%
Community engagement and trust	20%	18%	14%	17%	13%	0%	0%	2%	5%	13%	14%	31%	18%	14%	7%	22%	23%	19%
Leadership and coordination (communication and coordination with higher-level authorities and supervision)	0%	0%	2%	5%	0%	0%	0%	7%	2%	0%	0%	5%	6%	7%	7%	5%	10%	5%

Annex 2: External shocks

All surveyed health facilities (N = 598)

	OBLASTS/REGIONS					FACILITY TYPES				
	DRS	Dushanbe	GBAO	Khatlon region	Sughd region	FMD-CHC	FMD-DHC	HH	RHC	**Tajikistan**
	N=134	N=15	N=98	N=176	N=175	N=43	N=53	N=226	N=276	N=598
	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1
Percentage of facilities facing at least one shock affecting the communities it serves	22%	0%	15%	14%	13%	2%	22%	16%	15%	16%
Percentage of facilities facing at least one shock affecting their ability to provide services	22%	0%	15%	14%	13%	2%	22%	16%	15%	16%
None	78%	100%	85%	86%	87%	98%	78%	84%	85%	84%
Natural disasters	21%	0%	5%	12%	11%	2%	20%	15%	12%	14%
Outbreaks, epidemics or pandemics	0%	0%	10%	3%	3%	0%	2%	2%	4%	3%

Annex 2: External shocks

All surveyed health facilities (N = 598)

	DRS				Dushanbe	GBAO				Khatlon region				Sughd region				Tajikistan
	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-DHC	RHC	HH	
	N=5	N=9	N=56	N=64	N=15	N=1	N=8	N=39	N=50	N=8	N=21	N=85	N=62	N=14	N=15	N=96	N=50	N=598
	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	N=110
Percentage of facilities facing at least one shock affecting their ability to provide services	0%	37%	25%	20%	0%	0%	12%	14%	16%	13%	24%	16%	13%	0%	7%	7%	18%	16%
Percentage of facilities facing at least one shock affecting the communities it serves	0%	37%	25%	20%	0%	0%	12%	14%	16%	13%	24%	16%	13%	0%	7%	7%	18%	16%
None	100%	63%	75%	80%	100%	100%	88%	86%	84%	88%	76%	84%	87%	100%	93%	93%	82%	84%
Natural disasters	0%	31%	24%	20%	0%	0%	12%	5%	5%	13%	24%	12%	12%	0%	7%	5%	17%	14%
Outbreaks, epidemics or pandemics	0%	6%	1%	0%	0%	0%	0%	9%	12%	0%	0%	6%	1%	0%	0%	2%	4%	3%

Annex 3: Impact of shocks on services

Among health facilities reporting a recent shock affecting health services (N = 110)

	OBLASTS/REGIONS					FACILITY TYPES				
	DRS	Dushanbe	GBAO	Khatlon region	Sughd region	FMD-CHC	FMD-DHC	HH	RHC	**Tajikistan**
	N=37	N=0	N=16	N=37	N=20	N=1	N=13	N=47	N=49	N=110
	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1
Service use has increased overall because of the shock	30%	%	55%	40%	13%	0%	46%	21%	53%	32%
Service use has decreased overall because of the shock	1%	%	10%	13%	24%	0%	15%	11%	9%	11%
Transportation of patients to or from this facility	27%	%	28%	42%	21%	100%	54%	29%	35%	32%
Infrastructure (facility structure and location)	20%	%	28%	46%	26%	0%	15%	35%	26%	32%
Community engagement and trust	14%	%	14%	27%	25%	0%	23%	16%	31%	21%
Medical supplies and equipment	13%	%	40%	20%	19%	0%	0%	17%	24%	19%
Financing	18%	%	21%	9%	8%	100%	8%	15%	7%	13%
Communication/coordination with higher-level authorities	13%	%	0%	14%	9%	0%	31%	5%	24%	12%
Human resources	13%	%	35%	5%	12%	0%	0%	13%	9%	11%

Annex 3: Impact of shocks on services *Among health facilities reporting a recent shock affecting health services (N = 110)*

	DRS				Dushanbe	GBAO				Khatlon region				Sughd region				Tajikistan
	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-DHC	RHC	HH	
	N=0	N=6	N=13	N=18	N=0	N=0	N=1	N=6	N=9	N=1	N=5	N=19	N=12	N=1	N=0	N=11	N=8	N=598
	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1
Service use has increased overall because of the shock	%	50%	73%	9%	%	%	100%	33%	59%	0%	40%	40%	40%	%	0%	56%	0%	32%
Service use has decreased overall because of the shock	%	0%	4%	0%	%	%	0%	17%	8%	0%	40%	13%	12%	%	0%	6%	30%	11%
Transportation of patients to or from this facility	%	67%	6%	35%	%	%	100%	17%	29%	100%	40%	51%	35%	%	0%	55%	11%	32%
Infrastructure (facility structure and location)	%	17%	12%	24%	%	%	0%	0%	37%	0%	20%	38%	53%	%	0%	27%	26%	32%
Community engagement and trust	%	17%	22%	10%	%	%	0%	34%	9%	0%	20%	34%	23%	%	100%	38%	19%	21%
Medical supplies and equipment	%	0%	10%	15%	%	%	0%	17%	48%	0%	0%	37%	10%	%	0%	18%	20%	19%
Financing	%	0%	10%	22%	%	%	0%	0%	29%	100%	20%	0%	14%	%	0%	33%	0%	13%
Communication/coordination with higher-level authorities	%	33%	22%	8%	%	%	0%	0%	0%	0%	20%	32%	0%	%	100%	6%	9%	12%
Human resources	%	0%	10%	15%	%	%	0%	33%	37%	0%	0%	4%	5%	%	0%	18%	11%	11%

Annex 4: Health service availability *All surveyed health facilities (N = 598)*

	OBLASTS/REGIONS					FACILITY TYPES				
	DRS	Dushanbe	GBAO	Khatlon region	Sughd region	FMD-CHC	FMD-DHC	HH	RHC	**Tajikistan**
	N=134	N=15	N=99	N=173	N=177	N=40	N=53	N=231	N=274	N=598
	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2
Average share of key services available at health facilities (%)	95%	100%	96%	97%	96%	97%	97%	96%	96%	96%
Percentage of facilities with all key health services available (%)	72%	100%	72%	78%	77%	87%	79%	78%	71%	76%
Child immunization	99%	100%	100%	100%	97%	97%	100%	99%	100%	99%
Antenatal care (ANC)	100%	100%	96%	99%	99%	97%	100%	98%	100%	99%
Consultations on healthy lifestyle and nutrition	99%	100%	97%	99%	98%	97%	100%	99%	98%	99%
Family planning	98%	100%	99%	98%	97%	97%	95%	98%	98%	98%
Hypertension	94%	100%	99%	97%	99%	100%	100%	96%	98%	97%
Diabetes	96%	100%	97%	96%	98%	100%	100%	97%	97%	97%
IMCI services	91%	100%	91%	96%	96%	97%	97%	93%	96%	94%
Chronic respiratory diseases (asthma, COPD)	83%	100%	94%	97%	97%	100%	98%	%	93%	94%
Child nutrition services	90%	100%	90%	91%	91%	97%	93%	89%	93%	91%
HIV/AIDS	71%	100%	84%	89%	87%	87%	90%	%	84%	85%

Annex 4: Health service availability

All surveyed health facilities (N = 598)

	DRS				Dushanbe	GBAO				Khatlon region				Sughd region				Tajikistan
	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-DHC	RHC	HH	
	N=5	N=9	N=55	N=65	N=15	N=1	N=8	N=39	N=51	N=5	N=21	N=85	N=62	N=14	N=15	N=95	N=53	N=598
	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2
Average share of key services available at health facilities (%)	100%	98%	92%	96%	100%	100%	98%	95%	96%	84%	96%	97%	97%	98%	98%	96%	96%	96%
Percentage of facilities with all key health services available (%)	100%	83%	60%	75%	100%	100%	76%	70%	73%	60%	76%	78%	79%	77%	80%	68%	84%	76%
Child immunization	100%	100%	100%	99%	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	95%	99%
Antenatal care (ANC)	100%	100%	100%	100%	100%	100%	100%	100%	94%	80%	100%	100%	99%	100%	100%	100%	97%	99%
Consultations on healthy lifestyle and nutrition	100%	100%	99%	99%	100%	100%	100%	98%	96%	80%	100%	97%	100%	100%	100%	97%	98%	99%
Family planning	100%	100%	100%	98%	100%	100%	100%	100%	98%	80%	90%	97%	99%	100%	93%	97%	97%	98%
Hypertension	100%	100%	94%	94%	100%	100%	100%	98%	99%	100%	100%	98%	97%	100%	100%	100%	98%	97%
Diabetes	100%	100%	94%	97%	100%	100%	100%	96%	97%	100%	100%	96%	96%	100%	100%	100%	97%	97%
IMCI services	100%	100%	94%	90%	100%	100%	100%	93%	89%	80%	90%	99%	94%	100%	100%	92%	99%	94%
Chronic respiratory diseases (asthma, COPD)	100%	100%	81%	%	100%	100%	100%	93%	%	100%	95%	98%	%	100%	100%	96%	%	94%
Child nutrition services	100%	83%	91%	90%	100%	100%	88%	93%	90%	80%	100%	95%	89%	100%	100%	94%	89%	91%
HIV/AIDS	100%	100%	68%	%	100%	100%	88%	84%	%	60%	86%	89%	%	77%	87%	88%	%	85%

Annex 5: GBV service availability

All surveyed health facilities (N = 598)

	OBLASTS/REGIONS										FACILITY TYPES								Tajikistan	
	DRS		Dushanbe		GBAO		Khatlon region		Sughd region		FMD-CHC		FMD-DHC		HH		RHC			
	N=134		N=15		N=98	N=99	N=176	N=173	N=175	N=177	N=43	N=40	N=53		N=226	N=231	N=276	N=274	N=598	
	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2
Average share of key gender-based violence services available at health facilities (%)	64%	64%	74%	74%	53%	53%	69%	68%	65%	65%	78%	78%	82%	82%	63%	63%	68%	67%	65%	65%
Percentage of facilities with all key gender-based violence services available (%)	35%	35%	13%	13%	18%	18%	33%	33%	26%	26%	14%	13%	36%	36%	39%	38%	16%	17%	31%	31%
Counselling on induced abortion services	82%	%	80%	%	70%	%	86%	%	86%	%	88%	%	98%	%	79%	%	91%	%	84%	%
Emergency contraception	71%	%	87%	%	69%	%	81%	%	82%	%	91%	%	95%	%	72%	%	85%	%	77%	%
Presumptive treatment for sexually transmitted infections (STIs) according to national protocols	75%	%	80%	%	67%	%	74%	%	76%	%	86%	%	85%	%	%	%	73%	%	75%	%
Post exposure prophylaxis (PEP) for HIV	72%	%	87%	%	65%	%	78%	%	71%	%	84%	%	88%	%	%	%	73%	%	74%	%
Child and adult survivors of sexual violence care and clinical treatment services	%	66%	%	80%	%	71%	%	66%	%	79%	%	65%	%	67%	%	72%	%	66%	%	69%
Hepatitis B immunization	59%	%	53%	%	45%	%	62%	%	54%	%	77%	%	80%	%	53%	%	66%	%	58%	%
Forensic assessment and examinations	44%	%	67%	%	58%	%	63%	%	56%	%	65%	%	65%	%	%	%	56%	%	57%	%
Tetanus toxoid or immunoglobulin	51%	%	79%	%	32%	%	56%	%	53%	%	69%	%	72%	%	49%	%	56%	%	52%	%
Induced abortion services	41%	%	53%	%	45%	%	44%	%	37%	%	58%	%	75%	%	%	%	39%	%	42%	%

