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Research Article

REGIONAL CHARACTERISTICS OF MEDICAL SERVICES IN KASHKADARYA REGION

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ABSTRACT

In this article, the role of service sectors in social life, the work carried out in the medical service network of this sector and the existing conditions and opportunities in the field of medical service to the population in Kashkadarya region, medical service to the population territorial characteristics of the problems in rendering are highlighted.

KEYWORDS

Service, medical service, need, population, infrastructure, social service, product, material and spiritual wealth, territory, settlement.

INTRODUCTION

Public service has an important place in the process of social production. All products - material and spiritual wealth, are ultimately created for people, to meet the needs of the population. The demands and needs of people are increasingly changing in terms of quantity and quality, and the types and forms of service areas are increasing. Social service sectors are population oriented, and population location is more stable than

production sectors. Moreover, these service areas are related to people's daily life. Consequently, the location of public service areas is the direct responsibility of local authorities. Because, under the current conditions, where the problems of building a kindergarten or secondary school, establishing a pharmacy or hospital, introducing sanitary-hygiene or fire service, etc.) must be solved.

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The main results and findings

There are 10 important directions from the 55th to the 65th goal of the "Development Strategy of New Uzbekistan for 2022-2026", and important health care reforms are defined in all of them. In particular, in the 55th goal, "establishing medical clusters in the regions of the republic in order to bring the medical services provided in the regions closer to the population and increase their convenience: by establishing medical clusters in Namangan, Fergana, Syrdarya, Kashkadarya, Navoi, Tashkent regions and the city of Tashkent, high-quality "creating competitive private medical services", goal 56 "increasing the quality of medical services provided to the population, effective use of budget funds, centralization of medical services and introduction of medical insurance for the population" is planned.

During the pandemic, in most regions of our republic, there was a lack of centralized laboratory, sterilization and high-tech inspection centers, or a lack of material and technical base in the existing ones.

For this reason, comprehensive measures aimed at the implementation of the program for the development of the health care system, the protection of public health and the capacity building of medical workers in 2022-2023, as well as the implementation of the important strategy for the digitization of the health sector for 2022-2026 increase was determined.

An important priority task, such as the establishment of a separate enterprise for technical service of medical equipment and its 13 regional departments, has been determined.

It is known that the country's future, strength, prestige and potential before the world community depend on the health, material and moral well-being of its citizens. Therefore, from the first days of independence, our government has been pursuing a policy of providing medical services to the population, improving public health, maternal and child protection, expanding sanitary and preventive services, and a number of decisions have been made in this regard. The main goal of these decisions is to fundamentally improve the health of the population, to focus on the activities of local medical service institutions [1].

In recent years, the population of our republic has been growing rapidly. As the population increases, so do the needs of the population. That is why a lot of work is being done in Uzbekistan on regionalization of public service sectors and improvement of public service. Nevertheless, there are some problems in the placement of public service areas.

Currently, sufficient attention is paid to the issues of medical services. However, there are still problems in this regard in some regions of our republic. Territorial organization of medical service institutions for the population has its own characteristics in urban and rural areas. In cities, service institutions are primarily related to the size of the city, its architecture, as well as the location of large industrial enterprises, while the regional organization of medical services in rural areas is primarily related to the distance and proximity of large population service centers., is closely related to the development of transport links. In fact, attention to the location of medical institutions and their territorial organization is one of the most important issues in the healthcare system. Therefore, the process of providing medical services always requires strict control [2].

Although our republic does not have bad results in terms of the number and quality of doctors compared to neighboring countries, the shortage of specialists in some fields is felt in the healthcare system. Today, the

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of demand for the specialties oncologist, endocrinologist, venereologist, and narcologist is increasing in almost all countries of the world.

The development of medical services to the population depends on the territorial location of the population. The provision of medical services to the population of our republic is improving day by day, and many positive changes are taking place in the regions. However, the problems in this regard are also related to the geographical location of the regions. Solving such problems, regionalization of service industry networks is especially relevant for Kashkadarya region, which is rapidly growing in population and is located in the south of Uzbekistan, far from the center.

