Ministry of Health of the Republic of Tajikistan
Republican Centre for Medical Statistics and Information

THE ASSESSMENT OF THE HEALTH INFORMATION SYSTEM IN TAJIKISTAN

DRAFT REPORT

June 2009
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List of abbreviations

ADB  Asian Development Bank
BBP  Basic Benefit Package
DPs  Development Partners
EC   European Commission
GoT  Government of Tajikistan
GSK  State Committee on Statistics
HIS  Health Information System
HMIS Health Management Information System
HPAU Health Policy Analysis Unit
MOF  Ministry of Finance
MOH  Ministry of Health
MOJ  Ministry of Justice
MTEF Medium Term Expenditure Framework
NDS  National Development Strategy
NGOs Non-Governmental Organizations
PHC  Primary Health Care
PRSP Poverty Reduction Strategy Paper
RCMSI Republican Centre for Medical Statistics and Information
SC   Steering Committee
SDC  Swiss Agency for Development and Cooperation
SES  Sanitary Epidemiological and Surveillance
SIDA Swedish International Development Cooperation Agency
SWAP Sector Wide Approach
TA   Technical Assistance
TORs Terms of Reference
TWG  Technical Working Group
UNICEF United Nations Children’s Fund
USAID United States Agency for International Development
WB   World Bank
WHO  World Health Organization
Introduction

Official statistics provide an indispensable element in the information system of democratic society, serving the government, the economy, and the public with data about the economic, demographic, social, and environmental situation.

In the Republic of Tajikistan, there is an increasing demand for good quality health information for decision-making and planning driven by the move towards indicator-driven planning, performance-based resource allocation, a significant increase in the resource for health mobilized in the recent years and the move toward a Sector Wide Approach (SWAP) in the health sector.

The current health Information system inherited from the soviet time is characterized by an oversupply of data coexisting with large unmet need of information. The HIS, already improved, should be further adapted and strengthened to provide accurate and timely data and analysis to support the current policies, planning and implementation. This can be achieved only through a coordinated cross-sectoral approach.

The Framework and Standards for Country Health Information System developed by the Health Metrics Network/World Health Organisation provides the guiding principles and the implementation processes to strengthen the HIS in Tajikistan.

The broad-based assessment of the system’s own environment and organisation, responsibilities, is an important step to allow objective baseline and follow-up evaluations, to inform stakeholders, to build consensus around priority needs for HIS strengthening, and to mobilize joint technical and financial support for the implementation of the national HIS plan.

The HIS assessment has been coordinated by the Republican Centre for Medical Statistics and Information under the Ministry of Health of the Republic of Tajikistan. Organizations and actors involved in the regulation, financing, and provision of services to protect, promote or improve health have been involved in the assessment.

The HIS assessment will support the HMIS working established under Governance to develop the National Health Strategy 2010-2020 and the next HIS development plan, building upon existing initiatives and systems.
The Health Metrics Network Framework

HIS components & standards
- Resources
- Indicators
- Data sources
- Management
- Products
- Dissemination and use

Roadmap for implementation
- Principles
- Process
- Tools

HMN Goal
Increase availability, accessibility, quality and use of health information that are critical for decision making at global & country levels.
1 Health Information System Resources

Developing and strengthening health information system depends upon how key units and institutions functions and interact.

The Health Information System (HIS) of Tajikistan, inherited from the soviet time, involves several ministries, institutions and organizations including the State Committee of Statistics (SCS), the Republican Centre for Medical Statistics and Information (RCMSI) and the Sanitary Epidemiological Services (SES) under the ministry of health, the civil registration office (UAGS) under the ministry of justice, the ministry of finance, the ministry of trade and economic development.

1.1 Health Information System (HIS) policies

The law assigns to the State Statistical Committee the leading role in production and dissemination of statistical information developed according to international methodological recommendations. The SCS and the RCMSI developed their own strategic plan but so far these plans are not integrated in a comprehensive HIS development plan. There is no formal HIS coordination mechanisms gathering all the stakeholders involved in the HIS but meetings are organized on an ad hoc basis.

1.1.1 Legal and regulatory framework

The legal and regulatory contexts in which information is generated and used are important as they enable mechanisms to be established to ensure data availability, exchange, quality and sharing. In Tajikistan, the legal and regulatory framework includes the Constitution of Tajikistan, the “Law on Statistics”, the decree amending the law on state statistics, the “Law on State Registration of acts of Civil Status”.

The Constitution of Tajikistan adopted on 6 November 1994 and amended by referendum on 26 September 1999 and 22 June 2003 is the supreme law of the Republic of Tajikistan (Article 10). The article 23 of the constitution stipulates that “the collection, keeping, use, or dissemination of information about the private life of a person without her or his permission to do so is forbidden”.

The Law on State Statistics of the Republic of Tajikistan (May 1997) (Statistical Law) provides the legal basis for preparing and disseminating statistical information. The Statistical Law was amended (effective April 2003) to give the State Committee of Statistics an independent status. The law includes provisions for all statistical agencies of Tajikistan but assigns the SCS the leading role in production and dissemination of statistical information. The law describes in detail the organizational structure and responsibilities of the SCS. Following the Statistical Law, in collaboration with other data producing agencies, the SCS prepares an annual State Program of Statistics (SPS) for producing and disseminating statistics, which is then approved by the President of Tajikistan.

The Law on State Registration of acts of Civil Status adopted in April 2006 regulates the procedure of state registration of acts of civil status; procedure for amendment, change, restoration and annulment of civil registration procedures; procedure for forming registers of acts of civil status;

procedure and conditions of conservation of the act of registration; and the legal status of the institution which carries out the registration of acts of civil status.

### 1.1.2 Policy and development framework

HIS strengthening activities are developed within the framework of broader strategies. Key stakeholders are mobilized to align HIS development plan to these strategies, in line with the health sector wide approach (SWAP).


The “National Development Strategy for the Republic of Tajikistan for the period to 2015” of the Government of Tajikistan was edited with the purpose of balancing the national development plans to global of concern as detailed in the Millennium Development Goals (MDGs). The four long term priorities defined by the NDS in the health sector are:

1. Reform of the health care system, including development of the private sector and attraction of investment;
2. Improvement of the maternal and child health;
3. A significant slowdown in the spread of HIV/AIDS, a reduction in infectious diseases and the eradication of certain infections that can be controlled by vaccination;
4. Improved availability, quality and effectiveness of medical services.


Based on the long term priorities of the NDS, the government of Tajikistan developed a medium term strategy, the Poverty Reduction Strategy for 2007-2009. This strategy defines four medium-term priorities for the health sector:
1- Implement the health care reforms emphasizing improvement in funding and administration mechanisms, increased performance of the primary health care system, and promoting private sector participation;

2- Improve medical services for mothers and children and reduce maternal and child mortality rates;

3- Combat the spread of HIV/AIDS, reduce the rates of infectious diseases and of certain vaccine-controlled diseases; improve the human capacity of medical staff, and provide better materials and equipments for medical institutions; ensure availability of sufficient quality medicine.

In conjunction with the PRSP, the Government of Tajikistan has developed a concept paper on health reform “Conception on Health Reform for the Republic of Tajikistan, 2002” which lay out comprehensive national strategy for achieving the health objectives of PRSP.

The Poverty Reduction Strategic III is currently under development.


Adopted in 2000, the Strategy of Republic of Tajikistan on Health Care by 2010 provides recommendations developed in the task 16 of the strategy: “Scientific investigations, information in the sphere of health and health care” of the document.

General Objectives:
- To provide access to health information for all policy makers, representatives of other professions and population
- Availability of information system based on “Health for All” principles, with high technology for collection processing and use of data.

Specific Objectives:
- Creation of a computerized health information system ensuring data collection, analysis and use for decision making at all level of the administration.
- Elaboration and implementation of a national database including global and regional indicators
- Broadening the list of health indicators till 500 indicators oriented on achievement on health for all indicators
- Creation of an integrated database containing information on public health services, PHC and determinants of health
- Adaptation of the HIS to the new payment system of medical care providers
- Improvement of the access to HIS for the main stakeholders
- Reviewing systematically health status of the population and determinant of health
- Transition to the tenth revision of the International Classification of Diseases (ICD 10)
- Improvement of the collaboration with the international organizations to develop a HIS database.

A new National Health Policy is currently under development
The aim of the HMIS development plan is the formation of a unified health information system for the Republic of Tajikistan using modern computer technologies to collect, process, store and present data to make a dynamic assessment of population health status, health facility activities and provide information needed for a decision making.

The priorities/activities listed in the HMIS development plan are often relevant; however the lack of prioritization and costing together with the absence of coordination and monitoring mechanism compromised its implementation.

A new HIS Development Strategy, aligned with the priorities of the new health strategy, will be developed in 2009-2010. This HIS strategy will be the based on the Framework and Standards for Country HIS developed by the WHO Health Metrics Network.

1.2 Main organizations involved in the HIS

1.2.1 The State Statistical Committee2

The State Committee for Statistics of the Tajik Republic (SCS) is the central statistical office of the country. The SCS is administratively autonomous and its head serves as the country's chief statistician who reports to the President and government. The SCS is responsible for population censuses, household surveys, demographic statistics and a wide range of economic statistics involving establishment and enterprise surveys, as well as prices, international trade, the national accounts, government finance, agricultural, labor and social statistics. In the case of social statistics, the SCS compiles the data from administrative records of corresponding Ministries including ministry of health.

The statistics collected and disseminated by SCS are governed by the Law of the Tajik Republic on State Statistics (No 431, dated May15, 1997) that establishes the independence of the SCS and guarantees the confidentiality of the data provided by the individual statistical units. The Law further requires the SCS to develop the statistics according to international methodological recommendations and to provide objectivity and integrity of the statistics.

SCS network includes the head office in Dushanbe, the main computing centre, and local offices. Rayon statistical offices (68) collect primary data from the reporting units, carry out aggregation and pass aggregated summaries (svody) to oblasts. Oblasts carry out further aggregation and send summaries to the MCC and to local public authorities. They also provide summaries and analyses to regional governments. The main organizational blocks in the SCS, replicated in the computing centre and the regional offices, are subject-matter divisions that are supervised by three deputies to the chairman who also divide the responsibility for supervising the regional and Dushanbe city offices.

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2 Extract from SCS “Multi-Year Integrated Statistical Plan 2005-2009”
The information in SCS is prepared according to the program of statistical works and Publication catalogue. The main publication of the Goskomstat is the monthly report Socio-Economic Situation that includes the latest monthly data with brief commentary and is circulated to the offices of the President, Prime Minister and ministries and departments. This publication is available to the public. The report is published by the 12th day of the month following the accounting period. The annual publications also are issued: Statistical Yearbook of Tajikistan, Regions of Tajikistan, and Tajikistan in figures and thematic publications.

SCS obtains social statistics directly from the ministries. The Ministry of Health provides annual, general information on the number of doctors of all specialties, other medical personnel, the number of beds in hospitals and clinics, patients at clinics, infectious diseases and morbidity. The Ministry of Health collects administrative data on health care and illnesses, and provides them to SCS for publication. There is also administrative data on access to clean drinking water and to reproductive health care. A limited set of environmental statistics are collected. The Office of Civil Registration (ZAGS) in the Ministry of Justice provides information on births, deaths, marriages, and divorces.

