



Funded by
the European Union

INIDI



INSTITUTE FOR
WAR & PEACE REPORTING



ИНСТИТУТ РЕПОРТАЖЕЙ ВОЙНЫ И МИРА



policy brief

ACCESS TO HEALTHCARE SERVICES FOR RURAL WOMEN IN KYZYLORDA REGION

«This publication was funded by the European Union. Its contents are the sole responsibility of IWPR and do not necessarily reflect the views of the European Union».

ABOUT THE PUBLIC ASSOCIATION «SUPPORT OF INITIATIVE»

Mission of the organization: To contribute to solving socio-economic and environmental problems through supporting public initiatives, developing entrepreneurship, and building social partnerships.

The Public Association «Support of Initiative» was registered on September 2, 2001. The activities of the association are aimed at the development of communities in the Aral Sea region, specifically strengthening civil society through the institutional development of NGOs, protecting the rights and interests of citizens in the region, promoting gender equality policies, strengthening the rights of women, children, and other vulnerable groups through awareness-raising activities and advocacy projects, as well as developing partnerships with government bodies, media, and business structures.

ABOUT IWPR

IWPR empowers local voices to drive change in countries in conflict, crisis and transition. Where hate speech and propaganda proliferate, and journalists and civic activists are under attack, IWPR promotes reliable information and public debate that makes a difference. With powerful new forms of disinformation driving social division, increasing digital security risks and escalating attacks on journalists, IWPR's mission to empower local voices is more important than ever. IWPR's core work is to strengthen the flow of credible, unbiased information, enabling journalists and civil society to inform, educate and mobilise communities. IWPR empowers societies to find their own solutions, by strengthening local capacity to report on and advocate for accountability, freedom of expression and human rights.

ABOUT THE EUROPEAN UNION

The [European Union](#) is an economic and political union of 27 European countries. It is founded on the values of respect for human dignity, freedom, democracy, equality, the rule of law and respect for human rights, including the rights of persons belonging to minorities. It acts globally to promote sustainable development of societies, environment and economies, so that everyone can benefit.

CONTENT

About the Public Association «Support of Initiative»	02
About IWPR	02
About The European Union	02
Abbreviations	04
Introduction	05
Research Methods	06
Research Results	07
Interview Results	07
Online Survey Results	08
Results of Observations in Medical Organizations	14
Results of Round Tables	14
Conclusions from the Research Findings	15
Recommendations	16
Recommended Measures Requiring the Involvement of Central Government Bodies	16
Recommended measures to be implemented at the local level	20

ABBREVIATIONS

HAC – Higher Audit Chamber

GP – General Practitioner

HPV – Human Papillomavirus

GBFMP – Guaranteed Basic Free Medical Care Program

SME – State Communal Enterprise

SI – State Institution

WFA – Women of Childbearing Age

COP – Coefficient of Performance

TPT – Therapeutic Physical Training

MIS – Medical Information System

MoH RK – Ministry of Health of the Republic of Kazakhstan

LEB – Life Expectancy at Birth

CMHI – Compulsory Health Insurance

LEA – Local Executive Authorities

INN – International Nonproprietary Name

NCPH – National Center for Public Health

NNCHR – Salidat Kairbekova National Research Center for Health Development

NCE – National Chamber of Entrepreneurs «Atameken»

RK – Republic of Kazakhstan

RDA – Rural Physician's Ambulatory

SES – Sanitary-Epidemiological Service

LLP – Limited Liability Partnership

HD – Health Department

US – Ultrasound

SHIF – Social Health Insurance Fund

CRH – Central District Hospital

UNICEF – United Nations Children's Fund

UNFPA – United Nations Population Fund

INTRODUCTION

This study aims to improve the efficiency of providing and receiving public healthcare services by rural women in the Kyzylorda region and to protect the rights of rural women to free medical care. In turn, this document is intended to formulate possible solutions to the problems identified during the field phase of the project.

Taking into account the specifics of women's needs in the field of healthcare (determined by various factors, including the biological characteristics of the female body and reproductive function, socio-economic status and potential vulnerability, extended responsibilities within the family/household, and mentality), this document and the related study are limited to analyzing the general accessibility of medical care under the GBFMP and CMSI for women living in rural areas. In addition, a general infrastructural aspect is covered, which affects all population groups without any specific distinctions.

