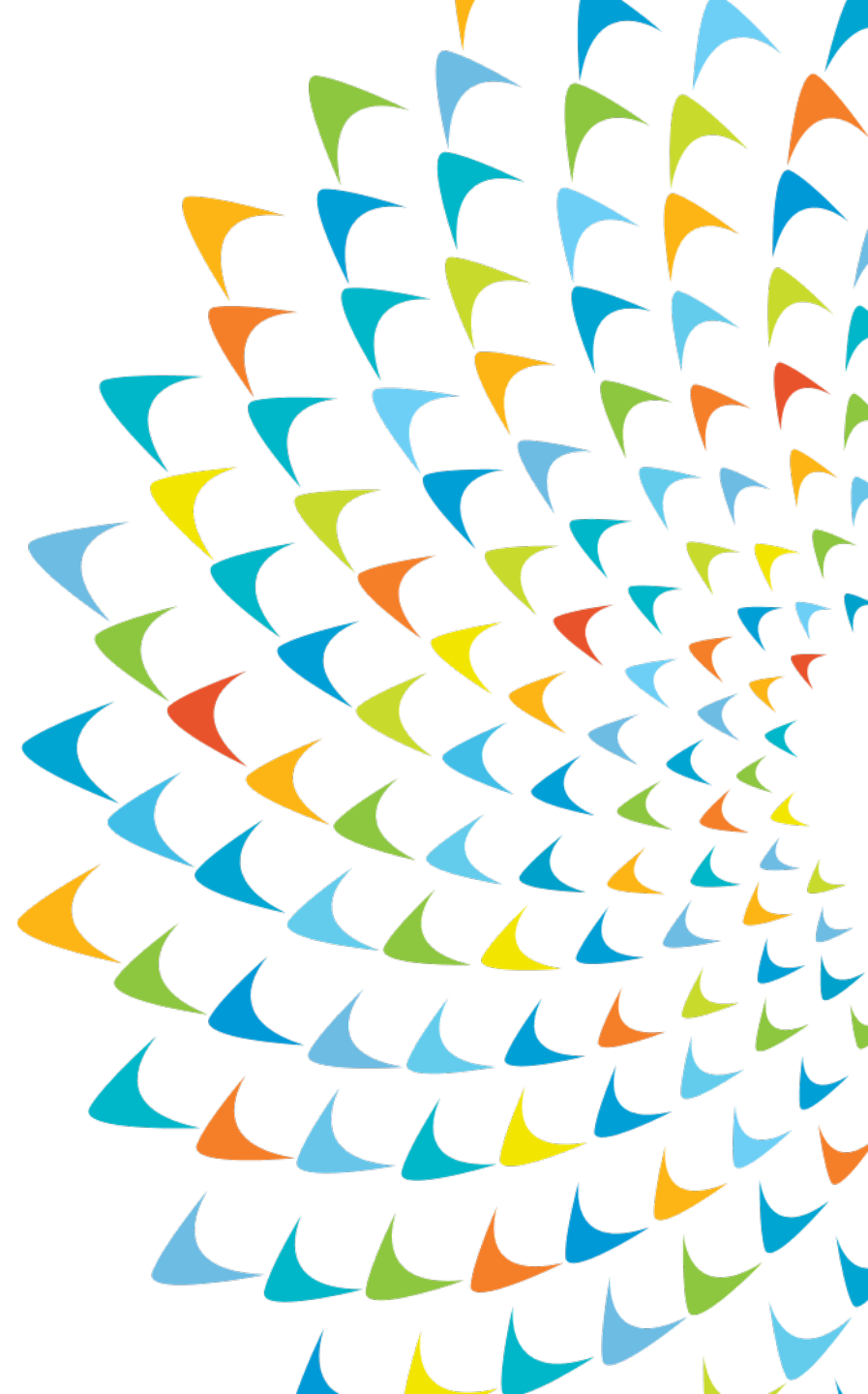


Strengthening Family and Community Systems through Integrated Governance

Dr. Dinesh Arora
Principal Health Specialist, ADB



Life Cycle Approach

Using a **holistic Human Development lens** to provide a continuum of care & whole of society approach to all stages of life

Ensuring aging is a phase of comfort, dignity, and good health, not just a decline

Middle & Later Adults
(40 yrs+)

Early Childhood
(0 to 8 yrs)

85% Brain Growth by age 3 years
First Critical Window of Opportunity

Availability, affordability, and accessibility of healthcare services

Adults
(19 to 40 yrs)