The Ministry of Finance provides budget data to SCS. It provides monthly data to SCS on the national budget execution and quarterly data on regional budget execution. SCS uses the data in the preparation of estimates for expenditures for “Public administration” and as input for other parts of the national accounts.

SCS is responsible of the coordination of statistical activities and the collection of official data under the Law of Statistics. According to the Law, SCS approves methods of statistical surveys/reviews and corresponding instruments (questionnaires and report formats). Each year, SCS coordinates the preparation of a work program, which is agreed with other Ministries and approved by the Government. SCS normally proposes the program in September and the Government approves it in December. The programs mandate the collection of all primary data and mentions activities by economic sector, with schedules for each activity. SCS is directly involved in monitoring implementation of the PRSP and MDG.

The measures that the SCS intends to implement to enhance the quality of its statistics are described in its three years Multi-annual Integrated Statistical Plan 2005-2009 (MISP). This plan includes several propositions related to the Health Information System:
Demographic statistics
- To master a method for measuring infant and maternal mortality by way of household interviews, and to test out the chosen method in a single rayon;
- To carry out a nationwide survey of infant and maternal mortality in a sample of rayon based on the method tested in the pilot. Results to be used for adjusting administrative measures of mortality, which are believed to widely understate infant mortality.

Census of Population 2010
- Make a work plan for census preparations that takes account of new technologies especially for data capture and the production of census maps;
- Develop a specific plan for the IT side of the census;
- Provide equipment, software, training and satellite images for preparing census maps using the Global Positioning System (GPS) and a Geographic Information System (GIS);
- Provide equipment and training for experimental data entry by use of a scanner and OCR during the pilot census, to test feasibility for full census;
- Support the preparation of tabulation routines for producing tables for the country and for regions using a suitable program such as CS Pro.

Health statistics
- To develop and test a question or set of questions for households concerning their access to clean water;
- To develop and test a question or set of questions for households concerning women’s access to reproductive health services.
- Once tested, these questions could then be added to the household budget survey in the future.

The SCS received regular support from several international organizations, to strengthen its capacities, to conduct census and household surveys, to develop a strategic plan and to implement it. A review of this support is available in the Multi-annual Integrated Statistical plan 2005-2009.

1.2.2 The Office of Civil Registration (ZAGS)
The activity of Offices of Civil Registration is supported by the law of the Republic of Tajikistan “On state registration of acts of civil status” and the Family Code of the Republic of Tajikistan.

The General Office of Civil Registration is an independent entity within the Ministry of Justice of the Republic of Tajikistan. This institution is carrying out the activity of offices of civil registration of the Republic of Tajikistan, providing practical assistance for them as well as normative acts.

UAGS is responsible for collecting information on the following: birth; death; marriage; divorce; restoration of age; affiliation; adoption; changing of family name, first name and patronymic.
The Civil Registration Office provides monthly report to the State Statistics Agency.

1.2.3 The Republican Centre for Medical Statistics and Information

The Republican Centre for Medical Statistics is an institution under the Ministry of Health in charge of providing the necessary medical statistics. The objectives and the activities of the Republican Centre for Medical Statistics and Information (RCMSI) are defined by the agreement with the Ministry of Health, approved by a decree of the GOT as of 29.06.2001.

According to its charter, the objective of the RCMSI is to form a unified health information system of the Republic of Tajikistan by organizing cross-sectoral system of gathering, processing, storing and transmitting information on the basis of modern computer technologies, which provide dynamic assessment of health status and informational support for decision.

The main activities of the RCMSI are as follows:

- Coordinate and support the services of medical statistics of the Republic of Tajikistan
- Provide methodological and organizational guidance on forming a unified HMIS
- Provide sectoral and national health statistical reports
- Analyze health status and health protection of the population of the Republic of Tajikistan
- Secure the reliability of the data collected in the primary and secondary forms
- Introduce new technologies for collecting and processing medical information
- Select and support a set of indicators to monitor the health
- Conduct training
The **HMIS development programme 2006-210** of the Republic of Tajikistan is based on a survey of the medical personnel conducted within the ADB supported Health Sector Reform Project. This plan is an important step in improving the HMIS however activities are not prioritized, activities not budgeted and a monitoring mechanism was not planned.

The HMIS benefited from several support projects but these projects were not always coordinated.

**CARINFONET** - In 1996 a network of principal medical information suppliers was established in the region under the auspices of WHO/EURO, with the signing of a cooperation agreement (first CARINFONET meeting April 1996, Tashkent). The network operates within the framework of the CARINFONET project. The principal purpose of the network was to accelerate the development and the improvement of national medical information systems in the Central Asian Region. The systems were intended to provide full appropriate and active support in the formulation, introduction, monitoring and evaluation of health environmental hygiene policy and in the management of health services in the participating countries. This network is not anymore active.

**Health System Reform Project**³ - This project funded by the Asian Development Bank provided to have a strengthened HMIS. The main achievements of the project are:

- HMIS survey conducted among the health personnel
- Development of the first HMIS development plan 2006-2010
- Review of the health indicators and reporting and recording forms
- ICT equipment in pilot areas
- Introduction of the software DHIS 2

This programme finished this year.

³ [http://www.adb.org/Projects/project.asp?id=33036](http://www.adb.org/Projects/project.asp?id=33036)
Community Based Health Project - This project financed through a loan of the World Bank includes a component to develop and implement a sustainable health financing reform. This component includes a sub-component on HMIS. The main achievements of this project are:

- ICT equipment and support at central level and in pilot areas (44 rayons and 2 oblasts)
- Software development related to the new financing mechanisms
- Training

This programme and its HMIS component have been prolonged.

Support to the HMIS in Tajikistan – The support to the HMIS in Tajikistan funded by the European Commission is fully integrated in the sector wide approach for health. The support, built upon existing initiatives and systems, is divided in 3 phases: assessment, planning and implementation.

- Phase 1 (2008-2009): Support the assessment of the HIS and the HMIS technical working group established under governance for the National strategy Development 2010-2020
- Phase 2: (2009-2011): Support the HIS development plan and review of the routine health information reporting and recording forms
- Phase 3 (2010-2014): Support to the implementation of the HIS plan

These phases and the related activities are based on the methodology developed by the Health Metrics Network/World Health Organization and detailed in the Framework and Standards for Country Health Information Systems.

1.2.4 The State Sanitary and Epidemiological Service

The State sanitary-epidemiological Surveillance Service (SESS) under the Ministry of Health is the state executive authority entitled to implement the state sanitary and epidemiological protection and surveillance. The SESS is conducting its activities according to the:

- Law of the Republic of Tajikistan “On providing sanitary and epidemiological security of population”;
- Law of the Republic of Tajikistan “On protection of health of the population”;
- Decree of the Government of Republic of Tajikistan “On Sanitary and epidemiological service of the Republic of Tajikistan”;
- Decree of the Government of the Republic of Tajikistan “On Republican centre of state sanitary and epidemiological surveillance”; 
- Other normative acts of the Republic of Tajikistan and international normative acts, recognized by the Republic of Tajikistan.

The State Sanitary and Epidemiological Service is organized as follows:

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1.3 Assessment of the HIS resources of the Republic of Tajikistan

<table>
<thead>
<tr>
<th>Summary of Result</th>
<th>Maximum</th>
<th>Score</th>
<th>%</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy and Planning</td>
<td>15</td>
<td>9,2</td>
<td>62%</td>
<td>Adequate</td>
</tr>
<tr>
<td>HIS institutions, human and financial resources</td>
<td>39</td>
<td>17,3</td>
<td>44%</td>
<td>Present but not adequate</td>
</tr>
<tr>
<td>HIS infrastructures</td>
<td>15</td>
<td>5,4</td>
<td>36%</td>
<td>Present but not adequate</td>
</tr>
<tr>
<td>Overall results</td>
<td>69</td>
<td>32</td>
<td>46%</td>
<td>Present but not adequate</td>
</tr>
</tbody>
</table>

The assessment shows that in terms of coordination, planning and policies, there is a strong consensus on the fact that the country has an up-to-date legislation providing the framework for health information and that this legislation is enforced. It is also agreed that regulation and procedure for ensuring data quality exist but that no regular assessment of the integrity of national
services is performed. Due to the confusion related to the definition of HMIS and HIS, the questions (IA3, IA4) have deleted, however it appeared during the discussions that if strategic plans have been developed by the SSC and the RCMSI, these plan are not integrated in a single HIS strategic plan and coordinated through a HIS committee. The results show that coordination mechanisms between the SSC and the MoH exist in theory but that these mechanisms are not operational. It also shows that a routine system for monitoring HIS is in place and used regularly. Participants agree that policy to conduct regular meetings at healthcare facilities and health administration to review the information and take action exists even if these meeting seem less regular in the regions.

In terms of financial and human resources, the participants consider that the MoH has partially adequate (70%) or no adequate (20%) capacities in core health information sciences (epidemiology, demography, statistics, information and ICT) and that the SSC has partially adequate capacities in statistics. The participants consider that the MoH through the RMCSI have functional statistical unit but lacking of adequate resources. The assessment shows that more than 50% health facilities have a designated and filled full-time health information officer position in the regions. The MoH HIS staffed received training but these training remain largely dependant upon external support and input and remain limited for health facility staff. Limited assistance is available at national and sub-national level in designing managing and supporting database and software. The staff turn-over at national and sub-national appears to be manageable. Budget is considered to be limited and do not allow adequate functioning of all relevant data sources.

In terms of infrastructures, the participants consider that the stock out of forms, paper, pencils are occasional and do not affect the recording of required information. Basic ICT infrastructure and support are in place at national and oblast level but limited in the districts

1.4 Recommendations

✓ Establish a HIS committee to coordinate the HIS activities
✓ Develop a HIS strategic plan aligned with the development policies
✓ Improve, integrate and align the HIS strategy to the related development policies
✓ Strengthen the role of the SCS in coordinating HIS data sources, data management, information production and dissemination.
✓ Strengthen the role of the RCMSI in coordinating HMIS data sources, data management, information production and dissemination.
✓ Train the HIS staff and the health workers on basic statistics and epidemiology
✓ Establish a ICT department to support the computerization
2 Indicators

2.1 Domains of health information
The indicators are needed to assess 3 major domains of health: the determinants of health, the health system and the health status.

<table>
<thead>
<tr>
<th>Determinants of Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socioeconomic and demographic</td>
</tr>
<tr>
<td>Environmental and behavioral risks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
</tr>
<tr>
<td>Morbidity / Disability</td>
</tr>
<tr>
<td>Well being</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inputs</td>
</tr>
<tr>
<td>Policy</td>
</tr>
<tr>
<td>Financing</td>
</tr>
<tr>
<td>Human resources</td>
</tr>
<tr>
<td>Organization &amp; management</td>
</tr>
<tr>
<td>Outputs</td>
</tr>
<tr>
<td>Information</td>
</tr>
<tr>
<td>Service availability</td>
</tr>
<tr>
<td>Outcome</td>
</tr>
<tr>
<td>Service coverage</td>
</tr>
<tr>
<td>Utilization</td>
</tr>
</tbody>
</table>

2.2 Defining of core indicators
The core indicators of the health system should reflect the changes over time in each of the three health information domains: determinants of health, health system and health status. All countries need a nationally defined minimum set of indicators used regularly in national programme planning, monitoring and evaluation. Core health indicators and related data collection strategy are linked to a broader national statistics strategy, and notably a poverty monitoring master plan in countries with a Poverty-Reduction Strategy Paper (PRSP).

