

ESTABLISHMENT OF RURAL VILLAGE CENTERS AND CHANGES IN THEIR ACTIVITIES IN FERGANA REGION

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ABSTRACT

This article analyzes the reforms carried out in the health care system in the Fergana region during the years of independence, as well as the establishment of a quality and efficient service system for the population, i.e. the establishment of rural medical centers, as well as their activities. The history of the development of rural medical centers in Fergana region and changes in the field of health care and their importance are analyzed through legal documents and periodical press materials. Also, the results of reforms created in the healthcare system in our country, existing problems are studied scientifically.

Keywords: village medical center, VMC, qualified medical care, Fvrgana region, LITO-TRIPTOR, paramedic-midwifery points, Beshariq, Kuva and Yozyovon, Health Reform.

1. Cost:

Since the year of independence of Uzbekistan, the policy of fundamental reform of the healthcare system has been implemented in Fergana region in order to restore the health of the population. In order to provide high-quality and effective medical care to the population, the Ministry of Health of the Republic of Uzbekistan has implemented the establishment of rural medical centers in all regions of the republic. In studying the history of this field in Uzbekistan today, it is very important to study and research the history of the health care system, to implement reforms in this regard, and to analyze the processes of solving existing problems.

2. Methods:

The article is presented on the basis of generally recognized methods, such as historical comparison, systematization and analytical conclusions, in which the activity of rural medical centers established for the purpose of reforming the health care system and providing effective medical services to the population in Fergana region was studied.

3. Research results:

According to the decision of the Cabinet of Ministers of the Republic of Uzbekistan No. 182 of May 21, 1996 "On the State program for the development of rural social infrastructure for 1996-2000", according to the order of the Ministry of Health of the Republic of Uzbekistan No. 464 of May 30, 1996, rural medicine in the republic points were introduced. According to these decisions, VMC began to be established in places with 1,500 or more inhabitants. The currently operating VMC is divided into 4 categories depending on the population, - category I with a population of 1,500 - 2,500; - 2500 - 3000 II category; -3000 - 5000 III category; -5,000 -7,000 and more are of IV category, and the doctors and mid-level medical staff are determined accordingly.

The results of the analysis showed that in 1996, 307 VMCs were established in our country, and 237 doctors worked in them. In 2004, the number of VMCs was 2566, and the number of doctors was 6174. Today, all VMCs are staffed by specially trained general practitioners and qualified secondary medical staff.

In the years after the independence of our republic, more than 10 hospitals with 4,000 beds and 100 outpatient clinics for 5,000 patients began to operate in Fvrgona region.

More than 50 UZI, more than 10 x-ray and 1 LITO-TRIPTOR medical devices imported from foreign countries were installed in clinical hospitals and rural medical centers [4. № 11]. 10 rural medical clinics in 1992 [5. № 10] carried out activities.

The priorities of the reforms, including the plan and deadlines for the implementation of the national network of emergency medical centers for 1998-2005 in the healthcare system of the Republic of Uzbekistan, were determined. According to it, implementation of the network of village medical centers (VMC) replacing the paramedic-midwifery centers (QMC), rural medical centers and rural hospitals was determined. It also provided for the further development of the private sector in the field of medical services, the introduction of higher education in nursing and the monitoring of the implementation of reforms. Effective implementation of these reforms in the healthcare system of the republic's regions has begun.

From April 1, 1999, an experiment was started in three districts of Fergana region, first in Beshariq, Kuva and Yozyovon districts, to introduce per capita financing of settlements in the rural areas of the republic. Resolution No. 100 of March 5, 1999 of the Cabinet of Ministers [1. P. 1-9], Order No. 169 of the Minister of Health of March 16, 1999 and a number of other documents served as the legal basis for this experience. These documents provide the basic conditions necessary for the introduction of per capita financing - granting the status of legally independent primary health care facilities with the right to open a current account and funds for experimental facilities at the regional health level. issues of provision of savings were determined.

During the experiment carried out in three districts of Fergana region, the "Health" project and "Health Plus" carried out significant work on improving the legal and political foundations of management and financing of VMC institutions, introducing and improving new financing mechanisms and the payment system for providers. done. In this process, the management and financing reforms implemented within the framework of the Health Project and the ZdravPlus Project (ZdravReform) were implemented in 2 phases.