Annex 5: GBV service availability

All surveyed health facilities (N = 598)

	DRS								Dushanbe		GBAO								Khatlon region								Sughd region								Tajikistan	
	FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-DHC		RHC		HH			
	N=5		N=9		N=55	N=56	N=64	N=65	N=15		N=1		N=8		N=39		N=50	N=51	N=5	N=8	N=21		N=85		N=62		N=14		N=15		N=95	N=96	N=50	N=53	N=598	
	R 1	R 2	R 1	R 2	R 2	R 1	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 2	R 1	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 2	R 1	R 1	R 2	R 1	R 2
Average share of key gender-based violence services available at health facilities (%)	83%	83%	74%	74%	65%	65%	63%	63%	74%	74%	88%	88%	83%	83%	60%	60%	49%	49%	80%	79%	82%	82%	71%	70%	67%	66%	79%	79%	91%	91%	66%	66%	63%	63%	65%	65%
Percentage of facilities with all key gender-based violence services available (%)	20%	20%	12%	12%	8%	8%	46%	46%	13%	13%	0%	0%	49%	49%	18%	18%	16%	16%	0%	13%	43%	43%	22%	23%	39%	38%	14%	14%	47%	47%	13%	13%	36%	36%	31%	31%
Counselling on induced abortion services	80%	%	100%	%	%	95%	77%	%	80%	%	100%	%	86%	%	76%	%	67%	%	%	88%	100%	%	91%	%	82%	%	100%	%	100%	%	%	92%	80%	%	84%	%
Emergency contraception	100%	%	94%	%	%	83%	66%	%	87%	%	100%	%	100%	%	75%	%	65%	%	%	88%	90%	%	88%	%	75%	%	93%	%	100%	%	%	85%	78%	%	77%	%
Presumptive treatment for sexually transmitted infections (STIs) according to national protocols	100%	%	68%	%	%	75%	%	%	80%	%	0%	%	86%	%	66%	%	%	%	%	75%	86%	%	74%	%	%	%	100%	%	100%	%	%	74%	%	%	75%	%
Post exposure prophylaxis (PEP) for HIV	80%	%	94%	%	%	70%	%	%	87%	%	100%	%	86%	%	61%	%	%	%	%	88%	81%	%	77%	%	%	%	79%	%	93%	%	%	70%	%	%	74%	%
Child and adult survivors of sexual violence care and clinical treatment services	%	100%	%	62%	55%	%	%	69%	%	80%	%	100%	%	63%	%	70%	%	72%	60%	%	%	71%	%	62%	%	69%	%	36%	%	67%	80%	%	%	82%	%	69%
Hepatitis B immunization	100%	%	56%	%	%	69%	55%	%	53%	%	100%	%	100%	%	62%	%	36%	%	%	100%	81%	%	67%	%	58%	%	79%	%	93%	%	%	64%	44%	%	58%	%
Forensic assessment and examinations	60%	%	31%	%	%	45%	%	%	67%	%	100%	%	73%	%	55%	%	%	%	%	75%	67%	%	62%	%	%	%	57%	%	93%	%	%	53%	%	%	57%	%
Tetanus toxoid or immunoglobulin	80%	%	69%	%	%	44%	53%	%	79%	%	100%	%	61%	%	41%	%	27%	%	%	75%	70%	%	64%	%	51%	%	50%	%	86%	%	%	56%	50%	%	52%	%
Induced abortion services	60%	%	82%	%	%	37%	%	%	53%	%	100%	%	73%	%	40%	%	%	%	%	38%	81%	%	42%	%	%	%	71%	%	60%	%	%	34%	%	%	42%	%

Annex 6.1: Basic Infrastructure *All surveyed health facilities (N = 598)*

	OBLASTS/REGIONS					FACILITY TYPES				
	DRS	Dushanbe	GBAO	Khatlon region	Sughd region	FMD-CHC	FMD-DHC	HH	RHC	**Tajikistan**
	N=134	N=15	N=99	N=173	N=177	N=40	N=53	N=231	N=274	N=598
	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2
Average share of key infrastructures available at health facilities (%)	35%	75%	41%	39%	44%	75%	65%	38%	39%	39%
Percentage of facilities with all key infrastructures available (%)	1%	20%	2%	3%	2%	29%	20%	2%	1%	2%
Availability of power (any source)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Availability of communications (continual access to telephone and/or internet)	15%	100%	28%	22%	33%	92%	62%	22%	21%	23%
Continual access to landline or mobile phone service	13%	100%	24%	18%	31%	86%	56%	19%	19%	21%
Continual access to the internet	8%	93%	14%	10%	17%	79%	45%	10%	10%	12%
Availability of basic WASH	9%	80%	8%	13%	16%	76%	36%	6%	21%	13%
Improved water source on the facility premises	38%	100%	42%	48%	48%	95%	76%	36%	59%	45%
Safe disposal of non-sharps infectious waste	85%	93%	94%	88%	88%	95%	97%	86%	90%	88%
Functional hand hygiene facility (water with soap or sanitizer) at all points of care and within 5m of toilets	71%	93%	70%	72%	69%	95%	78%	67%	76%	71%
Improved latrines, with one separated toilet for staff and for women (with a menstrual hygiene bin in the female-only toilet)	21%	87%	20%	22%	29%	79%	52%	14%	37%	23%

Annex 6.1: Basic Infrastructure *All surveyed health facilities (N = 598)*

	DRS				Dushanbe	GBAO				Khatlon region				Sughd region				
	FMD-CHC	FMD-DHC	HH	RHC	FMD-CHC	FMD-CHC	FMD-DHC	HH	RHC	FMD-CHC	FMD-DHC	HH	RHC	FMD-CHC	FMD-DHC	HH	RHC	**Tajikistan**
	N=5	N=9	N=65	N=55	N=15	N=1	N=8	N=51	N=39	N=5	N=21	N=62	N=85	N=14	N=15	N=53	N=95	N=598
	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2
Average share of key infrastructures available at health facilities (%)	92%	59%	40%	43%	93%	100%	71%	44%	45%	87%	67%	44%	45%	85%	73%	44%	53%	45%
Percentage of facilities with all key infrastructures available (%)	75%	12%	2%	1%	80%	100%	24%	4%	2%	60%	24%	6%	5%	62%	33%	1%	5%	5%
Availability of power (any source)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Availability of communications (continual access to telephone and/or internet)	100%	59%	14%	13%	100%	100%	76%	24%	32%	80%	57%	25%	16%	85%	67%	29%	33%	23%
Continual access to the internet	100%	53%	5%	9%	93%	100%	51%	9%	22%	60%	33%	13%	3%	62%	47%	12%	19%	12%
Continual access to landline or mobile phone service	100%	59%	12%	11%	100%	100%	76%	22%	22%	50%	48%	19%	15%	77%	53%	29%	30%	21%
Availability of basic WASH	75%	17%	6%	18%	80%	100%	37%	7%	5%	80%	43%	7%	21%	69%	53%	4%	26%	13%
Improved water source on the facility premises	67%	50%	30%	61%	100%	100%	86%	37%	52%	100%	86%	39%	59%	92%	87%	37%	59%	45%
Safe disposal of non-sharps infectious waste	100%	100%	83%	89%	93%	100%	100%	94%	95%	100%	95%	87%	90%	92%	93%	86%	92%	88%
Functional hand hygiene facility (water with soap or sanitizer) at all points of care and within 5m of toilets	100%	69%	69%	76%	93%	100%	76%	70%	66%	100%	86%	66%	81%	92%	80%	66%	72%	71%
Improved latrines, with one separated toilet for staff and for women (with a menstrual hygiene bin in the female-only toilet)	75%	58%	13%	40%	87%	100%	37%	19%	20%	80%	55%	11%	36%	69%	53%	19%	40%	24%

Annex 6.2: Routine utilities and communications *All surveyed health facilities (N = 598)*

	OBLASTS/REGIONS										FACILITY TYPES								Tajikistan	
	DRS		Dushanbe		GBAO		Khatlon region		Sughd region		FMD-CHC		FMD-DHC		HH		RHC			
	N=134		N=15		N=98	N=99	N=176	N=173	N=175	N=177	N=43	N=40	N=53		N=226	N=231	N=276	N=274	N=598	
	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2
Average share of routine utilities available (%)	27%	29%	89%	97%	24%	29%	22%	34%	26%	37%	78%	88%	62%	62%	20%	27%	29%	41%	25%	33%
Percentage of facilities with all routine utilities available (%)	0%	1%	53%	87%	1%	1%	1%	1%	1%	6%	37%	60%	20%	17%	0%	0%	0%	4%	1%	3%
Water always available in past three months	53%	59%	73%	100%	43%	57%	55%	74%	65%	67%	63%	83%	59%	54%	55%	63%	57%	75%	56%	67%
Electricity always available in past three months	28%	43%	87%	93%	46%	60%	14%	49%	21%	62%	63%	78%	52%	65%	22%	50%	20%	53%	22%	52%
Functional computer available today (owned by facility)	33%	28%	100%	100%	19%	17%	27%	24%	32%	31%	95%	98%	90%	80%	9%	6%	60%	60%	29%	27%
Functional telephone available today (owned by facility)	10%	2%	100%	100%	5%	7%	11%	14%	6%	12%	86%	93%	51%	58%	9%	8%	4%	7%	10%	10%
Functional internet available today (owned by facility)	12%	14%	87%	93%	5%	6%	5%	11%	7%	12%	84%	88%	61%	56%	6%	8%	5%	14%	8%	12%
Functional computer available today (personal device, not owned by facility)	3%	2%	0%	0%	0%	2%	1%	2%	1%	0%	0%	0%	0%	0%	1%	2%	3%	2%	2%	2%
Functional telephone available today (personal device, not owned by facility)	16%	26%	0%	0%	12%	28%	14%	20%	18%	33%	9%	3%	27%	20%	14%	23%	18%	30%	15%	25%
Functional internet available today (personal device, not owned by facility)	6%	15%	7%	7%	7%	25%	5%	11%	8%	18%	5%	10%	8%	24%	6%	15%	6%	14%	6%	15%

Annex 6.2: Routine utilities and communications *All surveyed health facilities (N = 598)*

