Summer Training Report

By

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Contents

Abbreviations

AIDS	Acquired immunodeficiency syndrome
ARI	Acute Respiratory Infections
ASHA	Accredited Social Health Activist
CGHS	Central Government Health Scheme
DAK	Delhi Arogya Kosh
DOTS	Directly Observed Treatment, Short-course
FRU	First Referral Unit
GDP	Gross Domestic Production
GSDP	Gross State Domestic Production
HDU	High Dependency Units
HIV	Human Immunodeficiency virus
HMIS	Health Management Information Systems
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
KMC	Kangaroo Mother Care
MCD	Municipal Corporation of Delhi
MDG	Millennium Development Goals
MIS	Management Information Systems
MMR	Maternal Mortality Ratio
MNC	Multinational Companies
MOSPI	Ministry of Statistics and Programme Implementation
MSSY	Matri Shishu Suraksha Yojana
NCT	National Capital Territory

NDMC	New Delhi Municipal Council
NFHS	National Family Health Survey
NGO	Non-Government Organisations
NHM	National Health Mission
NHP	National Health Profile
NITI	National Institution for Transforming India
NORAD	Norwegian Agency for International Development
NRC	Nutrition Rehabilitation Centers
NRHM	National Rural Health Mission
NTV	National Target Value
OPD	Outpatient Department
PLFS	Periodic Labour Force survey
RBSK	Rashtriya Bal Swasthya Karyakram
RNTCP	Revised National Tuberculosis Control Programme
SDG	Sustainable Development Goals
SRS	Sample Registration System
STEP	Support to Training and Employment of Women
TB	Tuberculosis
UN	United Nations
UT	Union Territory
WHO	World Health Organization
WIFS	Weekly Iron Folic Acid Supplementation

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***" (United Nations General Assembly, 1987, p.43). The purpose of sustainable development is to encompass the incorporation of the 3 major principles i.e. economic, environmental, and social challenges in all phases of policy and decision making (Singh Z., 2016). Earlier in 2000, the MDG (Millennium Development Goals) of the UN was adopted to bring about global participation in the reduction of poverty, hunger, gender inequality, tackling diseases, illiteracy, and environment conservation by 2015. The efforts of MDG were deeply appreciated but the challenges persist and are emerging continuously and hence to address these, the SDGs (Sustainable Development Goals) were introduced by the UN in 2015. It comprises of 17 goals and 169 targets and is to be achieved by 2030. "***They are the blueprint to achieve a better and more sustainable future for all. They address the global challenges we face, including those related to poverty, inequality, climate change, environmental degradation, peace, and justice.***" (https://www.un.org/sustainabledevelopment/sustainable-development-goals/)

India, the second highest populated country with a population of around 1.35 billion and one of the developing nations in the world which almost hosts as much as one-sixth of the humans on earth. And with this enormous share of humanity, the country has a momentous share of the developmental challenges faced by the world. And to control and reduce these developmental challenges, Indian governments' national development goals are reflected of the SDG's. Indian government's premier think tank- **The National Institution of Transforming India**, also known as **NITI Aayog** which superseded the Planning Commission formed in 1995 and is the institution which designs and constructs strategic policies and programmes and provides technical advice on relevant issues and areas to the central and state governments.

This institution has been tasked to record and collect data on SDGs from all Indian states and Union Territories and in coordination with Ministry of Statistics and Programme Implementation (MoSPI) on constructing national indicators which mirror the 17 goals and 169 targets of SDG. Some of the state governments of India have also carried out a similar mirroring of the SDG's and conducted mapping of the SDG's and its targets to the different departments and programmes/schemes in their respective states.

The National Capital Territory (NCT) of Delhi is home to a population of approximately 2 crores. The city is technologically advanced and is the most desired location for MNC development in the country. The bane to

the city is the high rates of poverty, uncivilized and illegal slum colonies, lack of sanitation in many parts, and the extreme rates of crime especially against the female sex.

