of successfulness of a head doctor depending on what management resources, intellectual or competence, are introduced into his activity.

Many years of practical experience and modern scientific researches in the area of management prove that a leader's successfulness is defined by a whole complex of characteristics that he has to possess apart from knowledge. Head doctor nowadays is a top-end professional in his specialty, indicated in his diploma, he is an organizer of healthcare who has obtained knowledge and skills via trial and error method, he is a self-taught lawyer, psychologist in his nature.

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THE ANALYSIS OF HEALTH OF ORPHANS AND ORPHANED CHILDREN WITHOUT CARE OF PARENTS

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We studied 386 made in 2009 clinical records of children (form № 30), staying in inpatient institutions for orphans and children without parental care. Their morbidity and disability were analyzed. The groups of the children with similar a variety of diseases and the level of disability were allocated. On the results of the analysis of disability andd morbidity of the orphaned children, the group of children with the highest risk for the development of a disability was allocated. The ultimate goal of the study is a conceptual approach and an optimization of the dispensary work among this category of children.

Introduction. Multifactor assessment of health status of children by conventional criteria allows not only verifying the disease itself, but also determines the level of its compensation dynamically, particularly the one of debilitating diseases. Among the causes of early children's disabilities, a leading role is played by congenital, hereditary chromosomal perinatal damaging factors [9]. According to the WHO recommendations, the grounds for establishing disability are:

1) consequences disease;

2) social insufficiency or social dysadaptation.

In children, a disease or a congenital defect without signs of past disease may serve as the grounds for declaring disabled. According to the data of the Ministry of Health and Social Development of the Russian Federation, the structure of child disability is as follows:

1. Functional disorders of the central nervous system, mental retardation and neuropsychiatric disorders (30%).

2. Neurological, neuromuscular disorders (20%).

3. Skeletal disorders, dysmorphogenetic features (20%).

4. Hearing disorders (17%).

5. Visual impairment (16%).

6. Disorders in congenital malformations (3,3%).

7. Functional organ failures in chronic somatic diseases (2,2%).

Handicapped children often have a combination of several types of social insufficiency [5]. The study objective is to give a generalized assessment of the health of children in orphanages, on the grounds of which to optimize the individual preventive work with these children, thereby reducing the risk of increasing in the number of handicapped children among orphans and children without parental care. The primary tasks are disability and morbidity analysis among orphaned children as well as the allocation of the group of children with the highest risk for the development of disability. The ultimate goal of the study is a conceptual approach and an optimization of the dispensary work among this category of children.

386 orphans' case follow-up records (form 30) made in 2009 were analysed. The age distribution of the children was as follows. There were 5,15% of children aged less than a year, 18,6% of children aged 1 to 2, 17,79% of children aged 2 to 3, 16,93% of children aged 3 to 4, 12,88% of children aged 4 to 5, 11,78% of children aged 5 to 6, 7,73% of children aged 6 to 7, 9,58% of children aged more than 7. The basic indices characterizing child morbidity and disability were singled out. The system of an integrated health assessment in children was carried out on six basic criteria: the anamnesis assessment: biological, genealogical and social; the physical development and the degree of its harmonicity; the neuropsychic development and the intelligence level; the resistance of the body; the functional state of organs and systems; the presence or absence of chronic diseases and congenital malformations. Based on all of the six mentioned criteria a multifactor assessment of health status of children is carried out with a conclusion about the child's belonging to one of the five existing health groups [1, 5, 7, 8, 9]. The obtained data were processed in VISUAL FOXPRO 9, EXCEL 2007, STATISTICA 8. Extract, content analysis and linear statistics methods were used (determination of sample means and errors of the means) ($M \pm m$)) [4]. Additionally, the cluster analysis method was applied [2, 3, 4].

The data on the proportion (percentage) of diseases of a specific class of all diagnosed diseases was analysed by the classes of the 10th revision of the International Statistical Classification of Diseases and Related Health Problems. The most common diseases are those of the nervous system, which constitute 15,2% of all identified diseases in children. The second place on the incidence belongs to «Congenital malformations, deformations

and chromosomal abnormalities», which constitute 15,2% of all diagnosed diseases in children. The next are «Endocrine system diseases» (13,2%), «Mental disorders» (11,5%) and «Symptoms, signs and abnormalities» (10,6%). In general, these diseases account for 65,0% of all identified diseases in children.

To single out the characteristic features in the presence of different classes diseases in children in surveyed orphanages, the cluster analysis was used (Table).

