Tajikistan

Output objective: Infrastructure and equipment for MCH services rationalized and improved.

Based on the Government’s national rationalization plan and the updated masterplan for project districts (see separate document), the selected central district hospitals and district health centers will be refurbished and equipped. The project will also support equipment management in targeted districts through the provision of equipment (basic sets of maintenance tools and spare parts) and training of biomedical engineers who will be working at the project district hospitals.

Situation and Gap Analysis

a) Current Situation of the Hospital Sector and its Infrastructure

According to the MOHSPPP, inpatient care in Tajikistan is currently being delivered in 365 hospitals with a total of approximately 34,500 beds1 (corresponding to 3.92 beds / 1,000 population considering an estimated population of 8.8 million in 2017). These hospitals are organized in a tier system composed of:

1. **Rural hospitals**, so-called Numeral Hospitals with a capacity of 20-80 beds, usually staffed with one medical doctor, and offering a rather limited scope of services (basic nursing and non-interventional medical and obstetric care); the facilities are often in very poor condition and consequently have very low utilization and occupancy rates.

2. **Central rayon/ (district) and city hospitals** with a capacity of 100-300 beds, staffed with a varying range of general practitioners and specialist doctors. The district health center / policlinic is usually located adjacent to the district hospital but managed as a separate entity. District hospitals in rural areas often are in poor condition.

3. **Oblast (regional) hospitals** have a capacity of 600 to 1,000 beds and offer a wide range of disciplines requiring sophisticated equipment and specialized staff. However, there is duplication of services with those offered by central rayon and city hospitals.

4. **Specialized hospitals** exist for pediatric care, cardiology, tuberculosis, psychiatric diseases, neurology, obstetrics and gynecology, as well as emergency care.

b) Medical and non-medical equipment

The lack of appropriate equipment specifically in rural district health care facilities compromises availability of and access to quality care. Basic imaging equipment (conventional or digital x-ray, ultrasound) is missing or broken, machinery is being used

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1 Ministry of Health and Social Protection of the Population (MOHSPPP), Tajikistan: Strategic Rationalization Plan of Health Facilities of the Republic of Tajikistan for 2011-2020

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that produces low quality results and/or constitutes a health risk for both patients and staff (e.g. scattered radiation from x-ray machines using outdated/non-tested tubes).

Ultrasound machines, if available, usually are not equipped with gynecological probes let alone doppler measurement of blood-flows in the umbilical vein and artery and within the placenta for early diagnosis of insufficiency and congenital malformations. Consequently, only severe and obvious clinical abnormalities can be diagnosed.

Lab equipment at district hospitals is rather basic corresponding with standards for PHC centers rather than a secondary level referral structure. And equipment for intensive or high density (i.e. real hospital) care (like e.g. cardiac monitoring, assisted ventilation), is either totally missing or limited to passive oxygen supply and manual RR measurement.

c) Conclusion

Due to critical physical conditions, lack of equipment and qualified staff, the quality of services is limited both in terms of clinical effectiveness and in terms of economic efficiency – specifically at the first and second level of the above described system. Therefore future interventions shall focus at supporting the development of the health care network at district level.

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