Teachers continue to teach for minimal of 77% of school-age children in the GBAO regions of Tajikistan, with enrolment rates are considerably lower than in many other. Drop-out rates in the sector have been observed in the civil war after 1991. Children continued attending school even during the war, the Aga Khan Foundation (AKF) initiated a health programme in 1996 and an education programme in 1997 that are both still in effect at present.

The search for new education and health services

Thomas Breu and Hans Hurni

Soviet rule brought substantial economic and social benefits for the Republics of Central Asia. Universal education and health services achieved levels of literacy and public health far superior to those in the former British Empire just across the Wakhan Corridor to the South. Subsidies from Moscow supported a standard of living and of education and health services that bore little relationship to the actual economic development of the region. Hence it is not surprising that these public services could not be sustained at their previous levels after the collapse of the Soviet Union. At the request of the local government, the Aga Khan Foundation (AKF) initiated a health programme in 1996 and an education programme in 1997 that are both still in effect at present.

The high value of education

The GBAO has very high educational standards and is renowned as the home of some of the leading scientists in Tajikistan and the states of the former Soviet Union. The literacy rate is almost 100%; education has always been highly valued. Children continued attending school even during the civil war after 1991.

Although negative trends in the education sector have been observed in the GBAO, education for girls as well as boys remains a very high priority. Drop-out rates are considerably lower than in many other regions of Tajikistan, with enrolment rates of 77% of school-age children in the GBAO as against a national average of 62%. Teachers continue to teach for minimal salaries, and school administrators are finding ways to finance their schools with minimal financial support from the government. Despite this encouraging picture, there is evidence of an imminent decline in literacy rates and of a widening gap between girls and boys in relation to educational opportunity. School buildings with broken furniture, leaking roofs, broken windows, leaking pipes and no proper heating, electrical or sanitary facilities are in desperate need of rehabilitation. Essential supplies such as textbooks, notebooks, paper and chalk are lacking. Teachers’ salaries have declined sharply, to only USD 5 to 8 per month, covering only 14% of the minimum cost of living. Teachers are often paid in arrears. Qualified teachers are forced to abandon teaching and turn to other income-generating activities or to emigrate, often leaving uncertified teachers with only grade 11 level education and limited teaching experience in charge of schools.

Needs of the educational sector

To ensure a well-functioning educational sector that provides the basis and the backbone for the future development of the GBAO, it will be necessary to invest in infrastructure, improve basic conditions for teachers, and reform teacher training. Inadequate maintenance and the implications of the civil war in the north-western areas of the GBAO have caused considerable degradation of physical infrastructure. Estimates made by the AKF describe 60% of the school buildings as being in urgent need of repair; another 30 percent will require renovation within the next five years. Only 10% of the infrastructure appears to be in satisfactory condition.
Higher salaries, paid regularly, must be secured as a prerequisite for a functioning educational sector. Only a substantial improvement in salaries will ensure that teachers are qualified and motivated. In addition, the reforms in teacher training, curriculum development, and education management initiated by the AKF education programme must continue and also be implemented at the district level.

Setting priorities in health care

Tajikistan’s health system was developed under the Soviet Union. In the Soviet system, decisions concerning health issues were made by the central government and involved little or no consultation with regional counterparts. There was a surplus of health facilities and personnel, the focus of medical care was curative, and resources were spent in an excessive manner. The collapse of the Soviet Union left the health sector in the GBAO deprived of the extensive financial and material support it had enjoyed for decades. The public health system became highly dependent on external support, while there was a lack of basic health supplies and services as well as managerial expertise at the level of the regional Department of Health. As a result, there was a sharp decline in medical services in the first years of independence, paving the way for a growing informal sector offering products and services of questionable quality.

The health system in the GBAO is characterised by a hierarchical structure from the village to the oblast level. In 1999, 34 hospitals with 2020 beds were operational throughout the GBAO. In addition to these local hospitals, 145 medical aid stations evenly distributed over the oblast and 29 ambulatory facilities were registered. The number of jobs in the health sector has not fluctuated much in recent years, although the number of physicians decreased by 10% between 1995 and 1999. However, the workforce in this sector is increasingly aged. Around 80% of the nearly 2000 jobs in the health sector are occupied by women and provide a small but important source of family income, particularly in rural areas.

In terms of quantity, with 9.8 beds per 100 inhabitants, the health system of Gorno Badakhshan can be compared with systems in Western countries. Although this statistic is basically positive, the high maintenance costs of such an extensive system of medical services cannot be borne by a marginal area such as the GBAO in the long run. With funding from international donors, the AKF is currently implementing a programme focusing on the maintenance of medical aid stations, ambulatory facilities, and certain central hospital facilities in order to rehabilitate this vast infrastructure. However, most of the local hospitals in the districts will not receive any support from the programme and will probably be forced to close down.

In addition, the AKF health programme and the Department of Health are jointly implementing other measures aimed at transforming the health care system from a centrally planned, facility-based system into one that is decentralised, cost-effective and responsive to the local needs of the population in the GBAO.

Future challenges

The need to reorganise the structure of public health services poses an enormous challenge. In particular, the health and educational systems will have to undergo change and be established at an optimal size that can be sustained by the local government in the future. But change must be balanced, and also take into account the important socio-cultural functions these systems have in rural societies, the critical role they play in providing jobs and, last but not least, the fact that they provide a certain amount of money for rural economies.