RESEARCH METHODS

The study and analysis of rural women's access to healthcare services under GBFMP and CMSI in the Kyzylorda region were conducted in two pilot rural areas: Shirkeyli village (the Rural Doctor's Ambulatory (RDA) belongs to the SME «Central District Hospital of Syrdarya District») and Karaozek rural district of Kyzylorda city (the RDA belongs to the SME «City Polyclinic No. 5 of Kyzylorda») using the following methods:

- Online survey of women using Google Forms (14 closed content questions, 4 identification questions, and 1 open text field for expressing opinions on access to medical care, complaints, and suggestions for improvement);
- Interviews with women (12 open-ended questions);
- Observation in medical organizations (a structured observation sheet consisting of 21 sections/questions);
- Round table discussions.

It should be noted that the methods chosen for the fieldwork part of the project limit the analytical potential of the study to the personal assessments of women as potential recipients of medical care. Methods involving external evaluation, legal analysis, benchmarking (comparative analysis) with other regions, urban areas, or different social or gender groups, as well as extended analysis (with the exception of observation in medical organizations), were beyond the scope of this research. Therefore, in this study and hereafter, the findings reflect only the perception of the situation by rural women.

RESEARCH RESULTS

Before presenting the results of the fieldwork by method, it should be noted that all of the information provided below (and above) is no more than hypothetical, synthesized from respondents' initial subjective answers, and does not carry any accusatory or denunciatory character. The study did not aim to identify the causes behind the formation of certain judgments, nor to record any facts of rights violations of respondents during the interviews.

Interview Results

Participants in the interviews included:

- 8 residents of the Karaozek rural district of Kyzylorda city,
- 7 residents of the Shirkeyli village in Syrdarya district, and
- 3 women registered at City Polyclinic No. 5 in Kyzylorda.

According to the interviews, respondents assessed the healthcare system at an average level. Complaints were voiced regarding the absence of pharmacies or necessary medications in pharmacies and among ambulance teams, difficulties in accessing inpatient round-the-clock care, the accuracy and availability of diagnostics (ultrasound, X-ray), limited access to laboratory testing (long waiting times, referrals for paid tests, lack of comprehensive sample collection in rural areas). Patients also reported a shortage of specialized doctors (particularly those more relevant to women's health, such as gynecologists, hematologists, endocrinologists, neurologists, pediatricians), as well as instances of medical services being paid for (unclear whether initiated by providers or patients themselves).

Awareness of mechanisms and channels for filing complaints about the quality of medical care was found to be extremely low.

In addition, the use of medical information system (MIS) applications was reported to be poorly developed.

Despite the above-mentioned perceptions of healthcare services, respondents equally preferred both public and private healthcare (the only cited reason for preferring private healthcare being the absence of waiting lines to receive medical care).

ONLINE SURVEY RESULTS

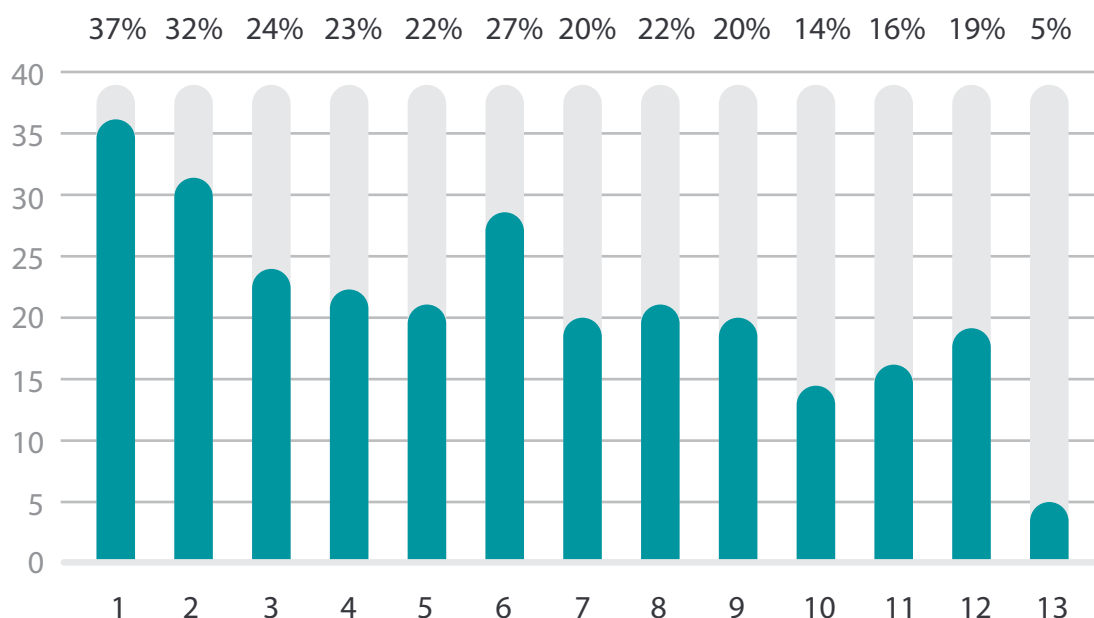
The survey covered 193 female respondents: 117 from the Karaozek rural district of Kyzylorda city and 76 from the village of Shirkeyli in the Syrdarya district.