According to the Vision Delhi 2030 by Institute for Human Development, *"Delhi aspires to be inclusive, equitable, livable global city, providing equal economic, social and legal opportunity to all its residents. It aspires to provide access to healthy livelihood, safe, just and pollution free environment, barrier free mobility and empowerment for all its residents in a time-bound manner with use of digital technology and good governance."*

The Government of Delhi is highly motivated towards analyzing and controlling these challenges, and creating innovative strategies and action plans to realize its vision by achieving the SDG's by 2030 for holistic development and prosperity of the city. Through the VISION 2030, the national capital has identified key areas which need to be worked upon to convert into a global city- Housing and Urban Development, Economy, Medical and Public Health, Education, Environment, Social Security, Water and Sanitation, Transport. (Institute for Human Development, *Vision Delhi 2030 Draft Report*, page 2)

This report will be describing the current performance of NCT, Delhi towards achieving SDG 3 and 5 through the national indicators framework as described by the NITI Aayog and further examination of the programmes and policies implemented and practiced by both the Delhi govt and central government and other public bodies in the capital to attain the SDG's.

SDG 3 – To ensure healthy lives and promote well-being for all at all ages

The country of India has made significant progress in improving and promoting the health of its nations with the help of the combined actions of all the states and union governments. The Union of Territory of Delhi has also come a long way in improving the maternal health, child health, establishing Mohalla clinics and redesigning the government hospitals to provide quality treatment. Delhi has 3 levels of health systems in their healthcare delivery, similar to that of the central government.

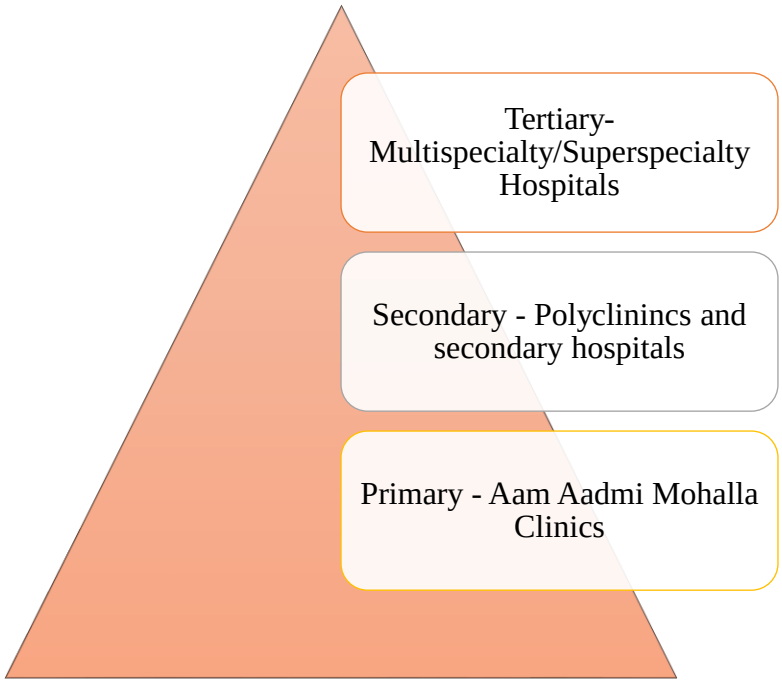


Fig-1. 3 Tier Healthcare system in Delhi

At the primary level there are the Aam Aadmi Mohalla (neighborhood) clinics developed a concept to provide and cater to the primary health care requirements of the community at their doorsteps and with a motive of reducing the patient load in the hospitals, helping in reducing patient congestion in hospitals. The secondary level are the polyclinics which is multispecialty and promises to offer diagnostic and OPD consultation services. And at the tertiary levels are the multispecialty and super specialty hospitals which offer all wide variety of healthcare services.(https://www.expresshealthcare.in/health-policies/delhi-governments-three-tier-healthcare-system-will-enhance-public-health/393194/)

There is a total of **13 targets and 26 indicators** under SDG 3. According to the NITI Aayog's latest national indicators framework (SDG India Index & Dashboard 2019-20) only 8 indicators are identified which represent 5 targets which are **3.1, 3.2, 3.3, 3.7 and 3.c.**