	DRS								Dushanbe		GBAO						Khatlon region								Sughd region								Tajikistan	
	FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-DHC		RHC		HH			
	N=5		N=9		N=56	N=55	N=64	N=65	N=15		N=1		N=8		N=39		N=50	N=51	N=5	N=8	N=21		N=85		N=62		N=14		N=15		N=96	N=95	N=50	N=53	N=598	
	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R2	R1	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2
Average share of routine utilities available (%)	80%	84%	55%	46%	30%	39%	25%	25%	89%	97%	100%	100%	62%	64%	33%	40%	18%	23%	64%	70%	70%	70%	25%	41%	19%	29%	69%	86%	61%	67%	35%	46%	17%	26%	25%	33%
Percentage of facilities with all routine utilities available (%)	20%	40%	6%	6%	1%	1%	0%	0%	53%	87%	100%	100%	12%	0%	0%	2%	0%	0%	0%	25%	33%	24%	0%	1%	0%	0%	29%	57%	20%	27%	0%	10%	0%	0%	1%	3%
Water always available in past three months	40%	60%	69%	47%	57%	69%	52%	56%	73%	100%	100%	100%	24%	14%	50%	74%	41%	53%	60%	63%	67%	65%	47%	81%	59%	70%	57%	79%	57%	67%	76%	68%	58%	65%	56%	67%
Electricity always available in past three months	60%	100%	44%	69%	18%	48%	31%	40%	87%	93%	100%	100%	76%	73%	50%	58%	43%	60%	20%	38%	57%	62%	16%	50%	12%	49%	50%	71%	40%	60%	22%	63%	19%	61%	22%	52%
Functional computer available today (owned by facility)	100%	100%	68%	43%	69%	65%	18%	14%	100%	100%	100%	100%	100%	100%	51%	54%	4%	0%	80%	88%	95%	95%	52%	55%	8%	3%	93%	100%	100%	87%	67%	64%	0%	1%	29%	27%
Functional telephone available today (owned by facility)	100%	80%	31%	37%	3%	2%	11%	0%	100%	100%	100%	100%	61%	73%	5%	7%	2%	3%	80%	88%	67%	71%	5%	5%	13%	18%	64%	93%	47%	53%	4%	16%	4%	5%	10%	10%
Functional internet available today (owned by facility)	100%	80%	62%	37%	5%	10%	12%	14%	87%	93%	100%	100%	49%	61%	7%	11%	2%	1%	80%	75%	62%	62%	4%	11%	3%	9%	79%	86%	67%	67%	5%	20%	4%	1%	8%	12%
Functional computer available today (personal device, not owned by facility)	0%	0%	0%	0%	3%	4%	3%	1%	0%	0%	0%	0%	0%	0%	0%	5%	0%	2%	0%	0%	0%	0%	3%	2%	0%	3%	0%	0%	0%	0%	2%	1%	0%	0%	2%	2%
Functional telephone available today (personal device, not owned by facility)	0%	20%	38%	38%	19%	27%	14%	25%	0%	0%	0%	0%	12%	27%	17%	32%	11%	27%	0%	0%	5%	14%	18%	29%	12%	15%	29%	0%	53%	7%	16%	32%	17%	37%	15%	25%
Functional internet available today (personal device, not owned by facility)	0%	20%	0%	38%	16%	18%	3%	13%	7%	7%	0%	0%	0%	39%	11%	23%	7%	25%	0%	0%	14%	14%	1%	13%	6%	9%	7%	14%	13%	13%	4%	11%	11%	24%	6%	15%

Annex 6.3: Management of patient medical data *All surveyed health facilities (N = 598)*

	OBLASTS/REGIONS					FACILITY TYPES				
	DRS	Dushanbe	GBAO	Khatlon region	Sughd region	FMD-CHC	FMD-DHC	HH	RHC	**Tajikistan**
	N=134	N=15	N=98	N=176	N=175	N=43	N=53	N=226	N=276	N=598
	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1
Average share of patient data management systems available (%)	43%	100%	37%	39%	39%	89%	73%	34%	48%	40%
Percentage of facilities with all patient data management systems available (%)	13%	100%	5%	8%	10%	74%	53%	4%	15%	10%
Facility maintains individual patient records	92%	100%	96%	91%	94%	100%	100%	91%	94%	92%
Facility has a safe and locked filing space or password-protected computer to keep patient medical records confidential	38%	100%	31%	36%	36%	88%	73%	25%	52%	36%
Facility uses an eletronic medical information system (software) for entering patient data	22%	100%	12%	19%	14%	86%	63%	10%	29%	19%
Facility uses an electronic software for patient data and its staff has necessary training and permission to enter the data	20%	100%	10%	13%	12%	81%	56%	9%	19%	15%

Annex 6.3: Management of patient medical data *All surveyed health facilities (N = 598)*

	DRS				Dushanbe	GBAO				Khatlon region				Sughd region				Tajikistan
	FMD-DHC	FMD-CHC	RHC	HH	FMD-CHC	FMD-DHC	FMD-CHC	RHC	HH	FMD-DHC	FMD-CHC	RHC	HH	FMD-DHC	FMD-CHC	RHC	HH	
	N=9	N=5	N=56	N=64	N=15	N=8	N=1	N=39	N=50	N=21	N=8	N=85	N=62	N=15	N=14	N=96	N=50	N=598
	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1
Average share of patient data management systems available (%)	68%	95%	55%	37%	100%	83%	50%	44%	32%	69%	91%	47%	34%	78%	77%	48%	29%	40%
Percentage of facilities with all patient data management systems available (%)	56%	80%	24%	7%	100%	73%	0%	7%	1%	43%	75%	11%	4%	53%	50%	17%	1%	10%
Facility maintains individual patient records	100%	100%	96%	90%	100%	100%	100%	100%	94%	100%	100%	90%	91%	100%	100%	97%	91%	92%
Facility has a safe and locked filing space or password-protected computer to keep patient medical records confidential	62%	100%	67%	27%	100%	73%	100%	53%	21%	71%	100%	48%	26%	87%	64%	48%	23%	36%
Facility uses an eletronic medical information system (software) for entering patient data	56%	100%	30%	17%	100%	86%	0%	16%	7%	57%	88%	32%	10%	67%	71%	25%	1%	19%
Facility uses an electronic software for patient data and its staff has necessary training and permission to enter the data	56%	80%	27%	15%	100%	73%	0%	9%	7%	48%	75%	17%	9%	60%	71%	20%	1%	15%

Annex 6.4: Accessibility for persons with disabilites *All surveyed health facilities (N = 598)**

	OBLASTS/REGIONS					FACILITY TYPES				
	DRS	Dushanbe	GBAO	Khatlon region	Sughd region	FMD-CHC	FMD-DHC	HH	RHC	**Tajikistan**
	N=134	N=15	N=98	N=176	N=175	N=43	N=53	N=226	N=276	N=598
	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1
Average share of accessibility accommodations available (%)	6%	43%	8%	6%	7%	37%	17%	2%	13%	7%
Percentage of facilities with all accessibility accommodations available (%)	0%	7%	1%	1%	0%	5%	2%	0%	1%	0%
Facility has a ramp or lift available wherever there are stairs for access of people with limited mobility (among facilities that have stairs)	13%	79%	35%	29%	44%	83%	60%	12%	41%	32%
Facility has assistive technologies to help the blind or visually impaired to read information	5%	7%	6%	4%	1%	5%	2%	1%	8%	4%

* The denominator for the indicator related to “Availability of a ramp of lift” only includes facilities that reported having stairs/steps in the building (N = 172).

Annex 6.4: Accessibility for persons with disabilities *All surveyed health facilities (N = 598)**

	DRS				Dushanbe	GBAO				Khatlon region				Sughd region				Tajikistan
	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-DHC	RHC	HH	N=598
	N=43	N=53	N=276	N=226	N=43	N=43	N=53	N=276	N=226	N=43	N=53	N=276	N=226	N=43	N=53	N=276	N=226	
	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1
Average share of accessibility accommodations available (%)	40%	6%	15%	2%	43%	0%	12%	10%	7%	25%	19%	13%	1%	39%	30%	11%	2%	7%
Percentage of facilities with all accessibility accommodations available (%)	0%	0%	0%	0%	7%	0%	0%	2%	0%	0%	0%	2%	0%	7%	7%	0%	0%	0%
Facility has a ramp or lift available wherever there are stairs for access of people with limited mobility (among facilities that have stairs)	80%	40%	11%	8%	79%	%	63%	36%	27%	67%	57%	46%	7%	100%	73%	57%	19%	32%
Facility has assistive technologies to help the blind or visually impaired to read information	0%	0%	15%	2%	7%	0%	0%	7%	6%	0%	0%	10%	1%	7%	7%	2%	0%	4%

Annex 7.1: Medical Supplies *All surveyed health facilities (N = 598)*

	OBLASTS/REGIONS										FACILITY TYPES								Tajikistan	
	DRS		Dushanbe		GBAO		Khatlon region		Sughd region		FMD-CHC		FMD-DHC		HH		RHC		N=598	
	N=134		N=15		N=98	N=99	N=176	N=173	N=175	N=177	N=43	N=40	N=53		N=226	N=231	N=276	N=274		
	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2
Average share of tracer medical supplies available at facilities (%)	85%	88%	95%	95%	80%	85%	80%	81%	83%	85%	87%	87%	83%	84%	86%	89%	75%	76%	82%	84%
Percentage of facilities with all tracer medical supplies available (%)	9%	23%	40%	40%	4%	18%	2%	8%	7%	16%	16%	18%	7%	10%	7%	23%	0%	1%	5%	15%
Average percentage of tracer essential medicines available (%)	90%	96%	95%	100%	86%	96%	88%	90%	90%	93%	93%	98%	92%	98%	88%	92%	92%	92%	89%	92%
Average percentage of tracer vaccines available (%)	99%	95%	100%	100%	95%	89%	97%	94%	95%	94%	98%	97%	100%	100%	96%	91%	98%	99%	97%	94%
Average percentage of tracer PPEs available (%)	69%	75%	98%	98%	61%	72%	67%	74%	73%	80%	98%	96%	93%	92%	63%	73%	76%	80%	69%	76%
Average percentage of tracer medical equipment available (%)	87%	87%	93%	92%	81%	81%	76%	77%	80%	81%	85%	85%	81%	82%	87%	88%	67%	67%	80%	81%
Average percentage of tracer diagnostics available (%)	30%	31%	96%	90%	30%	29%	31%	44%	56%	58%	79%	71%	69%	67%	%	%	35%	42%	38%	45%

