



## History Of The Medical System Of Zamin District (2012-2024 Years)

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### ABSTRACT

This article provides an analysis of the state of the medical system of the Zamin district in 2012-2024, existing shortcomings, problems and solutions implemented to them, as well as positive achievements. Also, the most common diseases among the population of the district, their causes and additional proposals are given. It is stated that the main goal of the work carried out is to maintain the health of the population and form a medical culture in them.

**Keywords:** Polyclinic, stationary, sanitary, vaccine, order, pharmacy, phytobar, rehabilitation, reproductive, medical examination, hemodialysis, covid-19.

### INTRODUCTION

Adapting the activities of medical institutions in the Zamin district to the requirements of the times, providing quality services to the population, and constantly improving the qualifications of medical personnel have been important issues in all years. Because these factors are necessary for maintaining the reproductive health of people, taking measures to prevent diseases rather than treating them, improving the health of young children and mothers, especially for the prevention of infectious diseases spreading in the district.

In 2012, in order to improve the health of the population, many roundtable discussions and explanatory work were carried out in Zamin district in cooperation with medical institutions, neighborhoods, families and educational organizations. In particular, events were held on the topics of "Healthy family - the future of the country" and "Sports - the guarantee of health" in the rural civic gatherings of Chorvador, Shirin, Istiqlol, Obi-hayot, Duoba, G'.G'ulom, Kattabog',

Oqtapa and Sh.Rashidov. In the same year, a total of about 1.5 billion was allocated from the budget for the construction of the district Sanitary and Epidemiological Control Center and a 100-day children's polyclinic. [1] The goal was to meet the medical needs of the population and provide quality medical services.

The ongoing reforms were also carried out in medical institutions in 2013-2014. Various activities were continued in cooperation with the local population to promote a healthy lifestyle and to protect the health of the district's population.

By 2015, several of the district's medical centers were financially funded. The main treatment building of the central hospital underwent a complete overhaul, and 44 million soums worth of medical equipment and 55 million soums worth of hard equipment were delivered. With the help of sponsors, physiotherapy equipment, laboratory equipment, dozens of computers and one medical vehicle were donated. A modern X-ray machine was brought in and put into operation. The tuberculosis hospital, which operated in the old

building, was rebuilt in a modern type and put into operation. The delivery of 6 types of diagnostic equipment to 23 rural medical stations was met with great joy by the residents of the district, as the need for these devices has long been felt. [2]

2017 began a period of fundamental changes in medicine in our country. The development of concepts such as "Smart Medicine" and "Single Medical Data Center" implemented in the state program is proof of our idea. The "Smart Medicine" system allows a doctor to establish communication with a patient and provide remote treatment using modern information technologies. Through special sensors and chips installed on the patient's body, the doctor is aware of the patient's condition regardless of where he is. For example, information such as blood pressure, body temperature, and blood sugar levels are sent to the doctor. The advantage of the "Single Medical Data Center" is that all information about patients is digitized, from his medical record to information about the history of his diseases. The first types of services of these two projects, in particular, "electronic queue", "patient electronic card", "electronic order", "electronic prescription", "electronic pharmacy", have been launched and are still solving people's problems. [3]

In 2017, Resolution No. 770 of the Zomin district khokim "On measures to further improve the organization of primary medical and sanitary auxiliary institutions in the district" was adopted.[4] The resolution was based on the existence of issues related to improving the quality of medical services in the primary medical and sanitary aid system, the need to radically improve the health status of the population, especially those living in rural areas, in terms of the patronage system, the fact that the mutual integration of outpatient clinics and stationary medical care institutions remains unsatisfactory, and the problems of the timely provision of qualified primary medical and sanitary aid. According to it, it includes issues such as a radical reform of the primary health care system, prompt service provision to the population, health promotion and constant communication of neighborhood patronage nurses with the population, organization of mobile medical examinations, and improvement of the regulatory and legal framework of medical and sanitary institutions. One of the positive innovations in the system for the district population is the development of an electronic program within the framework of the

"Health" information system complex that allows remote registration with high-class doctors in regional multidisciplinary medical centers.

Branch of medical services for the population of the Zamin district is emergency medical care. Therefore, on March 25, 2017, the resolution of the Zamin district khokim "On measures to further improve the organization of the activities of the emergency medical care service and strengthen the material and technical base" was adopted.[5] In providing emergency medical care to the population of the district, the main focus is on timeliness, in addition, prompt response to calls, recording them on computers, providing quality service to patients, and ensuring the provision of prescribed medicines and medical equipment.