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

According to WHO, *maternal health refers to the health of women during pregnancy, childbirth, and the postnatal period*. **Maternal death** is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. (https://www.who.int/healthinfo/statistics/indmaternalmortality/en/). To improve maternal health, it has to be ensured that during pregnancy they have proper antenatal care, adequate mental support (both before and after delivery), and their childbirth are attended by skilled and certified medical professionals like an obstetrician/midwife in a sterile, supportive and suitable environment (institutional deliveries). NITI Aayog has identified 2 national indicators reflecting the global indicators on improving maternal health and they are –

- MMR (measures the death of women during pregnancy or within 42 days after the end of pregnancy) to less than 70 per 100,000 live births.
- Proportion of Institutional Deliveries.

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.

The WHO says that young children should be enabled to achieve their full developmental potential and it is their basic human right. The under-5 mortality rate measures the deaths of children under 5 years of age and neonatal mortality is the death within the first 28 days of life.

The higher mortality of infants and children under age 5, suggests the presence of poor economic and inadequate social conditions for their survival. Immunization (as a preventive measure) since birth is one of the imperative solutions to reduce both the mortality and morbidity in these young humans. NITI Aayog has identified

- The Under-5 mortality rate per 1000 live births
- Percentage of fully immunized children aged 0 to 5 years

as the 2 national indicators for child and infant health.
One other indicator of Neonatal mortality rate per 1000 live births also has been included in this report which has been produced by the Delhi Economic survey 2019.

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.

Communicable diseases like HIV- AIDS (Human Immunodeficiency Virus - Acquired Immunodeficiency Syndrome), TB (Tuberculosis), etc., vector-borne diseases like malaria, dengue, and tropically affiliated diseases are still prevalent in developing countries like in the case of India. The leading cause of death among the people living with HIV is due to TB and among the women of reproductive age the foremost cause of death is due to HIV-AIDS (https://www.un.org/sustainabledevelopment/health/). The burden of communicable diseases is considerably high in India and poses a great challenge for the Indian government to control and contain the spread of these diseases.

NITI Aayog has identified 2 national indicators on assessing the progress of this target:

- Total Case notification rate of HIV-AIDS per 1lakh population
- HIV incidence per 1000 uninfected population

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.

Sexual and Reproductive health is imperative for a healthy and wholesome life for individuals, their spouses, families and the community. People need to understand and acknowledge and a huge need is to destigmatize it. Sexually transmitted diseases share a substantial chunk of the disease pool in many nations where sexual health is not promoted and there is an absence of access to adequate sexual health care. Family planning is one of the smartest and effective methods of controlling population as well as crucial to the female's health. There are still unmet needs in family planning in many parts of the world, where the female population either lacks or are not exercising contraceptive methods.

Only 1 indicator has been specified by the NITI Aayog under this target and that is finding out the percentage of currently married women who are using the modern method of family planning like oral pills, condoms, intrauterine devices, etc.

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.

As per the NHP (National Health Profile) 2019, the total expenditure in India on public health by both central and state governments amount to be 1.28% of the GDP for the financial year 2018. Increased Public health financing leads to reduce in out of pocket expenditure and is a major factor to attain Universal Health Coverage. Globally, the doctor – population ratio recommended by WHO as 1:1000, and the situation is even still a far from reality for India.

There is a huge requirement of human resources for the health sector, as the current workforce cannot meet the obligations and healthcare requirements of the population.

NITI Aayog has formulated only 1 national indicator under this global target

- The total physicians, nurses and midwives per 10,000 population

SDG 5- To achieve gender equality and empower all women and girls

Gender equality has always been one of the foremost concerns globally. The UN says that "***gender equality is not only a fundamental human right but a necessary foundation for the peaceful, prosperous and sustainable world".*** This inequality is the predominant reason for the preference of a male child over females, sexual crimes, and violence against women both in public and personal spheres, underappreciated for their strengths for centuries. This goal does not intend to uplift the status of women, but create an equal status of the genders. This goal shines light upon the sectors of social, political and economic domains where women's presence and participation are imperative for the advancement and progress of the society. There is an imperative need to call attention to women's role as procedures and decision makers in the formal economy.