Annex 7.1: Medical supplies *All surveyed health facilities (N = 598)*

	DRS								Dushanbe		GBAO						Khatlon region								Sughd region								Tajikistan	
	FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-DHC		RHC		HH		N=598	
	N=5		N=9		N=56	N=55	N=64	N=65	N=15		N=1		N=8		N=39		N=50	N=51	N=5	N=8	N=21		N=85		N=62		N=14		N=15		N=96	N=95	N=50	N=53		
	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 2	R 1	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2
Average share of tracer medical supplies available at facilities (%)	93%	86%	82%	82%	77%	77%	88%	92%	95%	95%	90%	94%	74%	78%	65%	67%	85%	91%	73%	80%	81%	84%	73%	74%	85%	86%	81%	83%	91%	91%	80%	80%	86%	89%	82%	84%
Percentage of facilities with all tracer medical supplies available (%)	20%	0%	18%	17%	0%	0%	12%	32%	40%	40%	0%	0%	0%	0%	0%	0%	6%	25%	0%	0%	0%	5%	0%	0%	3%	13%	0%	8%	7%	13%	1%	3%	11%	26%	5%	15%
Average percentage of tracer vaccines available (%)	100%	100%	100%	100%	99%	98%	99%	94%	100%	100%	100%	100%	100%	100%	96%	94%	94%	86%	80%	88%	100%	100%	97%	99%	97%	90%	100%	100%	98%	100%	100%	100%	92%	90%	97%	94%
Average percentage of tracer essential medicines available (%)	100%	100%	96%	100%	97%	98%	87%	94%	95%	100%	79%	93%	89%	98%	84%	91%	86%	98%	91%	99%	88%	98%	90%	90%	87%	89%	87%	98%	95%	96%	92%	92%	90%	93%	89%	92%
Average percentage of tracer PPEs available (%)	93%	100%	90%	78%	81%	77%	63%	75%	98%	98%	100%	100%	83%	95%	61%	67%	60%	72%	93%	100%	98%	95%	71%	81%	64%	69%	98%	92%	96%	100%	83%	83%	62%	76%	69%	76%
Average percentage of tracer medical equipment available (%)	91%	87%	82%	83%	69%	68%	93%	93%	93%	92%	89%	89%	67%	72%	56%	56%	89%	90%	66%	72%	80%	80%	65%	66%	83%	84%	82%	83%	88%	88%	73%	72%	86%	86%	80%	81%
Average percentage of tracer diagnostics available (%)	96%	64%	59%	53%	26%	28%	%	%	96%	90%	100%	100%	59%	59%	24%	22%	%	%	48%	54%	67%	68%	29%	43%	%	%	67%	59%	89%	84%	53%	56%	%	%	38%	45%

Annex 7.2: Vaccine availability *All surveyed health facilities (N = 598)*

	OBLASTS/REGIONS										FACILITY TYPES								Tajikistan	
	DRS		Dushanbe		GBAO		Khatlon region		Sughd region		FMD-CHC		FMD-DHC		HH		RHC		N=598	
	N=134		N=15		N=98	N=99	N=176	N=173	N=175	N=177	N=43	N=40	N=53		N=226	N=231	N=276	N=274		
	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2
Average percentage of tracer vaccines available (%)	99%	95%	100%	100%	95%	89%	97%	94%	95%	94%	98%	97%	100%	100%	96%	91%	98%	99%	97%	94%
Percentage of facilities with all tracer vaccines (%)	95%	90%	100%	100%	88%	85%	94%	91%	91%	88%	98%	97%	98%	100%	92%	85%	95%	97%	93%	90%
Penta vaccine (DPT + HiB + HepB)	100%	97%	100%	100%	94%	91%	99%	94%	95%	97%	98%	97%	100%	100%	97%	93%	99%	99%	98%	95%
Measles, rubella and mumps vaccine	100%	99%	100%	100%	95%	85%	100%	95%	97%	92%	98%	97%	100%	100%	98%	92%	100%	99%	99%	94%
Pneumococcal vaccine (PCV)	96%	93%	100%	100%	96%	89%	94%	93%	93%	96%	98%	97%	98%	100%	93%	91%	96%	98%	94%	93%
Polio vaccine	100%	93%	100%	100%	96%	89%	95%	94%	96%	92%	98%	97%	100%	100%	96%	89%	98%	99%	97%	93%

Annex 7.2: Vaccine availability *All surveyed health facilities (N = 598)*

	DRS								Dushanbe		GBAO								Khatlon region								Sughd region								Tajikistan N=598	
	FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-DHC		RHC		HH			
	N=5		N=9		N=56	N=55	N=64	N=65	N=15		N=1		N=8		N=39		N=50	N=51	N=5	N=8	N=21		N=85		N=62		N=14		N=15		N=96	N=95	N=50	N=53		
	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R2	R1	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2
Average percentage of tracer vaccines available (%)	100%	100%	100%	100%	99%	98%	99%	94%	100%	100%	100%	100%	100%	100%	96%	94%	94%	86%	80%	88%	100%	100%	97%	99%	97%	90%	100%	100%	98%	100%	100%	100%	92%	90%	97%	94%
Percentage of facilities with all tracer vaccines (%)	100%	100%	100%	100%	95%	90%	96%	89%	100%	100%	100%	100%	100%	100%	89%	92%	87%	82%	80%	88%	100%	100%	94%	99%	94%	86%	100%	100%	93%	100%	98%	99%	85%	79%	93%	90%
Penta vaccine (DPT + HiB + HepB)	100%	100%	100%	100%	100%	100%	100%	95%	100%	100%	100%	100%	100%	100%	98%	92%	92%	90%	80%	88%	100%	100%	99%	100%	100%	90%	100%	100%	100%	100%	100%	100%	90%	94%	98%	95%
Measles and rubella vaccine	100%	100%	100%	100%	100%	98%	100%	99%	100%	100%	100%	100%	100%	100%	98%	92%	94%	82%	80%	88%	100%	100%	99%	100%	100%	91%	100%	100%	100%	100%	100%	99%	94%	87%	99%	94%
Pneumococcal vaccine (PCV)	100%	100%	100%	100%	95%	96%	96%	91%	100%	100%	100%	100%	100%	100%	96%	96%	95%	86%	80%	88%	100%	100%	94%	99%	94%	90%	100%	100%	93%	100%	100%	100%	88%	93%	94%	93%
Polio vaccine	100%	100%	100%	100%	99%	96%	100%	91%	100%	100%	100%	100%	100%	100%	93%	96%	97%	86%	80%	88%	100%	100%	97%	100%	94%	90%	100%	100%	100%	100%	99%	100%	94%	86%	97%	93%

Annex 7.3: Essential medicines availability *All surveyed health facilities (N = 598)*

	OBLASTS/REGIONS										FACILITY TYPES								Tajikistan	
	DRS		Dushanbe		GBAO		Khatlon region		Sughd region		FMD-CHC		FMD-DHC		HH		RHC			
	N=134		N=15		N=98	N=99	N=176	N=173	N=175	N=177	N=43	N=40	N=53		N=226	N=231	N=276	N=274	N=598	
	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2
Average percentage of tracer essential medicines available (%)	90%	96%	95%	100%	86%	96%	88%	90%	90%	93%	93%	98%	92%	98%	88%	92%	92%	92%	89%	92%
Percentage of facilities with all tracer essential medicines (%)	54%	74%	87%	100%	30%	75%	42%	58%	54%	66%	74%	82%	55%	85%	42%	67%	55%	62%	47%	66%
Dexamethasone	95%	99%	100%	100%	95%	99%	99%	97%	98%	94%	98%	100%	97%	100%	97%	97%	99%	97%	98%	97%
Analgesics	93%	99%	100%	100%	93%	98%	97%	97%	99%	98%	98%	100%	95%	100%	94%	99%	99%	96%	96%	98%
Ammonia	100%	98%	100%	100%	98%	99%	98%	96%	93%	95%	98%	100%	95%	97%	97%	97%	97%	96%	97%	97%
Sodium chloride solution	95%	98%	100%	100%	93%	99%	91%	93%	98%	97%	100%	100%	93%	100%	94%	96%	94%	96%	94%	96%
Ringer's solution	92%	95%	93%	100%	89%	99%	89%	90%	91%	97%	95%	100%	90%	100%	89%	93%	94%	94%	91%	94%
Glucose solution	87%	97%	93%	100%	85%	95%	84%	88%	91%	97%	93%	100%	93%	100%	86%	94%	88%	91%	87%	93%
Magnesium sulphate	91%	100%	93%	100%	96%	98%	97%	96%	96%	95%	95%	100%	97%	98%	93%	98%	99%	96%	95%	97%
Drotoverin (No-shpa)	95%	98%	93%	100%	92%	99%	91%	95%	90%	92%	95%	100%	98%	98%	89%	95%	96%	95%	92%	96%
Oxytocin	100%	100%	93%	100%	89%	89%	90%	92%	76%	100%	84%	92%	92%	100%	%	%	%	%	88%	97%
Nifedipine	94%	96%	100%	100%	96%	98%	93%	92%	94%	92%	98%	100%	98%	100%	94%	91%	94%	96%	94%	93%
Adrenaline hydrotartrate	92%	97%	93%	100%	89%	93%	88%	81%	84%	85%	91%	92%	90%	95%	89%	89%	87%	85%	88%	87%
Nitroglycerin	86%	91%	93%	100%	67%	92%	81%	81%	85%	89%	95%	100%	98%	98%	78%	84%	88%	90%	82%	87%
Mezaton	58%	79%	93%	100%	41%	83%	51%	68%	67%	80%	91%	97%	88%	97%	50%	74%	63%	74%	56%	75%
Hydralazine	76%	100%	87%	100%	56%	87%	62%	77%	70%	96%	78%	92%	65%	92%	%	%	%	%	70%	92%