According to the Statistics Department of Kashkadarya region, as of January 1, 2021, the permanent population of the region was 3 million 335.4 thousand people. During this period, the population of the region increased by 82,066 people (the number of births was 97,047, the number of deaths was 14,981). The region takes the 3rd place in the republic in terms of population, and it also ranks first among the regions in terms of natural reproduction. There are regional problems in the field of providing medical and social services to children, the elderly, the disabled and other categories of the population in need of social protection in the health care system of the region. To these:

- some residential areas are located several kilometers away from the district center (in Dehkhanabad, Mirishkor, Yakkabog districts);
- lack of high-quality doctors (Table 1);
- insufficient material and technical base of rural medical centers;

- low qualification of medical staff (lack of specialists for some diseases);
- a very small share of medical service workers per capital.

The result of the analysis of the above table shows that the total number of medical workers working in the region is 44.3 thousand, of which 38.3 thousand are secondary medical workers and 6 thousand are medical workers, 75.3 people compared to the total population. there is one medical worker per population. In 2010, the total number of medical workers was 32,900, and one medical worker was 79 people, including: 27,800 medical workers (94), the number of medical staff was 5.1 thousand people (513) people), this indicator increased to a total of 35.4 thousand people (83.6 people) in the region in 2015, secondary medical staff number of 30.2 people (98 people), the number of medical staff is 5.2 thousand people (569 people). If we look at the section of cities and districts, at the beginning of 2021, the lowest number of medical workers per capita was contributed by Mirishkor, Mubarak, Dehkhanabad and Nishon districts (the number of medical workers in Mirishkor district is 1, There are 1,000 people, the number of medical workers is 1,000, and there is 1 medical worker for every 121.5 inhabitants. The number of medical workers is 100 for every 1,215 inhabitants. 1 doctor of the highest category was found to be correct), the highest rate was recorded in the city of Karshi, Kitab, Chirakchi and Karshi districts (the number of medical workers in the city of Karshi according to the region is 10,100, for every 27 inhabitants 1 medical worker), the number of secondary medical workers is 8000, of which 1 medical worker per 35 inhabitants and 1 medical worker per 132 inhabitants (2.1 thousand) was determined to arrive.

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1-jadval Qashqadaryo viloyatida faoliyat yuritayotgan tibbiyot xodimlari haqida ma'lumot (ming kishi hisobida)

		2010		2015			2020			2021			
№		Oʻrta tibbiyot xodimlari soni	Tibbiyot vrach xodimlari soni	Jami	Oʻrta tibbiyot xodimlari soni	Tibbiyot vrach xodimlari soni	Jami	Oʻrta tibbiyot xodimlari soni	Tibbiyot vrach xodimlari soni	Jami	O'rta tibbiyot xodimlari soni	Tibbiyot vrach xodimlari soni	Jami
	Viloyat boʻyicha jami	27,8	5,1	32 ,9	30,2	5,2	35 ,4	34,3	6,0	40 ,3	38,3	6,0	44 ,3
1.	Qarshi sh.	4,9	1,3	6, 2	6,2	1,7	7, 7	6,9	1,9	8, 8	8,0	2,1	10
2.	Shahrisabz sh.	-	-	Y	-	-		1,7	0,4	2, 1	2,2	0,4	2, 6
3.	G'uzor	2	0,3	2. 3	2,1	0,3	2, 4	2,6	0,3	2, 9	2,7	0,3	3,
4.	Dehqonobo d	0,9	0,1	1	1,1	0,1	1, 2	1,3	0,1	1, 4	1,4	0,1	1, 5
5.	Qamashi	1,7	0,3	2	1,9	0,3	2, 2	2,4	0,3	2, 7	2,4	0,3	2, 7
6.	Qarshi t.	1,8	0,3	2, 1	2,1	0,3	2, 4	2,9	0,4	3, 3	3,0	0,3	3,
7.	Koson	1,4	0,3	1, 7	1,7	0,3	2	2,3	0,3	2, 6	2,3	0,3	2, 6
8.	Kitob	2,8	0,2	3, 0	2,9	0,2	3, 1	3,1	0,6	3, 7	3,4	0,5	3, 9
9.	Mirishkor	0,7	0,5	1, 2	0,8	0,4	1, 2	1,1	0,1	1, 2	1,0	0,1	1, 1
10.	Muborak	0,8	0,1	0, 9	0,8	0,1	0, 9	0,9	0,1	1	1,0	0,1	1, 1
11.	Nishon	0,8	0,2	1	1	0,1	1, 1	1,2	0,1	1, 3	1,5	0,1	1, 6