Under the HMIS component of the Health Reform Project, the 1369 existing Tajik health indicators were reduced to 834 indicators based on the WHO health for all indicators, Central Asia Republics (CAR) health indicators and Tajikistan specific health indicators. The 834 indicators selected for the Health Information System are divided as follows:

<table>
<thead>
<tr>
<th>Categories</th>
<th>HFA*</th>
<th>CAR**</th>
<th>TJ***</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>00 Demographic and socio-economic</td>
<td>30</td>
<td>29</td>
<td>8</td>
<td>49</td>
</tr>
<tr>
<td>01 Mortality</td>
<td>265</td>
<td>69</td>
<td>20</td>
<td>303</td>
</tr>
<tr>
<td>02 Morbidity</td>
<td>103</td>
<td>65</td>
<td>10</td>
<td>160</td>
</tr>
<tr>
<td>03 Life styles</td>
<td>26</td>
<td>6</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>04 Environment</td>
<td>7</td>
<td>11</td>
<td>71</td>
<td>89</td>
</tr>
</tbody>
</table>
### 2.3 Assessment of the HIS indicators of the Republic of Tajikistan

<table>
<thead>
<tr>
<th>Summary of Result</th>
<th>Maximum</th>
<th>Score</th>
<th>%</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators</td>
<td>15</td>
<td>9,6</td>
<td>64%</td>
<td>Adequate</td>
</tr>
</tbody>
</table>

The majority of the participants considers that national health indicators have been identified for national and sub-national level covering all categories of health indicators, that MDGs indicators are included in these indicators, that core indicators have been defined with all key stakeholders, that selection criteria where not always explicit but that reporting on the minimum set of indicators occur on a regular basis. The results are also that more than 40 % of the participant that the process initiated to identify core indicators is still under way.

During the discussion, it appears that most of the participants were aware of the existence of the list of indicators but only few participants had access to this list. During discussion it appeared that the list should be further reviewed, validated and disseminated.

### 2.4 Recommendations

- Review the indicators with the HIS stakeholders
- Review the indicators with the pilot projects
- Review the indicators according to the administrative level (health facility, rayon, oblast, national, regional, international)
- Develop or complete a metadata dictionary for each indicators
- Give a unique identifier for each indicator
- Disseminate the finalized list of indicators
3 Data sources

The HIS data are usually generated either directly from populations of from the operations of health and other institutions. **Population-based** sources generate data on all individuals within defined population and can include total population count and data on representative population or subpopulation. These data relate to the whole population, not to group using institutional services. **Institution based** sources generate data as a result of administrative and operational activities. These activities are not confined to the health sector.

### 3.1 Population based

Over the last 10 years, population surveys and census were conducted regularly in Tajikistan providing reliable and valuable data for the HIS.

<table>
<thead>
<tr>
<th>Year</th>
<th>Survey/Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>Tajikistan Living Standards Measurement Study (TLSS)</td>
</tr>
<tr>
<td>2000</td>
<td>Census</td>
</tr>
<tr>
<td>2000</td>
<td>Multiple Indicator Cluster Survey (MICS)</td>
</tr>
<tr>
<td>2002</td>
<td>Demographic Survey (Direct estimates)</td>
</tr>
<tr>
<td>2002</td>
<td>Demographic Survey (Indirect estimates)</td>
</tr>
<tr>
<td>2003</td>
<td>Tajikistan Living Standards Measurement Study (TLSS)</td>
</tr>
<tr>
<td>2005</td>
<td>Multiple Indicator Cluster Survey (MICS)</td>
</tr>
<tr>
<td>2007</td>
<td>Tajikistan Living Standards Measurement Study (TLSS)</td>
</tr>
<tr>
<td>2010</td>
<td>Census (planned)</td>
</tr>
</tbody>
</table>

#### 3.1.1 Censuses

The population and housing census is the primary information for determining the size of the population and its geographical distribution, plus the social, demographic and economic characteristics of its people. The Statistic Division of the United Nation Department of Economic and
Social Affairs (UNDESA) has developed principles, recommendations and manuals for population and housing censuses available from their website.

The last census was conducted in 2000; the State Statistical Committee will conduct a new census in 2010 with the support of Russia, UNFPA and International donors. The 2010 census questionnaire is currently tested; it contains questions to estimate the infant mortality.

The State Committee for Statistics publishes yearly official estimate of the current population based on the following formula.

\[
\text{Estimate population at the end of a year} = (\text{Population at the beginning of a year}) + (\text{births during a year}) + (\text{the number of in-migrants}) - (\text{the number of deaths}) - (\text{the number of out-migrants})
\]

Statistical data on natural movement (births, deaths) are collected by the Civil Registry Office under the Ministry of Justice. Data on external and internal migration are based on the statistical registration of arrivals and departures, received from the Passport Office of the Ministry of Internal Affairs. The data are disaggregated by region, gender, age, nationality and other characteristics.

### 3.1.2 Civil registration

The civil registration is mainly managed by the Civil Registration Office but it also involves the MoH and the State Committee for Statistics.

Registration of birth is performed on the basis of medical document, issued by health institution where delivery took place. In cases of birth at home, where no medical assistance was provided, the fact of birth is confirmed with signatures of two witnesses present upon delivery. The application for birth registration is submitted by parents or relatives during three months period. In cases of stillbirth – applications must be submitted no later than three days. Birth is registered domiciliary, (according to parents’ place of residence), or at place where the child was born.

Upon registration of the child at the office of civil registration, the applicant must submit application with the following attachments:

- Medical certificate of birth (or a document, confirming the fact of birth of the child)
- Identification cards of the parents (passport copies etc.)
- If the parents are married, then the marriage certificate is also attached
- Receipt of payment for the blank of Certificate of Birth (2,60 TJS)

Upon submitting all aforementioned documents, the worker of UAGS completes the birth statement in two copies, reads it out to the applicant who should confirm the correctness of information in the birth statements and then sign them both, after which the certificate of birth is issued to him/her.

At the end of each month, each office of civil registration completes the report according to Form No.97 accompanied by second copies of the civil registration statement (birth statements). They are collected on rayon and city levels and then sent to rayon and city statistical departments.

All reports from each office of civil registration are collected at the General Office of Civil Registration (UAGS). After aggregation the data, a spreadsheet is completed and submitted to the Ministry of Justice of the Republic of Tajikistan on the 5th day of each month.
Registration of death is made on the basis of medical document. Death is registered at the place of residence of the deceased or place where the death occurred. Death must be reported to office of civil registration no later than three days after its occurrence or after detection of body of the deceased. Death can be reported by a spouse, members of family, as well as any other persons who were present during death occurrence. Upon registration of death at offices of civil registration, the applicant should submit application with the following attachments:

- Medical certificate of death
- Identification card of the deceased

Upon submitting all aforementioned documents, the worker of ZAGS completes the death statement in two copies, after which he/she issues a certificate of death to the applicant.

At the end of each month, each office of civil registration completes the report according to Form No.97 accompanied by second copies of the civil registration statement. The second copies in turn are accompanied by the medical certificate of death, from which the main cause of death is copied. They are collected on rayon and city levels and then sent to rayon and city statistical departments. All reports from each office of civil registration are collected at the General Office of Civil Registration (UAGS). After generalizing this report, a spreadsheet is completed, which is submitted to the Ministry of Justice of the Republic of Tajikistan on the 5th day of each month.

3.1.3 Population surveys

In many developing countries, population surveys are the single most important source of population health information. Of the 23 health-related MDG’s indicators, 17 are currently generated through household surveys such as the USAID-supported Demographic and Health Surveys, and the UNICEF-supported Multiple Indicator Cluster Surveys (MICS). Such surveys are used to generate data on:

- Child and maternal mortality and health, nutrition, service use and knowledge and practices related to health care;
- Health status evaluation, descriptions and determinants;
- Knowledge, beliefs, and practices related to health care;
- Household expenditures on health; and
- Inequalities in health outcomes and access to health services
- Surveys are the prime data sources on risk factors such as unsafe sex, smoking, substance abuse and poor nutritional status.

The Multiple Indicator Cluster Survey (MICS) is a household survey programme developed by UNICEF to assist countries in filling data gaps for monitoring the situation of children and women. It is capable of producing statistically sound, internationally comparable estimates of these indicators. The MICS was originally developed in response to the World Summit for Children to measure progress towards an internationally agreed set of mid-decade goals. The first round of MICS was conducted around 1995 in more than 60 countries. A second round of surveys was conducted in 2000 (around 65 surveys), and resulted in an increasing wealth of data to monitor the situation of children and women. For the first time it was possible to monitor trends in many indicators and set

---

5 Diane Steele, World Bank
baselines for other indicators. The current round of MICS is focused on providing a monitoring tool for the World Fit for Children, the Millennium Development Goals (MDGs), as well as for other major international commitments, such as the UNGASS on HIV/AIDS and the Abuja targets for malaria. 21 of the 48 MDG indicators can be collected in the current round of MICS, offering the largest single source of data for MDG monitoring. Overall it is possible to collect data on more 90 indicators. The survey questionnaires are modular tools that can be customized to the needs of a country. They consist of 3 questionnaires: a household questionnaire, a questionnaire for women aged 15-49, and a questionnaire for children under the age of 5 (addressed to the mother or primary caretaker of the child). The surveys will cover many of the same topics as the earlier rounds and provide updated estimates and trends for many indicators. In addition, new indicators will be included to provide baseline data or estimates of coverage for UNICEF's and the National Government's priorities.

**Tajikistan Living Standards Measurement Study (TLSS).** The Living Standards Measurement Study was established by the World Bank in 1980 to explore ways of improving the type and quality of household data collected by government statistical offices in developing countries. The objectives of the LSMS were to develop new methods for monitoring progress in raising levels of living, to identify the consequences for households of current and proposed government policies, and to improve communications between survey statisticians, analysts, and policymakers.

The health module was developed for the TLSS 2007 to collect data on the following area: general health status; utilization of outpatient health care; hospitalization; access to health care, HIV/AIDS awareness. The results of the TLSS 2007 are currently not publicly accessible but analyses based on these data are already published by some international organizations. The data should be officially released in July 2009 and will be accessible to all interested parties in line with the UN fundamental principles of official statistics.

Due to the sampling method, the data collected and the results of the MICS and the TLSS surveys cannot be disaggregated below the oblast level and therefore cannot be used for geographically targeted plans and operations.

### 3.2 Institution-based

A comprehensive data collection system was established during the Soviet time. The data collected and aggregated were send to Moscow for analysis and planning activities. Individual and service data were collected through a standardized set of forms, including recording form (primary forms) and reporting forms (secondary forms). This set of forms has been adopted October 4th 1980, following the decree № 1030 of the USSR, then slightly modified and adopted on March 26 2006 by the decree № 98 of the Republic of Tajikistan.