Annex 7.3: Essential medicines availability

	DRS								Dushanbe		GBAO								Khatlon region								Sughd region								Tajikistan	
	FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-DHC		RHC		HH		N=598	
	N=5		N=9		N=56	N=55	N=64	N=65	N=15		N=1		N=8		N=39		N=50	N=51	N=5	N=8	N=21		N=85		N=62		N=14		N=15		N=96	N=95	N=50	N=53		
	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R2	R1	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2
Average percentage of tracer essential medicines available (%)	100%	100%	96%	100%	97%	98%	87%	94%	95%	100%	79%	93%	89%	98%	84%	91%	86%	98%	91%	99%	88%	98%	90%	90%	87%	89%	87%	98%	95%	96%	92%	92%	90%	93%	89%	92%
Percentage of facilities with all tracer essential medicines (%)	100%	100%	63%	100%	77%	77%	45%	71%	87%	100%	0%	0%	51%	73%	42%	57%	24%	82%	20%	88%	48%	81%	44%	57%	41%	59%	50%	85%	60%	80%	58%	61%	50%	68%	47%	66%
Dexamethasone	100%	100%	100%	100%	99%	100%	94%	98%	100%	100%	100%	100%	88%	100%	96%	96%	95%	100%	100%	100%	95%	100%	100%	98%	99%	97%	93%	100%	100%	100%	98%	95%	99%	92%	98%	97%
Analgesics	100%	100%	100%	100%	99%	100%	91%	98%	100%	100%	100%	100%	88%	100%	95%	93%	92%	100%	100%	100%	90%	100%	100%	95%	95%	98%	93%	100%	100%	100%	100%	96%	99%	100%	96%	98%
Ammonia	100%	100%	100%	100%	99%	99%	100%	97%	100%	100%	100%	100%	100%	88%	98%	98%	97%	100%	100%	100%	95%	95%	98%	95%	97%	97%	93%	100%	87%	100%	94%	94%	92%	96%	97%	97%
Sodium chloride solution	100%	100%	100%	100%	99%	99%	94%	97%	100%	100%	100%	100%	88%	100%	90%	95%	94%	100%	100%	100%	86%	100%	90%	95%	92%	92%	100%	100%	100%	100%	99%	96%	97%	98%	94%	96%
Ringer's solution	100%	100%	94%	100%	99%	99%	89%	93%	93%	100%	100%	100%	76%	100%	85%	98%	91%	100%	100%	100%	86%	100%	93%	89%	88%	90%	93%	100%	100%	100%	93%	96%	89%	98%	91%	94%
Glucose solution	100%	100%	100%	100%	90%	99%	86%	96%	93%	100%	100%	100%	88%	100%	80%	96%	86%	95%	100%	100%	86%	100%	83%	83%	85%	91%	86%	100%	100%	100%	96%	96%	88%	98%	87%	93%
Magnesium sulphate	100%	100%	100%	100%	100%	100%	87%	100%	93%	100%	100%	100%	100%	100%	85%	92%	99%	100%	100%	100%	90%	100%	100%	97%	96%	96%	93%	100%	100%	93%	99%	93%	94%	97%	95%	97%
Drotoverin (No-shpa)	100%	100%	100%	100%	100%	100%	94%	97%	93%	100%	100%	100%	100%	100%	83%	95%	95%	100%	100%	100%	95%	100%	97%	94%	87%	95%	93%	100%	100%	93%	95%	95%	85%	90%	92%	96%
Oxytocin	100%	100%	100%	100%	%	%	%	%	93%	100%	0%	0%	100%	100%	%	%	%	%	60%	100%	86%	100%	%	%	%	%	64%	100%	87%	100%	%	%	%	%	88%	97%
Nifedipine	100%	100%	100%	100%	99%	99%	92%	94%	100%	100%	100%	100%	100%	100%	93%	97%	96%	98%	100%	100%	95%	100%	93%	96%	93%	89%	93%	100%	100%	100%	91%	94%	97%	90%	94%	93%
Adrenaline hydrotartrate	100%	100%	94%	100%	96%	99%	91%	97%	93%	100%	100%	100%	88%	100%	84%	83%	90%	96%	60%	100%	95%	100%	88%	82%	87%	80%	79%	92%	80%	80%	77%	79%	90%	89%	88%	87%
Nitroglycerin	100%	100%	100%	100%	100%	97%	80%	89%	93%	100%	100%	100%	100%	100%	72%	83%	63%	95%	100%	100%	95%	100%	86%	85%	77%	78%	93%	100%	100%	93%	85%	94%	83%	85%	82%	87%
Mezaton	100%	100%	94%	100%	80%	82%	48%	77%	93%	100%	0%	100%	63%	100%	47%	68%	39%	87%	100%	100%	90%	100%	53%	71%	48%	65%	86%	92%	93%	87%	70%	73%	63%	84%	56%	75%
Hydralazine	100%	100%	69%	100%	%	%	%	%	87%	100%	0%	100%	63%	86%	%	%	%	%	60%	88%	52%	81%	%	%	%	%	58%	92%	80%	100%	%	%	%	%	70%	92%

Annex 7.4: Medical equipment availability

All surveyed health facilities (N = 598)

	OBLASTS/REGIONS										FACILITY TYPES								Tajikistan	
	DRS		Dushanbe		GBAO		Khatlon region		Sughd region		FMD-CHC		FMD-DHC		HH		RHC			
	N=134		N=15		N=98	N=99	N=176	N=173	N=175	N=177	N=43	N=40	N=53		N=226	N=231	N=276	N=274	N=598	
	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2
Average percentage of tracer medical equipment available (%)	87%	87%	93%	92%	81%	81%	76%	77%	80%	81%	85%	85%	81%	82%	87%	88%	67%	67%	80%	81%
Percentage of facilities with all tracer medical equipments (%)	54%	54%	47%	47%	39%	40%	26%	26%	30%	30%	21%	21%	12%	13%	54%	54%	4%	3%	36%	36%
Functional blood pressure apparatus	%	99%	%	93%	%	98%	%	97%	%	100%	%	97%	%	98%	%	98%	%	100%	%	99%
Functional thermometer	%	99%	%	93%	%	100%	%	98%	%	97%	%	97%	%	100%	%	97%	%	100%	%	98%
Functional child weighing scale	%	98%	%	93%	%	94%	%	97%	%	94%	%	95%	%	100%	%	96%	%	97%	%	96%
Refrigerator continuous temperature monitoring	%	95%	%	93%	%	91%	%	91%	%	90%	%	95%	%	95%	%	91%	%	93%	%	92%
Obstetric stethoscope	%	93%	%	93%	%	91%	%	83%	%	90%	%	95%	%	95%	%	82%	%	99%	%	88%
Otoscope	%	89%	%	93%	%	67%	%	88%	%	84%	%	95%	%	95%	%	%	%	85%	%	86%
Electrocardiograph	97%	%	100%	%	55%	%	85%	%	85%	%	95%	%	91%	%	%	%	85%	%	86%	%
Ophthalmoscope	94%	%	100%	%	53%	%	63%	%	66%	%	84%	%	88%	%	%	%	68%	%	70%	%
Sanitary stretcher	93%	%	100%	%	65%	%	50%	%	83%	%	93%	%	87%	%	%	%	68%	%	70%	%
Blood glucose meter	69%	%	100%	%	74%	%	60%	%	80%	%	88%	%	85%	%	%	%	67%	%	69%	%
Pulse oximeter	%	77%	%	93%	%	60%	%	58%	%	69%	%	92%	%	96%	%	61%	%	73%	%	66%
Autoclave	47%	%	100%	%	34%	%	58%	%	57%	%	76%	%	60%	%	%	%	53%	%	54%	%
Splints	48%	%	79%	%	55%	%	45%	%	69%	%	71%	%	70%	%	%	%	51%	%	53%	%
Centrifuge	50%	%	100%	%	19%	%	57%	%	55%	%	86%	%	68%	%	%	%	50%	%	53%	%
Microscope	%	31%	%	93%	%	39%	%	49%	%	70%	%	81%	%	72%	%	%	%	49%	%	51%
Oxygen delivery apparatus	%	40%	%	93%	%	35%	%	39%	%	48%	%	95%	%	75%	%	%	%	38%	%	42%
Intubation/tracheostomy kits	35%	%	54%	%	6%	%	30%	%	28%	%	34%	%	41%	%	%	%	28%	%	29%	%
Hemoglobinometer	28%	%	93%	%	49%	%	39%	%	62%	%	85%	%	69%	%	%	%	41%	%	45%	%
Coagulator	31%	%	93%	%	4%	%	34%	%	34%	%	69%	%	44%	%	%	%	30%	%	32%	%

Annex 7.4: Medical equipment availability

All surveyed health facilities (N = 598)

	DRS								Dushanbe		GBAO								Khatlon region								Sughd region								Tajikistan	
	FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-DHC		RHC		HH			
	N=5		N=9		N=56	N=55	N=64	N=65	N=15		N=1		N=8		N=39		N=50	N=51	N=5	N=8	N=21		N=85		N=62		N=14		N=15		N=96	N=95	N=50	N=53	N=598	
	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 2	R 1	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2
Average percentage of tracer medical equipment available (%)	91%	87%	82%	83%	69%	68%	93%	93%	93%	92%	89%	89%	67%	72%	56%	56%	89%	90%	66%	72%	80%	80%	65%	66%	83%	84%	82%	83%	88%	88%	73%	72%	86%	86%	80%	81%
Percentage of facilities with all tracer medical equipments (%)	20%	0%	18%	17%	6%	4%	73%	73%	47%	47%	0%	0%	0%	0%	0%	0%	55%	56%	0%	0%	5%	10%	2%	1%	42%	42%	7%	8%	20%	20%	7%	6%	48%	48%	36%	36%
Functional blood pressure apparatus	%	100%	%	100%	%	100%	%	99%	%	93%	%	100%	%	100%	%	98%	%	98%	100%	%	%	95%	%	100%	%	96%	%	100%	%	100%	%	100%	%	100%	%	99%
Functional thermometer	%	100%	%	100%	%	100%	%	99%	%	93%	%	100%	%	100%	%	100%	%	100%	100%	%	%	100%	%	100%	%	97%	%	100%	%	100%	%	100%	%	94%	%	98%
Functional child weighing scale	%	100%	%	100%	%	100%	%	97%	%	93%	%	100%	%	100%	%	89%	%	95%	100%	%	%	100%	%	100%	%	95%	%	92%	%	100%	%	92%	%	95%	%	96%
Refrigerator continuous temperature monitoring	%	100%	%	100%	%	95%	%	95%	%	93%	%	100%	%	88%	%	85%	%	93%	100%	%	%	90%	%	93%	%	90%	%	92%	%	100%	%	95%	%	85%	%	92%
Obstetric stethoscope	%	100%	%	100%	%	100%	%	91%	%	93%	%	100%	%	88%	%	98%	%	89%	100%	%	%	90%	%	97%	%	73%	%	92%	%	100%	%	100%	%	82%	%	88%
Otoscope	%	100%	%	100%	%	88%	%	%	%	93%	%	100%	%	73%	%	65%	%	%	80%	%	%	95%	%	88%	%	%	%	100%	%	100%	%	82%	%	%	%	86%
Electrocardiograph	100%	%	94%	%	97%	%	%	%	100%	%	100%	%	73%	%	51%	%	%	%	%	88%	90%	%	84%	%	%	%	93%	%	100%	%	84%	%	%	%	86%	%
Ophthalmoscope	100%	%	100%	%	93%	%	%	%	100%	%	100%	%	61%	%	51%	%	%	%	%	50%	90%	%	62%	%	%	%	79%	%	87%	%	64%	%	%	%	70%	%
Sanitary stretcher	100%	%	94%	%	93%	%	%	%	100%	%	100%	%	88%	%	61%	%	%	%	%	75%	81%	%	48%	%	%	%	92%	%	87%	%	83%	%	%	%	70%	%
Blood glucose meter	100%	%	68%	%	68%	%	%	%	100%	%	100%	%	100%	%	70%	%	%	%	%	75%	81%	%	59%	%	%	%	77%	%	100%	%	79%	%	%	%	69%	%
Pulse oximeter	%	75%	%	100%	%	73%	%	78%	%	93%	%	100%	%	86%	%	52%	%	61%	80%	%	%	95%	%	72%	%	49%	%	100%	%	100%	%	79%	%	60%	%	66%
Autoclave	80%	%	50%	%	46%	%	%	%	100%	%	100%	%	49%	%	31%	%	%	%	%	38%	71%	%	58%	%	%	%	69%	%	60%	%	56%	%	%	%	54%	%
Splints	80%	%	68%	%	46%	%	%	%	79%	%	0%	%	49%	%	57%	%	%	%	%	50%	76%	%	43%	%	%	%	79%	%	73%	%	68%	%	%	%	53%	%
Centrifuge	80%	%	56%	%	48%	%	%	%	100%	%	100%	%	24%	%	16%	%	%	%	%	75%	76%	%	55%	%	%	%	77%	%	93%	%	51%	%	%	%	53%	%
Microscope	%	50%	%	64%	%	28%	%	%	%	93%	%	100%	%	37%	%	38%	%	%	100%	%	%	71%	%	48%	%	%	%	67%	%	100%	%	69%	%	%	%	51%
Oxygen delivery apparatus	%	100%	%	100%	%	33%	%	%	%	93%	%	100%	%	86%	%	25%	%	%	80%	%	%	43%	%	38%	%	%	%	100%	%	87%	%	43%	%	%	%	42%
Intubation/tracheostomy kits	33%	%	60%	%	33%	%	%	%	54%	%	0%	%	0%	%	7%	%	%	%	%	14%	45%	%	29%	%	%	%	27%	%	36%	%	28%	%	%	%	29%	%
Hemoglobinometer	100%	%	56%	%	24%	%	%	%	93%	%	100%	%	58%	%	46%	%	%	%	%	75%	67%	%	37%	%	%	%	77%	%	93%	%	59%	%	%	%	45%	%
Coagulator	100%	%	53%	%	27%	%	%	%	93%	%	100%	%	12%	%	0%	%	%	%	%	14%	47%	%	33%	%	%	%	58%	%	47%	%	32%	%	%	%	32%	%

