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Social Infrastructure Of Villages Of Surkhandarya Region

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ABSTRACT

The article analyzes the social infrastructure of the villages of Surkhandarya region, its level of development and impact on the quality of life of the population. The author studied the state of education, medicine and other social services in rural areas, identified existing problems and ways to solve them. He also discussed the impact of the development of rural infrastructure on the economic development of the region and the well-being of the population. The results of the study include practical recommendations for the further development of rural infrastructure in Surkhandarya region.

Keywords:

Surkhandarya region, rural infrastructure, education, medicine, social services, rural development.

INTRODUCTION.

Сельская инфраструктура играет важную роль в социально-экономическом развитии Уровень жизни населения. региона. развитие образования, медицины социального обслуживания напрямую влияет на экономическую и социальную стабильность сельских территорий. Сурхандарьинская область расположена в южной части Узбекистана, а ее сельские районы обладают уникальными природногеографическими особенностями. Поэтому изучение и анализ инфраструктуры сел региона важно для определения перспектив социально-экономического развития региона.

RESULTS AND DISCUSSION

The development of the education system ensures the success of all spheres of society. Despite the economic difficulties of the transition period in Uzbekistan, the material and technical base of the education system has been strengthened. In Uzbekistan, the issue of education has risen to the level of state policy, and one of the important issues in improving the

education system is to abandon the old-fashioned approach to such an important and strategic issue with knowledge and systems, and to create the most modern and advanced system based on the principle of "From national revival to national progress".

Certain work has also been carried out to reform the education system in rural areas of Uzbekistan. A number of achievements have been achieved at the stage of general secondary education. "General secondary education is the main link in the system of continuous education, it provides the necessary volume of knowledge, develops independent thinking, organizational skills and practical experience, helps in preliminary orientation to the profession and choosing the next stage of education".

In Surkhandarya region, there were 679 secondary schools in the 1991–1992 academic year, while in the 2000–2001 academic year their number increased to 810[2]. The number of students studying in them increased from 334.4 thousand to 471.0 thousand[3]. If these figures are compared by region, city and village, it is observed that the number of rural students

is much higher. For example, in the 1991-1992 academic year, out of 334.4 thousand students in Surkhandarya region, 280.8 thousand were rural children. In 2000, out of 47.7 thousand students studying in grades 10-11 of regional schools, 42.0 thousand studied in rural schools[1]. The fact that the majority of students were from villages required serious attention to this area in villages. If we analyze the changes in the socio-economic conditions of the sector's employees during 1991-1992, more than 20 decrees were adopted by the President of the Republic. Among these decrees, one adopted in 1990 was a document on reducing the additional teaching hours of school teachers from 18-20 hours to 14-16 hours, and those of general education institutions and educators from 36 hours to 30 hours. In 1991-1992 alone, the monthly salaries of public education employees increased 15 times[4].

It is known that kindergartens play an important role in the continuity and harmony of education. It should also be noted that in the Kyzyryk district, the number of preschool institutions was 34 in 1991, with 2,898 students, while in 2002 the number of preschool institutions decreased to 21, with 1,315 students, and in 2010 the number of preschool institutions reached 24, but the number of students decreased to 985 [5]. This shows that previously the number of students in groups was large, and the quality level was not as desired. Now the number of students in groups is smaller than before, which creates conditions for the educator to work with each child individually, and the quality level is also higher. A number of positive works have been carried out to strengthen the material and technical base of the education system in the villages of the republic, including the construction and equipping of new school buildings.

Providing school buildings for rural students has become one of the most serious issues. Some difficulties have also been encountered in preparing secondary school buildings for the winter season. In particular, in 2003–2004, shortcomings in the preparation of public education institutions in Surkhandarya region for the autumn-winter season were discussed several times at meetings of regional activists.

