

Tajik Family Doctors Working in Healthier Communities

Dilya Zoirova, Communications Associate in the World Bank Tajikistan Office, offers this story.

Dr. Ruzigul Kurbonova takes care of all ten members of 48 year-old Lola Kholova's family, from youngest to oldest. She staffs the family medical clinic in this small Tajik village in Khatlon Province, and even makes house calls on foot through the dirt streets of the rural community. The community appreciates her. "Ruzigul is my best friend, as well as my baby grandson's, my daughter-in-law's, my elderly mother's and all my children's," says Kholova who now considers the doctor part of the family.

Many in this small community feel the same way about Kurbonova. Most say she is a good professional as well as a caring person. They appreciate having a medical professional within reach, instead of having to travel by car to the closest town for medical care, as they did in the past.

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Dr. Ruzigul Kurbonova

On any given day, Kurbonova treats a wide range of illnesses from coughs and headaches to injuries and depression. She also regularly visits families for preventive care, to advise new mothers about breastfeeding and nutrition, and to keep children up to date on life-saving immunizations. In more complicated cases, she refers patients to specialists in provincial centers or the capital.

Kurbonova used to be a pediatrician, but she retrained as a family physician—one of over 100 to do so in this province under a pilot project supported by the World Bank. "My job is not easy. I am with patients all day and cases vary. But I do not regret a minute for choosing this path because smiles on my patients' faces make my job highly rewarding. Being helpful to people has always been what I wanted to do and I am glad the family medicine training equipped me with the necessary set of skills to do my job well."



Lola Kholova

Since 2006, the World Bank-funded Community and Basic Health Project has been training or retraining doctors and nurses in family medicine, and building clinics in rural communities to provide them with affordable, quality health care.

There was a lot of work to do. In the aftermath of the civil conflict and economic decline of the 1990s, the health sector was in a deep crisis as a result of underfunding and outflow of qualified personnel. In addition, excessive emphasis was placed on hospital care provision over primary healthcare, and it received the bulk of public sector health allocation. That contributed to geographic divisions and underfunding, hampering the efficient use of resources

and posing a threat to access to care for low-income groups, particularly in rural areas.

Through its healthcare project, the Ministry of Health, the World Bank and other development partners worked to address the imbalances by piloting family medical care, and introducing per capita healthcare funding and a basic benefits package in two large provinces, Khatlon and Soghd.

A total of 273 family doctors and 702 family nurses completed the six-month Family Medicine training program and currently practice as certified family practitioners.

The virtue of the per capita funding model allocates funds based on population numbers and is fairer.. This principle is often described by health economists as "Money going after patients."

The project included upgrading physical infrastructure that is vital to ensure good quality of services. Eighteen primary healthcare facilities were rehabilitated, as were two family medicine training centers. And 38 new primary healthcare facilities were built in Khatlon and Soghd provinces altogether.

All these measures in combination have helped poor families in remote places, such as the family of

Lola Kholova, get access to their family's "best friend"—the family doctor, and to achieve better health within reach of their house.