



## SUBJECT: UNIVERSAL-PROGRESSIVE MODEL OF PATRONAGE

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**Abstract:** In this article Improving the rapidly developing system of primary medical and sanitary care of the Republic of Uzbekistan, establishing family polyclinics and family medical centers in cities and villages, as well as creating amenities for the population. It talks about the way of life and longevity of the population, as well as the fact that it makes it possible to direct the way of life to a better life, and a number of other innovations.

**Key words:** primary health care, longevity, women of reproductive age, prenatal period, patronage, universal-progressive model.

**Introduction** The Republic of Uzbekistan has entered the ranks of rapidly developing countries, and comprehensive reforms are being carried out in all its aspects. In particular, by improving the system of primary medical and sanitary care, family polyclinics and family doctor's offices were established in cities and villages, and facilities were created for the population.

It is worth noting that "Protection of maternal and child health" is a priority direction of our state, which, along with strengthening of support mechanisms in the regions, creates an opportunity to direct the lifestyle and longevity of the population to a better way of life. The comprehensive measures to reform the health care system adopted by the President of the Republic of Uzbekistan are the basis for providing quality medical care to the population and introducing effective models of patronage, as well as increasing the efficiency, quality, and coverage of medical services. Also, supporting a healthy lifestyle and preventing diseases is one of the important directions of the health care system.

In addition, to increase the quality and scope of medical care provided to women of reproductive age, pregnant women and children in the republic, to establish effective medical services, to provide proper nutrition to mothers and children in the system of primary medical and sanitary care, to protect children's health, the early period of childhood, their growth and in terms of providing advice on the development, training of patronage nurses is determined in order to further improve the quality of patronage visits to households.

The activity of patronage nurses in the family environment is in this direction - interviewing pregnant women and children in their homes, early identification of risks and dangers affecting the health of the child, organization of recommendations, education of mothers, pregnant women and children, development of their health and creation of a safe environment. helps to carry out explanatory work on the need to make positive use of the available opportunities in the family. During home visits, patronage nurses provide knowledge and skills on the health and development of mothers and children, provide information on child care, establish relationships with specialists of family-oriented

organizations, agencies or other existing services, monitor and evaluate the performed practice, can be an important link between families, partner organizations or agencies.

Based on the universal-progressive model of patronage in primary medical and sanitary care institutions, the main directions for covering the population with systematic and targeted patronage, as well as the plan of actions carried out by the patronage nurse, focusing on the needs of the family and children in the activities of cooperation with existing organizations and agencies in the area, implies constant work with them, not forgetting their interests. Through this, as a specialist, there is an opportunity to perform his activities in accordance with the norms and rules of treatment and prevention institutions to ensure safe practice of work based on available resources.

The need to modernize the primary health care service and switch to a new model of patronage service arose because the system of visits to the homes of pregnant women and children, as well as young children, did not meet the modern quality requirements.

Patronage service means the organization of "house visits" to children of the first age, prenatal and postnatal women conducted by patronage nurses. Meeting with the family in its environment gives the specialist important opportunities to understand the problems and make the right decision.

During home visits, the patronage nurse identifies social risk factors that threaten the child's health and well-being, prevention of diseases, problems aimed at increasing the interdependence of parents and children, assessment of depression of the mother or father, presence of turbulent family problems, lack of positive parenting skills. should pay attention to such important aspects, which, in turn, is of great importance in ensuring the child's health, vital stability, normal development and well-being.

The patronage nurse should be able to identify the risks listed above and take specific measures to reduce them and eliminate them through his/her sufficient experience. The universal-progressive model of patronage of pregnant women and children of the first age answers the above and many other questions. This model is recommended by WHO and UNICEF as a model focused on medical and social directions, and it meets the modern requirements of the quality of service of primary system institutions. Patronage service means the organization of "home visits" to children of the first age, prenatal and postnatal women conducted by patronage nurses.

There are 3 main models of patronage services for pregnant women, women of childbearing age and early childhood, each of which has its advantages and disadvantages:

1. Universal (general) model covers all children of early age, pregnant women and women who have given birth with patronage service and makes necessary visits to them at certain ages and situations.
2. The progressive (targeted) model covers those at high medical or psychosocial risk who need special treatment with patronage monitoring.
3. The universal-progressive (mixed) model of patronage is a mixed model including "Home Visits", which combines the advantages of universal and targeted models, overcomes limitations and increases efficiency.

According to the universal-progressive model, universal home visit services are provided to the entire family, while progressive services are provided to some family members based on risk and need assessment.