Across the broad sequential categories of «patient awareness of their rights», «patient choice», «use of medical services», «corruption in the healthcare system», and «patient satisfaction», the online survey results are as follows:

Category: «Patient Awareness of Their Rights»

The population shows extremely low awareness of their rights in the field of healthcare: 19% reported knowing nothing about their rights. Awareness levels above 30% were observed only with regard to the right to choose a medical organization (37%) and the right to receive detailed information about one's state of health (32%). For most issues (6 out of 12 categories of rights), patients' awareness falls within the corridor of 20% to 27%. The lowest levels of awareness (ranging from 5% to 19%) were recorded in 4 out of 12 categories.

Chart No. 1: Patient awareness of their rights



- 1 – Right to choose a medical organization
- 2 – Receive information about your health status
- 3 – Free medical services and medicines for...
- 4 – Free medical services and medicines in hospitals
- 5 – Free medical services and medicines for pregnant women
- 6 – Free medical services in the clinic and at home
- 7 – Right to choose a doctor
- 8 – Free medical care during rehabilitation
- 9 – Free medical care and medicines for children under the age of 5
- 10 – Confidentiality of information about health status and...
- 11 – Protection of rights in case of their violation when receiving...
- 12 – I don't know anything about my rights in this area
- 13 – Right to refuse medical intervention

Category: «Patient Choice»

Respondents expressed somewhat greater trust in public healthcare organizations than in private ones (38% versus 34%; 28% found it difficult to answer).

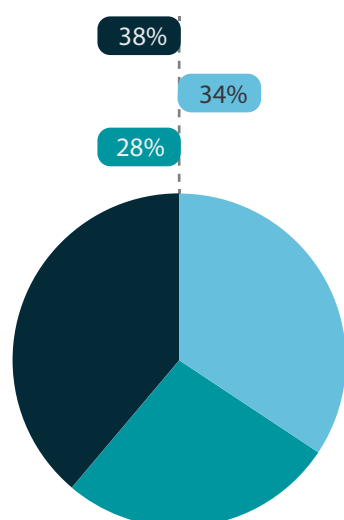
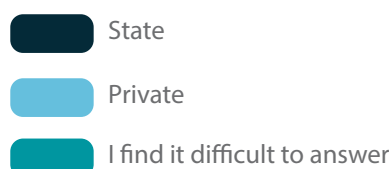


Chart No. 2: Level of Trust in Healthcare Organizations by Form of Ownership

Which type of medical organization do you trust most?



Only 37% of respondents are informed about their right to choose a medical organization, and 19% about their right to choose a doctor.

11% do not exercise their right to free medical care for outpatient consultations, opting exclusively for paid services; 6% do so in cases requiring hospitalization.

58% either do not know about or do not use Medical Information System (MIS) applications.

Category: «Use of Medical Services»

Among those who use free medical services, 27% reported experiencing significant difficulties in accessing outpatient consultations, while 36% faced minor difficulties. In cases of hospitalization in round-the-clock inpatient facilities, 39% experienced significant difficulties and 32% minor difficulties.