In addition, monitoring processes and regular reports separately analyze the activities of patronage nurses, and once again remind them of their full responsibilities.[6] For example, when conducting patronage and preventive examinations of the population, the family nurse: first of all, had complete information about household members, studied the sanitary and hygienic condition of the house, conducted regular interviews with pregnant women, monitored them for 10, 20 days and up to two months after childbirth, was aware of their blood pressure, pulse, body temperature and the condition of their child, conducted anthropometric measurements in children up to 0-1 year old, determined whether there was a need for a medical examination, monitored the condition of children after vaccination, formed a medical culture in household members, conducted a medical examination for those who had returned from abroad, recommended them for a medical examination in cases of illness, and reported all the above to the family clinic.

As an important factor in the system, special attention is also paid to the regulation of medicines and their trade. Due to the natural climatic conditions and resources of the Zamin district, phytobars have been established for products prepared not only from imported medicines, but also from 16 types of local medicinal plants using medicinal plants from the district.

Despite the above reforms, there were still problems in medicine that were waiting for a solution. In particular, the material and technical base of most hospitals in the district was not up to standard. For example, 2 rural medical centers needed current repairs, 2 family clinics were used

without repairs, 4 ultrasound machines were missing in the district medical associations, special trucks were not allocated for transporting oxygen cylinders, 126 of the 203 existing patronage nurses were not provided with patronage bags, and the remaining 77 were partially provided with 13 types of necessary medical equipment. Also, no measures were taken to fill the vacant positions of doctors in the district medical associations. Although a medical college operates in the district, due to the low level of training, only 9 of the 416 students who graduated in 2017 were admitted to higher education institutions. [7] This is considered a very low result.

Another problem in medicine is the increase in the number of certain infectious diseases. In particular, the number of people infected with human immunodeficiency virus was 48 as of January 1, 2019, and 4 people infected with this disease were identified in 2018, an increase of 1 compared to 2017. Also, when comparing the number of people infected with bacterial dysentery in the district with the same period last year, the number of registered cases increased from 4 to 9, brucellosis from 7 to 12, scabies from 5 to 7, trichophytosis from 17 to 20, teniarhinosis from 1 to 5, and leishmaniasis from 13 to 31.[8]

All of the listed diseases are considered serious and highly contagious diseases, and are dangerous not only for the patient's family members, but also for the environment. Therefore, necessary measures are required to prevent the spread of the disease and treat patients in a timely manner.

In 2018, the Zamin district medical association provided medical services to 157,141 people. There are a total of 3 hospital institutions in the district, the central hospital with 216 beds, the district hospital in Dashtabad with 39 beds, and the tuberculosis hospital with 40 beds. The population is provided with outpatient services by a multi-disciplinary central polyclinic with 400 beds, rural family polyclinics No. 15 and 16, each designed for 120 visits, and 7 rural medical stations: Beshkubi, Kuduqcha, Duoba, Qizilysoy, E. Kholmatov, and Yom, each designed for 50 visits. [9]

Of our President dated January 23, 2018 No. PQ-3489 "On measures to further regulate the production and import of medicines and medical devices," [10] a total of 11 social pharmacies have been established in the district, but the branches of social pharmacies located in 6 rural medical stations are not fully equipped. This directly causes inconvenience in providing quality services to the population.

Problems were observed throughout 2019, almost all QVPs were in need of repair and were not connected to clean water supply, water storage tanks were installed instead, but they were also in a bad condition, heating boilers were outdated and there was a demand for new modern ones. Medical equipment was lacking. In particular, the lack of 102 qualified doctors in medical institutions in the district was a major problem in the medical system. Drinking water was supplied unfiltered from spring water through networks, although it was supplied to the territory of the Kizilsoy QFY through an artesian well, it was not filtered through the network to all households, waste accumulated in open areas, the lack of special areas for the disposal of dead or killed animals, and air pollution posed a serious threat to human health. These factors caused chronic diseases. For example, the incidence of acute gastrointestinal diseases in the district increased by 68 percent. The incidence of acute diarrhea was recorded in the areas of Pishagor, Kuduqcha, Kizilsoy, Beshkubi, Turkman rural health centers. [11] Based on the data, it can be concluded that the occurrence of diseases among the population of the district is due to sanitary and hygienic conditions, proper nutrition, adherence to cleanliness, and regular sports.

A number of practical works have also been carried out in the field of health care in the district. In particular, last year, 2 private medical institutions were opened, and the activities of 1 existing one were expanded, bringing the number of private medical institutions in the district to 15 (12 outpatient and 3 stationary). 9 doctors in the system have advanced training in republican medical centers, and 2 doctors have advanced training in prestigious medical centers of the Russian Federation.[12]

caused them to work more responsibly. As of April 3, 2020, medical observation of quarantined citizens was completed, and no symptoms of the disease were observed in them in the following months. Medical supplies and disinfectant solutions were continuously sent to employees working at posts in the border areas of the district with neighboring districts and regions. Also, during the quarantine period, 105 medical workers of the district were included in the permanent working list and provided with personal protective equipment (overalls, boots, masks, glasses, gloves, antiviral agents).

