Summer Training Report
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Contents

Report on Work from Home (Assigned by Faculty)

A Study on Achieving Sustainable Development Goals 3 and 5 in Delhi

Introduction

- Sustainable Development is "***the development that meets the needs of the present without compromising the ability of the future generations to meet their own needs***"
- The Millennium Development Goals (MDG's) were adopted in 2000 by the United Nations to tackle poverty, hunger, illiteracy, disease, environmental degradation and inequality against women.
- Sustainable Development Goals succeeded MDG's, with a set of 17 targets and 169 targets to be achieved by 2030.
- SDG's are created on the premise of MDG's achievements and to fulfil the unfinished agendas.

SDG 3 has 13 Global Targets and 26 Indicators

According to the NITI Aayog's latest national indicators framework (SDG India Index & Dashboard 2019-20) only 8 indicators are identified which represent 5 global targets which are **3.1, 3.2, 3.3, 3.7 and 3.c**

SDG 5 has 9 Global Targets and 14 Indicators

The NITI Aayog SDG India Index and Dashboard 2019-20 has identified 8 national indicators which covers only 4 global targets, i.e.- **5.1, 5.2, 5.5 and 5.a**

Objectives

- To understand the Union territory of Delhi’s latest performance in the National Indicators formulated by NITI Aayog for SDG 3 and 5
- To explore the schemes/initiatives planned and implemented in NCT of Delhi for achieving the indicators for SDG 3 and 5

Methodology

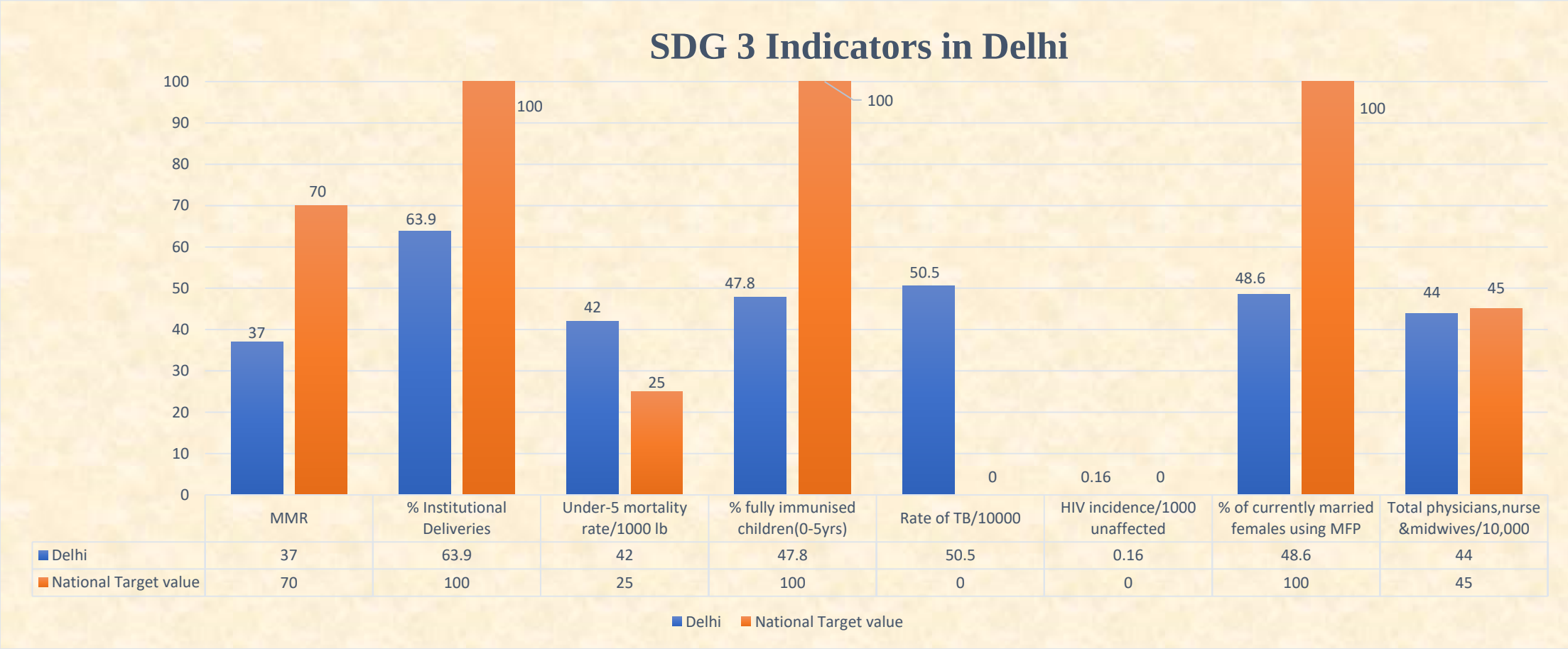
- This report is based on the understanding and utilization of all the national indicators identified by NITI Aayog in its latest SDG India Index Dashboard. The data and information have been collected and collated from the website of NITI Aayog and its publications, ministry reports of the central government of India, statistical reports such as NFHS and SRS, reports of WHO and UN on SDG's and its websites, and review articles and editorials.