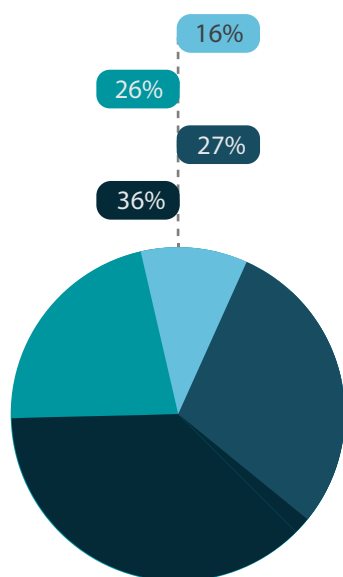


Chart No. 3: Difficulties in Accessing a Doctor (Outpatient Care)

Do you experience any difficulties (obstacles) when visiting a doctor (for an outpatient visit)?

- Experiencing significant difficulties
- I have no difficulties
- I am experiencing minor difficulties
- I only get treatment on a paid basis

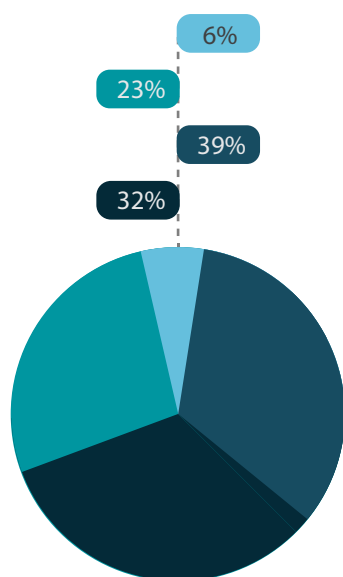


Chart No. 4: Difficulties when applying for hospitalization (inpatient care)

Do you experience any difficulties (obstacles) when trying to be hospitalized?

- I am experiencing minor difficulties
- I am experiencing significant difficulties
- I don't have any difficulties
- I only receive treatment on a paid basis

A serious gap is observed in the area of free outpatient drug provision: 48% of respondents reported experiencing significant difficulties in obtaining free medicines. According to respondents' estimates, up to 78% of outpatient drug provision is effectively wasted, with efficiency standing at only 22%.

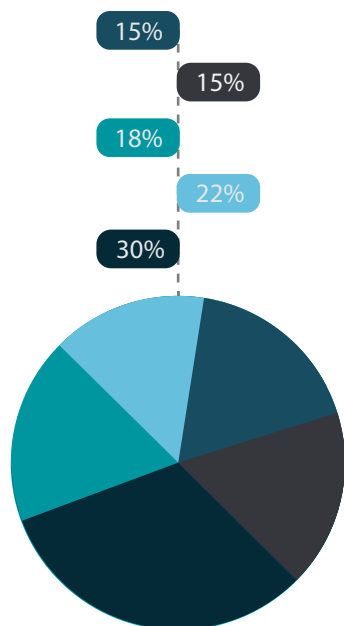


Chart No. 5: Frequency of Use and Satisfaction with the Quality of Free Medicines Provided

How often do you use free medications and how satisfied are you with their quality (among recipients)?

- I receive it for free, but I don't use it due to the lack of needs
- I receive it for free, but I don't use it due to the low quality
- Free medicine not available
- I use it constantly, but I rate the quality as low
- I use it constantly, I rate the quality as high, I am satisfied

Category: «Corruption in the Healthcare System»

42% of respondents assessed corruption as significant, 27% as moderate, and 31% as minor (a total of 69% negative evaluations).

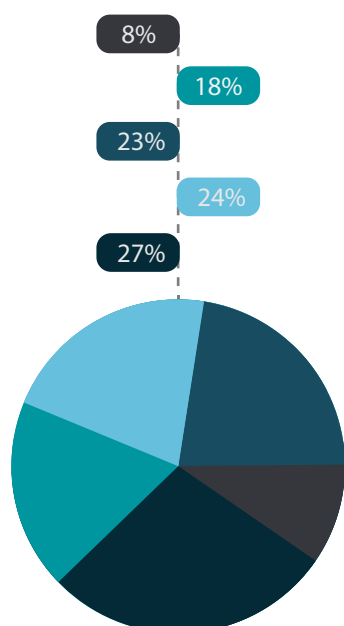


Chart No. 6: Perception of the Level of Corruption in the Healthcare System

Rate the level of corruption in the healthcare system from 1 to 5 points

- 1 point
- 2 points
- 3 points
- 4 points
- 5 points

Category: «Patient Satisfaction»