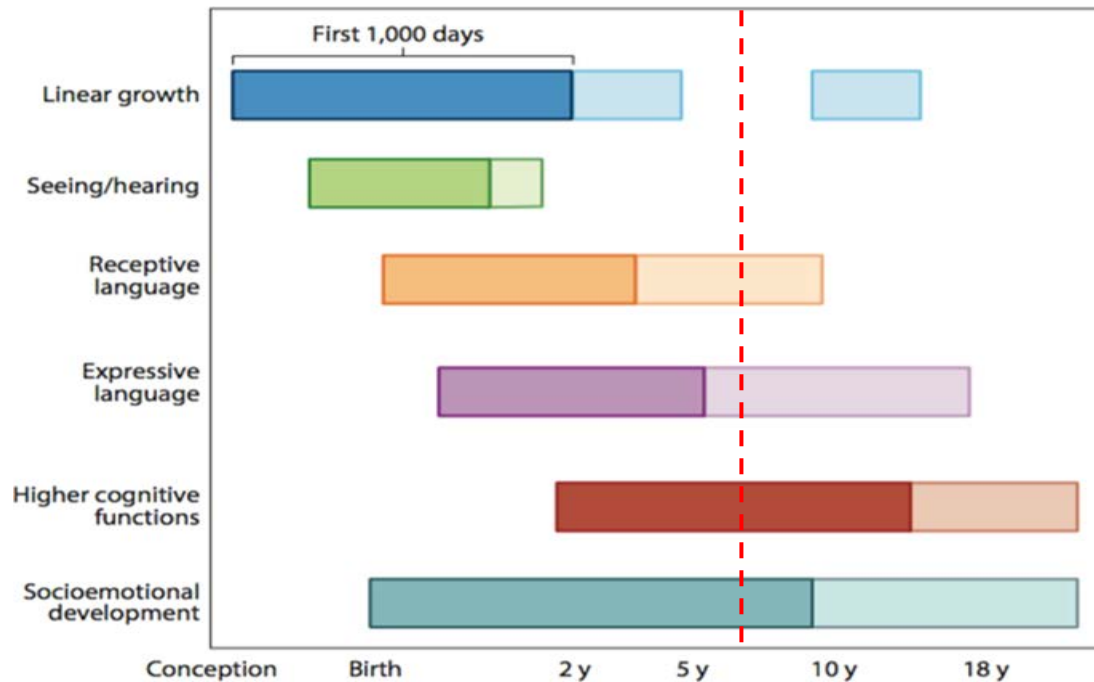
Adolescents
(10 to 19 yrs)

Intense rapid physical, cognitive, and psychosocial growth
Second Window of Opportunity

Meghalaya Early Childhood Development Project

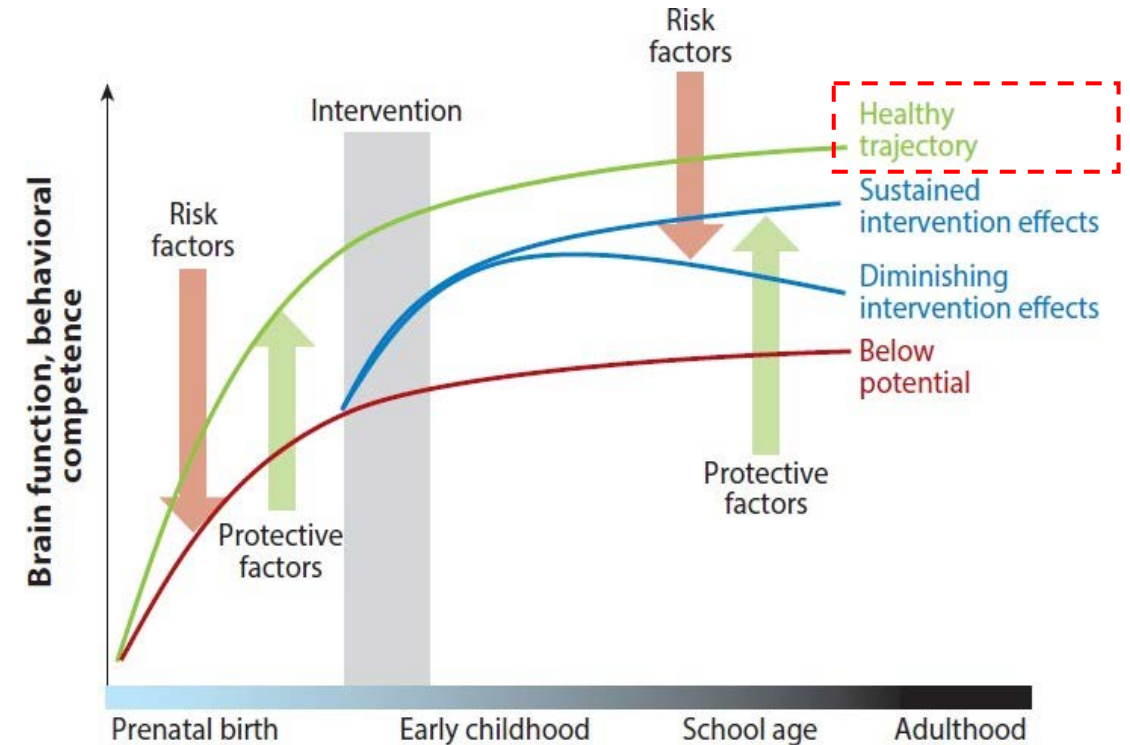
Criticality of Early Childhood Development