- This report also talks about the extent to which the union territory of Delhi has been able to achieve the latest indicators through the introduction and implementation of specific and defined schemes/programmes and initiatives be it central or Delhi government sponsored, concerning the SDG 3 and 5.

Results and Findings

3 GOOD HEALTH AND WELL-BEING

SDG 3



SDG 3.1 : By 2030, reduce the global MMR (Maternal Mortality Ratio) to less than 70 per 100,000 live births.

	National Indicators	National Target Value (NTV)	Delhi
SDG Global Target 3.1	MMR/100,000 live births	70	37 (2015)
	Proportion of Institutional Deliveries	100	63.9% (2018-19)

- ***Matri Shishu Suraksha Yojana (MSSY)***
- ***Post-Partum Program***
- ***Janani Suraksha Yojana (JSY) – Central Government***
- ***Janani Shishu Suraksha Karyakram (JSSK) – Central Government***
- ***And other initiatives/plans like First Referral Unit for obstetric services, more Maternal and Child Wings, High Dependency Units in Hospitals etc.***

Source- NITI Aayog, SDG India Index & Dashboard 2019-20, Vision Delhi 2030 (Institute for Human Development), HMIS 2018-19, Delhi Economic Survey 2019

SDG 3.2 : By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to as low as 12 per 1000 live births and Under-5 mortality to at least 25 per 1000 live births.

	National Indicators	National Target Value	Delhi
SDG Global Target 3.2	Under-5 mortality rate/1000 live births	25	21
	Neonatal mortality rate/1000 live births	12	15
	Percentage of fully immunized children in the age group of 0-5 years	100	47.8

- ***Mission Indradhanush Kawach***
- ***Kangaroo mother care,***
- ***NRC (Nutrition rehabilitation centers)***
- ***ARI control***
- ***Diarrhea control programs***
- ***Neonatal Care Services,***
- ***Child Death Review***
- ***WIFS (Weekly Iron Folic Acid Supplementation) and Mass Deworming***

Source- Delhi Economic Survey 2019, National Sample Survey (2017-18), NITI Aayog SDG India Index & Dashboard 2019-20

SDG 3.3 : By 2030, end the epidemics of AIDS, Tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

	National Indicators	National Target Value	Delhi
SDG Global Target 3.3	Total case notification rate of TB/100,000 population	0	505
	HIV Incidence/1000 unaffected	0	0.16

- ***DOTS (WHO-recommended treatment) and***
- ***DOTS+ (treatment for drug-resistant TB) under RNTCP***
- ***Intensified screening for TB***
- ***National AIDS Control Program***
- ***Financial Assistance to persons living with HIV***

Source- RNTCP-MIS (2018), India HIV Estimate 2017 Technical Report, NITI Aayog SDG India Index & Dashboard 2019-20

SDG 3.7 : By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information& education, and the integration of reproductive health into national strategies and programs.