The Goal 5 draws out all the noteworthy spheres where women could contribute highly and is only possible if the inequalities on the basis of gender in areas of education, share in wage/employment, percentage of seats occupied by women in the parliamentary and national/state legislatures are addressed and reforms are made to improve the situation at national and state levels. (Research and Information system for developing countries, *India and the Sustainable Development Goals: The way Forward, Chapter 5* (2016))

SDG 5 is for Gender Equality and it has a total of **9 global targets and 14 indicators**.

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

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

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.

The discrimination against women and girls poses a major obstacle in the social and economic development in the developing countries. It is difficult to change the mindset of the people in India where still domestic abuse and violence is considered normal even by the women and hence goes unacknowledged and underreported.

The practice of discrimination towards the female sex is still prevalent in mostly all areas of India and is predominant in the National Capital also. The prejudiced thinking and the deep-seated issue of labelling and recognizing women as the weaker sex despite the implementation of numerous legislative acts and policy reforms at all levels emphasizes the need for formulating new plan of actions and developing a different approach towards implementing them. The sex ratio is a perfect representation of son preference over daughters. The deep-rooted mentality of sex and gender has to be addressed and understood within the community. All the Indian states and UT's have a strong patriarchal history hence posing challenges in displacing the gender-based roles in society. As long as females are considered the weaker sex, violence against them will prevail, which suggests a necessity to create an inherent shift in the beliefs of the citizens by the policymakers.

Under global target 5.1 NITI Aayog has identified namely 3 national indicators namely

1. Sex Ratio at birth (female per 1000 male)
2. Female to male ratio of average wage/salary earnings received during the preceding calendar month among regular wage salaried employees (rural and urban)
3. Rate of crimes against women per 100,000 female population

And for global target 5.2 NITI Aayog has identified 2 national indicators namely:

- Percentage of ever married women aged 15-49 years who have ever experienced spousal violence
- Proportion of sexual crime against girl children to total crime against children during the calendar year

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.

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.

The global indicators of these targets suggest that there should be equal women representatives in the parliamentary and government bodies as that of men. They should be equally active in decision making be it of household or state. The same expectation applies to the managerial and administrative positions too. And there should also be equal ownership of agricultural land, and other property by sex, and the countries should have legal reforms ensuring equal ownership and inequal ownership granting based on sex should be prohibited.

In the Preamble of Constitution of India, equality for women is expressed in the Fundamental Rights, Fundamental Duties and Directive Principles. In India reforms have been made to provide equality for the female sex but still there is not complete contribution of the women in the social and economic sector. Gender equality is a pre-requisite for India to achieve several of the SDG's like good health and well-being, poverty eradication, economic progress etc.

NITI Aayog has identified 2 national indicators under global target 5.5:

1. Percentage of seats won by women in the general elections to the state legislative assembly
2. Female Labour Force Participation Rate

And only 1 national indicator under global target 5.a.:

1. Operational land holdings – gender wise

The FLPR is a measure of women working in the formal and informal sector. It's an indicator of active female workforce in economy. And Operational land holdings represent the ownership of land which is partially or completely used for agricultural purposes.