In order to ensure the optimal growth and development of children, extended support is provided to families experiencing socio-economic difficulties, psycho-social stress situations and other inconveniences - difficulties in feeding the child, development, providing a safe environment.

Intensive support has been provided for families with highly vulnerable children, who will need collaborative support from health, social and education services to reduce risk.

Universal-progressive modeling amaliyotga tadbqiq etishga asos:

Patronage hizmatiga universal progressive model tadbqiq etilish 3 ta kadamli asosga ega:

1. The importance of a safe, stimulating and emotionally warm environment for the development of the child's brain, the formation of early life experience, the negative effects of stress on the developing child's brain, and a number of other scientific discoveries show that there are windows of weakness and opportunities from the time the child is in the mother's womb to the age of 5. Interventions aimed at eliminating weaknesses and developing opportunities in early childhood lead to the highest achievement of the child throughout his life.

2. During this period, the main mediator of the child's health and development are his parents and family members. Acquaintance with the child's family in his home allows to fully understand the problems of this family and to choose the right strategy for overcoming difficulties.

3. Pregnant women, parents and children are especially in need of patronage visits. They often suffer from weaknesses in the health, social protection and education systems.

Important features of the new patronage service model:

1. Parents are the first educators of children

2. In any family, there is hope for the future of their children, but among families, their children are on the way to achieve this goal.

there are differences in their support: a child's family support has a greater impact on his developmental outcomes than the family's socio-economic status.

3. All parents have enough opportunities to support their children's growth and success in life, but many of them need help to unlock these opportunities;

4. In order to help, every family can give their child the best life path, regardless of the difficult situation.

5. It is right to treat parents as equal partners;

6. Patronage nurses can help increase family stability and improve the quality of life of children and families by assessing the needs of the family and fully understanding the situation, supporting the strengths, in this approach the family turns from a "consumer" into an active partner.

7. Contacting and working with any parent can be difficult, but professionals have the primary responsibility for building relationships with parents and families.

8. Parents are treated in a unique way, they should not be generalized and labeled based on gender, ethnicity, marital status, education or wealth.

THE NEW MODEL OF PATRONAGE IS DIFFERENT FROM THE TRADITIONAL.

Emphasis is placed on the quality of patronage service rather than its quantity;

1. From the principle of identifying and directing the problem, the principle of timely identification and elimination or significant reduction of the risk that causes the problem is passed.



2. emphasis is placed on a complex of activities aimed at strengthening medical, social, educational and other health, not limited to the identification of diseases and medical problems.
3. Attention is paid not only to the physical health of the child, but also to the mental-emotional, social development, safety and well-being.
4. The child's health is considered not in isolation from the family and environment, but in the family, for example, in the presence of mental depression in the father or mother, neglect or cruelty, and neighborhood interference;
5. Establishing equal relations with the child's parents and family members, not treating them as subordinates who are obliged to follow the instructions of patronage nurses unconditionally;
6. Patronage nurse does not work alone, she is considered a member of a group consisting of a doctor, head nurse, head of the institution, social worker, psychologist, pediatrician and other specialists. The product of this working group is developed through effective interactions between other departments and within the department;
7. The patronage nurse becomes the main reliable representative of the family connecting the available services and the child's needs. In the eyes of the family, the role of the secondary person after the doctor is limited.;

The main goal of the universal-progressive model is to protect and promote the health and well-being of children in connection with the well-being of parents and their loved ones. Taking into account that the situation in the family strongly affects the child, and the situation in the family is influenced by the environment in the place of residence and many other conditions, the patronage nurse has to work with all layers of society, and the child and his interests and rights are always in the center of attention.

In order to successfully implement the new Patronje model into practice, the following principles should be followed:

1. The most needy need to be contacted and given more attention. Typically, the neediest families are least served by available services.
2. It moves from the mechanistic model of "identifying problems and trends" to the model of "assessing risk factors and taking action before a problem occurs", that is, to a risk prevention approach. The patronage nurse assesses the child's basic needs.
3. Overcome the division of tasks between different departments, health, community, education and social welfare services, and develop cooperative relations within networks and with other organizations.
4. Professional skills of patronage nurses are developed.
5. Appropriate management of patronage nurses is ensured.

Expected results:

It is possible to achieve positive results for the child, parents, family and society through the successful implementation of the universal-progressive model of the patronage service.

By children:

Improvements in neonatal outcomes, i.e. low birth weight, preterm births, births with congenital malformations, improved feeding, improved growth, reduced morbidity and mortality, immunization rates, improved cognitive and social development, injuries, disabilities and abandonment of children, are cruel to them. attitudes and reduced violence.



