

TECHNICAL ASSISTANCE COMPLETION REPORT

Division: ECSS

TA No. and Name: 4268 TAJ Planning and Policy Dialogue for Health Reform			Amount Approved: \$300,000.00	
			Revised Amount: -	
Executing Agency: Office of the President		Source of Funding: JSF	TA Amount Undisbursed \$52,092.00	TA Amount Utilized \$247,908.00 ¹
Date			Closing Date	
Approval 17 December 2003	Signing 08 April 2004	Fielding of Consultants 1 January 2005	Original 28 February 2005	Actual 31 May 2006 ²
Description				
<p>Realizing that the existing healthcare system in Tajikistan is inefficient and unsustainable in the long term, the Government has initiated health system reform in the country. ADB is implementing the Health Sector Reform Project (HSRP)³ to support the Government's reform initiatives. However, the absence of reliable data on the health system and health care resources (financial, human, and physical) hampers proper reform planning and monitoring. The technical assistance (TA) was associated to the HSRP to support developing a health management information system (HMIS) for informed reform policy dialogue, decision making, and monitoring. The TA was expected to serve as a central policy tool to improve Ministry of Health's (MOH) planning, budgeting, and policy planning in the health sector.</p>				
Objectives and Scope				
<p>The objectives of the TA were to (i) develop the HMIS framework and action plans at the MOH, region, and district levels; (ii) lay the basis for planning, monitoring, and performance measuring system and reforms; and (iii) create a mechanism for monitoring and policy dialogue between the Government and international aid agencies. As an input to the HSRP, the TA was to (i) assess the existing HMIS framework to support the timely, effective, and efficient use of health information for rational decision-making by the health managers and health planners; and (ii) design and conduct an in-depth survey on health care delivery and health status of the five pilot districts covered under the HSRP that will provide an accurate and disaggregated baseline database for the HSRP.</p>				
Evaluation of Inputs				
<p>The implementation of the TA required 6.5 person-months of international and 19.5 person-months of domestic consulting services. The consultants' inputs were provided on time and fully in line with the agreed staffing schedule and terms of reference (TOR). The TOR were appropriate and the performance of the consultants was fully satisfactory. The Government's counterpart inputs, particularly the provision of office space, coordination with the technical team, and logistic arrangements in the field were highly satisfactory.</p>				
Evaluation of Outputs				
<p>The TA team built on and integrated the work that had been carried out in the past and produced significant outputs in the areas of the HMIS, health survey, and poverty assessment. The TA team worked closely with the Government, international donors, and nongovernment organizations. This approach was efficient and effective in avoiding duplications and consolidating the products.</p> <p>The TA team produced inception, midterm, and final reports comprising of the HMIS framework, HMIS assessment survey, and health assessment survey conducted in close consultation with the project management unit (PMU) of the HSRP and MOH. These reports were submitted on time, covered issues comprehensively, and were of a high professional standard. The TA contributed to building public sector institutional capacity and provided a technical basis for the project activities under the HSRP. Detailed evaluation of each output follows.</p>				
Development of HMIS framework and strategy. The key principles which the TA team adopted for the HMIS design were appropriate for the framework development.				
HMIS design was:				

¹ The final figures will be determined only after payment of the final statement of eligible costs of the consultant.

² Activities were completed by February 2006, but the TA was extended to accommodate processing the consultant's claims.

³ ADB. 2003. *Report and Recommendation of the President to the Board of Directors on a Proposed Loan and Technical Assistance Grants to the Republic of Tajikistan for the Health Sector Reform Project*. Manila.

- (i) **Decentralized:** Data aggregation, analysis and use of information were carried out at the level of collection for effective decentralized planning and monitoring;
- (ii) **Action oriented:** Datasets were reduced to a manageable limit, and focus was on information needed for decision-making;
- (iii) **Integrated:** The system moved away from data collection, aggregation and analysis along vertical lines, where information is not shared, and toward streamlining into a unified comprehensive information system;
- (iv) **Linkages between systems:** Vital health services statistics, disease surveillance, human resource data, and financial data were linked to provide information on essential performance indicators that enhanced comprehensiveness;
- (v) **Flexible:** The system incorporates alternative data collection methods, including sentinel surveillance, and surveys to fill information gaps.

The TA team developed a country-wide HMIS strategy and framework that covers the national and local levels. The framework (i) is user-friendly, meeting the information needs of various decision-makers of the health system, particularly under the HSRP, (ii) enables health professionals to develop epidemiological profiles by using a standard data and mapping template that can accommodate data generated by the newly developed HMIS, and (iii) enables MOH to compare inter-oblast and inter-rayon inequalities of performance and establish a basis for MOH to search for strategies to improve inequity and performance. These outputs fully meet the TA objectives.

Household Assessment Survey. The TA team designed the baseline data household survey for five pilot districts under the HSRP. The survey of availability of, access to, and use of health services was based on international practice but was modified to the local context. The survey provided information on access to medical services and satisfaction of the households by poverty level, making use of appropriate methodology without collecting income and expenditure data. Design and survey implementation arrangements were made with extensive involvement of MOH and use of local resources. Data editing, coding, entry, compiling, and analysis were conducted on time and the survey report was prepared on time. Reliable baseline data will serve as a basis for planning and monitoring the reform process.

Overall Assessment and Rating

The TA is considered as successful. The TA was implemented in close consultation and coordination with the PMU of the HSRP. This allowed the TA to play a significant advisory and supporting role to the HSRP.

The TA has raised awareness among government officials at all levels of the importance of (i) information collection and monitoring; (ii) policy dialogue between the Government and external donor agencies; and (iii) public and private partnership. The TA succeeded in raising awareness of the public sector need for strategic planning and use of information to increase capacity of peripheral health facilities staff. Eight district, regional, and national workshops were organized for a total of 150 participants. In addition, more than 60 meetings and interviews took place with stakeholders. Positive feedback was obtained from participants indicating that the contents of the program were appropriate and the training materials were well prepared.

Major Lessons Learned

The TA paid full attention to the Government's participation and ownership in HMIS discussions and consensus building. This required more extensive and extended discussions than planned and required the extension of the TA period. In addition, ensuring the Government's ownership of the TA outputs required a certain level of compromise between the theoretical best practice and a model acceptable to stakeholders. For instance, when the TA started, the existing health monitoring system used more than 1,000 indicators and 20 lengthy reporting forms. The TA team realized the importance of rationalizing indicators and reporting forms. To do this, the TA team invited international consultants and conducted a series of discussions with both small working groups and national conference participants. The TA reached a consensus to reduce the indicators to 700, but was unable to reduce the number of reporting forms. Continued technical discussions and policy dialogue are required to further streamline the HMIS framework.

Recommendation and Follow-Up Action

The outputs of the TA should continue to be reflected in project activities under the HSRP, particularly to build the capacity of local governments to operate and streamline the HMIS at the local level. It is recommended that MOH continue sharing the TA outputs with existing and potential sources of external assistance, and seek financial assistance for further improving the HMIS.

Prepared by: Takako Yasukawa Designation: Senior Health Specialist