

Motivation

The Government has indicated its willingness to undertake interventions to facilitate improving the effectiveness of the system including revisiting the health financing system.

Objectives

This health sector PETS was carried out to support future reform efforts in Tajikistan. The study's main objective is to assist the government in improving the public financial system to ensure efficient and appropriate use of scarce resources. It will also be used to identify whether funds reached frontline service providers.

Main findings

The health sector continues to be severely under-funded. Few resources reach front line providers. The degree of discretion in the allocation of scarce resources is too large. There is a wide dispersion in the availability of resources among rayons.

Leakage

The PETS can only shed light on a potential for leakage from the rayon to CRH as tracking of health spending for hospitals (CRH) as recorded by the rayon and by the CRH reveals some discrepancies. Nearly 50 percent of CRH reported discrepancies between the amount executed as reported by themselves and the amount of fund sent to these CRHs as reported by the rayons. Wage and salary constituted the main source of these discrepancies. However, we cannot interpret the discrepancies as leakages of fund as this could be due to poor financial records keeping. The PETS cannot identify the amount of leakages at the primary health care level (medical houses/FAPs, SUBs, SVAs, polyclinics) because of two reasons. First, health facilities besides CRHs did not know their approved budgets. Secondly, it is difficult to track the total amount of fund that facilities received as they received both cash and in-kind inputs. Facilities received cash for payments of wage and salaries, while receipts of in-kind inputs (medicine, dressing materials, etc) had no detailed records on the quantity of inputs and values as they do not have accountants.

Absenteeism

Around 30 percent of the personnel is not present at the time of the survey (of the original 317 facilities for which data is available, 242 facilities have their roster fully recorded in the survey).

Doctors are less likely to be absent, across the board. However, doctors in rural areas are less often on the premises with 28.2 percent of them not present vs. 15.8 percent for doctors in urban areas. Women are also more likely to be absent.

It is notable that only 20.7 percent of the absent staff seems to be absent without approval. About half of the absent personnel, 49.3 percent, is on leave or has seemingly received prior approval from the facility's manager.

Other findings

There is a near consensus throughout the country among the health workers who state they almost always receive their salary on time as a result of a number of reforms recently undertaken. In Sogd, however, delays are still an issue since less than 40 percent, and 45 percent of the personnel in rural and urban areas respectively received their pay on time. Few health workers in Khatlon and rural RRS claim to still experience delays. Almost all health workers have received their entire salary.

Sample

326 health facilities

Sample design

30 rayons out of 61 are first selected. In each rayon, 4 jamoats have then been sampled with equal probability of selection. Finally, 10 facilities are randomly chosen in each jamoat.

Resources monitored

Wage and non-wage inputs

Recommendations

Encourage health facilities at all level to regularly keep records of budgetary and non-budgetary fund received and spent.

Contact

Jariya Hoffman: Jhoffman@worldbank.org

Waly Wane: Wwane@worldbank.org

Vladimir Kolchin: Vkolchin@worldbank.org

Main report

World Bank (2008) "Tajikistan second programmatic public expenditure review (In Four Volumes) Volume IV: Public Expenditure Tracking Survey (PETS) Health Sector ," Report No. 43280-TJ, June 12