<table>
<thead>
<tr>
<th>Type of medical facilities</th>
<th>Number of recording forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient facilities</td>
<td>25</td>
</tr>
<tr>
<td>Outpatient facilities</td>
<td>53</td>
</tr>
<tr>
<td>Inpatient and outpatients facilities</td>
<td>34</td>
</tr>
<tr>
<td>Other facilities</td>
<td>12</td>
</tr>
<tr>
<td>Medico-legal</td>
<td>17</td>
</tr>
</tbody>
</table>

A HMIS survey\(^7\) conducted in May 2005 through structured interviewed of 99 health staff working in rayons revealed that:

- Health facilities had insufficient equipment, shortage of communications and forms to collect and transmit the data.
- The health workers knew about the data collection procedures but had limited skills and training in gathering, processing data and using information for decision making
- The health workers considered that data were reliable with regular monitoring but limited feedback.

The main requests from the staff were:

- The reduction of number of recording and reporting forms
- The staff training on HMIS
- The provision of stationary
- The computerization of the HMIS
- The improvement of the communication means

A further report\(^8\) providing a deeper analysis of the HMIS found that:

- The 37 reporting forms correspond to more than 20 000 data entry
- The forms are poorly organized mixing health and infrastructure data
- Routine monthly data are mixed with data calculated annually
- Lots of data are duplicated across the forms
- The forms have an heavy format (many pages)
- While lot of irrelevant data being collected, many important data (such as relating to HIV/AIDS) is not being collected.
- A Huge amount of paper is required to publish even one set of reports, more than 300 pages, which is a huge burden for Rayon and Oblast health facilities

Information related to human resources is also collected through the standardized forms but this information is not linked with the needs and the budget. Information related to financial resources is currently collected through the Ministry of Finance.

3.2.1 Linking indicators and data sources

The following table shows the link between the various data sources, the type of indicator and the organization in charge of the data collection.

<table>
<thead>
<tr>
<th>Laboratories</th>
<th>33</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanitary and Epidemiological Services</td>
<td>84</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>258</td>
</tr>
</tbody>
</table>

---

\(^7\) Health Management Information System survey, Republic of Tajikistan; Health Sector Reform Project (HSRP), May 2005, Asian Development Bank

\(^8\) Health Management Information System (HMIS), Tajikistan: Analysis, Interventions and Next steps, Dr Sundeep Sahay, January 12\(^{th}\) 2008, Health Sector Reform Project Tajikistan (HSRP), Asian Development Bank
Indicators can have several data sources, for instance, in Tajikistan under-five mortality can be obtained from 3 different official sources: civil registration (every year); household surveys (every 3 years) and census (every ten years). The analysis of the results obtained from different sources provides valuable information to assess the quality of the data source. The following graph shows the evolution of the under-five mortality based on these different data sources:

![Tajikistan- under-five mortality (source HMN)](image)

---

9 [www.childmortality.org](http://www.childmortality.org)
This graph shows that in Tajikistan, under-five mortality through civil registration is systematically under-reported. The reasons of this under-reporting are complex and are further developed below (see 4.3.2).

### 3.3 Assessment of the HIS data sources of the Republic of Tajikistan

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Contents</th>
<th>Capacity and practices</th>
<th>Dissemination</th>
<th>Integration and use</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Census</td>
<td>Adequate</td>
<td>Adequate</td>
<td>Highly adequate</td>
<td>Adequate</td>
<td>Adequate</td>
</tr>
<tr>
<td></td>
<td>67%</td>
<td>54%</td>
<td>69%</td>
<td>33%</td>
<td>52%</td>
</tr>
<tr>
<td>Vital statistics</td>
<td>Highly adequate</td>
<td>Highly adequate</td>
<td>Highly adequate</td>
<td>Not adequate</td>
<td>Highly adequate</td>
</tr>
<tr>
<td></td>
<td>77%</td>
<td>53%</td>
<td>100%</td>
<td>79%</td>
<td>77%</td>
</tr>
<tr>
<td>Population based surveys</td>
<td>Adequate</td>
<td>Highly Adequate</td>
<td>Highly Adequate</td>
<td>Not adequate</td>
<td>Adequate</td>
</tr>
<tr>
<td></td>
<td>64%</td>
<td>83%</td>
<td>100%</td>
<td>43%</td>
<td>73%</td>
</tr>
<tr>
<td>Health and disease records</td>
<td>Not adequate</td>
<td>Adequate</td>
<td>Adequate</td>
<td>Not adequate</td>
<td>Not adequate</td>
</tr>
<tr>
<td></td>
<td>31%</td>
<td>59%</td>
<td>56%</td>
<td>46%</td>
<td>48%</td>
</tr>
<tr>
<td>Health service records</td>
<td>Not adequate</td>
<td>Not adequate</td>
<td>Highly adequate</td>
<td>Adequate</td>
<td>Adequate</td>
</tr>
<tr>
<td></td>
<td>44%</td>
<td>38%</td>
<td>75%</td>
<td>51%</td>
<td>52%</td>
</tr>
<tr>
<td>Administrative records</td>
<td>Adequate</td>
<td>Not adequate</td>
<td>Adequate</td>
<td>Adequate</td>
<td>Not adequate</td>
</tr>
<tr>
<td></td>
<td>51%</td>
<td>42%</td>
<td>54%</td>
<td>51%</td>
<td>49%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Adequate 59%</td>
</tr>
</tbody>
</table>

The results show that the participants consider that the overall data sources are adequate but disaggregated data show that population-based data is considered as adequate while data collected through records are considered as not adequate.

The participants acknowledged that for several key epidemic-prone diseases case definition remain to be established, that for health conditions of substantial public health importance surveillance strategy exists only for some leading cause of mortality, morbidity and disability and that mapping of public health risk is extremely limited. The country has the adequate capacity to record cases of notifiable diseases and transmit timely the data but limited capacity in analysis and acting upon the data for outbreak response and planning of public health interventions however it is estimated that between 25%-74% of health workers making primary diagnose can correctly cite the case definition of the notifiable diseases.

Majority of participants (79%) acknowledged that HIS staff didn’t received appropriate training and that health workers did not received appropriate training on HIS in the past 5 years, that supervision mechanisms are present but not adequate. Data collection, dissemination and transmission are considered as adequate but the use of the data is not adequate.
Regarding physical resources, participants considered that there is national database of the health facilities that the geographic coordinate of these facilities are not included in the database (only few pilot projects), that human resources and equipment to maintain the database are not adequate.

Regarding human resources, respondents considered that there is national database regularly updated tracking the number of health professionals by professional categories but no or partial database tracking numbers graduating from certain health training institutions.

Regarding financing and health expenditure, respondent agreed that only public expenditures are available at governmental level. Confusion arose among the participants regarding the notion of National Health Account (NHA), which is not in place in Tajikistan.

Regarding equipment, supplies and commodities, most of the participant recognized that the regularly inventory are conducted and reported timely but that skilled human resources to manage the physical infrastructure, and the logistics of equipment, supplies and commodities in the public sector are present but not adequate and that managers national and sub-national levels never or rarely reconcile data on the consumption of commodities with data on cases of disease reported in the public sector.

### 3.4 Recommendations

- ✓ Establish a calendar of household surveys
- ✓ Strengthen capacities in designing, conduction and analyzing surveys for operational research
- ✓ Improve the management of civil registration data
- ✓ Review the content and the design of the health administrative records
- ✓ Improve integration and use of the data
4 Data management

The data management includes the data storage, the data quality and the data processing and compilation. The data should be stored and archived to restrict access to authorized, well coded to make the records retrievable, have mandatory rules for the minimum period of maintenance; data quality should be ensured by clear policies and processes, finally data processing and compilation involve extracting data from data sources, ensuring data consistency and quality. The data transformation may include aggregation, calculation, cleaning normalizing or merging table.

In Tajikistan, the data management follows the same pattern among the organizations involved in data collection. Data collected from primary form are aggregated at rayon level, oblast level then at the Republican level. The data management is progressively computerized at the Republican level, the Oblast level and to a less extent at rayon level. This computerization raises new issues such as the safe storage and the confidentiality of the data, the choice of software, the ICT equipment and training and of course the support and maintenance of the equipments and the networks.

4.1 Data storage

Information regarding census and surveys are kept in the archives of the SSC

For the civil registration, one copy of the birth and death certificate is kept at the rayon level while the other copy is store at the oblast level for the oblast of Sogd and GBAO and at republican level for Kathlon, the RSS and the City of Dushanbe. Data aggregated in the reporting forms are kept at rayon, oblast and Republican level. The lack of adapted coding system together with the absence of computerization cause problem to retrieve the records.

For medical statistics, the primary forms filled in the health facilities are usually kept in theses facilities while recording forms are kept at rayon, oblast or Republican level. Death certificates used to code the cause of death according to ICD-10 are temporary stored in the SCS.

Civil Registration Office - one copy of the registration is stored at rayon level; the second copy is stored at republican level for the Oblast of Kathlon, the SSR and the city of Dushanbe, at the Oblast level for the oblast of Sogd and GBAO.

Recording forms are kept at the rayon and oblast level, the reporting form are sent and kept at the RCMSI. The data quality is ensured by regular supervision and through comparison of data from different sources.

4.2 Data Quality

According to the Law on Statistics (see annex) emphasizing the need to establish mechanisms to guarantee the quality of the data each organization developed a monitoring system. However, the 2007-2009 PRSP clearly point-out that: “The lack of up-to-date methods and, complete and reliable social statistics in Tajikistan is creating enormous difficulties with regard to performing a systematic analysis of the situation of the social sphere”.
4.3 Data processing and compilation

The comparison of data from household surveys and civil registration shows that birth and death are under-reported by the civil registration. This under-reporting can be attributed to several causes at different phases of the reporting process.

- **Community level**: for various reasons (lack of awareness, lack of incentive, difficult access, informal payment, father abroad, not married…..) families are not always declaring birth and death.

- **Medical facility**: cause of death may not be properly reported in the death certificate, WHO definition may not be used, maternal death may not be declared, health services may be difficult to reach.

- **Civil Registration Office**: cause of death may not be properly reported, mistakes may occur in filling the forms, transmitting or compiling the data.

- **Goskomstat**: Cause of death may not be properly coded according to ICD 10

Therefore, improvement and strengthening of the civil registration can be achieved only through a coordinated cross-sectoral approach.

**Civil registration** is still done manually; the data are compiled at rayon, oblast then republican level. ZAGS and UAGS received recently computers but so far no software have been used or developed to computerize the civil registration. The current reporting forms are entered in Excel format at the UAGS level.

**Medical Statistics** - Several and uncoordinated initiatives led to the development and the implementation of software to improve the collection, the compilation and the analysis of data.

- **Medstat**: The Medstat software has been developed by the RCMSI to computerize all the current reporting forms. The software, based on FoxPro, is implemented in all the oblast and most of the rayons. Although this software reduced substantially the workload related to the data compilation, it does not address the problem related the data quality and has limited flexibility in terms of analysis, reporting, feed-back.