Critical periods of development and linear growth from conception to adolescence



Darker shades – Critical periods / Light shades – Important periods

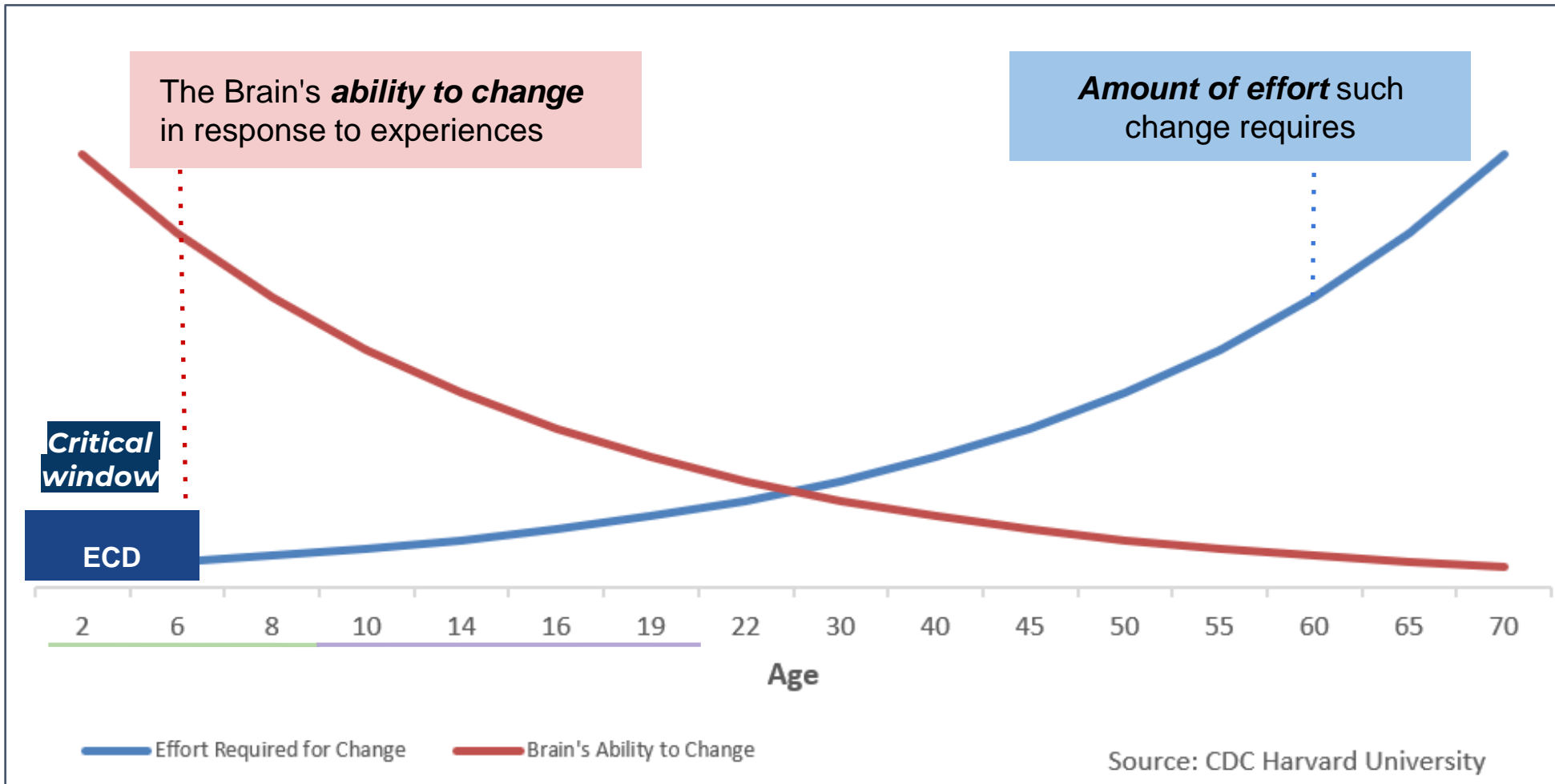
Interventions, risks, and protective factors influencing development across the life course



Early childhood interventions improve growth and development trajectory for children

1,000 days and 2-6 years are critical periods of growth and development

Early Childhood Development is Not just scientific, but an economic opportunity!