By parents and family:

Improving care during pregnancy and preventing obstetric complications, increasing the skills and knowledge of parents on child feeding, improving the indicators of seeking medical help, increasing the understanding of parents about the prevention of infectious diseases and their practical knowledge of their relationship with their children and their development, a safe home environment, improved support for families of children with special needs, reduced parental stress levels, and reduced maternal depression and anxiety.

By the community:

Reducing health care costs, improving school readiness and achievement, improving developmental outcomes, reducing the cost of treating diseases managed by immunization, reducing hospital costs, reducing the necessary costs of care for orphaned and abused children, crime and drug addiction reduction of costs related to fighting with, reduction of cases of suicide.

The universal-progressive model of patronage service can be applied in the area where the UASh, pediatrician and obstetrician-gynecologist work, because the patronage service is carried out at all levels of the family. Also, according to the mental state of women and children, it would be appropriate to have a psychiatrist in the multidisciplinary polyclinics of the district. Two nurses are assigned to each doctor, and they provide services to the assigned population according to the universal-progressive model.

When organizing the services of patronage nurses, it is necessary to take into account that they will be able to spend enough time to work effectively with the family. An initial pediatric risk assessment and family education takes an average of 40-60 minutes, while individualized follow-up visits take 15-30 minutes, depending on the volume of work performed. Thus, the patronage nurse can perform quality visits to 2-3 households in the working hours allotted for her 3-hour visits.

Patronage nurses must have sufficient knowledge, skills and good training to provide the necessary services. Nurses in the institution

#### PLANNING THE DAILY DUTIES AND SCHEDULING VISITS OF THE PATRONAGE NURSE

Proper planning of patronage visits ensures timely provision of patronage services and full coverage. The population registration data of a specific area and the attached population list serve as the source of the plan.

2 different plans are created: universal visits (monthly plan, performance monitoring every week) and enhanced progressive services (daily plan). A senior nurse and a family doctor/pediatrician oversee the proper formulation of the plan and monitoring of its proper implementation. The senior nurse actively assists in plan development and changes to the plan by communicating information.

Thus, the universal model of patronage nurses envisages coverage of all children and pregnant women.

Number of visits: patronage visits a pregnant woman 2 times, i.e. at the 12th and 32nd week of pregnancy, and 12 visits to households with children under 5 years of age. Also, for women in the chilla period, he visits 3 times - on the first 3 days after leaving the maternity hospital, on the 15th day after delivery, and on the 1st month after delivery.

Services provided to at-risk households in a universal model - parenting skills formation, providing information on child care and upbringing, explaining the nature of secure



attachment, breastfeeding, complementary feeding, safe environment, playing games, talking, physical and emotional development and others are conducted.

In order to carry out this process, during a visit to the apartment, one can deeply understand its condition and condition, which is a good basis for the following:

1. Assessment of the real situation;
2. Identifying family strengths or aspects;
3. Work with individual people;
4. Finding a way to avoid common problems;
5. Ensuring parental involvement in child care;

When visiting families with children, the patronage nurse should always start her work by checking and identifying common danger signs, and if any common danger signs or symptoms of illness are detected, she should call an emergency service or send her to a doctor immediately. If the disease and danger signs are not detected, the patronage nurse continues her work according to the universal model plan. Pregnant women and women who have given birth are visited in the same sequence, women with symptoms of illness are sent to the hospital, if there are no symptoms of illness, services are provided according to the universal model.

During home visits, the patronage nurse should assess risk factors in pregnant women, women who have given birth and children under 5 years of age based on the universal model. Guidelines have been developed to identify risk factors. Each guideline describes the purpose of the assessment, the steps of the algorithm, how to assess a risk, and what to do when a single risk is identified.

The following 7 guidelines have been developed to identify risk factors in pregnant women:

1. To find out if there are life-threatening symptoms of a pregnant woman;
2. Identifying the factors of improper nutrition during pregnancy;
3. Diagnosis of depression during pregnancy;
4. Identification of risk factors in the pre-pregnancy period;
5. Identification of risk factors in pregnant women;
6. Determining the risk of harmful habits during pregnancy;
7. Identifying the social risks of a pregnant woman;

The charge nurse should identify the above risk factors by asking the woman questions and assessing her condition. At each visit, all risk factors should be assessed using the 7 guidelines.

should stop the assessment and refer the pregnant woman for skilled care . If the risk factor is not identified in the pregnant woman, the pregnant woman should be consulted on the topic of interest. As soon as any risk is identified, the patronage nurse should go to the progressive model and develop an individual plan for the management of this woman together with the senior nurse, family doctor or obstetrician-gynecologist, if necessary, the head of the department.