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

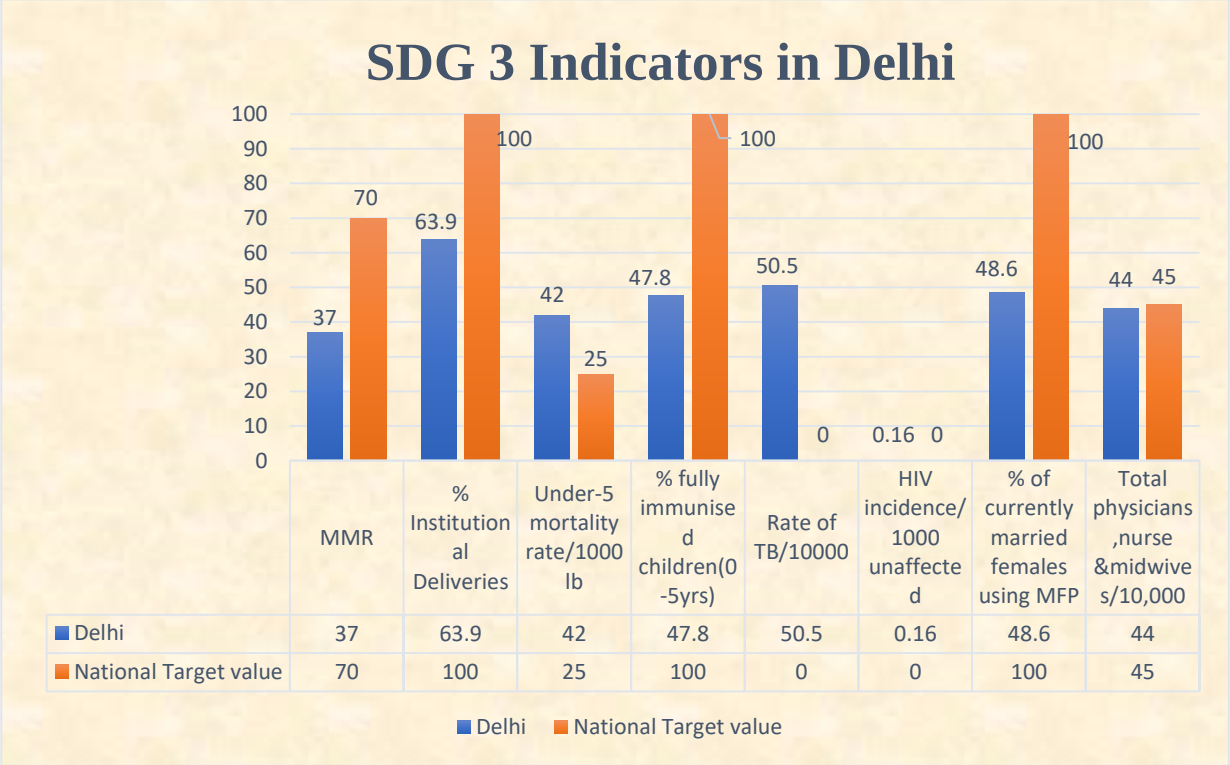
This report is based on the understanding and utilization of all the national indicators identified by NITI Aayog in its latest SDG India Index Dashboard. The data and information have been collected and collated from the website of NITI Aayog and its publications, ministry reports of the central government 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

All the national indicators of Delhi can be evaluated on the basis of matching the values with the intended national target value (NTV). Graph 1 represents all the data values of national indicators under SDG 3 of the UT Delhi matched with the NTV.

SDG 3-



Graph-1

From the table 1.1 and graph 1, it can be appreciated that the MMR in Delhi is well below the National Target Value of 70, but the NCT of Delhi has still yet to achieve 100% institutional deliveries. To address the challenges concerning the advancement of maternal health the government of Delhi has specifically targeted programs apart from the national programs.

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

Table 1
Source- NITI Aayog, SDG India Index & Dashboard 2019-20, Vision Delhi 2030 (Institute for Human Development), HMIS 2018-19

1. ***Matri Shishu Suraksha Yojana (MSSY)***
   Under this new scheme which has to be implemented, the agenda is to provide financial assistance of Rs. 1000/- to the poor and pregnant women who belong to the SC category of the reservation during their third trimester with the aim of nutritional support to prevent anemia and help them have a healthy pregnancy.
2. ***Post-Partum Program***- This is offered in many hospitals in Delhi whose administrative, financial, logistics, and other kinds of relevant support are offered by the Directorate of Family Welfare, Delhi government.
3. ***Janani Suraksha Yojana (JSY)***- JSY is part of the National Rural Health Mission. The objective of this programme is to reduce maternal and child mortality and morbidity by providing cash assistance to the poor pregnant women who avail of institutional deliveries. The ASHA workers are the responsible health workers who support and promote these women in availing institutional deliveries.
4. ***Janani Shishu Suraksha Karyakram (JSSK)***: This is another intervention under NRHM which aims to reduce out of pocket expenditure during pregnancy by assisting with cashless services like free delivery be it normal or caesarean, free treatment of sick children up to 1 year of age, free drugs required, etc.