	National Indicator	National Target Value	Delhi
SDG Global Target 3.7	Percentage of currently married women aged 15-49 who use any modern method of family planning	100	48.6

Source- NITI Aayog SDG India Index & Dashboard 2019-20, NFHS-4 (2015-16), Delhi Economic Survey 2019

- ***Family Welfare Centers***
- ***Effective supplying of modern contraceptives and services through collaboration with NGO'S***

SDG 3.c : Substantially increase health financing and recruitment, development, training, and retention of the health workforce in developing countries, especially in the least developed countries and small island developing states.

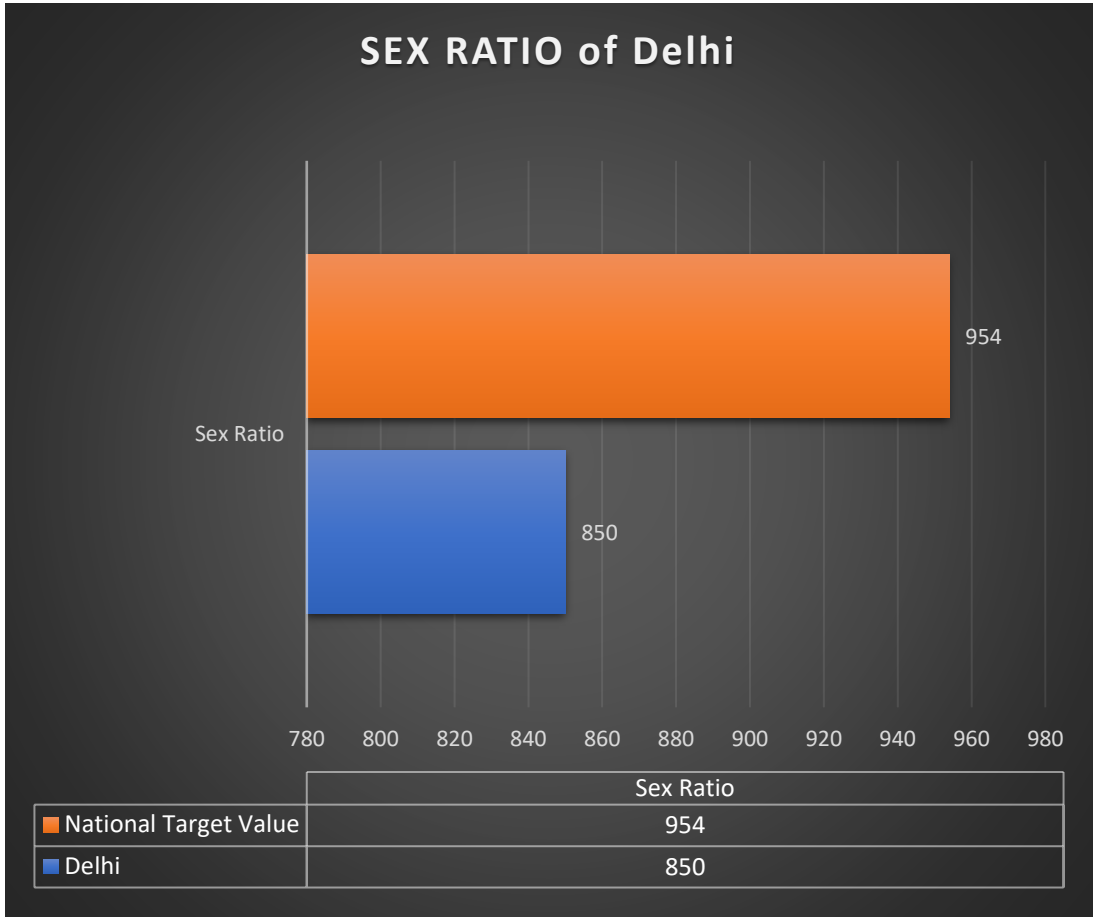
SDG Global Target 3.c	National Indicator	National Target Value	Delhi
	Total physicians, nurse, midwives/10,000 population	45	44