8 special disinfection teams were formed under the Zamin District Sanitary Epidemiological Peace

Center, which carried out disinfection work in 387 facilities and public places. [13]

At all times, the advantage of preventing a disease over treating it has been emphasized. In this regard, in 2021, a “Medical map” was developed by medical associations to protect the health of the population of Zamin district. A total of 55 “Medical brigades” consisting of 28 doctors and 217 paramedical staff were organized and provided with all the necessary means for medical examinations of the population. And they divided the population into 4 groups, and about 97 percent were registered. Based on the “Prosperous Village” program, in-depth medical [14] examinations were conducted in more than 10 villages, and patients with serious illnesses were given referrals for free treatment in regional and republican medical institutions. This was a good opportunity for citizens with limited economic opportunities to receive treatment.

In 2022, the population of Zamin district was served by 8 outpatient polyclinic institutions, including 8 QVPs, 2 rural family polyclinics, 1 multidisciplinary central polyclinic, 1 medical institution (emergency medical care association), 3 stationary hospitals, 1 dispensary, etc. [15] Women's consultation rooms, girls' health rooms, emergency departments and social pharmacies were organized as part of rural family polyclinics, and their working hours were set from 8:00 to 20:00. The level of coverage of the population with patronage increased by 20-25 percent.

Due to the lack of equipment to visit the homes of citizens who tested positive for COVID-19 during the pandemic, the necessary work was carried out on the ground due to the lack of equipment. In the first 6 months of 2022, about 6 types of vaccines against coronavirus were delivered and the population was vaccinated. [16]

Due to the coronavirus, cases of covid-like colds, flu, and fever increased among the population. Especially during this period, the elderly and people with certain diseases and relatively low immune systems were most affected. They often experienced shortness of breath, chronic cough, and a sharp increase in body temperature.

Another sore point of district medicine in these years is the processes related to maternal and child health. In particular, this means an increase in infant mortality. According to the results of the analysis, this is one of the regions with the highest infant mortality not only in the region, but also at the republican level. This is sad for district

medicine. In particular, while 46 infant deaths were observed in 2020, this figure reached 60 in 2021. There were 2 deaths due to premature birth. Only some medical workers were disciplined in these cases. In our opinion, to prevent the above situations, first of all, it is necessary to increase attention to maternal health, conduct regular explanatory work on them, provide all necessary examinations for the birth of a healthy child, further revitalize the activities of medical clinics, conduct constant monitoring, care for infants, analyze the results of medical examinations of children in primary education, provide schools with clean drinking water, consume quality canteen food products, strictly adhere to sanitary and hygienic rules in public places, positively solve problems related to municipal waste, and, of course, instill a healthy lifestyle and love for sports in every family.

Despite this, in 2023, acute respiratory infections increased among the population of the district, and 162 cases were registered. Diseases associated with Covid symptoms increased, and the incidence of other types of infectious diseases decreased. Vaccines worth 871,056,226.08 soums were imported for vaccination against Covid-19 and the population was vaccinated. 2,940 children were vaccinated to prevent viral hepatitis A in children. To prevent measles and rubella in children, educational seminars were held in schools, in which 42 medical workers participated. [17] These events directly served to increase the medical culture of the population, especially children.

Another factor affecting the health of the population of the Zamin district is the operation and condition of public catering facilities. A total of 197 facilities were included in this list by the District Sanitary and Epidemiological Center. The quality of food in them, cleanliness of the dining area, and hygiene of dishes were checked by the responsible persons.

One of the ongoing problems is the issue of personnel. In terms of personnel, the district lacks specialists in specific fields (anesthesiologist-resuscitator, obstetrician-gynecologist, pediatric gynecologist, neonatologist, allergist). The situation is even more deplorable in rural medical centers in remote areas.

In 2024, there were a number of positive developments in the medicine of the Zamin district. Funds were allocated from the local budget of the district for the current repair of medical institutions in need, as well as for material

and technical equipment, medical equipment and directed to the necessary. For example, a "Hemodialysis Room" was created in the district medical association and 3 hemodialysis machines were installed. The buildings of the former A. Toirov and Yangihayot OshP in remote areas of the district were reconstructed in a modern style. Beshyuz, Jaloyir and Achchi OshPs were reopened. A stock of medicines was formed in 7 social pharmacies. As a result of the reforms, the number of healthy births increased, infant mortality decreased, maternal mortality was completely eliminated, and the number of appeals for infectious diseases also decreased significantly.

### CONCLUSION

In conclusion, the state of the medical system of the Zamin district in 2012-2024 was typical for the stages of development. Problems were observed differently in all years, but solutions were also sought for them. In particular, the district local budget made efforts to continuously financially support medical associations. This served to improve their material and technical base. Explanatory measures to prevent diseases among the population of the district gave some positive results. The goal was to increase medical culture among the population, to adhere to a healthy lifestyle, and to regularly carry out preventive work to prevent the disease before treating it.

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