The more we invest in early ages, the more we gain in later years

Nobel prize winner in Economics, J.J. Heckman, has shown that investing in early years can reap a rate of return of 1:15 to 1:17.

5 Dimensions of ECD & Nurturing Framework

- Universal health coverage
- Supporting complete immunisation, IFA consumption
- Maternal counselling and access to quality healthcare

- Universal access to good-quality day care for children, and pre-primary and primary education



- Improving supplementary nutrition at AWCs for PLWs and children
- Emphasis on exclusive breastfeeding & complementary feeding

- Paid parental leave
- Affordable childcare services
- Urban design for green and child-friendly space

- Social protection and social services
- Skilling and employment opportunities
- Reducing women's time poverty
- Increasing operational hours of AWCs

SDG 1
No Poverty

SDG 2
Zero Hunger

SDG 3
Good-Health & Well-being

SDG 4
Quality Education

SDG 5
Gender Equality

SDG 8
Decent Work & Economic Growth

SDG 10
Reduced Inequalities

Care by Design, Not Choice: Why Women Are the Primary Caregivers

Mothers often spend **two to three times more time** on direct child-rearing activities than fathers

- In couples, 85% of women perform at least one hour of childcare daily, compared to 67% of men
- Studies indicate mothers average higher engagement (e.g., 5.0 days/week) compared to fathers/family members (3.6 days/week)
- Due to child rearing, women often face employment disparity including lower wages

Fewer women choose to have children despite societal pressure

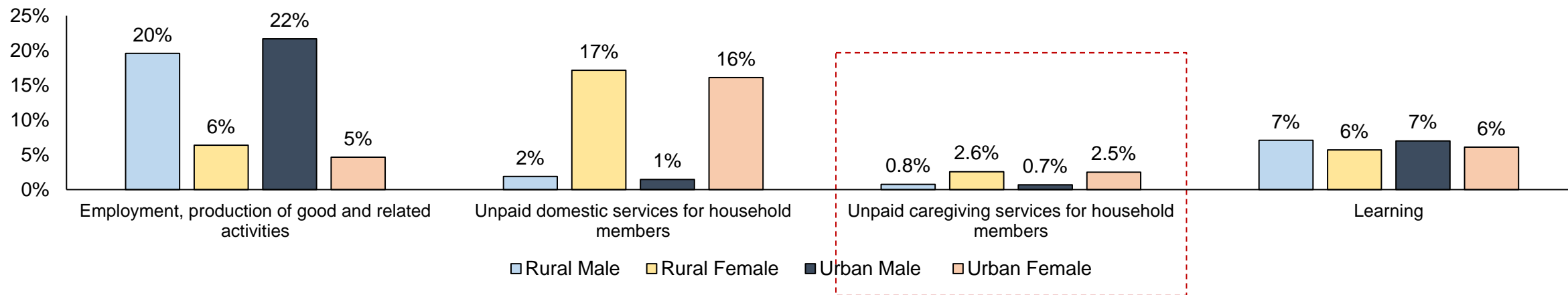
THE ASAHI SHIMBUN

June 2, 2023 at 07:00 JST



Compromised Nurturing Care at Home: Women's Time Poverty

Time-use by men and women in different activities in a day - Urban and Rural India



1 **Women spend ~20% of their time in a day to unpaid activities compared to only ~3% by men**

2 **Unpaid caregiving comprises only 3% of time-use by women and less than 1% by men; and is not exclusively for childcare**

Learning activities include time spent on formal and non-formal education, such as stand-alone courses and activities related to this such as travel time to access these and self-study

Source: National Time-use Survey 2019. Note: The above 5 category of activities are part of 9 categories that are used to collect the time allocated towards these categories across a 24-hour format. The other four categories are – unpaid volunteer, trainee and others, Socializing and communication, community participation and religious practice, Culture, leisure, mass-media and sports practices, Self-care and maintenance (includes things like sleeping). On an average ~69-71% of time is allocated to these activities by men and women.