On average, and with a relatively even distribution across different types of care and services, 34% of respondents reported being satisfied, 43% partially satisfied, and 23% dissatisfied. These findings align with data from the Supreme Audit Chamber (SAC), which indicate that the level of satisfaction of Kazakhstan's population with the quality of healthcare services does not reach 50%¹

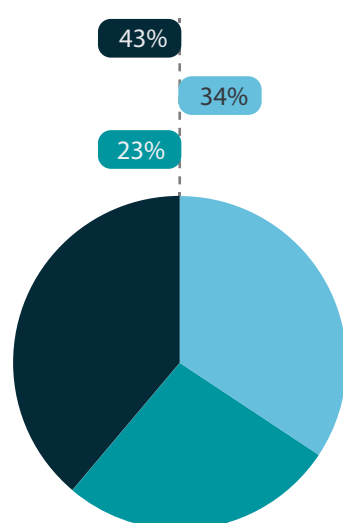
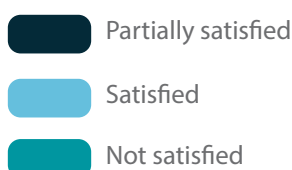


Chart No. 7. Patient Satisfaction with Medical Care
(average across different types of care)

Satisfaction with medical care
(averaged across various areas of care)

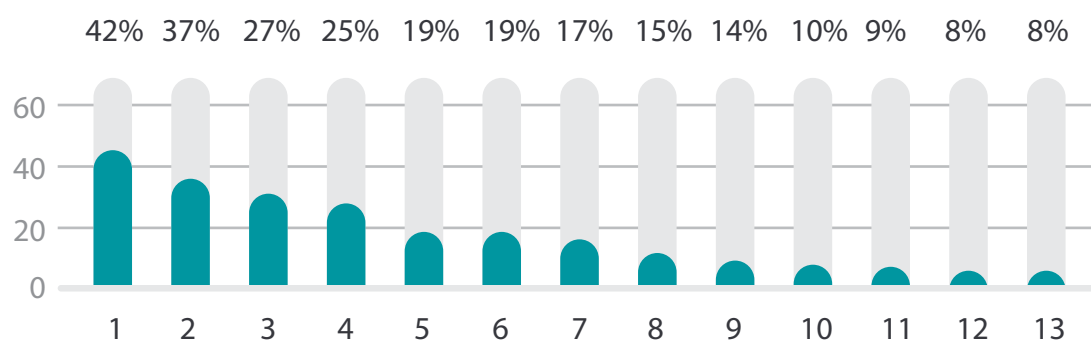


Structure of Complaints about Medical Care:

- Complaints about waiting times: 42% of respondents complained about long delays when scheduling an appointment with a doctor; 37% about waiting times for free medical examinations; and 19% about prolonged waiting (more than 15–30 minutes) for an ambulance to arrive.
- Complaints about medical staff: 27% reported negligent treatment by medical personnel, while 19% considered doctors' qualifications to be insufficient.
- Complaints about accessibility and quality of medical care: 25% stated that hospitalization is very difficult to obtain; there were also other, less frequent complaints.

¹ CONCLUSION OF THE SUPREME AUDIT CHAMBER TO THE REPORT OF THE GOVERNMENT OF THE REPUBLIC OF KAZAKHSTAN ON THE EXECUTION OF THE REPUBLICAN BUDGET for 2023, p. 18 (approved by the Resolution of the Mazhilis of Parliament dated June 21, 2024 No. 17-VIII-PRK)

Chart No. 8. Structure of Complaints about Medical Care



- 1 – Waiting time to make an appointment with a doctor
- 2 – Priority for a free medical examination
- 3 – Negligence on the part of medical personnel
- 4 – Difficulties during hospitalization
- 5 – Insufficient qualifications of medical workers
- 6 – Long wait times for ambulances (15-20 minutes)
- 7 – High cost of medications prescribed by doctors
- 8 – Low quality of tests in clinical laboratories
- 9 – Insufficient attention to patients registered with dispensaries
- 10 – Difficulties in providing home care to seriously ill patients
- 11 – Unsure
- 12 – Overall, I am satisfied with the medical care
- 13 – Completely satisfied with the medical care

RESULTS OF OBSERVATION IN MEDICAL ORGANIZATIONS

Observations were conducted in rural medical outpatient clinics (SVAs) in the village of Shirkeyli, Syrdarya district, and the village of Karaozek.