Apart from these, other measures like **FRU's (First Referral Units)** establishment for obstetric services, plan to build more Maternal and Child wings, obstetric and HDU (High Dependency units) in the hospitals under the administration of the government of Delhi and intensification of hospitals under **Laqshya** program.

	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

Table 2
Source- Delhi Economic Survey 2019, National Sample Survey (2017-18), NITI Aayog SDG India Index & Dashboard 2019-20

As can be seen from the Table2, Delhi's rates for child mortality are not far away from the set target values. However, the SDG target has yet to be achieved. To combat this gap the Delhi govt offers the following schemes and programmes to alleviate the mortality.

For immunization, several programs and initiatives have been implemented by the Government of Delhi.

Mission Indradhanush Kawach launched in 2015 intending to provide full immunization coverage. The immunization program in Delhi aims to give vaccinations against the protection of 12 diseases namely Tuberculosis, Diphtheria, Hepatitis-B, Polio-myelitis, Pertussis, Tetanus, Hib associated diseases (influenza, pneumonia, etc.), typhoid, measles, mumps, and rubella. Along with this more outreach sessions have been introduced apart from the regular immunization schedules and "field monitors" have been created in districts to map out and monitor the progress at the health facilities delivering vaccination services.

In addition to this (KMC) **Kangaroo mother care**, **NRC (Nutrition rehabilitation centers**) for malnourished children's treatment, **ARI control**, and **Diarrhea control programs, Neonatal Care Services, Child Death Review** are implemented to decrease the neonatal and under-5 mortality rate. There is also planning going for the introduction of **Rastriya Bal Swasthya Karyakram (RBSK)** which will be able to detect congenital defects in the infants, hence early treatments could be put into effect. Apart from this, the initiatives under **ICDS** such as **WIFS (Weekly Iron Folic Acid Supplementation) and Mass Deworming** etc. are also executed.

	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

Table – 3

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

Delhi State AIDS control society under the government of NCT of Delhi oversees the official aspects related to HIV/AIDS and implements the **National AIDS Control Program**. It is an autonomous body with an objective to reduce, control, and prevent further cases of HIV/AIDS and to end the epidemic. Financial assistance is provided to persons living with HIV who are receiving care in ART centers of Delhi.

According to RNTCP reports of 2018, India had a total of 160 cases of TB /100,000 population, whereas the capital records almost 4 times of the country. From the table3, it can be observed that the case notification rate of Tuberculosis is tremendously high in Delhi. **The Delhi state RNTCP** (Revised National TB Control Program) has been implementing many strategies like full coverage of DOTS (WHO-recommended treatment) and DOTS+ (treatment for drug-resistant TB), intensified screening for TB for the moving population like truck drivers, footpath inhabitants, slums, etc. through the integration and collaboration with Mohalla committees and several NGO's in the state with a purpose to end the TB epidemic.

