

Tajik and Afghan doctors perform a surgery at a Comprehensive Health Centre in Afghan Badakhshan. The Cross-Border Health Project aims to improve the quality of health care and medical human resources throughout the entire region of Badakhshan.



#### Partners

Act Central Asia  
 Agency for Technical Cooperation and Development (ACTED)  
 Counterpart International  
 Department of Health, GBAO  
 Department of Health, Khatlon  
 European Commission Office for Humanitarian Aid (ECHO)  
 Government of Japan  
 International Federation of Red Cross and Red Crescent Societies (IFRC)  
 Mercy Corps  
 Ministry of Health, Tajikistan  
 Norwegian Ministry of Foreign Affairs  
 Swedish International Development Agency (SIDA)  
 Swiss Agency for International Development and Cooperation (SDC)  
 US Agency for International Development (USAID)  
 United States Department for Agriculture/ Education, Youth and Nutrition Project (USDA/EDNP)  
 World Health Organization (WHO)

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The Aga Khan Development Network (AKDN) is a group of private development agencies working to empower communities and individuals, often in disadvantaged circumstances, to improve living conditions and opportunities, especially in Africa and Asia. Its agencies work in over 30 countries for the common good of all citizens, regardless of their gender, origin or religion. Its underlying impulse is the ethic of compassion for the vulnerable in society.

generates funds that can be used for procurement, delivery and distribution of additional good quality and affordable essential drugs to the community. Patients are increasingly paying higher percentages of the cost and it is hoped that the fund will be completely self-sustaining in the near future.

#### Cross-Border Health

AKHS believes that cross-border collaboration can lead to sustainable improvements in the health status of communities as it allows for pooling of scarce resources and economies of scale. The Cross-Border Health Project aims to improve the quality of health care in Badakhshan, which spans Tajikistan and Afghanistan, by providing access to health care and improving the capacities of health professionals.

AKHS, AKF and relevant Governmental officials are facilitating the provision of healthcare services to Afghan communities by Tajik doctors. During 2010, some 20 emergency

cases were treated by Tajik specialists at comprehensive health centres in Afghan Badakhshan. In addition, a project supported by Tajik health professionals served over 1,590 patients and performed more than 390 surgeries in three comprehensive health centres of Afghanistan. Vaccination campaigns have been conducted by Tajik health professionals in Darwaz districts of Afghanistan, covering over 4,090 mothers and 3,430 children.

#### Looking Forward

AKHS plans to strengthen its programme and to increase its geographic reach in the coming years. In partnership with the Department of Health, AKHS plans to enhance its community-based activities of health promotion and disease prevention, and possibly extend the Family Medicine model, Rational Pharmaceutical Project to Khatlon Region and Community-Based Health Financing scheme to other parts of GBAO.

## TAJIKISTAN



### Aga Khan Health Services

*Tajikistan's health indicators, especially concerning the country's growing younger population, indicate that much greater investment in the country's health care systems is required.*

*The Aga Khan Health Services (AKHS) and other AKDN agencies are making a number of such investments. AKHS is working to improve the health status of communities in several provinces in Tajikistan, as well as in the Badakhshan region of Afghanistan. A particular focus is on women of reproductive age and children under the age of five. AKHS works closely with communities, encouraging them to take responsibility for their own health, and provides technical assistance to the Government to strengthen its healthcare system.*

*The objectives of the Health Programme include:*

- *Enhancing primary healthcare services through a Family Medicine model*
- *Establishing quality assurance processes and improving the skills of health professionals*
- *Improving the health behaviours of communities through a network of Community Health Promoters*
- *Increasing access to health care through Community-Based Health Financing schemes*
- *Making available low-cost, high quality essential pharmaceuticals and helping rationalize the use of medication*

- *Increasing access to quality health care and increasing the capacity of healthcare professionals in Afghan Badakhshan*

#### Family Medicine and Clinical Excellence

Provision of primary health care has become a priority under the Health Sector Reform initiative of the Government of Tajikistan. AKHS established the Family Medicine and Clinical Excellence projects in GBAO in order to improve the quality of health care, increase the use of primary healthcare services and establish a culture of professional development.

The Family Medicine component of the project, which was initiated in 2008,

AKHS trains volunteer Community Health Promoters to serve as a communication and advocacy link between communities and local healthcare centres.



*“The Community Health Promoters (CHPs) are very hard working and enthusiastic; they like gaining knowledge and feel it is their duty to share the information they learn with the community. They said that they would continue this work, even if AKHS is no longer supporting the project. Many said it was their responsibility to their community.*”

*CHPs have been very successful in improving the cleanliness of their environment, educating the community on prevention of diarrhoea and increasing use of oral dehydration salts. As a result the morbidity and mortality from diarrhoea has been greatly reduced.”*

— Excerpt from an Assessment of the Community Health Promoter Strategy of the AKDN Community Health Programme by Susan Ross, August 2007

**Cover Photo:** AKHS in partnership with the Tajik Postgraduate Medical Institute trains Family Medicine doctors in order to improve the quality of health care and increase the use of primary healthcare services.

involves the rehabilitation of healthcare facilities, training of family medicine health professionals and awareness-raising programs. Family Medicine Centers serve as gatekeepers for secondary care institutions and reduce the cost of healthcare services.