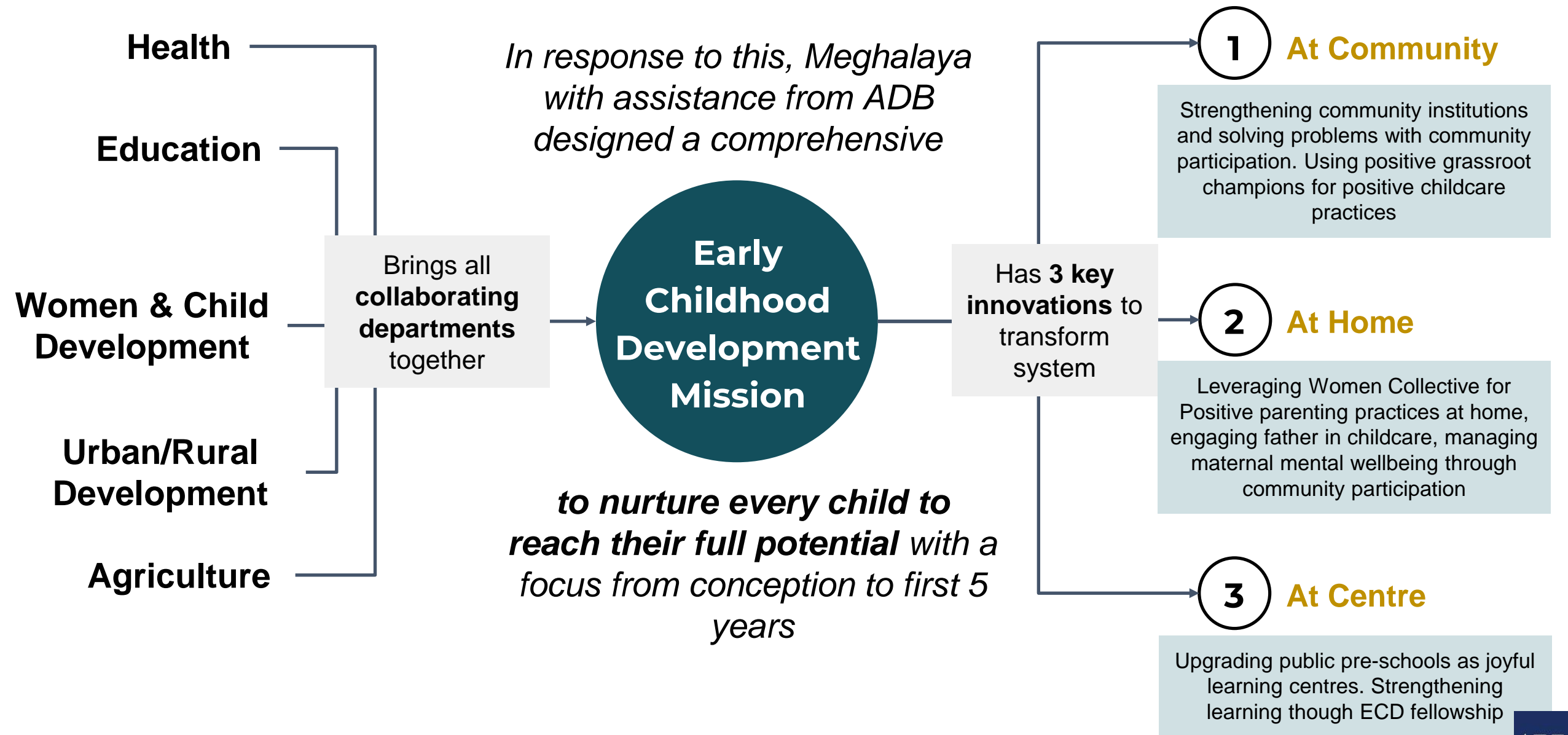
Meghalaya is located in the north-east part of India.

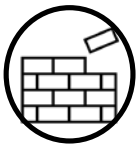
With 85% tribal population, it is the only 'matrilineal' society in India - with a high proportion of women engaged in employment (Meghalaya: 60%, India: 41.7%)

The state grapples with high stunting rates (46.5%, India: 35.5%), high teenage pregnancy (7.2%, India: 6.8%) and high child care burden on mothers.

Much of the state is hilly with many remote areas that are not connected by road - making it challenging to deliver basic services to all citizens.







Building AWCs (Day Care Centres) as Joyful Learning Centre with community ownership



← **Community Handbook to build child-centric Pre-school centres for non engineering background**



- Upgradation and Transformation of AWCs into climate resilient and gender responsive Creche cum ECD Learning Centres
- Extension of Centre operations from 6 to 8 hours and services to age group of 6 months to 6 years.
- Community Workshops to co-design childcare centres using local craftsmen and material.