	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

Table – 4

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

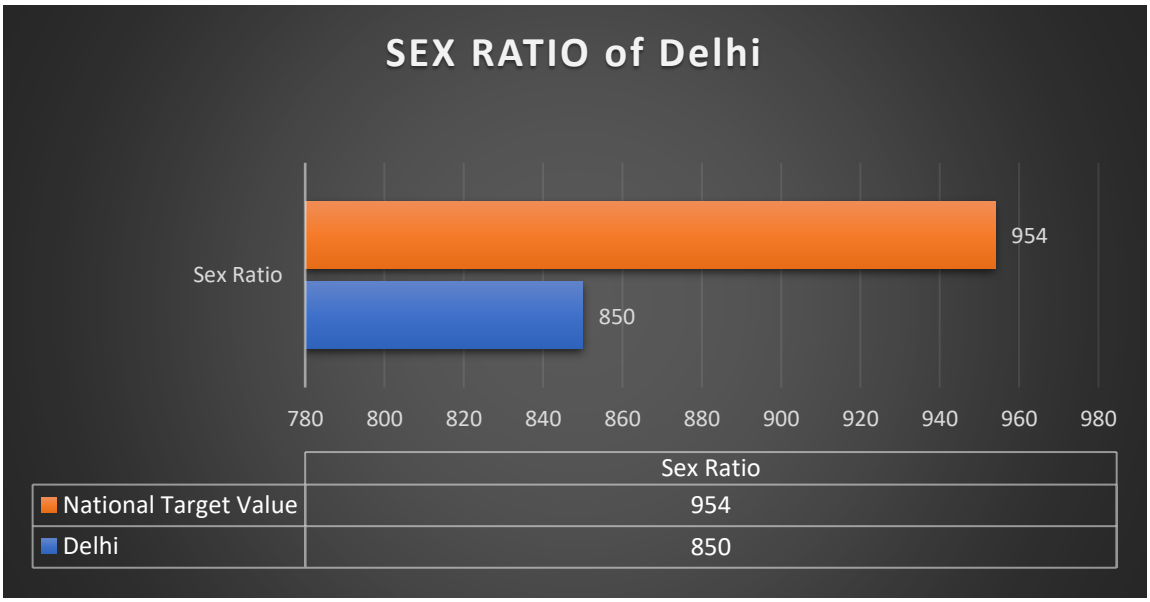
The Union Territory of Delhi has not even achieved half of the global target indicator of family planning measures. The national capital has still a long journey ahead to deal with this gap. Currently, the Directorate of family welfare works in collaboration with several outfits of Delhi government like NDMC, MCD, CGHS and quite a few NGO's of effective supplying of contraceptives according to choices via a Cafeteria approach to meet the unmet needs of contraception. There are many Family Welfare centers in Delhi according to the Delhi Economic Survey 2019. There is also the full availability of modern contraceptives at all health facilities.

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

Table – 5
Source- NITI Aayog SDG India Index & Dashboard 2019-20

As per the table 5 it can be observed that the NCT of Delhi has nearly accomplished the national target of 45. According to the Economic survey of Delhi 2019-20, the sum expenditure on medical and public health by the Delhi govt is 14.89% of the total expenditure. And in accordance with GSDP (Gross State Domestic Product), it is about 0.93%. **Delhi Arogya Kosh (DAK),** a society under govt. of NCT of Delhi, provides financial assistance to the poor patients for their healthcare expenditures incurred in the hospitals and clinics under Delhi Govt. and Central Govt.