- **District Health Information 2 (DHIS2)**: The HMIS component of the Health Reform Project funded by ADB adapted with the support of the University of Oslo the District Health Information System 2 (DHIS 2). The DHIS2 started in the autumn 2004 at the University of Oslo. The DHIS2 is developed under an open source license and supported by an open development community.

Several other initiatives have been developed:

- **F66** - This software is the computerization of the form 66 for hospital registration. This software based on Foxpro has been developed and is supported by Zdrav+. The software is used in several country of Central Asia and currently implemented in hospital located in pilot
regions and districts. The software is user friendly and allows easy reporting for hospital managers.

The HMIS component of the Community Based Health Program funded by the World Bank developed separately, several software related to new financing mechanisms. These software are still in the development phases and should be soon tested and validated.

4.4 Assessment of the data management of the Republic of Tajikistan

<table>
<thead>
<tr>
<th>Summary of Result</th>
<th>Maximum</th>
<th>Score</th>
<th>%</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data management</td>
<td>15</td>
<td>7.3</td>
<td>49%</td>
<td>Partially adequate</td>
</tr>
</tbody>
</table>

For 45% of the respondents, there is a written set of procedures for data management including data collection, storage, cleaning, quality control, analysis and presentation for target audiences but these procedures are partially implemented, but for 30% of the respondents these procedures are not implemented.
For the majority of the respondent, the HIS unit at national and sub-national level is running an integrated data warehouse containing data from all population-based and institution-based data sources (including all key health programmes) with limited reporting utility accessible to various user audiences.

For 31% of the respondents there is no metadata dictionary, for 55% of the respondents there is an incomplete metadata dictionary providing definitions about the data only for some of the following areas: (1) data's use in indicators, (2) specification of collection methods used, (3) periodicity, (4) geographical designations (urban/rural), (5) analysis techniques used and (6) possible biases.

The majority of the respondents (60%) mentioned that there is no unique identifier use in the data base or if identifier codes exist they do not match up between different databases.

### 4.5 Recommendations

- Review and harmonize the data-collection system and the data storage
- Strengthen the monitoring system to improve data quality
- Establish a metadata dictionary
- Harmonize software development and its implementation
- Strengthen the role of the SCS and the RCMSI for quality control
5 Information products

The point of HIS is not just to generate high quality data but to convert it in compelling evidence that informs local health system decision making. A key aspect of this is the integration, synthesis, analysis and interpretation of information from multiple sources, examining inconsistencies, identifying and accounting for biases and summarizing health situation and trends. Such analysis provides estimates such as risk-behavior patterns, health service coverage, trends in indicators and health system performance. These can be made available through user dashboards, reports queries and alerts.

5.1 Transforming data into information

The SCS is publishing a catalogue of the publications available including the title, the date of the latest survey, the periodicity of the data, the periodicity of the publication and finally the language of the publication. Most of the documents published are compilation of data. The RCMSI is also publishing yearly a compendium “Population Heath and Health protection in the Republic of Tajikistan” of the data collected through administrative forms.

Each department of the MoH analyzes these data according to their needs in terms of monitoring and planning but theses analysis are rarely published.

Analyses such as Highlights on Health in Tajikistan or Health in Transition are usually published by UN agencies (WHO, UNICEF, UNAIDS, UNDP, FAO…) or international organizations and NGOs. The
analyses based on the data collected through surveys and studies (MICS, TLSS, HIV/AIDS prevalence, TB incidence and prevalence...) are often published and disseminated through seminars, workshop, and publications.

The **Health Policy Analysis Unit (HPAU)** established in the Ministry of Health with the assistance of the Community and Basic Health Project is addressing the need to strengthen health policy and analysis capacities of the MoH in the following areas:

- Monitoring and evaluation of the implementation of health reforms
- Comprehensive health policy analysis
- Provision of evidence-based advice on health policy development

The HPAU should be soon able to provide the expected evaluations, analyses and evidences.

### 5.2 Assessment of the information product of the Republic of Tajikistan

<table>
<thead>
<tr>
<th>Summary of Result</th>
<th>Maximum</th>
<th>Score</th>
<th>%</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Health status indicators</td>
<td>51</td>
<td>37</td>
<td>72%</td>
<td>Adequate</td>
</tr>
<tr>
<td>B Health system indicators</td>
<td>93</td>
<td>64</td>
<td>69%</td>
<td>Adequate</td>
</tr>
<tr>
<td>C Risk factor indicators</td>
<td>18</td>
<td>2</td>
<td>13%</td>
<td>Not adequate</td>
</tr>
<tr>
<td><strong>Overall Results</strong></td>
<td><strong>162</strong></td>
<td><strong>103</strong></td>
<td><strong>63</strong></td>
<td><strong>Adequate</strong></td>
</tr>
</tbody>
</table>

Most of the respondents acknowledged that data related to health status and health system, were collected regularly with an appropriate method, were representative and disaggregated. However, the majority of the respondents found that the data were not consistent over the time with multiple discrepancies between the data sources. The result shows that procedures to collect data are in place but that data obtained through administrative records are not accurate.

During the discussions, we realized that for many participants the distinction between data compilation and health information was unclear which probably explain the high score for information product which hardly reflect the reality.

### 5.3 Recommendations

- Strengthen the role of the HPAU
- Develop analytic skills (MoH, Medstat, SES...)
- Support a regular publication of analyses
- Improve the data quality
- Develop or adapt software analysis module to provide comprehensive dashboard such as [Countdown2015_Tajikistan.pdf](https://example.com/Countdown2015_Tajikistan.pdf)
- Translate the information produced in Tajik/Russian.
6 Dissemination and use

Fundamental Principles of Official Statistics (extract)

Official statistics provide an indispensable element in the information system of democratic society, serving the government, the economy, and the public with data about the economic, demographic, social, and environmental situation. To this end, official statistics that meet the test of practical utility are to be compiled and made available on an impartial basis by official statistical agencies to honour citizens’ entitlement to public information.

Adopted in 1994 by the United Nations

Health information is used at various levels of the health system therefore the access and the use of information should be considered as an integral part of the health information system.

6.1 Use of information for decision making

The SSC and the RCMSI are publishing and disseminating data collected and compiled in the Republic of Tajikistan. UN agencies have developed several database compiling data from different sources, these data are available online.

6.1.1 Tojikinfo

Tojikinfo is a tool, which is used by State Statistical Committee (SSC) to give access and disseminate socio economic and most recent survey data. Tojikinfo employs desktop and web version, which is available in 3 languages, including Tajik, Russian and English. The website is administered fully by SSC and its development and maintenance is supported by UNICEF and UNCU. Tojikinfo is based on Devinfo software.
DevInfo is a powerful database system which monitors progress towards the Millennium Development Goals and national strategies. DevInfo offers an easy-to-use structure that quickly generates tables, graphs and maps, even for trend data. It is an excellent advocacy and planning tool for national statistics offices, UN agencies, donors and civil society, contributing to greater MDG awareness and knowledge at the country level and to evidence-based policy-making. The database maintains indicators by sectors, time periods and geographic areas to monitor commitments to sustained human development and wellbeing.

Tojikinfo is still under development, the data of the TLSS 2007 data should be soon integrated, the web access should be improved and an off-line version should be soon available.

6.1.2 UNICEF supported websites
UNICEF is very active in coordinating data management, developing database and disseminating the results through several websites:

www.childmortality.org is a comprehensive data presentation system for infant mortality and under-five mortality.

www.childinfo.org contains UNICEF’s statistical information needed to monitor the situation of women and children. The website also contains technical resources for conducting UNICEF-supported Multiple Indicator Cluster Surveys (MICS), which are a major source of global development data.

www.unicef-irc.org/databases/transmonee TransMONEE is the database associated with the UNICEF Innocenti Research Centre’s MONEE project. The TransMONEE database captures a vast range of data relevant to the social and economic situation and well-being of children, young people and women in the countries of Central and Eastern Europe and the Commonwealth of Independent
States (CEE/CIS). The data, which is updated annually, is a particularly useful tool for governments, civil society organizations, funding institutions and academia in considering their decisions, policies, programmes and agendas. The website is also available in Russian.

6.1.3 Health for All Data base (HFA-DB) and Data Presentation system (DPS)

The European “health for all” database (HFA-DB) provides easy and rapid access to a wide range of basic health statistics for the 52 Member States of the WHO European Region. It was developed by the WHO Regional Office for Europe (WHO/Europe) in the mid-1980s to support the monitoring of health trends in the Region. The database is a helpful tool for international comparison and for assessing the health situation and trends in any European country in an international context.

The data are submitted by the WHO European Member States to the WHO/Europe or collected from other international organizations or other sources. New data are continuously collected, and updated versions of the database are made public twice a year, in January and June. Data are presented in a graphical or tabular form.

Data are compiled, validated and processed in a uniform way in order to improve the international comparability of statistics. Nevertheless, since health data recording and handling systems and practices vary between countries, so do the availability and accuracy of data reported to WHO. Data comparability is also limited, owing to differences in definitions and/or time periods, incomplete registration in some countries or other national specificities in data recording and processing. **International comparisons between countries and their interpretation should thus be made with caution.**

The HFA-DB can be consulted online or downloaded on WHO/Europe Website: [www.euro.who.int/HFADB](http://www.euro.who.int/HFADB). The DPS (Data Presentation System) software used for the HFA-DB can also be used to access the national databases of health statistics: [www.medstat.tj](http://www.medstat.tj)

6.2 Institutionalizing information use and demand

Information use and demand for health information should be progressively institutionalized with more indicator-driven strategies (MDGs, NDS, PRSP, SWAP...), strategies linking data/information to resource allocation (Per Capita Funding, Basic Benefit Package, MTEF, Budget support....), improvement of the data quality (support to HIS), the production of information.

6.3 Assessment of the HIS dissemination and use for the Republic of Tajikistan

<table>
<thead>
<tr>
<th>Summary of Result</th>
<th>Maximum</th>
<th>Score</th>
<th>%</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Analysis and use of information</td>
<td>9</td>
<td>4.9</td>
<td>54%</td>
<td>Adequate</td>
</tr>
<tr>
<td>B Policy and advocacy</td>
<td>3</td>
<td>2.1</td>
<td>69%</td>
<td>Adequate</td>
</tr>
</tbody>
</table>
In terms of analysis and use of the information for 10% of the participants, the demand from managers was negligible, for 34% the demand from managers is ad-hoc, usually as a result of external pressure (e.g., questions from politicians or the media), for 22% there is an adequate demand but the managers have not the skills to judge, and finally 33% of the participant judge that senior managers and policy-makers have adequate demand for complete, timely, accurate, relevant and validated HIS information. Graph and maps are used at regional and district level but remained limited or are inexistent at facility level. 78% of the participants found that integrated HIS summary reports including information on a minimum set of core indicators (including those used to measure progress towards achieving the MDGs) are distributed annually to all relevant parties or at least to the ministry of health.