Both SVAs were built according to the same standard design. However, their material and technical equipment differ significantly. In Karaozek SVA, compared to Shirkeyli SVA, equipment and material-technical resources are considerably behind; discrepancies with the staffing schedule were noted, as well as a lack of information on patients' rights.

RESULTS OF ROUND TABLES

Round tables with the participation of local residents (regardless of gender) and representatives of local executive bodies were organized in both settlements.

Common complaints in both villages included difficulties in obtaining free medicines, the unavailability of laboratory testing in rural areas, or referrals directing patients to paid laboratories for tests.

Specific complaints of Karaozek residents included difficulties accessing the city polyclinic where part of the service base is located, long waiting lines, the absence of a pharmacy in the village, and problems with heating (or insulation) of the SVA building, resulting in low indoor temperatures in winter.

Specific complaints of Shirkeyli residents focused on the incompetence and shortage of specialized doctors in the central district hospital. In addition, since work in the village is seasonal (from May to October), residents regularly lose their insured status in the Compulsory Social Health Insurance (OSHI) system for half of the year.

It can be assumed that similar problems may also exist in other rural settlements of the region.

CONCLUSIONS FROM THE RESEARCH FINDINGS

Thus, the issue of accessibility of healthcare for rural women does exist and has a clearly defined focus (in addition to numerous secondary or less common complaints about various aspects of healthcare delivery):

- long waiting times for planned medical care in its various forms (outpatient consultations, laboratory tests, hospitalization);
- extremely low awareness of mechanisms and channels for filing complaints about the quality of healthcare, as well as low awareness of personal rights in the field of health;
- inefficiency of the free outpatient drug provision system;
- shortage, negligence, and insufficient qualifications of medical staff;
- prevalence of corruption;
- a particular issue requiring separate attention is the recurring seasonal loss of insured status in the Compulsory Social Health Insurance (OSHI) system by residents engaged in rice cultivation and related sectors.

The identified problems are fairly systemic. It can be observed that under conditions of scarcity (inadequate equipment of healthcare facilities, low public awareness of healthcare rights) and patient constraints in choice (due to low purchasing power and limited alternatives for accessing medical services), patients encounter significant difficulties in using healthcare services, including corruption. As a result, this leads to a low level of satisfaction with the quality and accessibility of healthcare.

RECOMMENDATIONS

The recommendations of this Policy Brief are divided according to the levels at which they can be addressed and, accordingly, their scalability. Measures requiring intervention at the national level (central government bodies and their subordinate organizations) can only be applied to rural healthcare across the country as a whole, and therefore are more time- and resource-intensive. Measures that can be implemented in isolation within Kyzylorda region, at the level of specific settlements, are presented in a separate block.

All measures are considered in regulatory, financial, resource (material-technical and human), and organizational aspects, and are linked to specific stakeholders with responsibilities distributed among them. The sequence of implementation is maintained as far as possible, taking into account various constraints.

At the same time, the proposed recommendations do not claim the format of a Roadmap and should, in the future, be adjusted in line with timelines and available resources.

Recommended Measures Requiring the Involvement of Central Government Bodies

The following measures are recommended to be implemented according to a similar scheme: establishing a working group; in-depth study of the situation and identification of areas of inefficiency; development and introduction of monitoring mechanisms at the central level; development and implementation of a set of relevant measures by service areas; assessment of the effectiveness of the implemented measures.