Upgradation of 1,229 (~20%) day care centres (~ 5 million USD)



Shift towards Hot Cooked Meals for pregnant/nursing mothers, 6m - 3y children & adolescent girls

- Shift from Home Rations to Hot Cooked Meals for pregnant and nursing mothers, children aged 6 months to 3 years, and adolescent girls.
- Address limitations of Take Home Rations, including shared household consumption and low local acceptability.
- Pilot decentralised delivery of Hot Cooked Meals through community-based models led by Self Help Groups and Village Health Councils.
- Introduce eggs as part of Hot Cooked Meals for children aged 6 months to 3 years and pregnant and nursing mothers.
- Pilot community-supported Nutri-Gardens in Anganwadi Centres across two districts to supply fresh vegetables for meals, demonstrating convergence between nutrition, livelihoods, and local food systems.



Children in AWCs being given egg as part of Hot Cooked Meal as part of piloting Egg Mission.



Nutri-gardens



Strengthening Women Collectives and Faith Institutions on Positive Parenting Practices

Challenge

There is still low understanding & community practice around exclusive breastfeeding, play & singing lullabies in early years & cases of punishment and neglect of children



A New cadre of ECD Women Collective and Church Pastors are being trained as grassroots influencers on positive parenting



Statewide Nutrition survey using anthropometric measurement



Village Nutrition Council formed, Hot Meal prepared through a decentralised procurement process for children. *(Pilot Phase)*



Brain-wiring game played, sensitise on positive parenting & impact of environment on brain development
Inclusion of Fathers in the child rearing



Self-Help Groups (SHGs) Creche Volunteers

- Building a new cadre of young, active SHG members who can provide creche services at the AWC.
- Invest in the training of ECD SHG Volunteers as Creche workers.
- Set up accreditation guidelines for creches and creche workers.

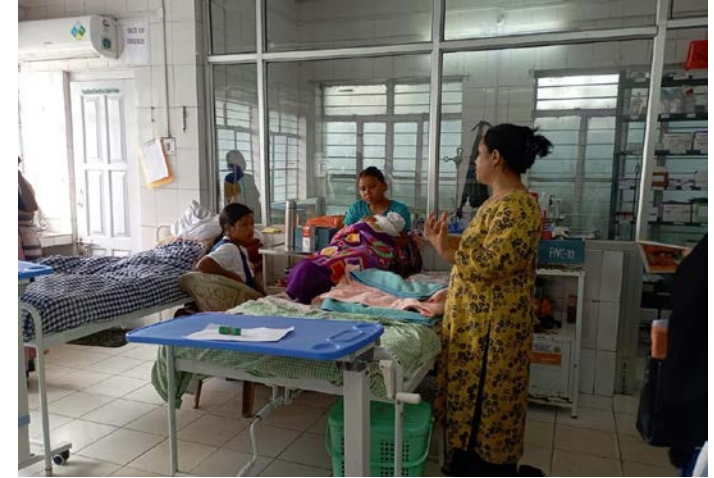


SHG Creche Volunteers



Stunting Reduction through Responsive Feeding Practices

- **Effective and exclusive breastfeeding** in the first 6 months, **significantly reduces stunting.**
- Trainings carried out for **multi-sectoral team.**
- Training covered **techniques of exclusive breastfeeding, nutritional counts, dietary modifications,** and principles of complementary feeding.



A new mother being sensitised on effective breastfeeding techniques and infant care.



District and Block officials being trained on techniques of effective breastfeeding



Shaping Young Adults: Additional Fellows at ECD Centre

Challenge

AWWs (Pre-school worker) overloaded with upto 50 children
(Ideal ratio 1:10)

At the same time, young graduates looking for work



Young graduates as year long apprentice to provide high quality early childhood development and education

144 Fellows onboarded. Statewide scale up in 2026.

Certification

Coursework on Early Childhood Educator with certification

Apprenticeship

Hands-on training

Care Economy

Pathway to become care workers, preschool teachers in public and private sector



Centre for Developing Child - Meghalaya

A centre of excellence for long term investment in advancing research and action in early childhood.



Components

State to State Learning Technical Unit



State Capacity Building



Research and Pilot Studies



Workshops and Symposiums



Learning Museum



Community-based Long-Term Care (LTC)

LTC is the range of services required by persons with a reduced degree of functional capacity, physical or cognitive, and who are dependent for a prolonged period of time on help with basic activities of daily living (ADL) such as bathing, dressing, toileting, eating, etc

Background

Over half of the global population aged 60 years and above reside in Asia and the Pacific, and the number is projected to rise to approximately 1.3 billion by 2050.