At the first stage, the reform model was developed and tested in three selected districts of Fergana region, i.e. Beshariq, Kuva, Yozyovon. At the end of the experiment, after the results were evaluated positively, in the second stage, this model was introduced in the remaining districts of Fergana region, as well as in Navoi and Syrdarya regions.

The work carried out in the first phase in three districts of Fergana region can be conditionally divided into two major phases. The first stage began in December 1997 and lasted until March 1999, that is, until March 5, 1999, when the Cabinet of Ministers of the Republic of Uzbekistan issued Decision No.[2. № 100]. We see that the second stage began after the above-mentioned decree was issued and continued until the end of 2004.

Within the scope of this project, carried out in Fergana region, studies were carried out in order to determine the actual volume of medical care and the costs of providing it in rural primary health care facilities in six districts of the region (3 experimental districts, 3 control districts). increased. In addition, data was collected to determine the share of actual costs for primary medical care in 16 districts of Fergana region and to calculate per capita standards, these standards were calculated and the results of Fergana region discussed with experts [4. № 11].

According to the results of the study, we see that these works were carried out in 1998 and 1999. In 6 districts of Fergana region, a sociological survey was conducted using the focus group method to obtain detailed information about the state of providing medical services to rural residents.

In August 1998, a memorandum of understanding was signed between the Ministry of Health of the Republic and the Peace Corps, according to which the Peace Corps will send 25 volunteers to all experimental districts of Fergana region in June 1999 to train financial managers and VMC institutions within the framework of health reform. posted to help.

With the active support and funding of the Health Reform Program, a guide on basic medicines was prepared and distributed to each VMC and QMC in the three experimental districts of Fergana region. The temporary Regulation on the pilot institution of the first medical sanitary aid was prepared and the procedure for its registration as an independent legal entity was determined. [2. № 100].

The second, most active stage of reforms began in March 1999, after the adoption of Cabinet of Ministers Decision No. 100, as well as Order No. 169 of the Ministry of Health and a number of regulatory legal documents. They were the legal basis for the implementation of reforms and experience carried out by the Fergana regional administration and the regional health department. [3. P. 1-10].

In the decision, the main basis of reforms in the healthcare system of Fergana region is defined as a new system of primary medical care with two main features. a network of legally independent primary care institutions that receive funding directly from the regional health department has begun to emerge. Second, the clinical capacity of this network is being strengthened through clinical training and the purchase of equipment, which has enabled primary health care institutions to provide full and quality medical care to the population, while reducing the excess number of referrals to polyclinics and hospitals.

In 1998, 125 VMCs were established in regional districts, and by 2002, 50 of them were reconstructed on the basis of a single project, 75 were established for the reconstruction of primary rural treatment facilities. Physiotherapy and stomatology services of a day hospital equipped with modern medical equipment have been established in VMCs. At the same time, in VMCs, patients were treated by highly qualified doctors after passing laboratory analysis and making a diagnosis.

More than 282 apartment-hospitals of more than 352 ambulatory polyclinics were established in Fergana region, 24 surgical and 302 day complex treatment facilities were established in these institutions [4. No. 11] provided cheap medical services to patients. A new type of medical service has begun to be provided to mothers of childbearing age. In 1999, newly established maternity complexes with 3,200 beds were launched. In 1999, a new treatment center was built and put into operation in the village of Andarkhan in Beshariq district [6. No. 8]. One more feldsherlie-midwife center started its activity in the district.

Also, 800,000 US dollars were allocated as indiscriminate technical assistance to the specified districts of Fergana region by the International Development Agency of the United States in carrying out an experiment on the transfer of the first medical and sanitary aid to the provision of funds from one person's account to the first medical and sanitary aid. dollars were allocated, and these funds were used for first medical and sanitary assistance. At the same time, in order to develop this system, effective works were determined in Beshariq, Kuva and Yozyovon districts. 37 VMC buildings due to new constructions and 58 hospitals due to reconstruction [4. No. 11] launched. By 2005, the number of such hospitals increased to 314.