	Measure	Responsibility	Note
1.	Prioritization of the issue of queues for receiving planned medical care as the main factor in population dissatisfaction	Ministry of Health of the Republic of Kazakhstan (MH RK), National Scientific Center for Health Development named after Salidat Kairbekova (NSCHD), Social Health Insurance Fund (SHIF)	In terms of types and forms of assistance. Benchmark with comparison group countries and target countries.
2.	Improving the efficiency of free outpatient drug provision.	MoH RK, NNCHR	Enhanced field phase of situational research using a range of tools, collection and consolidation of cases. Aspects of quality, real use of medicines by patients, real need for drug provision.
3.	Implementation of a mechanism to ensure continuous insurance in the compulsory medical social insurance (CMSI) system for persons engaged in seasonal work due to the specifics of the economy of the regions of the Republic of Kazakhstan.	SHIF	It is possible to involve the Health Departments of the regions of the Republic of Kazakhstan.
4.	Raising public awareness of their rights in the field of healthcare, in particular within the framework of the GBFMP and the CMHI.	Medical organizations, Health Departments of the regions of the Republic of Kazakhstan with the support of the National Center for Public Health (NCPH)	
5.	Development and implementation of a set of measures to address the problems of shortages and qualifications of medical workers, violations of ethics and deontology.	Healthcare departments of the regions of the Republic of Kazakhstan.	A more effective approach to attracting medical workers to work in rural areas by providing them with a lump sum, housing; systematic professional development; training on service aspects of providing medical care, etc.

6.	Raising awareness among rural population about the rights to free medical services within the framework of the GBFMP and the CMHI.	Ministry of Health of the Republic of Kazakhstan (MoH RK), Salidat Kairbekova National Research Center for Health Development (NNCHR), Social Health Insurance Fund (SHIF)	
7.	Launch a targeted information campaign to raise awareness among villagers about the list of free medical services and the mechanisms for obtaining them.	Ministry of Health of the Republic of Kazakhstan (MoH RK), Salidat Kairbekova National Research Center for Health Development (NNCHR), Social Health Insurance Fund (SHIF)	
8.	Development of digital literacy and promotion of electronic services in the healthcare sector.	Ministry of Health of the Republic of Kazakhstan (MoH RK), Salidat Kairbekova National Research Center for Health Development (NNCHR), Social Health Insurance Fund (SHIF)	
9.	Organize training for rural populations on the use of digital platforms and mobile applications, such as eGov, eHealth, the Damumed mobile application and others.	Ministry of Health of the Republic of Kazakhstan (MoH RK), Salidat Kairbekova National Research Center for Health Development (NNCHR), Social Health Insurance Fund (SHIF)	
10.	Involvement of local NGOs through state social procurement in information and educational work	Ministry of Health of the Republic of Kazakhstan (MoH RK), Salidat Kairbekova National Research Center for Health Development (NNCHR), Social Health Insurance Fund (SHIF)	
11.	Take measures to eliminate the practice of fictitious reporting and inaccurate data on patient visits in medical organizations. This requires a set of the following measures:	Ministry of Health of the Republic of Kazakhstan (MoH RK), Salidat Kairbekova National Research Center for Health Development (NNCHR), Social Health Insurance Fund (SHIF)	

- Strengthening control over the registration of outpatient visits. All visits must be accompanied by digital confirmation (doctor's electronic signature, patient's QR code, or verification through a mobile application/info-kiosk). Disciplinary measures should be applied to specific staff members for fictitious visits not confirmed by an actual appointment;
- Revising the financing system: payment for medical services should take into account not only the number of visits, but also their validity, completeness of documentation, and patient feedback. This will reduce incentives for artificially inflating performance indicators;
 - Introducing a system of random phone calls or SMS surveys of the attached population with questions such as: «Did you visit the doctor on the specified day?» or «Did you receive the stated service?»Discrepancies should serve as grounds for an internal audit;
- Publishing aggregated results of inspections of medical organizations, including identified cases of falsification and measures taken against those responsible. Transparency is beneficial for preventing violations and increasing public trust in the national healthcare system.