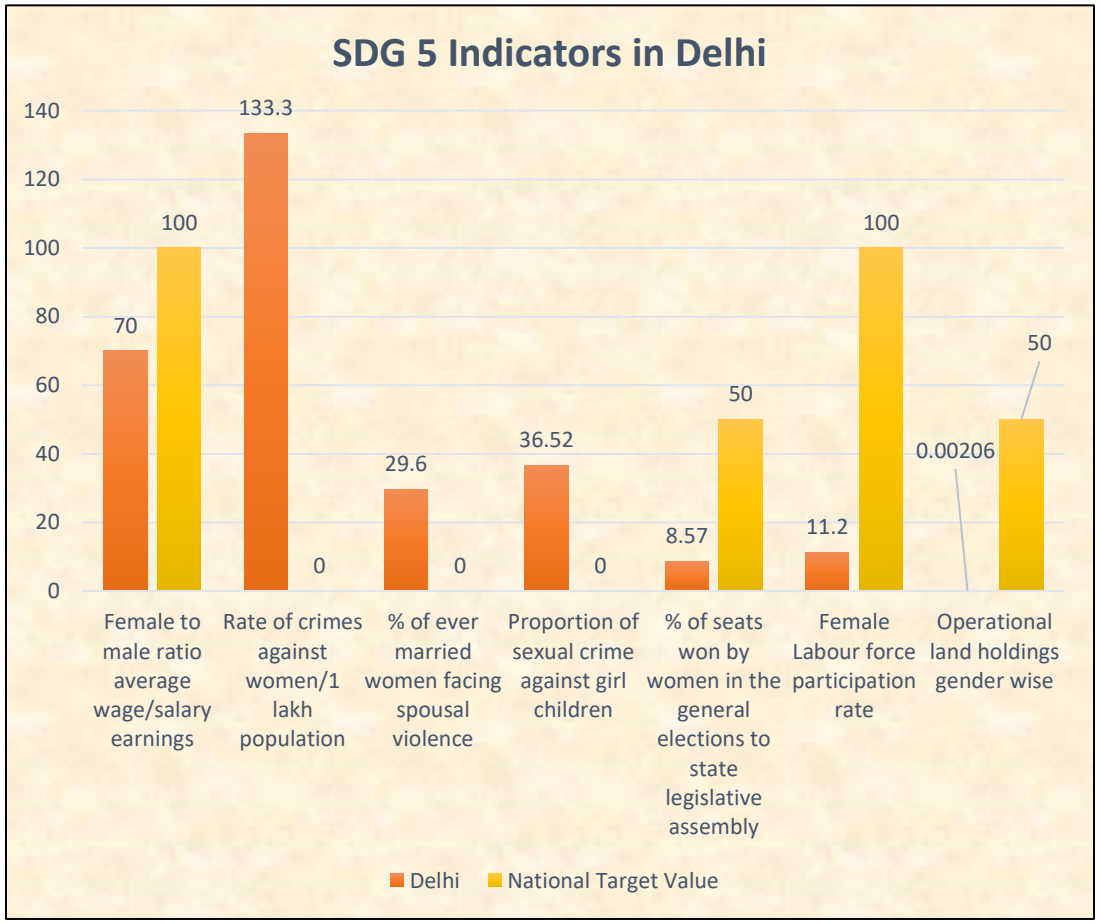
- ***Delhi Arogya Kosh – Financial assistance to poor patients***

Source- NITI Aayog SDG India Index & Dashboard 2019-20 and Delhi Economic Survey 2019

