STATUS OF MEDICAL SERVICES TO THE DISTRICT POPULATION

Mamurjonova Dilnoza
Master's student, University of Turan

Abstract: This article analyzes the work carried out in the field of healthcare in the Mubarak district during the years of independence, measures aimed at updating the material and technical base of medical institutions, expanding the primary health care network, protecting motherhood and childhood, and increasing preventive and sanitary culture.

Keywords: Kashkadarya, Mubarak, Karshi, District, city, medicine, paramedic-obstetrician, hepatitis, tuberculosis, intestinal infectious diseases.

During the years of independence, large-scale work was carried out in Mubarak district to reform the healthcare system and ensure the provision of high-quality and convenient medical services to the population. The main directions of the healthcare system were measures aimed at updating the material and technical base of medical institutions in the district, expanding the primary medical service network, protecting motherhood and childhood, prevention and improving sanitary culture. Changes in demographic processes, the age structure of the population, and the dynamics of infectious and chronic diseases also required rapid adaptation and effective management from the district's medical system. This research work scientifically analyzes the state of medical services in Mubarak district during the period of independence, the reforms implemented, existing problems, and future development directions.

The years 1991–2016 were characterized by fundamental changes, economic crises and gradual modernization processes for the healthcare system of the Mubarak district.[1] In the early stages of independence, the material and technical base of medical institutions relied on the outdated infrastructure of the former Soviet era, and there was a sharp shortage of medicines, equipment and qualified personnel. The population of the district was forced to rely more on primary health care, and there was insufficient specialization among doctors. Despite this, the necessary conditions were created on the basis of the local budget and state programs to maintain the healthcare system and continue to provide minimal services to the population.

During the 1990s, the activities of the district central hospital and rural medical stations, although weakened by economic difficulties, played a key role in meeting the medical needs of the population. Power outages, outdated medical equipment, and limited diagnostic capabilities complicated treatment processes. Primary care

[1] Muborak tuman tibbiyot birlashmasi joriy arxivi ma’lumot, 2025-yil.

institutions - feldsher-obstetric stations and polyclinics - provided mainly outpatient services, but the decline in sanitary culture in many rural areas affected morbidity rates.

Since the beginning of the 2000s, the process of gradual reform of the healthcare system in Uzbekistan has also begun to affect the medical institutions of Mubarak district. In providing services to the population, attention has been paid to prevention, early diagnosis, and maternal and child health. Based on state programs developed by the State Health Service, new medical equipment was delivered to the district, the primary care system was reorganized, and the material base of medical stations was strengthened. These processes have served to increase the accessibility of medical services for the rural population.

In particular, the state program for the reform of the primary health care system, which covered the years 2004–2009, played an important role in the development of the health care system in the district.[2] During this period, a number of feldsher-midwifery points were replaced by modern rural medical centers - village medical centers. They allowed for a better organization of daily medical needs of the population, preventive examinations, vaccinations, and emergency medical services. However, the shortage of qualified doctors remained a problem in some regions.

The direction of maternal and child protection became an important priority of state policy in 1991-2016. A number of measures were implemented in Mubarak district to improve perinatal services, support adolescent health, and strengthen vaccination programs. Regular sanitary and preventive measures were carried out to prevent neonatal mortality, postpartum complications, and infectious diseases among children. This, in turn, led to the gradual stabilization of maternal and child health indicators.

In the development of the healthcare system, epidemic prevention and strengthening of infectious diseases prevention also played an important role. During 1991-2016, the activities of the sanitary and epidemiological service were strengthened in the Mubarak district to combat diseases such as hepatitis, tuberculosis, intestinal infectious diseases, and acute respiratory viral infections. Regular disinfection, monitoring of drinking water quality, and public awareness campaigns were carried out among the population.[3].

During this period, the capabilities of the ambulance service in Mubarak district were also gradually expanded. In the early years, the quality of service was low due to the weakness of resuscitation equipment and the lack of vehicles, but since the 2000s, the efficiency of the service has increased as a result of the provision of new "Ambulance" vehicles, oxygen machines, and additional resuscitation equipment.

[2] Muborak tuman tibbiyot birlashmasi joriy arxivi ma’lumot, 2025-yil.
[3] Muborak tuman tibbiyot birlashmasi joriy arxivi ma’lumot, 2025-yil.

The response time to an emergency call has been reduced, which has been effective in many life-threatening situations.

One of the important factors affecting the quality of medical services is the lack of human resources. In 1991-2016, the desire of young doctors to stay in the district was low, which led to a shortage of specialists. Later, as a result of the provision of housing, preferential loans, and additional bonuses to young specialists by the state, the conditions for medical personnel to work in the district improved, but the need for certain narrow-field specialists continued.

The material and technical base of treatment and prevention institutions was gradually modernized in 1991–2016. The central hospitals and medical centers in the district were overhauled, ultrasound, X-ray, ECG and laboratory analysis equipment were brought to the diagnostic departments. By the 2010s, the quality of service in some institutions had significantly improved, but due to limited local budgets and centralized funds, the modernization processes did not proceed quickly enough.[4]

In general, the healthcare system in Mubarak district developed steadily in 1991–2016, despite difficult economic conditions. The improvement of primary care, the strengthening of the maternity and childhood protection system, the strengthening of infectious disease prevention, and the gradual modernization of medical institutions contributed to the improvement of the quality of medical services and the health indicators of the population in the district. This period served as an important foundation for the large-scale reforms implemented in subsequent years.

2017–2024 was a period of the most active modernization of the medical service system in Mubarak district, a period of radical improvement in infrastructure and quality indicators. The concepts, state programs, and presidential decrees adopted during these years to update the healthcare system of Uzbekistan were aimed at radically reforming medical services. Healthcare institutions in the district experienced the direct impact of these reforms: new medical facilities were built, existing hospitals were reconstructed, diagnostic services were expanded, and the personnel training system was improved. As a result, the predictability, efficiency, and accessibility of medical services in the district rose to a high level [5].

One of the important features of this period was the equipping of medical institutions with modern equipment and digital diagnostic tools. The central hospital of the Mubarak district, rural family clinics and the ambulance station were provided with high-precision ultrasound, digital X-ray machines, electrocardiography devices, biochemical laboratory equipment. Also, automation of laboratory tests, electronic queues, electronic medical records and a digital medical monitoring system were introduced. These capabilities significantly facilitated the diagnostic process and reduced the time for patients to use medical services.

[4] Muborak tuman tibbiyot birlashmasi joriy arxivi ma’lumot, 2025-yil.
[5] Muborak tuman tibbiyot birlashmasi joriy arxivi ma’lumot, 2025-yil.