Annex 7.5: PPE availability

All surveyed health facilities (N = 598)

	OBLASTS/REGIONS										FACILITY TYPES								Tajikistan	
	DRS		Dushanbe		GBAO		Khatlon region		Sughd region		FMD-CHC		FMD-DHC		HH		RHC		N=598	
	N=134		N=15		N=98	N=99	N=176	N=173	N=175	N=177	N=43	N=40	N=53		N=226	N=231	N=276	N=274		
	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2
Average percentage of tracer PPEs available (%)	69%	75%	98%	98%	61%	72%	67%	74%	73%	80%	98%	96%	93%	91%	63%	72%	76%	80%	69%	76%
Percentage of facilities with all tracer PPEs (%)	37%	53%	93%	93%	18%	43%	25%	48%	45%	63%	93%	88%	81%	83%	22%	46%	46%	60%	33%	52%
Latex or other disposable gloves	83%	88%	100%	100%	84%	87%	85%	88%	84%	89%	100%	100%	98%	90%	81%	86%	89%	92%	84%	88%
Surgical or medical masks	77%	75%	100%	100%	65%	77%	76%	64%	79%	78%	98%	98%	98%	88%	72%	68%	82%	75%	76%	72%
Respirator Masks (e.g. N95, FFP2)	47%	64%	93%	93%	34%	51%	42%	70%	55%	72%	95%	90%	83%	96%	37%	63%	57%	71%	46%	67%

Annex 7.5: PPE availability

All surveyed health facilities (N = 598)

	DRS								Dushanbe		GBAO								Khatlon region								Sughd region								**Tajikistan**	
	FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-DHC		RHC		HH		N=598	
	N=5		N=9		N=56	N=55	N=64	N=65	N=15		N=1		N=8		N=39		N=50	N=51	N=5	N=8	N=21		N=85		N=62		N=14		N=15		N=96	N=95	N=50	N=53		
	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 2	R 1	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2
Average percentage of tracer PPEs available (%)	93%	100%	90%	77%	81%	77%	63%	75%	98%	98%	100%	100%	83%	95%	61%	67%	60%	72%	93%	100%	98%	95%	71%	81%	64%	69%	98%	93%	96%	100%	83%	83%	62%	76%	69%	76%
Percentage of facilities with all tracer PPEs (%)	80%	100%	69%	62%	60%	52%	28%	52%	93%	93%	100%	100%	61%	86%	31%	47%	11%	39%	80%	100%	95%	86%	34%	64%	17%	37%	93%	79%	87%	100%	59%	64%	31%	59%	33%	52%
Latex or other disposable gloves	100%	100%	100%	68%	90%	91%	80%	87%	100%	100%	100%	100%	100%	100%	78%	80%	86%	89%	100%	100%	95%	95%	88%	92%	82%	86%	100%	100%	100%	100%	93%	97%	76%	82%	84%	88%
Surgical or medical masks	100%	100%	100%	68%	86%	71%	72%	76%	100%	100%	100%	100%	88%	100%	61%	67%	65%	78%	80%	100%	100%	90%	77%	77%	74%	56%	93%	100%	100%	100%	90%	78%	69%	77%	76%	72%
Respirator Masks (e.g. N95, FFP2)	80%	100%	69%	94%	68%	69%	38%	61%	93%	93%	100%	100%	61%	86%	43%	54%	29%	48%	100%	100%	100%	100%	49%	74%	35%	66%	100%	77%	87%	100%	66%	73%	43%	69%	46%	67%

Annex 7.6: In-vitro diagnostic availability

All surveyed health facilities (N = 598)

	OBLASTS/REGIONS										FACILITY TYPES						Tajikistan	
	DRS		Dushanbe		GBAO		Khatlon region		Sughd region		FMD-CHC		FMD-DHC		RHC			
	N=134		N=15		N=98	N=99	N=176	N=173	N=175	N=177	N=43	N=40	N=53		N=276	N=274	N=598	
	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2
Percentage of facilities with all tracer diagnostics (%)	15%	13%	80%	80%	7%	12%	11%	24%	41%	38%	79%	71%	69%	67%	35%	42%	38%	45%
Average percentage of tracer diagnostics available (%)	30%	31%	96%	90%	30%	29%	31%	44%	56%	58%	56%	50%	37%	36%	18%	24%	21%	26%
Urine pregnancy testing	62%	62%	93%	93%	65%	76%	66%	73%	79%	71%	72%	74%	73%	73%	%	%	73%	73%
Malaria diagnostic testing (thick and thin blood smears or RDT)	27%	39%	100%	93%	14%	19%	42%	52%	48%	59%	81%	71%	56%	57%	37%	49%	40%	50%
HIV diagnostic testing	95%	62%	100%	93%	55%	65%	72%	69%	90%	79%	84%	74%	85%	73%	%	%	84%	73%
Blood hemoglobin testing	32%	22%	100%	80%	47%	37%	20%	36%	62%	56%	81%	71%	75%	72%	32%	36%	37%	39%
Blood glucose testing	66%	57%	93%	93%	87%	65%	68%	64%	69%	68%	81%	68%	67%	69%	%	%	73%	68%
Urine dipstick testing (glucose, protein, ketone)	66%	35%	93%	93%	65%	44%	45%	58%	69%	68%	72%	70%	60%	54%	%	%	65%	60%
Syphilis diagnostic testing	57%	50%	80%	87%	33%	55%	55%	60%	69%	71%	65%	68%	58%	62%	%	%	61%	65%
Hepatitis C diagnostic testing	71%	57%	100%	87%	65%	65%	66%	69%	90%	75%	86%	74%	73%	69%	%	%	78%	70%
Hepatitis B diagnostic testing	71%	57%	100%	87%	65%	65%	66%	69%	90%	75%	86%	74%	73%	69%	%	%	78%	70%

Annex 7.6: In-vitro diagnostic availability

	DRS						Dushanbe		GBAO						Khatlon region						Sughd region						Tajikistan	
	FMD-CHC		FMD-DHC		RHC		FMD-CHC		FMD-CHC		FMD-DHC		RHC		FMD-CHC		FMD-DHC		RHC		FMD-CHC		FMD-DHC		RHC		N=598	
	N=43	N=40	N=53		N=276	N=274	N=43	N=40	N=43	N=40	N=53		N=276	N=274	N=43	N=40	N=53		N=276	N=274	N=43	N=40	N=53		N=276	N=274		
	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2
Average percentage of tracer diagnostics available (%)	96%	64%	59%	53%	26%	28%	96%	90%	100%	100%	59%	59%	24%	22%	54%	48%	67%	68%	29%	43%	67%	59%	89%	84%	53%	56%	38%	45%
Percentage of facilities with all tracer diagnostics (%)	80%	25%	44%	29%	11%	11%	80%	80%	100%	100%	12%	24%	4%	9%	13%	0%	33%	29%	10%	24%	43%	38%	47%	60%	40%	36%	21%	26%
Urine pregnancy testing	80%	75%	56%	58%	%	%	93%	93%	100%	100%	61%	73%	%	%	38%	60%	76%	76%	%	%	64%	54%	93%	87%	%	%	73%	73%
Malaria diagnostic testing (thick and thin blood smears or RDT)	80%	50%	44%	53%	24%	38%	100%	93%	100%	100%	37%	49%	9%	12%	50%	40%	67%	52%	41%	52%	79%	62%	67%	73%	45%	58%	40%	50%
HIV diagnostic testing	100%	75%	94%	58%	%	%	100%	93%	100%	100%	49%	61%	%	%	50%	20%	81%	81%	%	%	79%	69%	100%	87%	%	%	84%	73%
Blood hemoglobin testing	100%	75%	56%	53%	28%	19%	100%	80%	100%	100%	88%	76%	40%	30%	75%	40%	67%	76%	17%	34%	57%	69%	100%	87%	60%	54%	37%	39%
Blood glucose testing	100%	50%	56%	58%	%	%	93%	93%	100%	100%	86%	61%	%	%	75%	50%	65%	67%	%	%	64%	46%	73%	87%	%	%	73%	68%
Urine dipstick testing (glucose, protein, ketone)	100%	50%	56%	31%	%	%	93%	93%	100%	100%	61%	37%	%	%	50%	75%	43%	55%	%	%	50%	46%	87%	87%	%	%	65%	60%
Syphilis diagnostic testing	100%	50%	44%	50%	%	%	80%	87%	100%	100%	24%	49%	%	%	25%	40%	67%	65%	%	%	57%	62%	80%	80%	%	%	61%	65%
Hepatitis C diagnostic testing	100%	75%	62%	53%	%	%	100%	87%	100%	100%	61%	61%	%	%	63%	60%	67%	71%	%	%	79%	62%	100%	87%	%	%	78%	70%
Hepatitis B diagnostic testing	100%	75%	62%	53%	%	%	100%	87%	100%	100%	61%	61%	%	%	63%	60%	67%	71%	%	%	79%	62%	100%	87%	%	%	78%	70%

Annex 8.1: Availability of staff training

All surveyed health facilities (N = 598)