SDG 5 in Delhi

Achieve gender equality and empower all women and girls





Source – Vision Delhi 2030, *Institute for Human Development*

SDG 5.1 : End all forms of discrimination against all women and girls everywhere

SDG Global Target 5.1	National Indicators	National Target Value	Delhi	References
	Sex ratio at birth (female/1000 male)	1	850	SRS (2015-17)
	Female to male ratio of average wage/salary earnings received during the preceding calendar month among regular wage salaried employees (rural + urban)	0	0.7	Periodic Labour Force Survey (PLFS) 2017-18
	Rate of crimes against women/ 100,000 female population	0	133.3	National Crime Records Bureau-2017

SDG 5.2 : Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

SDG Global Target 5.2	National Indicators	National Target Value	Delhi	References
	Percentage of ever married women aged 15-49 years experiencing spousal violence	0	29.6	NFHS 4(2015-16),
	Proportion of sexual crimes against girl children to total crime against children during the calendar year	0	36.52	National Crime records bureau 2017

Source- NITI Aayog SDG India Index & Dashboard 2019-20

- ***Beti Bachao Beti Padhao by the Central Government***
- ***Ladli Yojana by the Delhi Government – financial assistance for education***
- ***Department of Women and Child Development***
- ***Women Welfare and Empowerment Cell***

  1.1 Preventive

  1.2 Protective

  1.3 Empowerment

- ***A HIMMAT (courage) app by Delhi Police***

DELHI COMMISSION FOR WOMEN

SDG 5.5 : Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision making in political, economic, and public life.

	National Indicators	National Target Value	Delhi	References
SDG Global Target 5.5	Percentage of seats won by women in the general elections to state legislative assembly	50	11.42	Election Commission of India 2019
	Female Labour force participation rate	100	11.2	Periodic Labour Force Survey 2017-18
SDG Global Target 5.a	Operational land holdings - gender wise	50	0.00206	NITI Aayog SDG India Index & Dashboard 2019-20

SDG 5.a : Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance, and natural resources, in accordance with national laws.

- **Quota/reservation for females in the political arena,**
- **National Creche Scheme(Centrally sponsored)**
- **Mahila Shakti Kendra(Centrally sponsored)**
- **Support to Training and Employment Programme for Women (STEP)**
- **Setting up of Employment-cum-income generating units for women (NORAD)**

MAHILA SHAKTI KENDRA

Discussion and Conclusion

- For Delhi to successfully achieve SDG 3 and 5, there has to be evidence and data portraying of all the left out global indicators by NITI Aayog.
- It is imperative for the NCT of Delhi to expend efforts and plan and strengthen strategies, mapping of evidenced based data and come up with specific actions to targets for the remaining indicators

- Delhi has concentrated its efforts into developing more clinics at the primary level and strengthening the treatment centers but the emphasis should also be given to include strengthening the promotion of health and preventive health care.
- More attention needs to be shifted to the high rates of sexual crimes against girls and women on how it could be prevented as the figures are alarmingly high and how Delhi despite being the country capital has low female proportion in the political domain and the operational land holdings.

- To ensure Good health and Well-being in Delhi all the aspects of the health systems should be highlighted with extra stress given to the primary care.

- The Indian capital can be enabled to learn from the other states and UT’s on their good and beneficial practices .

- Public health requires a substantial increase in the financial allocation to be included in the national and state/UT’s financial budget.

- Empowerment and inclusion of women is necessary. There are yet many barriers concerning discrimination of women which still remains unaddressed. Increased gender sensitivity is essential among the political leaders and policymakers.

- Achieving SDG’s is a faraway dream for now, but with multisectoral coordination and honest commitment of the top administrative and political figures the dream can be converted to a reality.