There were also shortcomings in the repair of secondary schools and the use of funds allocated for them. For example, in Uzun district, 28.5 million soums were planned for the repair of 4 out of 61 schools (6%) and 1 out of 24 preschool educational institutions (4%), and in fact, 22.4 million soums worth of repair work was carried out[6]. In the Shorchi district of the region, 21.2 million soums were financed from the planned 26.5 million soums for the complete renovation of 5 out of 57 schools (8%). Secondary schools have their own characteristics not only in terms of development indicators, but also in terms of territorial distribution. especially noticeable in rural schools. Because the territorial structure of the education sector in rural areas is greatly influenced, first of all, by the demographic potential of these areas and the development of population settlement systems.

During the years of independence, strong medical protection of the population became the main, priority direction of state policy. The only goal pursued by all the reforms implemented in the Republic of Uzbekistan over the past years was to create a normal medical culture for citizens, and to provide continuous economic support to the low-income, needy part of the population.

In Uzbekistan, in 1991, the rural population accounted for 59.5 percent of the total population (20.6 million people), while in 2002 this figure was 62.9 percent, and in 2005 it was 63.7 percent[7]. In 1992–1996, partial attention was paid to further improving the provision of medical services to the population in rural areas, improving the functioning of first aid stations, and feldsher-obstetric stations. At that time, there were 450 rural district hospitals, 6,500 feldsher-obstetric stations, and 1,400 rural outpatient clinics[8]. In 1994, 451 district and rural district hospitals were operating in the republic. 58–59 percent of patients admitted to inpatient units were treated mainly in rural district hospitals. Also, about 70 percent of those treated were hospitalized in central district, village and district hospitals. In 1993, the number of visits to rural outpatient clinics reached 20.6 million people[9]. In 1998, 1,122 rural outpatient clinics operated

Uzbekistan[10], but by 1999 their number had decreased to 1,015, and the number of FAPs had decreased from 4,495 to 2,098 during these years. On the contrary, during this period, the number of rural medical stations increased from 982 to 1,262. During this period, 444 hospitals operated in villages. The majority of hospitals were located in Kashkadarya region (46), Surkhandarya region (59), while there were fewer in Khorezm region (15), and Bukhara region (12)[11]. In order to improve the provision of affordable and high-quality medicines to the rural population, in August 2011, social pharmacies were established under 291 rural health centers, bringing their total number to 771. The number of visits to rural health centers by the population also increased. For example, this indicator increased from 64,715.4 to 82,106.1 during 2008-2012. With the start of operation of modern health centers in villages, it became possible to diagnose diseases early. Another aspect is that those who previously went from villages to hospitals in the city center to find out the cause of their illness and receive treatment now first turn to doctors in their villages. In Uzbekistan, in 2017-2018, inefficient rural medical points at the primary health care level in villages were reduced, and 793 rural family polyclinics were established instead.

During 1996-2005, 149 rural medical stations and 1 city hospital were established in the region[12]. Of these, 97 were built as new facilities and 53 were renovated as existing prevention treatment and facilities[13]. According to the plan of this state program, in 2005, the state allocated 278 million soums for the construction of 11 rural medical stations in the region, and 296 million 500 thousand soums were spent on their construction. Of this, 7 million 500 thousand soums were spent on the purchase of equipment, hard and equipment, in addition, 18 million 100 thousand soums of repair work was carried out by the International Organization "Aktet". example, the "Mustaqillik" rural medical center in Angor district was renovated for 6.2 million soums, and the Pashkhort rural medical district hospital in Sherabad district was renovated for 4.7 million soums. During this period, 85

hospitals served the population of the region, with a total of 8,625 beds.[14] Along with the reform of the healthcare system, certain achievements were also made in protecting the health of the population and extending life expectancy.

CONCLUSION

During the years of independence, unprecedentedly great work was carried out to organize the work of the education system in villages in accordance with world standards. Consistent reforms were carried out at all stages of the education system. The process of reforms being implemented in the field of education at the republican level also led to profound qualitative changes in public education.

During the years of independence in Uzbekistan, the structure of rural medical institutions took various forms and was often changed based on the essence of reforms in the field of health care. The number of rural residents in Uzbekistan has always been higher than the urban population. Such a structure of population demographics required serious attention to the issue of establishing rural medical institutions. As a result, rural medical stations were established as a lower level of medical institutions.

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