In partnership with the Tajikistan Department of Health, AKHS established the Khorog Family Medicine Training Center to provide continuous training for family medicine doctors and nurses. AKHS also conducts workshops for Department of Health staff members and other health professionals on a variety of healthcare topics, such as family medicine, health promotion and disease prevention, and how to address medical emergencies. As of early 2010, the Family Medicine project has trained 19 doctors and 23 nurses, and rehabilitated 14 health facilities.

The Clinical Excellence component of the project aims to establish quality assurance processes in order to ensure the provision of high quality health care.

AKHS facilitates clinical audits, promotes continuing professional development through monthly presentations, and releases health updates and holds training sessions at its Clinical Excellence Centers.

In the past, AKHS also focused on improving the formal education of nurses in Tajikistan. In partnership with the World Health Organization,

AKHS developed and implemented a nursing curriculum in all medical colleges in Tajikistan.

The curriculum encompassed a range of disciplines such as sociology, psychology, research methods, nursing management, family health, communication, health promotion and safe motherhood. AKHS has also partnered with institutions such as the Aga Khan University’s School of Nursing in Karachi, Pakistan and the Tajik Postgraduate Medical Institute to provide nurses with the opportunity to enroll in short courses.

### Community Health Project

The Community Health Project aims to empower community members to address their own healthcare needs and to increase the quality of primary healthcare services in GBAO and four districts (Shurabad, Muminabad, Khovaling, Nurek) of Khatlon Region.

The project trains volunteer Community Health Promoters (CHPs) and health professionals on a range of healthcare topics including safe motherhood, immunisation, nutrition, prevention of HIV and sexually transmitted infections, integrated management of childhood illnesses and growth monitoring. Since its inception, the Project has trained over 460 CHPs in GBAO and 490 CHPs in Khatlon

AKHS develops and distributes educational brochures containing culturally-appropriate health messages, and uses other forms of

behaviour change communication, including television, health fairs and posters. CHPs are actively involved in encouraging community members to adopt good, healthy behaviours.

CHPs also serve as communication and advocacy links between the local communities and local health authorities. They relay health problems of their communities to higher-level authorities and refer community members to appropriate health facilities when needed.

At over 195 existing primary healthcare centres (PHCs), the Project has trained staff members on a range of basic health topics including safe motherhood, immunisation, nutrition, prevention of HIV and STIs and integrated management of childhood illnesses.

The Growth Monitoring and Promotion (GMP) component of the Project trains PHC staff and mothers in the community on how to monitor the health and nutritional status of children under five years of age. Since the introduction of GMP, over 8,000 children have been reached.

### Community-Based Health Financing

AKHS is also searching for solutions to the shock of sudden health-related costs. It has initiated a Community-Based Health Financing scheme in

nine pilot Village Organisations (VOs) in Rushan District. The scheme aims to provide a mechanism to finance health care during an emergency. A predetermined monetary amount is collected by VOs members on a regular basis. This financial pool can then be drawn upon by members to cover the costs of emergency healthcare services. The VOs members themselves collectively decide on the cases for which these funds may be used. Once an appropriate and sustainable model for health financing is developed, AKHS intends to roll it out to other districts of GBAO.

### Rational Pharmaceuticals Project

The Rational Pharmaceutical Project was developed in GBAO to ensure the availability of high quality, low-cost, essential pharmaceuticals in primary care facilities. AKHS also participates in dialogues with the Department of Health and other non-profit organisations in order to facilitate the provision of pharmaceuticals at all levels of the healthcare system. The project provides training to local healthcare professionals to enable them to make better diagnoses and to prescribe pharmaceuticals more rationally.

The project introduced the Revolving Drug Fund in 1997 in GBAO, which requires patients to pay a small percentage towards the cost of pharmaceuticals. This requirement

### Selected AKHS Accomplishments in GBAO from 2001 to 2004

- Children under 5 who are underweight decreased from 35% to 23.1%
- Children (0-6 months) immediately breast fed increased from 72% to 90.5%
- Children exclusively breast fed for four months increased from 58.5% to 81%
- Women reporting use of modern contraceptive methods increased from 38% to 45.1%
- Children receiving at least one course of worm medicine increased from 0% to 92.3%
- Households with iodised salt increased from 2.5% to 77.3%
- Children 6-12 years with urinary iodine >30 increased from 46.7% to 69.3%



The Community-Based Health Financing scheme provides Village Organizations a mechanism to collectively save for emergency healthcare expenditures.