Challenges

Rapid demographic and social change



Suboptimal access to essential services



Smaller households, migration and urbanization



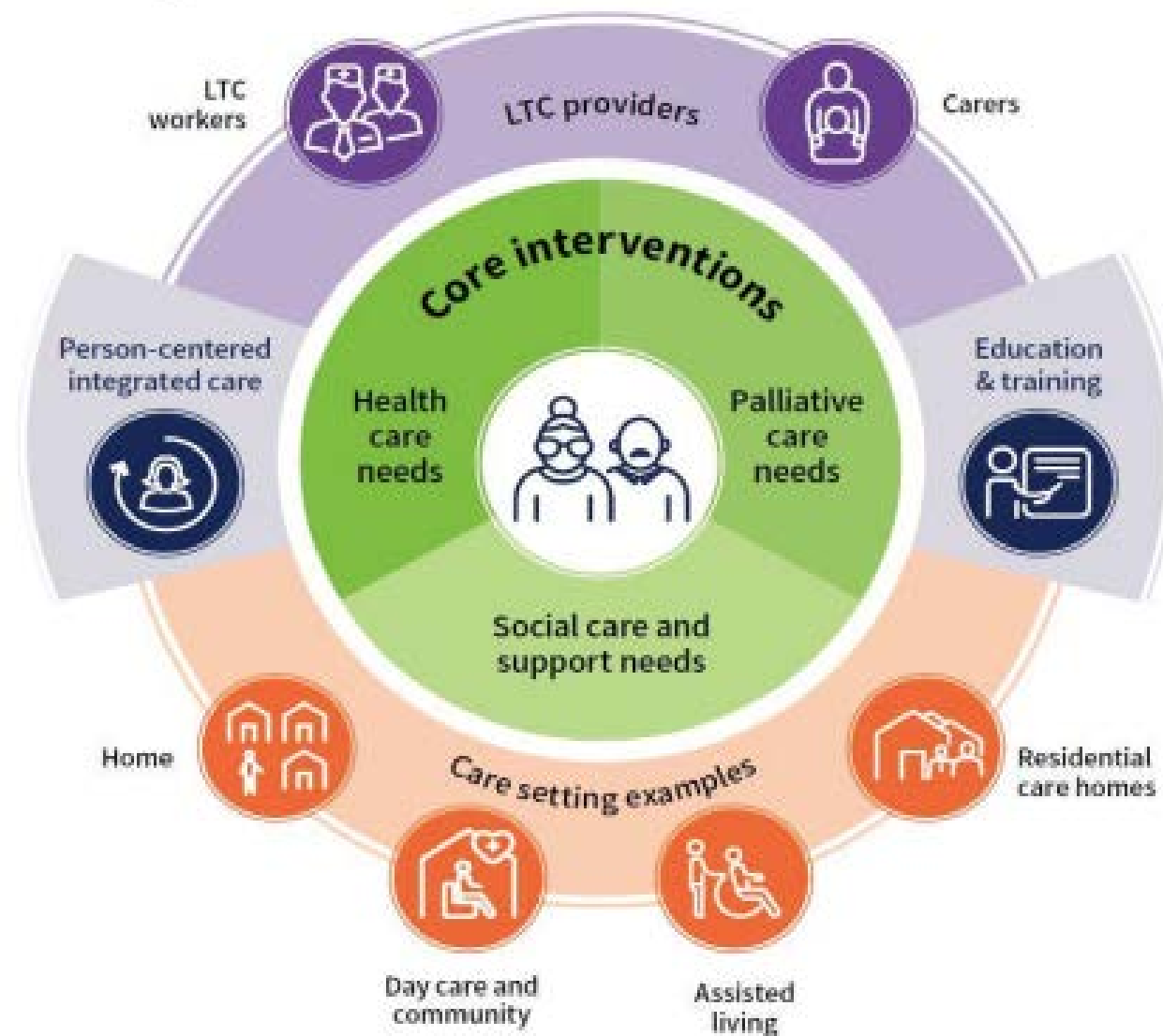
Healthcare human resource lack training on geriatric care



Need to develop systems and services to help alleviate the widening gap between demand and supply, and provide quality services through community based LTC.

Long Term Care System

Healthy ageing: the process of developing and maintaining the functional ability that enables wellbeing in older age.