	OBLASTS/REGIONS					FACILITY TYPES				
	DRS	Dushanbe	GBAO	Khatlon region	Sughd region	FMD-CHC	FMD-DHC	HH	RHC	**Tajikistan**
	N=134	N=15	N=98	N=176	N=175	N=43	N=53	N=226	N=276	N=598
	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1
Average share of key trainings received in past 2 years in facilities (%)	41%	87%	42%	52%	47%	70%	73%	43%	52%	47%
Percentage of facilities that received all adequate training in past 2 years (%)	11%	67%	18%	23%	23%	47%	43%	17%	21%	20%
Growth monitoring services for children	52%	80%	55%	65%	55%	70%	78%	56%	60%	58%
Diagnosis and treatment of sick children/IMCI	42%	87%	43%	54%	47%	71%	85%	44%	54%	49%
Prevention, diagnosis and/or treatment of NCDs	48%	93%	46%	46%	53%	79%	82%	43%	55%	48%
Antenatal care (ANC) services	39%	87%	37%	52%	43%	71%	65%	41%	52%	45%
Gender-based violence screening	22%	87%	27%	43%	35%	62%	55%	31%	37%	34%

Annex 8.1: Availability of staff training

All surveyed health facilities (N = 598)

	DRS				Dushanbe	GBAO				Khatlon region				Sughd region				Tajikistan
	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-DHC	RHC	HH	
	N=43	N=53	N=276	N=226	N=43	N=43	N=53	N=276	N=226	N=43	N=53	N=276	N=226	N=43	N=53	N=276	N=226	N=598
	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1
Average share of key trainings received in past 2 years in facilities (%)	72%	69%	51%	36%	87%	0%	57%	47%	40%	61%	75%	57%	48%	63%	85%	45%	45%	47%
Percentage of facilities that received all adequate training in past 2 years (%)	60%	38%	15%	8%	67%	0%	12%	26%	15%	38%	48%	23%	22%	29%	60%	23%	21%	20%
Growth monitoring services for children	80%	56%	61%	48%	80%	0%	88%	53%	54%	63%	80%	67%	63%	64%	93%	50%	57%	58%
Diagnosis and treatment of sick children/IMCI	80%	82%	57%	35%	87%	0%	63%	43%	43%	63%	90%	60%	49%	62%	93%	44%	47%	49%
Prevention, diagnosis and/or treatment of NCDs	80%	82%	56%	44%	93%	0%	73%	51%	43%	75%	76%	59%	37%	71%	93%	48%	54%	48%
Antenatal care (ANC) services	60%	75%	49%	34%	87%	0%	37%	46%	33%	57%	65%	57%	48%	71%	71%	45%	39%	45%
Gender-based violence screening	60%	50%	28%	18%	87%	0%	24%	39%	23%	50%	58%	40%	44%	46%	73%	41%	29%	34%

Annex 8.2: Challenges with human resources

All surveyed health facilities (N = 598)

	OBLASTS/REGIONS					FACILITY TYPES				
	DRS	Dushanbe	GBAO	Khatlon region	Sughd region	FMD-CHC	FMD-DHC	HH	RHC	**Tajikistan**
	N=134	N=15	N=98	N=176	N=175	N=43	N=53	N=226	N=276	N=598
	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1
Percentage of facilities that report at least one challenge related to human resources	77%	87%	72%	81%	73%	93%	86%	74%	82%	77%
High work burden	49%	47%	45%	46%	45%	53%	67%	43%	52%	46%
Unfilled positions or staff shortage	38%	27%	26%	45%	45%	70%	78%	33%	54%	42%
Low remuneration	36%	20%	22%	29%	30%	24%	32%	31%	28%	30%
Lack of satisfaction with job condition	34%	0%	25%	25%	22%	14%	28%	23%	32%	26%
High turnover	25%	40%	15%	28%	17%	42%	31%	17%	35%	24%
Lack of training	21%	7%	16%	12%	15%	12%	15%	16%	13%	15%
Absenteeism	13%	0%	8%	12%	7%	14%	17%	9%	13%	11%
Delayed or late salary payments	2%	0%	6%	5%	2%	2%	5%	3%	4%	10%
Some services are dependent on unpaid volunteers	9%	0%	10%	12%	6%	0%	12%	10%	10%	4%
Early retirement	1%	7%	2%	1%	3%	2%	2%	1%	3%	2%

Annex 8.2: Challenges with human resources *All surveyed health facilities (N = 598)*

	DRS				Dushanbe	GBAO				Khatlon region				Sughd region				Tajikistan
	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-DHC	RHC	HH	
	N=43	N=53	N=276	N=226	N=43	N=43	N=53	N=276	N=226	N=43	N=53	N=276	N=226	N=43	N=53	N=276	N=226	N=598
	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1
Percentage of facilities that report at least one challenge related to human resources	100%	68%	92%	71%	87%	100%	88%	58%	76%	88%	90%	81%	80%	100%	100%	80%	65%	77%
High work burden	20%	56%	75%	39%	47%	100%	76%	30%	47%	50%	52%	42%	48%	71%	93%	54%	36%	46%
Unfilled positions or staff shortage	80%	68%	57%	30%	27%	100%	76%	20%	25%	88%	76%	54%	39%	100%	93%	59%	29%	42%
Low remuneration	20%	12%	53%	31%	20%	100%	51%	16%	22%	13%	33%	23%	32%	31%	40%	21%	36%	30%
Lack of satisfaction with job condition	0%	12%	48%	29%	0%	0%	37%	13%	29%	13%	38%	31%	21%	36%	27%	27%	17%	26%
High turnover	20%	6%	42%	19%	40%	100%	61%	16%	11%	38%	43%	37%	22%	50%	27%	29%	6%	24%
Lack of training	20%	6%	25%	20%	7%	100%	27%	14%	15%	0%	19%	11%	12%	14%	13%	8%	21%	15%
Absenteeism	20%	18%	16%	12%	0%	0%	12%	12%	7%	13%	19%	14%	10%	29%	13%	9%	4%	11%
Delayed or late salary payments	0%	0%	1%	2%	0%	0%	12%	2%	6%	0%	5%	8%	4%	7%	7%	2%	1%	10%
Some services are dependent on unpaid volunteers	0%	12%	13%	7%	0%	0%	12%	15%	8%	0%	14%	8%	15%	0%	7%	10%	4%	4%
Early retirement	0%	0%	5%	0%	7%	0%	14%	3%	1%	0%	0%	1%	1%	0%	0%	5%	2%	2%

Annex 9.1: Community engagement practices *All surveyed health facilities (N = 598)*

	OBLASTS/REGIONS					FACILITY TYPES				
	DRS	Dushanbe	GBAO	Khatlon region	Sughd region	FMD-CHC	FMD-DHC	HH	RHC	**Tajikistan**
	N=134	N=15	N=99	N=173	N=177	N=40	N=53	N=231	N=274	N=598
	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2
Average share of community engagement criteria met at facilities (%)	75%	73%	68%	71%	74%	70%	88%	71%	75%	73%
Percentage of facilities that meet all community engagement criteria (%)	62%	53%	46%	52%	53%	45%	76%	52%	57%	54%
Facility has a system for seeking feedback from its catchment population and/or patients	83%	93%	78%	80%	93%	95%	95%	82%	85%	84%
Facility has a community advisory board or a community management committee (Общинная команда здоровья)	69%	53%	60%	62%	54%	44%	80%	60%	65%	62%
Facility has a community management committee that met in the last 12 months	69%	53%	59%	62%	53%	44%	80%	60%	64%	61%

Annex 9.1: Community engagement practices

All surveyed health facilities (N = 598)

	DRS				Dushanbe	GBAO				Khatlon region				Sughd region				Tajikistan
	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-DHC	RHC	HH	
	N=40	N=53	N=274	N=231	N=40	N=40	N=53	N=274	N=231	N=40	N=53	N=274	N=231	N=40	N=53	N=274	N=231	N=598
	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2
Average share of community engagement criteria met at facilities (%)	70%	97%	79%	74%	73%	100%	74%	69%	68%	60%	88%	72%	70%	68%	87%	78%	71%	73%
Percentage of facilities that meet all community engagement criteria (%)	60%	94%	68%	58%	53%	100%	49%	55%	42%	20%	75%	53%	50%	36%	73%	56%	50%	54%
Facility has a system for seeking feedback from its catchment population and/or patients	80%	100%	80%	84%	93%	100%	100%	77%	77%	100%	95%	82%	77%	100%	87%	96%	92%	84%
Facility has a community advisory board or a community management committee (Общинная команда здоровья)	60%	94%	79%	64%	53%	100%	42%	61%	61%	20%	79%	62%	62%	31%	86%	59%	50%	62%
Facility has a community management committee that met in the last 12 months	60%	94%	79%	64%	53%	100%	42%	59%	60%	20%	78%	61%	62%	31%	86%	57%	50%	61%

Annex 9.2: Bypassing of facility services *All surveyed health facilities (N = 598)*

	OBLASTS/REGIONS					FACILITY TYPES				
	DRS	Dushanbe	GBAO	Khatlon region	Sughd region	FMD-CHC	FMD-DHC	HH	RHC	**Tajikistan**
	N=134	N=15	N=98	N=176	N=175	N=43	N=53	N=226	N=276	N=598
	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1
Some community members prefer to receive care from higher-level facilities	76%	53%	76%	79%	67%	71%	88%	73%	79%	75%
Some community members prefer to receive care from private facilities	81%	67%	64%	72%	60%	79%	83%	73%	65%	71%
Some community members have difficulty in affording the cost of health services	60%	0%	41%	51%	33%	9%	37%	51%	45%	48%
Other reasons	36%	23%	31%	54%	41%	41%	53%	41%	53%	45%
Some community members have difficulties to reach this facility	46%	53%	32%	50%	36%	51%	47%	48%	38%	44%
Some community members do not trust in the facility	41%	36%	27%	38%	29%	31%	34%	34%	40%	36%

Annex 9.2: Bypassing of facility services *All surveyed health facilities (N = 598)*

	DRS				Dushanbe	GBAO				Khatlon region				Sughd region				Tajikistan
	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-DHC	RHC	HH	
	N=43	N=53	N=276	N=226	N=43	N=43	N=53	N=276	N=226	N=43	N=53	N=276	N=226	N=43	N=53	N=276	N=226	N=598
	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1	R 1
Some community members prefer to receive care from higher-level facilities	60%	88%	90%	70%	53%	0%	100%	81%	73%	86%	81%	80%	78%	92%	93%	69%	63%	75%
Some community members prefer to receive care from private facilities	80%	88%	75%	83%	67%	0%	61%	47%	70%	86%	76%	70%	73%	93%	100%	55%	61%	71%
Some community members have difficulty in affording the cost of health services	0%	25%	59%	62%	0%	0%	76%	40%	39%	38%	24%	45%	55%	7%	47%	35%	32%	48%
Other reasons	0%	80%	54%	28%	23%	0%	58%	41%	28%	80%	43%	54%	54%	70%	50%	51%	34%	45%
Some community members have difficulties to reach this facility	20%	37%	46%	47%	53%	0%	58%	34%	31%	50%	48%	43%	54%	64%	53%	24%	43%	44%
Some community members do not trust in the facility	20%	25%	50%	38%	36%	0%	24%	15%	32%	25%	29%	43%	36%	36%	57%	30%	27%	36%

Annex 10.1: Leadership and coordination practices

All surveyed health facilities (N = 598)