Average values of the characteristics of children in each of 5 allocated groups

Characteristic	Group 1	Group 2	Group 3	Group 4	Group 5
Child's age (years)	2,03 ± 0,16	2,35 ± 0,14	2,69 ± 0,19	3,48 ± 0,40	2,70 ± 0,25
Body Height (cm)	70,28 ± 1,90	71,86 ± 1,89	76,22 ± 1,40	73,82 ± 5,23	68,60 ± 3,36
Body Weight (kg)	8,49 ± 0,36	9,90 ± 0,33	9,24 ± 0,35	11,04 ± 2,45	10,25 ± 0,67
Psychomotor Abnormalities	0,75 ± 0,05	0,33 ± 0,04	0,70 ± 0,05	0,82 ± 0,10	0,63 ± 0,06
Vegetative Abnormalities	0,73 ± 0,05	0,29 ± 0,04	0,67 ± 0,05	0,82 ± 0,10	0,60 ± 0,06
Disability	0,25 ± 0,05	0,16 ± 0,04	0,55 ± 0,06	0,76 ± 0,14	0,53 ± 0,08
Health Group:	2,47 ± 0,20	2,92 ± 0,12	1,83 ± 0,24	2,53 ± 0,61	2,78 ± 0,26
Prophylactic Immunizations	2,00 ± 0,15	3,18 ± 0,69	1,09 ± 0,15	1,59 ± 0,37	1,63 ± 0,18
Infectious and Parasitic Diseases	0,01 ± 0,01	0,15 ± 0,03	0,07 ± 0,03	0,00 ± 0,00	0,07 ± 0,03
Blood and Hematopoietic Organs Diseases	0,08 ± 0,04	0,08 ± 0,02	0,05 ± 0,02	0,06 ± 0,06	0,05 ± 0,03
Endocrine System Diseases	1,54 ± 0,08	0,13 ± 0,03	0,71 ± 0,07	1,29 ± 0,25	0,40 ± 0,08
Psychiatric Disorders	0,37 ± 0,07	0,40 ± 0,04	0,52 ± 0,06	0,65 ± 0,21	0,57 ± 0,07
Nervous System Diseases	1,17 ± 0,07	0,26 ± 0,04	0,51 ± 0,07	0,82 ± 0,29	1,83 ± 0,10
Ocular Diseases	0,16 ± 0,04	0,13 ± 0,03	0,39 ± 0,08	0,88 ± 0,27	1,08 ± 0,12
Diseases of the Circulatory System	0,05 ± 0,02	0,06 ± 0,02	0,05 ± 0,03	0,06 ± 0,06	0,12 ± 0,05
Diseases of the Respiratory System	0,14 ± 0,04	0,09 ± 0,03	0,07 ± 0,03	0,06 ± 0,06	0,12 ± 0,04
Diseases of the Digestive System	0,27 ± 0,06	0,20 ± 0,04	0,38 ± 0,06	1,35 ± 0,38	0,28 ± 0,07
Diseases of the Skin and Subcutaneous Tissue	0,08 ± 0,03	0,08 ± 0,02	0,15 ± 0,04	0,06 ± 0,06	0,07 ± 0,03
Diseases of the Musculoskeletal System	0,13 ± 0,04	0,15 ± 0,03	0,16 ± 0,04	0,65 ± 0,17	0,15 ± 0,05
Diseases of the Genitourinary System	0,04 ± 0,02	0,06 ± 0,02	0,02 ± 0,02	0,18 ± 0,13	0,10 ± 0,05
Congenital Malformations, Deformations and Chromosomal Abnormalities	0,47 ± 0,07	0,33 ± 0,04	2,33 ± 0,06	4,82 ± 0,30	0,48 ± 0,08

The used cluster analysis divided all the 386 children in groups numbering: 83 children in the 1st group; 144 children were allocated to the second group; 82 children – to the third group; 60 children were allocated to the fifth group. The fourth group turned out the smallest and included 17 children. The fourth group children the most often had abnormalities of psychomotor and emotional-vegetative sphere (0,82 ± 0,10) and (0,82 ± 0,10), relatively. In this group, by an average of 100 children, 76 children were disabled (0,76 ± 0,14). Every child of the fourth group had more than 4 types of congenital malformations, deformations and chromosomal abnormalities (4,82 ± 0,30).

With due regard for the peculiarities of each of the 5 groups, it is possible:

1) to chalk out measures for improving the health of the child;

2) to develop a plan for rehabilitative care. Meanwhile, it is necessary to consider the actual results in health indicators children had after a certain time.

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