Regarding information use for planning and priority setting, 65% of the participants mentioned that Health information (population health status, health system, risk factors) is commonly used for diagnostic purposes to describe health problems/challenges, but no synchronized use of health information between different planning frameworks (e.g. for annual integrated development plans, medium-term expenditure frameworks, long-term strategic plans, and annual health sector reviews)

For information use for resource allocation, opinion are split regarding information use for resource allocation for 23% of the participant HIS information is widely used by district and sub-national management teams to set resource allocations in the annual budget processes, for 38% some targets/budget proposals are backed up by HIS information, for 30% few targets/budget proposals are backed up by HIS information and finally for 9% none of the targets/budget proposals are backed up by HIS information. The majority of the participants (59%) believed that HIS information is used for equity purpose only on an ad hoc basis.

As for information use for implementation, managers at health administrative offices and care providers, use health information for health service delivery management, continuous monitoring and periodic evaluation mostly at republican and oblast level. Information on health risk factors to advocate for the adoption of lower-risk behaviors by the general public and by targeted vulnerable groups is used on an ad hoc basis. During the discussions it appeared that result-based management approach was often limited to pilot projects.

Health Information is often requested on an ad-hoc basis, overloading staff. The health information is often used to plan but the resources are not allocated according to the priorities defines in these plan.

6.4 Recommendations
- Provide information adapted to the need of the programme managers
- Better link data/information to resource allocation
- Support indicator-driven planning
- Develop result-based management
- Strengthen evidence-based decision
## 7 SWOT Analysis

Summary of the strengths, weaknesses, opportunities and threats of the HIS

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIS Resources</td>
<td>HIS Resources</td>
</tr>
<tr>
<td>- Policies developed</td>
<td>- Policies not integrated</td>
</tr>
<tr>
<td>- Human resources in place</td>
<td>- Limited HIS coordination mechanisms</td>
</tr>
<tr>
<td>- Infrastructure exists</td>
<td>- Human resources not properly trained in statistics, epidemiology and data</td>
</tr>
<tr>
<td>HIS Indicators</td>
<td>collection</td>
</tr>
<tr>
<td>- List of indicators established</td>
<td>- Lack of metadata dictionary</td>
</tr>
<tr>
<td>HIS Data sources</td>
<td>HIS Indicators</td>
</tr>
<tr>
<td>- Regular censuses</td>
<td>- List of indicators not finalized, not disseminated</td>
</tr>
<tr>
<td>- Civil registration system in place</td>
<td>- Lack of metadata dictionary</td>
</tr>
<tr>
<td>- Regular household surveys are conducted</td>
<td>HIS Data sources</td>
</tr>
<tr>
<td>- Data collection system in place</td>
<td>- Civil registration data inaccurate</td>
</tr>
<tr>
<td>HIS Data management</td>
<td>- Routine HIS (reporting forms and recording forms) not adapted to the needs</td>
</tr>
<tr>
<td>- Data management system in place</td>
<td>HIS Data management</td>
</tr>
<tr>
<td>- System partially computerized</td>
<td>- Poor data management</td>
</tr>
<tr>
<td>- Existing monitoring procedures</td>
<td>- Ineffective data quality control</td>
</tr>
<tr>
<td>Information products</td>
<td>- Limited ICT resources and support</td>
</tr>
<tr>
<td>- Establishment of a Health Policy Analysis Unit in the MoH</td>
<td>HIS Data management</td>
</tr>
<tr>
<td>Data/info use and dissemination</td>
<td>- MoH depend on external support for ICT for basic maintenance.</td>
</tr>
<tr>
<td>- Data accessible through regular publication</td>
<td>Information products</td>
</tr>
<tr>
<td>- Many data/info available through Internet</td>
<td>- Analyses rely on external support</td>
</tr>
<tr>
<td>Opportunities</td>
<td>Data/info use and dissemination</td>
</tr>
<tr>
<td>- Ministry of health and Donors are moving to a sector wide approach.</td>
<td>- National database not available online</td>
</tr>
<tr>
<td>- Increased need of reliable data</td>
<td>- Link between data and resource allocation still limited</td>
</tr>
<tr>
<td>- Increased need of analysis to support and monitor the reforms</td>
<td>Threats</td>
</tr>
<tr>
<td>- Development of a National Health Strategy 2010-2020</td>
<td>- Lack of coordination among the HIS stakeholders</td>
</tr>
<tr>
<td>- Development of new HMIS plan</td>
<td>- HIS restricted to computerization</td>
</tr>
<tr>
<td>- Long term commitment of the donors to support the HIS strengthening</td>
<td>- Lack of qualified staff in statistic, epidemiology and ICT.</td>
</tr>
</tbody>
</table>
8 Summary of the recommendations

Recommendations to improve HIS Governance and Leadership

✓ Establish a HIS committee to coordinate the HIS activities
✓ Develop a HIS strategic plan aligned with the development policies
✓ Improve, integrate and align the HIS strategy to the related development policies
✓ Strengthen the role of the SCS in coordinating HIS data sources, data management, information production and dissemination.
✓ Strengthen the role of the RCMSI in coordinating HMIS data sources, data management, information production and dissemination.
✓ Train the HIS staff and the health workers on basic statistics and epidemiology
✓ Establish an ICT department to support the computerization

Recommendations to improve the health indicators

✓ Review the indicators with the HIS stakeholders including pilot projects
✓ Review the indicators according to the administrative level (health facility, rayon, oblast, national, regional, international)
✓ Develop or complete a metadata dictionary for the indicators
✓ Give a unique identifier for each indicator
✓ Disseminate the finalized list of indicators

Recommendations to improve the data sources

✓ Establish a calendar of household surveys
✓ Strengthen capacities in designing, conduction and analyzing surveys for operational research.
✓ Improve the management of civil registration data
✓ Review the content and the design of the health administrative records
✓ Improve integration and use of the data

Recommendations to improve the data management

✓ Review and harmonize the data-collection system and the data storage
✓ Strengthen the monitoring system to improve data quality
✓ Establish a metadata dictionary
✓ Harmonize software development and its implementation
✓ Strengthen the role of the SCS and the RCMSI for quality control

Recommendations to improve the production of information

✓ Strengthen the role of the HPAU
✓ Develop analytic skills (MoH, Medstat, SES...)
✓ Support a regular publication of analyses
✓ Improve the data quality
✔ Develop or adapt software analysis module to provide comprehensive dashboard such as Countdown2015_Tajikistan.pdf
✔ Translate the information produced in Tajik/Russian.

Recommendations to improve the data dissemination

✔ Provide information adapted to the need of the programme managers
✔ Better link data/information to resource allocation
✔ Support indicator-driven planning
✔ Develop result-based management
✔ Strengthen evidence-based decision
9 Annexes
## 9.1 HIS Assessment Score

### I. Resources

<table>
<thead>
<tr>
<th>Categories</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy and Planning</td>
<td>Adequate 62% (9.2 / 15)</td>
</tr>
<tr>
<td>HIS institutions, human resources and financing</td>
<td>Present but not adeq 44% (17.3 / 39)</td>
</tr>
<tr>
<td>HIS Infrastructure</td>
<td>Present but not adeq 36% (5.4 / 15)</td>
</tr>
<tr>
<td>Overall</td>
<td>Present but not adeq 46% (32.0 / 69)</td>
</tr>
</tbody>
</table>

### II. Indicators

<table>
<thead>
<tr>
<th>Categories</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators</td>
<td>Adequate 64% (9.6 / 15)</td>
</tr>
</tbody>
</table>

### III. Data Sources

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Contents</th>
<th>Capacity &amp; Practices</th>
<th>Dissemination</th>
<th>Integration and use</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Census</td>
<td>Adequate</td>
<td>Adequate 54% (6.5 / 12)</td>
<td>Adequate 69% (8.3 / 12)</td>
<td>Present but not adeq 33% (1.0 / 3)</td>
<td>Adequate 56%</td>
</tr>
<tr>
<td>Vital statistics</td>
<td>Highly adequate 77% (4.8 / 6)</td>
<td>Adequate 53% (12.8 / 24)</td>
<td>Highly adequate 100% (3.0 / 3)</td>
<td>Highly adequate 79% (2.4 / 3)</td>
<td>Highly adequate 77%</td>
</tr>
<tr>
<td>Population-based surveys</td>
<td>Adequate 64% (5.8 / 9)</td>
<td>Highly adequate 83% (10.0 / 12)</td>
<td>Highly adequate 100% (6.0 / 6)</td>
<td>Present but not adeq 43% (2.6 / 6)</td>
<td>Adequate 73%</td>
</tr>
<tr>
<td>Health and disease records (incl. surveillance)</td>
<td>Present but not adeq 31% (2.8 / 9)</td>
<td>Adequate 59% (12.4 / 21)</td>
<td>Highly adequate 100% (3.0 / 3)</td>
<td>Present but not adeq 46% (2.8 / 6)</td>
<td>Adequate 48%</td>
</tr>
<tr>
<td>Health service records</td>
<td>Present but not adeq 44% (2.6 / 6)</td>
<td>Present but not adeq 38% (4.6 / 12)</td>
<td>Highly adequate 75% (4.5 / 6)</td>
<td>Present but not adeq 51% (4.6 / 9)</td>
<td>Adequate 52%</td>
</tr>
<tr>
<td>Resource records</td>
<td>Adequate 51% (12.1 / 24)</td>
<td>Present but not adeq 42% (10.0 / 24)</td>
<td>Adequate 54% (1.6 / 3)</td>
<td>Adequate 51% (6.2 / 12)</td>
<td>Present but not adeq 49%</td>
</tr>
<tr>
<td>Total</td>
<td>Adequate 59%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IV. Data Management

<table>
<thead>
<tr>
<th>Categories</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data management</td>
<td>Present but not adeq 49% (7.3 / 15)</td>
</tr>
</tbody>
</table>

### V. Information Products

<table>
<thead>
<tr>
<th>Categories</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Products</td>
<td>Adequate 64% (101.6 / 159)</td>
</tr>
</tbody>
</table>

### VI. Dissemination and Use

<table>
<thead>
<tr>
<th>Categories</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analysis and use of information</td>
<td>Adequate 54% (4.9 / 9)</td>
</tr>
<tr>
<td>Information use for policy and advocacy</td>
<td>Adequate 69% (2.1 / 3)</td>
</tr>
<tr>
<td>Information use for planning and priority setting</td>
<td>Adequate 63% (1.9 / 3)</td>
</tr>
<tr>
<td>Information use for resource allocation</td>
<td>Present but not adeq 47% (2.8 / 6)</td>
</tr>
<tr>
<td>Information use for implementation and action</td>
<td>Present but not adeq 33% (3.0 / 9)</td>
</tr>
<tr>
<td>Overall</td>
<td>Present but not adeq 49% (14.6 / 30)</td>
</tr>
</tbody>
</table>
9.2 Law on Statistic

The “Law On State statistics” of the Republic Of Tajikistan

The present Law defines legal and economic bases of the organization and functioning of the state statistics and regulates the legal relations associated with providing of compilation, processing, dissemination, use and storage of the statistical information in Tajikistan. Positions of the present Law operate in all territory of Tajikistan and other managing subjects and establishments of Tajikistan, irrespective of patterns of ownership, departmental subordination, the location and the organizational - legal form, and also on the physical persons engaged in enterprise activity, and in other cases established by the legislation of Tajikistan are distributed to all bodies of the government of republic and institutions of local government, the participants of enterprise activity registered as legal persons.