Recommended measures to be implemented at the local level

Cross-cutting measures recommended for all rural settlements of the region where the relevant problem exists (here and below – primarily based on detailed materials from round tables, proposals voiced during interviews, and results of the open-text fields in the online survey):

	Measure	Responsibility	Note
1.	Conduct a benchmark (comparative analysis) of the state and equipment of the RDA region with subsequent adoption of the necessary measures.	State Institution Healthcare Department of Kyzylorda Region, State Institution State Property Committee of Kyzylorda Region.	
2.	Consider replacing free drugs (that do not have the desired effect, despite the availability of evidence for this INN (international nonproprietary name)) with more effective analogues.	State Institution Health Department of the Kyzylorda Region, Samruk-Kazyna Pharmacy LLP, Maslikhat of the Kyzylorda Region.	Probably, by submitting an application to Samruk-Kazyna Pharmacy LLP for an additional requirement/replacement of the trade name while maintaining the active substance/international non-proprietary name, or by a decision of the Maslikhat of the Kyzylorda Region.
3.	Training accountants and farm managers in the correct transfer of insurance premiums.	Local executive bodies (LEB), branches of the National Chamber of Entrepreneurs «Atameken» (NCE).	Complaints have been recorded regarding cases of incorrect deductions with subsequent loss of insurance status.
4.	Training rural residents in the use of digital technologies, in particular MIS applications.	Medical organizations, MIO.	In order to ensure independent control of your appointments with doctors, test results, as well as the completeness of the transfer of insurance contributions from wages.

In the village of Karaozek, it is recommended to implement the following set of operational measures:

	Measure	Responsibility	Note
1.	Split the reception of patients for the dispensation of medicines within the framework of free outpatient drug provision in three villages over three days.	State Budgetary Institution City Polyclinic No. 5, Kyzylorda.	To avoid queues when issuing free outpatient medication, it is possible with the help of information systems.
2.	Open a pharmacy in the village of Karaozek.	State Institution Healthcare Department of Kyzylorda Region, State Enterprise City Polyclinic No. 5 of Kyzylorda.	
3.	Carry out repair work and additional equipment of the Karaozek RDA, including: - insulation of the building to ensure proper (in accordance with standards) temperature in the premises during the winter; - lay a sidewalk from the road to the RDA; - install window opening mechanisms (vents) to ensure proper ventilation - equip the RDA with the necessary equipment in accordance with the standards of the relevant Order of the Ministry of Health of the Republic of Kazakhstan; - equip medical and treatment rooms with air conditioners to ensure proper (in accordance with standards) temperature in the premises during the summer;	State Budgetary Institution City Polyclinic No. 5, Kyzylorda.	Probably at the expense of funds allocated for current repairs or within the framework of the contractor's warranty obligations.
4.	Restore the position of a laboratory assistant in the RDA for the delivery of tests (collection of biological material) by village residents on site	State Budgetary Institution City Polyclinic No. 5, Kyzylorda.	The village is located more than 30 km from the polyclinic No. 5, to which the village residents are assigned.

5.	Provide patients with specialist appointments in one building of City Polyclinic No. 5.	State Budgetary Institution City Polyclinic No. 5, Kyzylorda.	Currently, specialists receive patients in different buildings located at a considerable distance from each other, between which there is no direct bus service.
6.	Open a massage room and Therapeutic Physical Training room for children and adults in RDA	State Budgetary Institution City Polyclinic No. 5, Kyzylorda.	None; according to residents, there is a need.
7.	Reduce queues for magnetic resonance imaging and computed tomography.	State Institution Healthcare Department of Kyzylorda Region, State Enterprise City Polyclinic No. 5 of Kyzylorda	The range of possible solutions ranges from an application for an increase in funding from the SHIF, the purchase of necessary medical equipment/ensuring proper maintenance of existing equipment, to operational solutions (managing the flow/schedule of diagnostic procedures, extending office hours, expanding the network of co-executing medical organizations)

In the village of Shirkeyli, it is recommended to implement the following set of operational measures:

	Measure	Responsibility	Note
1.	Ensure that all tests are collected at the RDA or district clinic free of charge	State Enterprise «Central District Hospital of the Syrdarya District» (CRH) State Healthcare Department of the Kyzylorda Region	Complaints about the unavailability of a number of laboratory tests (apparently, within the framework of the GBFMP and CMHI package), which forces patients to turn to private laboratories
2.	Staff the SME «Central District Hospital of the Syrdarya District» (CRH) with specialists (cardiologists, pediatricians, traumatologists).	CRH, State Healthcare Department of Kyzylorda Region.	

It is expected that the full, prompt and coordinated implementation of the measures proposed above will contribute to a significant improvement in the availability of medical care within the framework of the GBFMP and the CMHI system in rural areas (in particular, in the Kyzylorda region), including for the female population.