System Strengthening requires coordinated Policy, Organizational, and Individual level actions

Individual Level

- Standardized, person-centered assessment and care planning
- Case management and care coordination roles
- Meaningful engagement of older people and carers in design

Organizational Level

- Focus on workforce development
- Build infrastructure for service delivery
- Leveraging digital ecosystem

System Level

- Clear governance and multisectoral coordination
- Sustainable financing

Developing Elderly Care System and Services in Mongolia

Core Model

Older persons age at home, supported by:

- Home-based care shows a strong emphasis on aging in place
- Community care hubs acting as coordination points
- Structured case management and referral systems

Key Components

- Functional and cognitive assessments (ADL-based)
- Training and certification of caregivers
- Support to family caregivers
- Linkages with primary health care
- Use of digital tools for care coordination



Health Services at the Centre in Mongolia

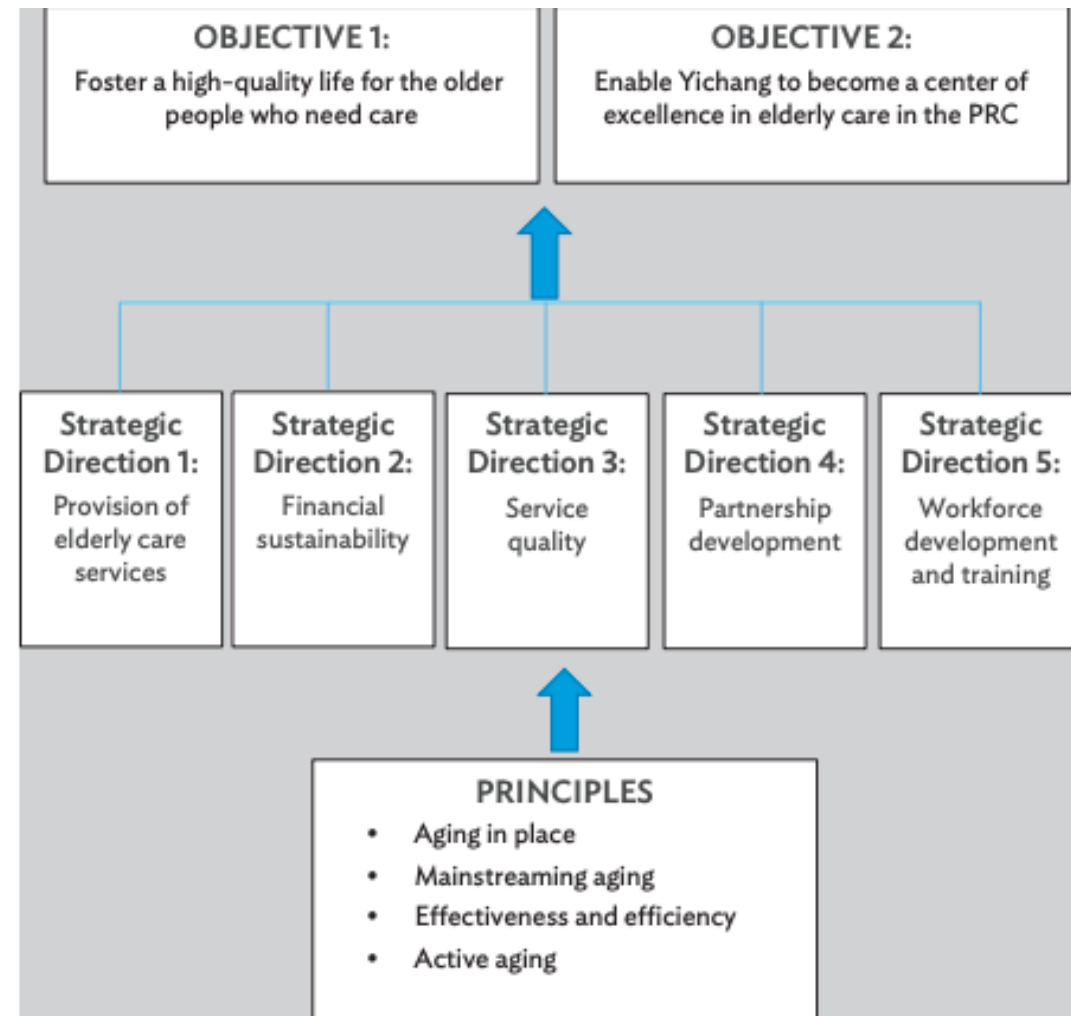
ADB Support to Elderly Care Systems – PRC (Yichang City)

Supported development of a **three-tier elderly care system**:

- Home-based care
- Community-based care
- Residential care (for high-dependency cases)

Key Interventions

- Community-based care centers as service hubs (day care, rehab, dementia care)
- Integration of health care and elderly care
- Workforce development and caregiver training
- Digital platforms for service coordination and monitoring
- Piloted one of PRC's first sovereign PPP models in elderly care



Conceptual Framework

Thank You!