In 2006, the total number of VMCs in the healthcare system of the Republic of Uzbekistan reached 214. 74 of them operated in Fergana region, including I-4, II-21, III-49 according to their type.

70% of the population of the region lives in villages, 50% of the population consists of children under 14 years of age. The fact that the majority of rural medical clinics, district hospitals, paramedic-midwifery centers, which are responsible for monitoring the health of rural residents and providing qualified medical services, are located in adapted buildings, have modern diagnosis, treatment, and equipment. due to the lack of equipment, provision of physiotherapeutic services, medical analysis and diagnosis, and the fact that paramedic-midwifery centers are mainly staffed by secondary medical staff, patients were forced to attend district and regional centers and undergo inpatient treatment . This situation was observed especially among the residents of Beshariq, Yozyovon, Uzbekistan districts, where the residents were in a difficult situation due to the costs of traveling for treatment.

In the following years, a 100-bed cardiology center equipped with modern foreign medical equipment, a urology center serving 100 patients, and 360 beds were built in regional centers at the expense of more than 1 billion 200 million soums. Among the regional branch of the republican emergency medical and scientific center and 18 departments in cities and districts, there is a 60-bed children's department in the central hospital of Dangara district, a children's surgery center in Kokan city, an infectious disease center in Yozyovon and Fergana districts. hospitals were commissioned [7. № 2]. Also, "Mother-Child Care Center" was established at the base of the regional maternity hospital. According to this, it was established that the diagnosis, treatment, and health measures for mother and child are performed in this center, not after birth, that is, earlier in pregnancy.

At the same time, measures are being taken to change the structure of primary medical care institutions in the region, change from multi-level service to two-level service, and improve the quality and efficiency of medical care. Providing new buildings, creating a material and technical base, retraining and improving the skills of the medical staff working in them, and providing general practitioner doctors and highly qualified nurses to the treatment facilities operating in old, adapted buildings in more than a thousand villages in the region. there were problems because it required a lot of money and organizational practicality.

VMC + QMC (paramedic-midwifery center) complexes were poorly equipped and had poorly trained medical personnel. Furthermore, they were not covered by the clinical capacity building program funded by World Bank loans: the Health project only provided equipment delivery and clinical training for VMCs. The new system of financing and management in experimental institutions of Fergana region started working from April 1, 1999. Its goal is to create incentives for the equitable and equitable distribution of resources allocated to primary health care, while also creating incentives for their more efficient use. At the next stage of the reform of the financing system of settlements in Fergana region, which began in 2000, the standard was increased according to the per capita population and the gender and age structure of the attached population in accordance with the increase in the volume of medical services provided by the VMC and VMC +FAP complexes [3. P. 1-10].

In 2001-2006, the program for the development of rural medical centers was adopted in Uzbekistan. Based on this program, starting from January 1, 2001, new methods of financing and management were introduced to three more districts of Navoi (Navbahor, Nurota and Navoi) and three districts of Syrdarya (Boyaut, Sirdarya and Mirzaabad). From January 1, 2002, the implementation of new methods of financing and management began in three additional districts of Fergana region: Tashloq, Okhunboboyev and Furqat.

As a conclusion, it should be said that in the years of independence, the renovation of the buildings of family polyclinics and rural medical centers in the cities and districts of the region was completed. In accordance with the large-scale reforms in the system, village family polyclinics and village medical centers were established instead of the existing rural medical centers. In order to create convenience for the population, their service hours have been determined. In rural family polyclinics, together with general practitioners, specialists in six narrow fields, including pediatricians, therapists, gynecologists, surgeons, dentists, UTT doctors, have been established. At the same time, the buildings of the primary medical and sanitary care facilities were renovated and expanded. Now studying scientific heritage, socio-political activities and acquaintance youth charity of our above-stated ancestors is considered one of the main urgent objectives of the modern intellectuals.

At the same time, the transfer of the first aid station to the polyclinic made it possible to continue the medical service continuously, around the clock. 5 ambulance brigades served the population. The allocation of "Matiz" car for the medical patronage service became important in receiving information from patients lying at home and further improving the work of this service.

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