Report on Online Course

Major Depression in the Population: A Public Health Approach

An Online Course on the platform Coursera

By Johns Hopkins University

(April 16 – May 5 2020, 17 hours approximate)

Description and Overview of the course

- This course illustrates the principles of public health applied to depressive disorder, including principles of epidemiology, transcultural psychiatry, health services research, and prevention.
- This course exemplifies the public health approach and the particular complexities of applying this approach to mental disorders, using depression as the exemplar and is focused to understand what is Major Depression, understanding the global burden and distribution of Major Depression in the higher income countries, middle income and the lower income countries.
- The course has been divided into a structure of 6 weeks

Objective

- *To understand depressive disorder, including principles of epidemiology, global burden, barriers to treatment and how it can be approached from a public health perspective.*

Learning Methodology

- This course is through the medium of virtual PowerPoint presentation and audio recorded lecture is simultaneously played, explaining the concepts in depth with relevant examples.
- After 1-2 lessons, a quiz was presented to test the knowledge of the teachings.
- Apart from these, case studies are given as assignments which is peer graded and based upon the previous lessons and drives to apply the theories and concepts on a hypothetical and practically relevant issues.

Course Contents

WEEK 1 - What is Major Depression and why is it important? The burden of depressive disorder in the population - by Prof. William Eaton

WEEK 2 - Depression in low- and middle-income countries: A closer look at maternal depression - by Assistant Prof. Wietse A. Tol

WEEK 3 – Basic concepts of epidemiology as applied to depression - by Prof. William Eaton

WEEK 4 – The search for Etiologic clues and Refugee health assignment - by Prof. William Eaton

WEEK 5 – Unmet need for Care, Barriers and Programs to improve access & Public Health View of Depression Treatment - by Assistant Prof. Ramin Motjabai

WEEK 6

Peer Graded Assignment: Depression Care

Key Learnings

WEEK 1

- Understanding what is Depression, differentiating depression, the mood and depression, the clinical disorder.
- Studying the prevalence and incidence of major depressive episode.
- Learning about the natural history of major depressive disorder or in simplified terms the course of major depressive disorder.
- Elaborations or consequences of depressive disorder especially medical conditions.
- Methodology of estimating burden of depressive disorder

WEEK 2

- Depression in low income and middle-income countries and looking if it looks the same across the world. Whether it is really a relevant issue in the low- and middle-income countries.
- The predictors of depression in low- and middle-income countries.
- The treatment and prevention measures of depression in these settings.
- Understanding about the Etic and Emic approach of doing research on depression and mental health in general.

WEEK 3

- Learning what is epidemiology, prevalence and incidence rates, uses of epidemiology explained through demonstrations from history
- Understanding the first basic epidemiological design- time, space and disease but also known as ecological approach.
- Learning the second major research design – Cohort studies. Understanding the concept through the smoking and lung cancer association
- Learning about Case Control study design through the same example of lung cancer and smoking
- Weaknesses and strengths of both case control and cohort studies.
- Discussion on Web of Causation on depressive disorder.

WEEK 4

❖ For inheritance as a cause of depressive disorder, and the study of risk factors associated with it

- Stress as a cause of depressive disorder.
- Work, family and life stage to understand the etiology of depressive disorder the risk factors for depressive disorder.
- Recency of birth as a risk factor of depressive disorder.

❖ Refugee health case study – A peer graded assignment.

WEEK 5

- Patterns of mental health treatment seeking for depression, and treatment gap or unmet need of care.
- The Sociodemographic factors – sex, age, cultural factors, race, ethnicity which influence treatment seeking behaviour.
- Two aspects of mental illness stigma – suicidal aspect/social stigma and self-stigma.
- Structural barriers to mental healthcare with regard to depression
- Public Information Campaigns to reduce attitudinal barriers and especially mental illness stigma
- Historical trends and recent developments in treatment of depression.
- Quality of diagnosis and treatment of depression and usual treatment settings and some of the solutions proposed to improve quality of diagnosis and treatments.

WEEK 6

- In a hypothetical situation we have been assigned a new position in the agency DepressionCare, a non-governmental organization with the goal of expanding and improving diagnosis and treatment of depression in a disadvantaged community setting. We have limited resources, but numerous options and we had to choose only 1 option

(1) a public campaign to de-stigmatize treatment seeking for depression,

(2) an initiative to improve detection and treatment of major depression in primary care settings, or

(3) an initiative to improve the quality of care for patients with depression treated in specialty mental health clinics and hospitals.

Thank You