Chapter 1. General provisions

Article 1. A legal basis of activity of bodies of the state statistics.

The legal basis of activity of bodies of the state statistics is made with the Constitution of Tajikistan, the present Law and other laws, decisions of Majlisi Oli of Tajikistan, decrees of the President of Republic Tajikistan, the decision of the Government of Republic Tajikistan, the international legal acts recognized by Tajikistan.

Article 2. The primary goals and principles of the state statistics.

The primary goals of the state statistics are:

- Development of the scientifically-grounded statistical methodology providing comparability of the data according to the international system of standardization;
- Compilation, processing, the analysis and aggregation of the statistical information describing social and economic development of Tajikistan, and the control over realization of the state statistical activity; Granting of the statistical information to bodies of the government and management and its finishing up to the certain circle of users; The international cooperation, attraction and use of the statistical information on development of other states and the world community.

Main principles of the state statistics are:

- Objectivity, reliability and independence of the statistical information; Timeliness of compilation, stability of data system and integrity of the statistical information; Comparability of the statistical information in system of considered basic parameters with statistics of other states of the Commonwealth of Independent States and the international statistics; Availability and openness of the statistical information in the limits established by the legislation of Tajikistan. The state creates uniform system of the primary account and statistics, carries out a management of them, defines the maintenance and character of statistical activity on all territory of republic.
Article 3. Mutual relations in the field of statistics between Tajikistan and other states.

Relations in the field of statistics between Tajikistan and other states are defined on the basis of contracts and agreements between them on principles of equality and mutual interests with observance of the international norms.

Chapter 2. The organization of the state statistics

Article 4. Bodies of the state statistics.

Bodies of the state statistics of Tajikistan are the State Committee of Statistics and the territorial statistical divisions subordinated to it which are carrying out compilation, the control, processing, the analysis, aggregation, dissemination and storage of the statistical information according to the present Law. Bodies of the state statistics also carry out coordination of statistical activity in republic and operate on the basis of the confirmed positions.

Article 5. Organizational, financial and logistical support of statistical works.

The statistical works which are carried out by bodies of the state statistics according to the authorized by the Government of Tajikistan list of works and established programs are financed from the state budget. Regional programs of statistical works are financed from the local budget. The state statistical supervision spent over authorized programs of statistical works are financed from the customer. The funds received from economic activities after payment of taxes are used by bodies of the state statistics for strengthening their logistical base.

Article 6. The state statistical supervision.

The official statistical record keeping is carried out by bodies of the state statistics of Tajikistan on the basis of the state statistical supervision. The state statistical supervision can be republican and regional. Statistical supervision over the social and economic processes is the republican state statistical supervision, carried out by republican body of the state statistics according to the program of statistical works confirmed annually by the Government of Tajikistan. Statistical supervision over the social and economic processes is regional state statistical supervision, carried out by territorial bodies of the state statistics. Legal and physical persons can be involved in carrying out of the state statistical supervision in the order established by the legislation of Tajikistan.

Article 7. Compilation and use of the statistical information.

Granting by legal and physical persons of the statistical information by all kinds of the state statistical supervision is obligatory and is carried out on a free-of-charge basis. The data are given to statistical bodies in the necessary volume, appropriate quality, in the established addresses and terms. The statistical information received from managing subjects, is used for needs of the government and can be published in mass media. Thus the data received from physical persons, can be announced only from their consent. The data containing state or the trade secret are not subject to announcement and are protected in the order established by the legislation of Tajikistan. Users of the statistical information have no right without the consent of the state statistical bodies to use, publish or disseminate the received information. Bodies of the government do not bear the responsibility for
the publication of the state data without them on that of the consent, for the data given by independent statistical bodies.

Article 8. Rights of bodies of the state statistics.

Bodies of the state statistics have the right: To receive from bodies of the Government of Tajikistan, institutions of local government, the enterprises with the foreign investments, legal, physical persons and managing subjects, including financial, bank, insurance, customs, law-enforcement and other departments and services, the authentic statistical data in the volumes established by statistical bodies with and terms, including components commercial and state secret, in the order, established the legislation of Tajikistan;

- To carry out among the population statistical surveys and to obtain from citizens the data necessary for the statistical purposes;
- To check if necessary reliability of the primary and summary statistical data. In case of revealing their distortions to allow obligatory instructions for performance about their elimination and to bring corresponding specifications in the summary statistical data;
- To represent interests of the state in interaction and cooperation with statistical departments of other states and the international organizations;
- To carry out under economic contracts statistical, analytical, information and other works on profile subjects;
- To supervise activity of managing subjects in sphere of compilation of the statistical information, studying of economic and social development of the state;
- To accept in limits of their competence of the decision, obligatory for performance by corresponding legal persons and other managing subjects;
- To conclude the contract about the international statistical cooperation;
- To reveal and cancel the reports which have been not authorized according to established order, and also the unnecessary information of all managing subjects irrespective of forms of their property and subordination;
- To carry out census and research of those sites of activity of managing subjects and physical persons which are outside of statistical supervision, in the order stipulated by legislation of Tajikistan, in volumes and in the terms established by statistical bodies.

Article 9. Duties of bodies of the state statistics.

Bodies of the state statistics are obliged:

- To develop statistical methodology according to the international statistical standards and to provide reporting legal persons and other managing subjects with the necessary statistical information and necessary statistical forms of account;
- To organize the state statistical supervision according to the established programs and to provide bodies of the government of the statistical information on socio-economic situation of republic;
- To provide availability of the summary statistical information to wide users through press, radio and TV;
- To give by inquiries of legal and physical persons the primary data on them which are taking place at the order of statistical bodies;
• To provide observance of the state and commercial secrets, and also anonymity of the primary data on physical persons;
• To provide appropriate storage, accumulation and actualization of the statistical information.

Workers of bodies of the state statistics are obliged to keep confidentiality of the existing statistical information.

Chapter 3. The responsibility for infringement of the present law

Article 10. The responsibility for not granting or distortion of the data of state statistical supervision.

The legal persons, managing subjects irrespective of the patterns of ownership not given data at carrying out of the state statistical supervision or given them deformed, bear established by the legislation of Republic Tajikistan the responsibility.

Article 11. The responsibility of bodies of the state statistics.

Bodies of the state statistics and their workers bear the responsibility for non-observance of the state and commercial secrets, and also requirements of the present Law in the order established by the legislation of Tajikistan.

The president of Tajikistan E. Rakhmonov

Dushanbe, May 15, 1997 No. 43
9.3 HIS Assessment organization

Name of the country:
Republic of Tajikistan

Group members
The list of institutions responsible for HIS and relevant actors who participated at this assessment

- The State Statistical Committee
- The Ministry of health
- The Republican Centre for Medical statistic and Information
- United Nations (World Health Organization; UNICEF; UNDP)
- Donors involved in the health sectors (European Commission; Asiatic Development Bank; USAID; World bank; Swiss Development Cooperation; Swedish Development Cooperation)
- Health projects (Health Reform Project; Community Based Health Project; Sino project; PRSP monitoring project; MTEF project)

What institution or institutions undertook the stewardship in the organization of the assessment?
The Republican Centre for Medical Statistics and Information (RCMSI)

Please describe shortly how the assessment was organized.
After an initial HIS Assessment launching workshop, 9 workshops/seminars have been organized to conduct the interviews. One interview has been conducted individually.

The small group meetings-were they divided in smaller working groups? Yes or No
The workshops were not formally divided in smaller working groups, however since discussion among participants was encouraged, participants split themselves in smaller groups.

If there was a national or international, what was is role?
A technical assistant, Dr Francois Gourraud, supported the assessment through the EC funded project “Support to the HMIS in Tajikistan”.

Was a national conference organized in order to show/highlight the data evaluation and revision? Yes or No.
The assessment is fully integrated and fully supports the HMIS technical working group of the development of the National Health Strategy 2010-2020.

Describe shortly any change in the assessment tool. Also, indicate if the tool was translated into your state language.
The assessment tool has been translated in Russian.
List the item of any items that were omitted from the assessment because they were judged to be inappropriate.

Two questions IA3-IA4 were cancelled due to the confusion around the definition of HIS and HMIS. The questions VAI-VBI-VEI regarding the most recent method to estimate the mortality were judged to be inappropriate; the 3 methods mentioned being regularly used in the country. Similar problem occurred with the question IIIB11.

List the item of any items that were not well understood. Please offer any suggestions for clarifying the meaning of specific items

Describe any special problem you had with organizing the assessment

We used the Group Builder tool to define the groups and the relevant questions. We felt that the tool could be more user-friendly and that mistake regarding the number of question should be corrected.

Has the final report on the assessment been completed?

Yes, the final report of the assessment has been completed

How much time was required to complete the assessment process – from the first planning meeting until the concluding meeting, how many weeks elapsed?

4 months were required to conduct the assessment.

Please offer any further comments or recommendations on how to improve the assessment tool or how to organize successful assessment (use a separate sheet of paper if necessary).

We felt that the questions could not always highlight the problems encountered by the countries of former Soviet Union: an inherited comprehensive health information system performing poorly and not anymore adapted to the needs.
9.4 HIS Assessment participants

List of participants in the workshops for assessment of the National Health Information System in the Republic of Tajikistan

**Workshop I. HMIS Unit**

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lola Rajabova</td>
<td>Republican Centre for Medical Statistics and Information</td>
<td>Director</td>
</tr>
<tr>
<td>Ibodullo Sheraliev</td>
<td>Republican Centre for Medical Statistics and Information</td>
<td>Deputy Director</td>
</tr>
<tr>
<td>Farmon Hakimov</td>
<td>Republican Centre for Medical Statistics and Information</td>
<td>IT Specialist</td>
</tr>
<tr>
<td>Zamira Bobohojaeva</td>
<td>Health Policy Analysis Unit under the Ministry of Health</td>
<td>National Monitoring and Evaluation Consultant</td>
</tr>
<tr>
<td>Gulrukhso Safarova</td>
<td>City Centre for Medical Statistics and Information</td>
<td>Director</td>
</tr>
<tr>
<td>Daler Tajidinov</td>
<td>Civil Initiative on Policy of Internet</td>
<td>Manager Assistant</td>
</tr>
<tr>
<td>Ikhtiyor Kholmatov</td>
<td>Community-based Health Project PIU</td>
<td>IT Specialist</td>
</tr>
<tr>
<td>Barnojon Kurbanova</td>
<td>Health Strategy Reform Project</td>
<td>Technical Consultant for HMIS</td>
</tr>
<tr>
<td>Malika Baimatova</td>
<td>Project Sino1</td>
<td>Project Assistant</td>
</tr>
<tr>
<td>Tatyana Simeonova</td>
<td>PRSP Monitoring</td>
<td>Key Health Expert</td>
</tr>
<tr>
<td>Farukh Nazarmavloev</td>
<td>UN</td>
<td>Monitoring and Evaluation Coordinator</td>
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<tr>
<td>Tagaymurod Nazarov</td>
<td>Republican Centre for Medical Statistics and Information</td>
<td>Doctor – methodologist</td>
</tr>
<tr>
<td>Olambegim Sherozova</td>
<td>Republican Centre for Medical Statistics and Information</td>
<td>Doctor – methodologist</td>
</tr>
<tr>
<td>Safarbek Turaev</td>
<td>Narcological centre of Dushanbe</td>
<td>Deputy Head Doctor on Medical Works</td>
</tr>
<tr>
<td>Kosim Latipov</td>
<td>Central Rayon Hospital of Varzob</td>
<td>Head Doctor</td>
</tr>
<tr>
<td>Jamshed Khaimidov</td>
<td>GKB SMP</td>
<td>Deputy head doctor on automated management system</td>
</tr>
<tr>
<td>Vreni Jean-Richard</td>
<td>Project Sino1</td>
<td>Consultant</td>
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**Workshop II. Program Managers group**