	OBLASTS/REGIONS					FACILITY TYPES				
	DRS	Dushanbe	GBAO	Khatlon region	Sughd region	FMD-CHC	FMD-DHC	HH	RHC	**Tajikistan**
	N=134	N=15	N=99	N=173	N=177	N=40	N=53	N=231	N=274	N=598
	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2
Average share of leadership and coordination criteria met at facilities (%)	87%	97%	78%	83%	84%	93%	94%	83%	85%	84%
Percentage of facilities that meet all leadership and coordination criteria (%)	66%	87%	50%	58%	57%	73%	78%	60%	58%	60%
Facility received a supervision visit in the past 12 months	97%	100%	93%	96%	95%	100%	98%	97%	94%	96%
Facility has protocols or guidelines for patient referral to other facilities	%	%	%	%	%	%	%	%	%	%
Facility considers that the last supervision visit received was supportive	85%	87%	77%	78%	80%	85%	88%	80%	81%	80%
Facility has protocols or guidelines for counter-referral of patients	%	%	%	%	%	%	%	%	%	%

Annex 10.1: Leadership and coordination practices

All surveyed health facilities (N = 598)

	DRS								Dushanbe		GBAO								Khatlon region								Sughd region								Tajikistan
	FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-DHC		RHC		HH		FMD-CHC		FMD-DHC		RHC		HH		
	N=43	N=40	N=53		N=276	N=274	N=226	N=231	N=43	N=40	N=43	N=40	N=53		N=276	N=274	N=226	N=231	N=43	N=40	N=53		N=276	N=274	N=226	N=231	N=43	N=40	N=53		N=276	N=274	N=226	N=231	N=598
	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 1	R 2	R 2
Average share of leadership and coordination criteria met at facilities (%)	95%	95%	98%	98%	89%	89%	86%	86%	97%	97%	100%	100%	84%	84%	75%	75%	78%	78%	91%	85%	94%	94%	85%	84%	82%	82%	89%	89%	93%	93%	83%	84%	82%	82%	84%
Percentage of facilities that meet all leadership and coordination criteria (%)	80%	80%	94%	94%	59%	60%	67%	67%	87%	87%	100%	100%	61%	61%	31%	31%	55%	56%	75%	60%	76%	76%	62%	61%	57%	56%	57%	57%	73%	73%	55%	57%	56%	56%	60%
Facility received a supervision visit in the past 12 months	0%	100%	0%	100%	0%	96%	0%	97%	0%	100%	0%	100%	0%	100%	0%	95%	0%	92%	0%	100%	0%	95%	0%	96%	0%	97%	0%	100%	0%	100%	0%	90%	0%	98%	96%
Facility has protocols or guidelines for patient referral to other facilities	100%	0%	100%	0%	99%	0%	76%	0%	100%	0%	100%	0%	73%	0%	93%	0%	69%	0%	100%	0%	100%	0%	91%	0%	74%	0%	93%	0%	100%	0%	96%	0%	74%	0%	%
Facility considers that the last supervision visit received was supportive	0%	100%	0%	100%	0%	77%	0%	88%	0%	87%	0%	100%	0%	88%	0%	68%	0%	79%	0%	80%	0%	84%	0%	83%	0%	74%	0%	79%	0%	79%	0%	82%	0%	79%	80%
Facility has protocols or guidelines for counter-referral of patients	80%	0%	94%	0%	84%	0%	0%	0%	100%	0%	100%	0%	73%	0%	43%	0%	0%	0%	75%	0%	95%	0%	70%	0%	0%	0%	86%	0%	93%	0%	71%	0%	0%	0%	%

Annex 10.2: Supportive supervision

Among health facilities that received a supervision visit in the past 12 months (N=569)

	OBLASTS/REGIONS					FACILITY TYPES				
	DRS	Dushanbe	GBAO	Khatlon region	Sughd region	FMD-CHC	FMD-DHC	HH	RHC	**Tajikistan**
	N=129	N=15	N=93	N=162	N=170	N=50	N=40	N=217	N=262	N=569
	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2
Service of State Sanitary and Epidemiological Surveillance	84%	80%	72%	91%	79%	68%	82%	86%	84%	85%
State Fire Service	81%	67%	69%	77%	71%	50%	75%	74%	81%	76%
District/City/Region Health Office	70%	73%	68%	75%	61%	53%	73%	70%	71%	70%
Quality control service (hadamot)	61%	73%	62%	53%	46%	61%	77%	54%	54%	55%
Accounts Chamber	24%	47%	14%	10%	18%	29%	25%	15%	18%	16%
Agency for State Financial Supervision and Anti-Corruption	17%	60%	15%	14%	17%	42%	45%	12%	20%	16%

Annex 10.2: Supportive supervision

Among health facilities that received a supervision visit in the past 12 months (N=569)

	DRS				Dushanbe	GBAO				Khatlon region				Sughd region				Tajikistan
	FMD-CHC	FMD-DHC	HH	RHC	FMD-CHC	FMD-CHC	FMD-DHC	HH	RHC	FMD-CHC	FMD-DHC	HH	RHC	FMD-CHC	FMD-DHC	HH	RHC	N=569
	N=5	N=9	N=62	N=53	N=15	N=1	N=8	N=47	N=37	N=5	N=18	N=56	N=83	N=14	N=15	N=52	N=89	
	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2
Service of State Sanitary and Epidemiological Surveillance	100%	94%	82%	87%	80%	100%	61%	79%	51%	40%	80%	94%	89%	54%	80%	79%	79%	85%
State Fire Service	50%	88%	80%	82%	67%	100%	37%	72%	66%	20%	70%	72%	85%	38%	87%	69%	75%	76%
District/City/Region Health Office	25%	77%	69%	73%	73%	100%	37%	76%	52%	60%	75%	73%	79%	31%	87%	64%	57%	70%
Quality control service (hadamot)	50%	88%	60%	63%	73%	100%	63%	65%	50%	60%	70%	53%	53%	46%	80%	42%	49%	55%
Accounts Chamber	0%	12%	24%	26%	47%	100%	12%	14%	12%	0%	25%	7%	14%	23%	47%	15%	19%	16%
Agency for State Financial Supervision and Anti-Corruption	50%	23%	15%	22%	60%	100%	24%	14%	16%	40%	50%	8%	21%	15%	73%	15%	17%	16%

Annex 11.1: Quality improvement processes *All surveyed health facilities (N = 598)*

	OBLASTS/REGIONS					FACILITY TYPES				
	DRS	Dushanbe	GBAO	Khatlon region	Sughd region	FMD-CHC	FMD-DHC	HH	RHC	**Tajikistan**
	N=134	N=15	N=99	N=173	N=177	N=40	N=53	N=231	N=274	N=598
	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2
Average share of quality of care criteria met at facilities (%)	75%	98%	71%	72%	72%	89%	93%	72%	73%	73%
Percentage of facilities that meet all quality of care criteria (%)	55%	93%	50%	57%	55%	76%	82%	57%	50%	56%
Facility regularly monitor its own data to make decisions about the services it delivers	73%	100%	67%	69%	77%	91%	93%	68%	77%	72%
Facility has a focal person, committee or team dedicated to quality improvement that met in the past three months	63%	93%	46%	58%	66%	84%	89%	0%	58%	61%
Facility routinely carried out quality improvement activities for any service areas in the past 12 months	84%	100%	80%	81%	76%	95%	95%	78%	84%	81%

Annex 11.1: Quality improvement processes *All surveyed health facilities (N = 598)*

	DRS				Dushanbe	GBAO				Khatlon region				Sughd region				Tajikistan
	FMD-CHC	FMD-DHC	HH	RHC	FMD-CHC	FMD-CHC	FMD-DHC	HH	RHC	FMD-CHC	FMD-DHC	HH	RHC	FMD-CHC	FMD-DHC	HH	RHC	N=598
	N=5	N=9	N=65	N=55	N=15	N=1	N=8	N=51	N=39	N=5	N=21	N=62	N=85	N=14	N=15	N=53	N=95	
	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2
Average share of quality of care criteria met at facilities (%)	88%	100%	72%	80%	98%	100%	82%	75%	57%	83%	91%	74%	68%	81%	93%	66%	78%	73%
Percentage of facilities that meet all quality of care criteria (%)	75%	100%	57%	45%	93%	100%	73%	54%	31%	60%	71%	61%	48%	62%	80%	50%	60%	56%
Facility regularly monitor its own data to make decisions about the services it delivers	100%	100%	67%	87%	100%	100%	86%	65%	71%	75%	86%	71%	65%	82%	100%	67%	92%	72%
Facility has a focal person, committee or team dedicated to quality improvement that met in the past three months	100%	100%	%	59%	93%	100%	70%	%	41%	80%	95%	%	56%	69%	80%	%	65%	61%
Facility routinely carried out quality improvement activities for any service areas in the past 12 months	75%	100%	80%	93%	100%	100%	86%	86%	60%	100%	90%	81%	81%	92%	100%	66%	88%	81%

Annex 11.2: Data for decision-making

Among health facilities that reported regularly using their own data to make decisions about service delivery (N = 452)

	OBLASTS/REGIONS					FACILITY TYPES				
	DRS	Dushanbe	GBAO	Khatlon region	Sughd region	FMD-CHC	FMD-DHC	HH	RHC	**Tajikistan**
	N=100	N=15	N=70	N=120	N=147	N=34	N=44	N=155	N=219	N=452
	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2
Increased staff training or supervision	64%	73%	72%	57%	56%	70%	55%	61%	58%	60%
Mobilized or requested new financial or human resources	42%	73%	39%	34%	32%	61%	45%	34%	38%	37%
Improved data quality and/or use	25%	53%	39%	36%	34%	58%	39%	32%	33%	33%
Reviewed or revised protocols	20%	53%	15%	9%	25%	55%	34%	13%	19%	17%

Annex 11.2: Data for decision-making

Among health facilities that reported regularly using their own data to make decisions about service delivery (N = 452)

	DRS				Dushanbe	GBAO				Khatlon region				Sughd region				Tajikistan
	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-DHC	RHC	HH	FMD-CHC	FMD-DHC	RHC	HH	N=452
	N=4	N=9	N=46	N=41	N=15	N=1	N=7	N=29	N=33	N=3	N=13	N=63	N=41	N=11	N=15	N=81	N=40	
	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2	R 2
Increased staff training or supervision	25%	50%	58%	67%	73%	100%	86%	53%	78%	67%	56%	63%	53%	80%	47%	52%	60%	60%
Mobilized or requested new financial or human resources	25%	44%	35%	46%	73%	100%	43%	34%	40%	67%	44%	42%	29%	50%	47%	38%	25%	37%
Improved data quality and/or use	50%	25%	30%	22%	53%	0%	57%	49%	34%	100%	28%	33%	38%	60%	60%	31%	35%	33%
Reviewed or revised protocols	50%	18%	20%	20%	53%	0%	43%	30%	7%	33%	28%	15%	4%	70%	53%	23%	23%	17%