The following 14 guidelines have been developed to assess risk factors for pregnant women or parents and children under 5 years of age:

1. Identifying signs of danger to the life of a woman during the period of child and chill;
2. Identifying the problems of exclusive breastfeeding of children up to 6 months;
3. Identifying additional feeding problems of children aged 6 months to 5 years;
4. Identification of problems related to vaccination in children;



5. Identifying the risk of lack of reliable connection between father, mother and child;
6. Determining the risk of non-participation of fathers in child upbringing;
7. Determining the lack of a stimulating environment for the child's development;
8. Determining the state of depression in parents;
9. Creating a safe environment for the child, preventing injuries and accidents;
10. Determining the relationship of neglect, rudeness and violence towards the child;
11. Determining the delay in speech development in a child;
12. Identifying the problems of gross and fine motor development in children under 5 years of age;
13. Determining the problems of social and mental development of children;
14. Identifying social risk in children;

Before visiting the apartments, the patronage nurse should be prepared. All information relevant to the evaluation of guidelines is presented, which will assist the patronage nurse. The guidelines indicate the risk factors, which the patronage nurse should assess by asking questions and checking the condition of the parents of a woman who has given birth or a child under 5 years of age. At each visit, all risk factors should be assessed using the 14 guidelines. should refer the child or the woman who has given birth to qualified care .

The charge nurse may not have time to assess the 14 risk factors in 1 hour, in which case she may return to the home the next day and complete the assessment. Some guidelines apply to children of a certain age, for example, identifying the problems of exclusive breastfeeding of children up to 6 months. If the child is older than 6 months at the time of the universal model visit, Guideline 2 is not used. The same applies to Guideline 4, if the child is 16 months old and has been vaccinated according to the schedule, the "Identification of problems related to vaccination in a child" is no longer used.

The guidelines focus on assessing children based on their age, so the charge nurse must follow the guidelines outlined in the guidelines. For example, Guideline 3 on "Identifying problems with complementary feeding of children aged 6 months to 5 years" has an algorithm for taking steps, if the child is 1 year old at the time of the home visit, the risk factors indicated in step 5 are evaluated based on the algorithm, and other steps are not evaluated. Thus, many questionnaires require the use of only the appropriate part based on the child's age. If the child has started attending a preschool educational institution, the patronage nurse does not conduct home visits, it is entrusted to the medical staff of the preschool educational institution to take this child.

If no risk factor is identified, the patronage nurse should choose one of the topics or conduct a consultation based on the topic that is important and of interest to the parents.

As soon as any risk is detected, the patronage nurse should go to the progressive model and develop an individual plan for the transport of this child or woman in labor together with the senior nurse, family doctor or obstetrician-gynecologist, if necessary, the head of the department.

A well-organized home care service eliminates the need for repeated home visits, as the home care nurse carries out activities such as risk assessment and parent education according to the plan every day. Also, the patronage nurse will be able to get the phone numbers of the parents and call them on the days of vaccination in order to invite the child to be vaccinated when conducting topics on children's vaccination.



When the patronage nurse makes home visits, she has a rare opportunity to see the child in its natural environment. Observing the child in his natural environment, observing the home conditions and equipment surrounding him, the relationship between his parents and other family members and the child, gives the patronage nurse the opportunity to see the child in the family environment, to better understand the factors affecting his health, development and safety. Also, home visits help to identify strengths and resources in the family and community to support the child.

The main goal of the patronage nurse is to protect the child's mature growth, his interests and the right to demonstrate his abilities. During visits to households with children under 5 years of age, the patronage nurse examines the social, spiritual and material condition of the family to ensure the child's healthy and mature development and safety, and evaluates what kind of help is needed.

Children who live in disadvantaged families, that is, those who live with parents who are poor, undereducated, or have harmful habits, have many risk factors that affect their development. Such children require separate attention from the patronage service of BTSYo

In conclusion:

It should not be forgotten that the absence of a reliable relationship between an adult and a child, including the neglect of adults, the lack of affection for the child, the lack of parenting skills for proper care and education, the lack of involvement of fathers in the upbringing of the child, the state of depression of one or both parents, neglect and Relationships like violence can be found in almost all families. Such situations are also observed in families with high economic indicators, i.e. high incomes. Taking into account the above, universal coverage of home visits to all pregnant and postpartum women and early-age children is necessary, in which a deeper approach to the assessment of risk factors and individual approaches to each family and each situation are considered very important.

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