<table>
<thead>
<tr>
<th>Name</th>
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<th>Position</th>
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</thead>
<tbody>
<tr>
<td>Navruz Jafarov</td>
<td>Republican Centre for State Sanitary Epidemiological Control</td>
<td>Head of disease surveillance department</td>
</tr>
<tr>
<td>Pirnazar Shodmonov</td>
<td>Republican Centre for State Sanitary Epidemiological Control</td>
<td>Head of department</td>
</tr>
<tr>
<td>Sakina Shoeva</td>
<td>Republican Centre for State Sanitary Epidemiological Control</td>
<td>Head of methodological department</td>
</tr>
<tr>
<td>Hussein Sadulloev</td>
<td>UNDP</td>
<td>HIV Grant M&amp;E Officer</td>
</tr>
<tr>
<td>Hanifa Abdualimova</td>
<td>UNDP</td>
<td>TB Grant M&amp;E Officer</td>
</tr>
<tr>
<td>Alijon Soliev</td>
<td>Republican Centre for HIV/AIDS Control</td>
<td>Deputy Director</td>
</tr>
<tr>
<td>Turashoh Saymuhiddinov</td>
<td>Republican Centre for Tropical Diseases</td>
<td>Head of medical department. Methodologist.</td>
</tr>
<tr>
<td>Marodsulton Nazarkhudoeva</td>
<td>Republican Centre for Immunoprophylaxis</td>
<td>Head of epidemiological department</td>
</tr>
<tr>
<td>Davron Pirov</td>
<td>Republican Centre for Healthy Life Style</td>
<td>Deputy Director</td>
</tr>
<tr>
<td>Ziyoratshoh Davlatov</td>
<td>Republican Centre for Dermatovenerologic Diseases</td>
<td>Head of organizational and methodological cabinet</td>
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</table>

**Workshop III. Statistics and Demography group**

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**Workshop IV. Financial M&E and Resource Tracking**

<table>
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<tr>
<th>Name</th>
<th>Organization</th>
<th>Position</th>
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<tbody>
<tr>
<td>Fayzali Safarov</td>
<td>Ministry of Health</td>
<td>Head of department for BO</td>
</tr>
<tr>
<td>Saidali Hafizov</td>
<td>Ministry of Health</td>
<td>Head of department for economy analysis</td>
</tr>
<tr>
<td>Khosiyat Karimova</td>
<td>Ministry of Health</td>
<td>Main specialist of department for economy analysis</td>
</tr>
<tr>
<td>Movses Aristakesyan</td>
<td>MTEF Project</td>
<td>Health expert</td>
</tr>
<tr>
<td>Farrukh Egamov</td>
<td>Health Policy Analysis Unit</td>
<td>Local consultant to MoH on financial issues</td>
</tr>
<tr>
<td>Ashurmat Marupov</td>
<td>Ministry of Health</td>
<td>Head specialist for procurement of medical supplies</td>
</tr>
<tr>
<td>Ruzigul Mirzoeva</td>
<td>Ministry of Finances</td>
<td>Head specialist for health financing</td>
</tr>
<tr>
<td>Manucher Gaibov</td>
<td>Zdrav-Plus</td>
<td>Specialist for health financing</td>
</tr>
<tr>
<td>Olga Goloshapova</td>
<td>CRH World Bank</td>
<td>Consultant for CBHP financing</td>
</tr>
<tr>
<td>Abdulgafur Nurov</td>
<td>World Bank</td>
<td>PHC</td>
</tr>
<tr>
<td>Shodibek Idiyev</td>
<td>World Bank</td>
<td>Hospital care</td>
</tr>
<tr>
<td>Kanoat kurbanova</td>
<td>Scientific-medical centre</td>
<td>Deputy director for HR</td>
</tr>
<tr>
<td>Name</td>
<td>Affiliation</td>
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</tr>
<tr>
<td>Natalia Melnikova</td>
<td>Research Institute AGiP</td>
<td>Head of HR department</td>
</tr>
<tr>
<td>Lida Danilova</td>
<td>RKCKB</td>
<td>Head of HR department</td>
</tr>
<tr>
<td>Valentina Ustimenko</td>
<td>RNCSiGH</td>
<td>Head of HR department</td>
</tr>
<tr>
<td>Amirkhon Zamonov</td>
<td>Health Department of Dushanbe</td>
<td>Head of HR department</td>
</tr>
<tr>
<td>Muhayo Rajabova</td>
<td>NDC</td>
<td>Head of HR department</td>
</tr>
<tr>
<td>Tahmina Rahmatova</td>
<td>MTEF Project</td>
<td>Assistant in the Health Sector</td>
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</table>

**Workshop V. Senior MoH Planner group**

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
<th>Position</th>
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<tbody>
<tr>
<td>Saida Jobirova</td>
<td>Ministry of Health of RT</td>
<td>First Deputy Minister</td>
</tr>
<tr>
<td>Soibnazar Rakhmonov</td>
<td>Ministry of Health of RT</td>
<td>Deputy Minister</td>
</tr>
<tr>
<td>Azamjon Mirzoev</td>
<td>Ministry of Health of RT</td>
<td>Deputy Minister</td>
</tr>
<tr>
<td>Salohiddin Miraliev</td>
<td>Ministry of Health of RT</td>
<td>Advisor to the Minister</td>
</tr>
<tr>
<td>Oktam Bobohojaev</td>
<td>Ministry of Health of RT</td>
<td>Head of health services department</td>
</tr>
<tr>
<td>Safar Sayfuddinov</td>
<td>Ministry of Health of RT</td>
<td>Head of department of hospital care</td>
</tr>
<tr>
<td>Muhiba Maksudova</td>
<td>Ministry of Health of RT</td>
<td>Head of PHC</td>
</tr>
<tr>
<td>Shaidullo Sharipov</td>
<td>Ministry of Health of RT</td>
<td>Head of health reform and external relations department</td>
</tr>
<tr>
<td>Salomiddin Isupov</td>
<td>Ministry of Health of RT</td>
<td>Science and research department</td>
</tr>
<tr>
<td>Sherali Rakhmatulloev</td>
<td>Ministry of Health of RT</td>
<td>Head of department for DC</td>
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<tr>
<td>Azizullo Odinaev</td>
<td>Ministry of Health of RT</td>
<td>Head of OK</td>
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<tr>
<td>Rakhim Makhmudov</td>
<td>Ministry of Health of RT</td>
<td>Head of legal department</td>
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<tr>
<td>Gurez Azimov</td>
<td>Ministry of Health of RT</td>
<td>Head of Sanitary and epidemiological department</td>
</tr>
<tr>
<td>Mehriniso Rustamova</td>
<td>Ministry of Health of RT</td>
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</tr>
<tr>
<td>Name</td>
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<td>Position</td>
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<tr>
<td>T. Urunov</td>
<td>District centre for Medical Statistics and Information</td>
<td>Director of District centre for Medical Statistics and Information</td>
</tr>
<tr>
<td>F. Ikromov</td>
<td>District child health centre</td>
<td>Deputy head doctor for organizational and methodological issues</td>
</tr>
<tr>
<td>N. Ashurov</td>
<td>District child health centre</td>
<td>Medical doctor</td>
</tr>
<tr>
<td>E. Makhmudov</td>
<td>Dentist centre</td>
<td>Deputy head doctor for organizational and methodological issues</td>
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<tr>
<td>A. Vohidov</td>
<td>Oncologic dispensary</td>
<td>Deputy head doctor for organizational and methodological issues</td>
</tr>
<tr>
<td>M. Ahmadbekova</td>
<td>Oblast Hospital</td>
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<tr>
<td>Pulotov N.</td>
<td>Cardiologic dispensary</td>
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<tr>
<td>N. Ochilzoda</td>
<td>Dermatovenerologic dispensary</td>
<td>Deputy head doctor for organizational and methodological issues</td>
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<tr>
<td>M. Aliev</td>
<td>B. Gafurov hospital</td>
<td>Deputy head doctor for organizational and methodological issues</td>
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<tr>
<td>R. Rustamova</td>
<td>District maternity hospital</td>
<td>Deputy head doctor for organizational and methodological issues</td>
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<tr>
<td>M. Dadoboева</td>
<td>Physiotherapeutic Hospital</td>
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<tr>
<td>M. Jabborov</td>
<td>Infectious diseases hospital</td>
<td>Deputy head doctor</td>
</tr>
<tr>
<td>R. Abdulloev</td>
<td>Hospital for eye surgery</td>
<td>Deputy head doctor</td>
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<tr>
<td>B. Mansurov</td>
<td>Oblast Centre for TB</td>
<td>Deputy head doctor</td>
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<tr>
<td>A. Rajabov</td>
<td>Cardiologic hospital</td>
<td>Deputy head doctor</td>
</tr>
<tr>
<td>A. Ismoilov</td>
<td>Health centre #3</td>
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<tr>
<td>Kh. Murodilloev</td>
<td>Health centre #6</td>
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<tr>
<td>I. Rajabova</td>
<td>Health centre #3</td>
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</tr>
<tr>
<td>M. Rustamova</td>
<td>Health centre #5</td>
<td>Medical statistician</td>
</tr>
<tr>
<td>N. Jamolova</td>
<td>Health centre #2</td>
<td>Medical statistician</td>
</tr>
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## Workshop VII. Sub-national group (Kurgantube)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Role</th>
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<tbody>
<tr>
<td>Shodee Abdurakhmonov</td>
<td>District centre for Medical Statistics and Information</td>
<td>Director</td>
</tr>
<tr>
<td>Raisa Yazvenko</td>
<td></td>
<td>Statistician</td>
</tr>
<tr>
<td>Aziza Menglikulova</td>
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<td>Safar Jalilov</td>
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<tr>
<td>Jahon Sharipova</td>
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<tr>
<td>Toshmurod Bekmirzoev</td>
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<tr>
<td>Kholbozor Urozov</td>
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</tr>
<tr>
<td>Dilbar Mukhamadieva</td>
<td>Centre for healthy lifestyle</td>
<td>Medical worker</td>
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<tr>
<td>Davlatmurod Nazarov</td>
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<tr>
<td>Orif Mirzoev</td>
<td>District centre for family medicine</td>
<td>Medical worker</td>
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<tr>
<td>Mahmadkul Sharipov</td>
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<tr>
<td>Rukhsatoj Razokova</td>
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<tr>
<td>Zokir Sodikov</td>
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