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12.	Kasbi	1,5	0,2	1, 7	1,6	0,1	1, 7	2,1	0,2	2, 3	2,1	0,2	2, 3
13.	Chiroqchi	2,4	0,3	2, 7	2,6	0,3	2, 9	3,3	0,4	3, 7	3,2	0,4	3, 6
14.	Shahrisabz t.	3,9	0,8	4, 7	3,2	0,7	3, 9	2,1	0,4	2, 5	1,6	0,4	2, 0
15.	Yakkabogʻ	2,1	0,3	2, 4	2,2	0,3	2, 5	0,5	0,4	0, 9	2,4	0,4	2, 8

Service networks are in a very poor condition in the districts of the province located in unfavorable orographic conditions.

The number of hospitals operating in Kashkadarya region was 86 (2 million 831272 people) in 2013, 90 (2958938 people) in 2015, 82 (3088852 people) in 2017, 89 (3213090 people) in 2019. conducted, and in 2021, 87 (3335393) hospitals in the region are providing medical services to the population. In terms of districts and cities, the highest rate is in the city of Karshi (31), Kitab (9), Shahrisabz (7), Shahrisabz (6), and the lowest in Kasbi (1), G It corresponds to Uzor, Dehkanabad, Qamashi, Mubarak districts (2 each). In Kasbi District, there is a shortage of 1 hospital per 301,700 people.

Table 2 Number of hospitals operating in Kashkadarya region (unit)

* /										
№	Areas	2013	2015	2017	2019	2021				
1.	Karshi sity	34	36	30	26	31				
2.	Shakhrisabz sity	-	-	-	6	6				
3.	Guzor	2	2	2	2	2				
4.	Dehqonobod	2	2	2	3	2				
5.	Kamashi	2	2	2	2	2				
6.	Karshi	2	2	2	2	3				
7.	Koson	5	5	5	5	5				
8.	Kasbi	2	1	2	2	1				
9.	Kitob	8	10	7	11	9				

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10.	Mirishkor	2	4	4	4	5
11.	Muborak	3	3	3	1	2
12.	Nishon	2	2	3	2	3
13.	Chirokchi	6	4	3	4	5
14.	Shahrisabz	10	12	13	15	7
15.	Yakkabog	6	5	4	4	4
	Total	86	90	82	89	87

Analyzing the above information, we can say that it is appropriate to pay special attention to the training process of medical workers. Because in order to establish medical control in places, doctors must work tirelessly on their knowledge and skills. There are differences in the activity of medical service networks in the regions of the province. Taking such territorial differences into account has acquired great scientific and practical importance in the reform of the health care system, social protection of the population, creation of socio-economic development programs of various regions, and implementation of the regional policy of our country.

CONCLUSION

In a society where human interests prevail, the needs of the population come first. For this reason, it is appropriate to place medical services in the Kashkadarya region from a regional point of view, in accordance with the territorial location of the population. Improving the state of medical services for the population in the regions and increasing the standard of living of the people by improving the infrastructure of ambulances, providing quality emergency medical care (qualified specialists), taking

into account the location of the population, medical centers and rural medical centers, the average population the standard of living makes it possible to join the ranks of the developed countries of the world, because our nation has such children, a healthy country is powerful.

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