

# RAPID HEALTH FACILITY ASSESSMENT TAJIKISTAN



FASTR

## OVERVIEW

The Frequent Assessments and Systems Tools for Resilience (**FASTR**) rapid-cycle health facility phone survey provides an up-to-date snapshot of service availability, readiness, and functionality of primary health care (PHC) facilities. The survey aims to enhance the timely use of data to inform decision-making, by providing continuous, nationally representative evidence on key service delivery challenges at frontline facilities, ultimately strengthening PHC systems for improved reproductive, maternal, newborn, child, and adolescent health and nutrition outcomes.

In Tajikistan, the Ministry of Health and Social Protection of the Population (MOHSPP) is implementing the survey with support from the Global Financing Facility (GFF) and the World Bank. Data collection is conducted by Sanigest and MVector, with ethical approval from the MOHSPP's Biomedical Ethics Committee. The phone survey is implemented alongside the World Bank's in-person Service Delivery Indicators (SDI) survey, enabling a comparison to assess the validity of the phone-based approach. A total of ten biannual rounds of the FASTR phone survey are planned between 2024 and 2028, with two rounds completed in June and November 2024.

## METHODS

### *The phone survey tool*

The phone survey tool is based on the WHO-UNICEF PHC Measurement Framework (PHC MFI), with indicators aligned with other existing large-scale health facility assessments (HHFA, SARA, SDI). It assesses the impact of external shocks on health facility resilience and captures key aspects of service readiness – such as infrastructure, supplies, services, and workforce – as well as structural and process factors like community engagement, leadership, and quality improvement. The tool was adapted to the Tajik context by the MOHSPP, GFF/World Bank, and Sanigest/MVector to include tailored questions addressing country priorities.

### *Sampling approach*

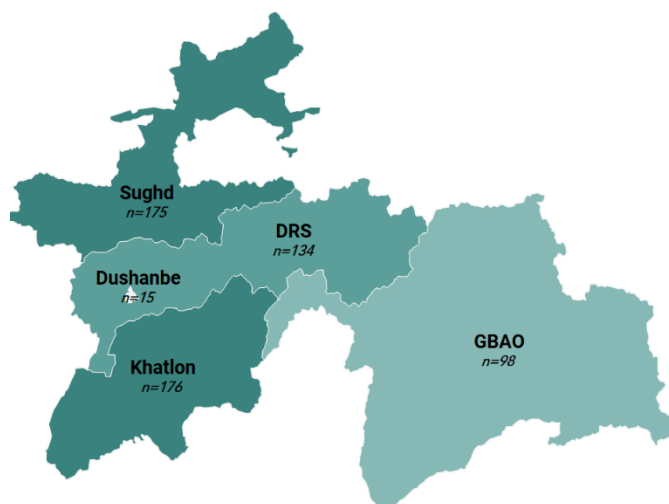
The survey is conducted on a representative panel sample of **598 public PHC facilities**. The sampling frame included Family Medicine Departments of city and district health centers (FMD-CHC and FMD-DHC), rural health centers (RHC), and health houses (HH). The sample was stratified by oblast and facility type to ensure national and oblast-level representativeness for each facility type.

### *Data collection*

Phone interviews are conducted with facility managers, for an average duration of 42 minutes. The first survey round was conducted in May-July 2024, and the second round in October-December 2024.

## Survey Sample

Tajikistan Round 1 and 2



**Facility type distribution:** 96 (all) FMD-CHCs and DHCs; 276 rural health centers; 226 health houses. \*n = number of facilities surveyed in each oblast.

## KEY FINDINGS

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.

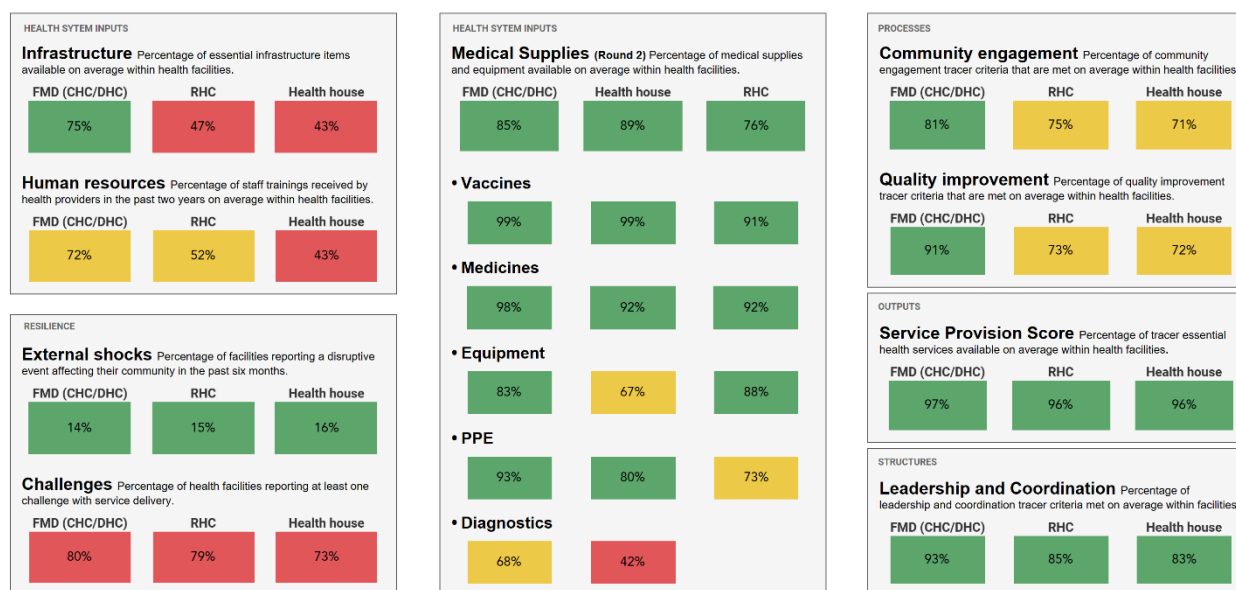
**Infrastructure:** Facilities showed strong performance in areas related to infection prevention, with 88% reporting safe infectious waste disposal systems and 71% equipped with hand hygiene facilities. However, critical gaps remain in the availability of basic infrastructure, particularly at lower-level 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 improved on-site 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.

**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.

## Overview of Results TAJIKISTAN PROFILE

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



**Note:** Infrastructure tracers include: availability of power, continuous phone or internet access, and basic WASH facilities. Community engagement tracers are: systems for patient feedback, a community advisory board, and meetings held in the past year. Quality improvement tracers include: a focal quality improvement team meeting in the past year, routine quality improvement activities, and regular facility data monitoring for decision-making. Leadership and coordination tracers are: a supervision visit in the past year, availability of referral protocols, counter-referral guidelines, and the facility's perception of the last supervision visit as supportive.