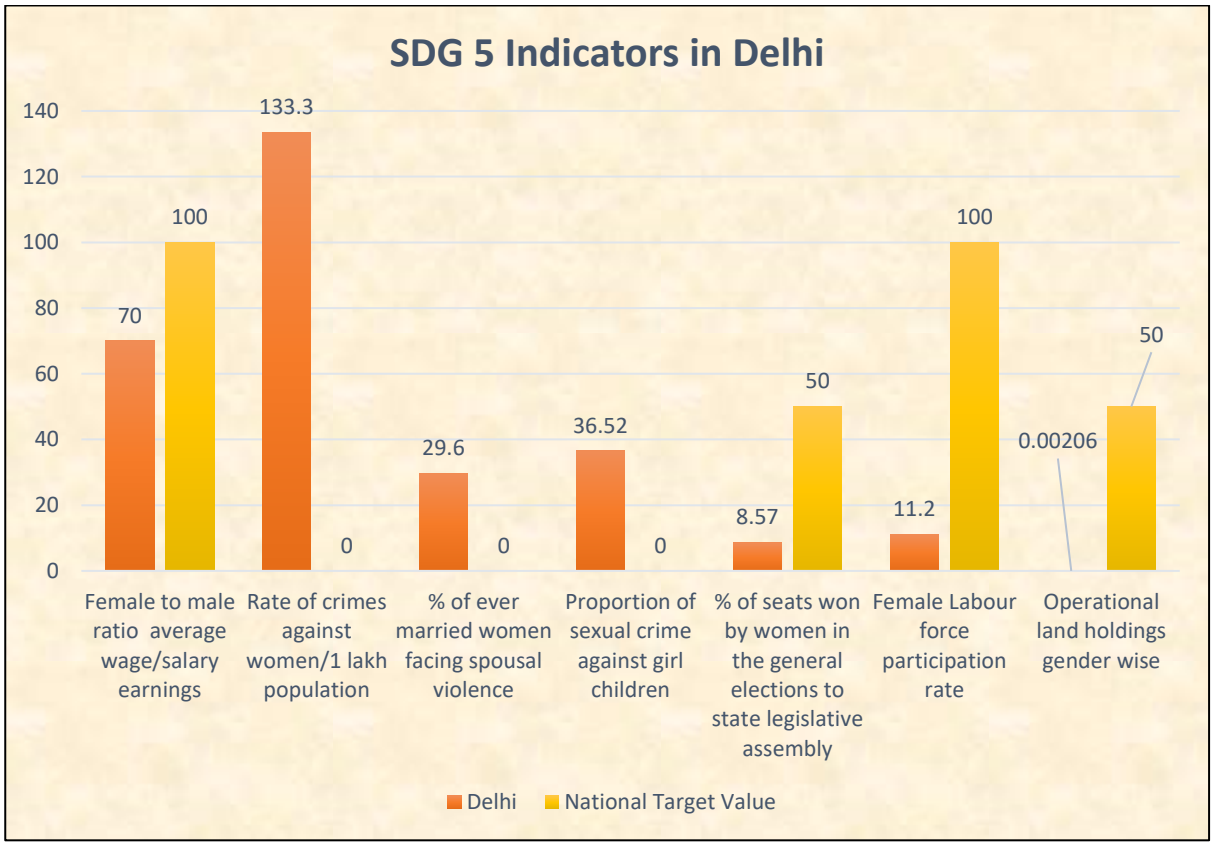
SDG 5--



Graph 2
Source – Vision Delhi 2030, *Institute for Human Development*

From (graph 2) it can be observed that the sex ratio of Delhi stands at 850 to the target of 954, so that is a commendable achievement for the Indian Capital. According to PLFS 2017-18 the females are earning only 70% of same amount of salary as compared to their male counterparts so there is that parity which still needs to be bridged.

The gender disparity is still rampant. With the introduction of the central scheme ***Beti Bachao Beti Padhao*** (Saving and Educating the girl child) in the state along with the ***Ladli*** scheme (financial assistance for education and socio-economic development) announced in 2008 by the government of Delhi the purpose is to bring down inconsistency in gender equality and male preference. With increased efforts towards educating the female gender and broadening the awareness of the national campaign of "Beti Bachao Beti Padhao" (Save the girl child and educate the girl child) seems to be the focus point of NCT of Delhi of operation for this target.



Graph 3

Delhi has always garnered attention with respect to its extreme figures of sexual crime against women irrespective of their age. As such, a specific government scheme is not their which inherently focusses on prevention of such crimes as the act of crimes come under the jurisdiction of judicial system. There are laws

in the Indian Constitution relating to sexual violence and abuse, and all the organizations are required to include an efficient cell concerning sexual harassment and other related crimes in the workplace, place of education etc.

	National Indicators	National Target Value	Delhi	References
SDG Global Target 5.1	Sex ratio at birth (female/1000 male)	954	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)	1	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 Global Target 5.2	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

Table – 6
Source- NITI Aayog SDG India Index & Dashboard 2019-20

The government of Delhi has agencies which work towards protecting the victims from such crimes and support to these individuals.

Department of Women and Child Development launched in 2007 by the Delhi govt which work towards the betterment of the women and child population in the union territory of Delhi .It includes programs for rehabilitation of the female victims , preventing trafficking, helping to fight drug addicted victims, collaboration with safe shelter homes & NGO'S and women and support care and treatment to the women and child affected etc.

Under this department **Women Welfare and Empowerment Cell** is responsible for working towards the welfare of the women and child through 3 key factors

- Preventive
- Protective
- Empowerment

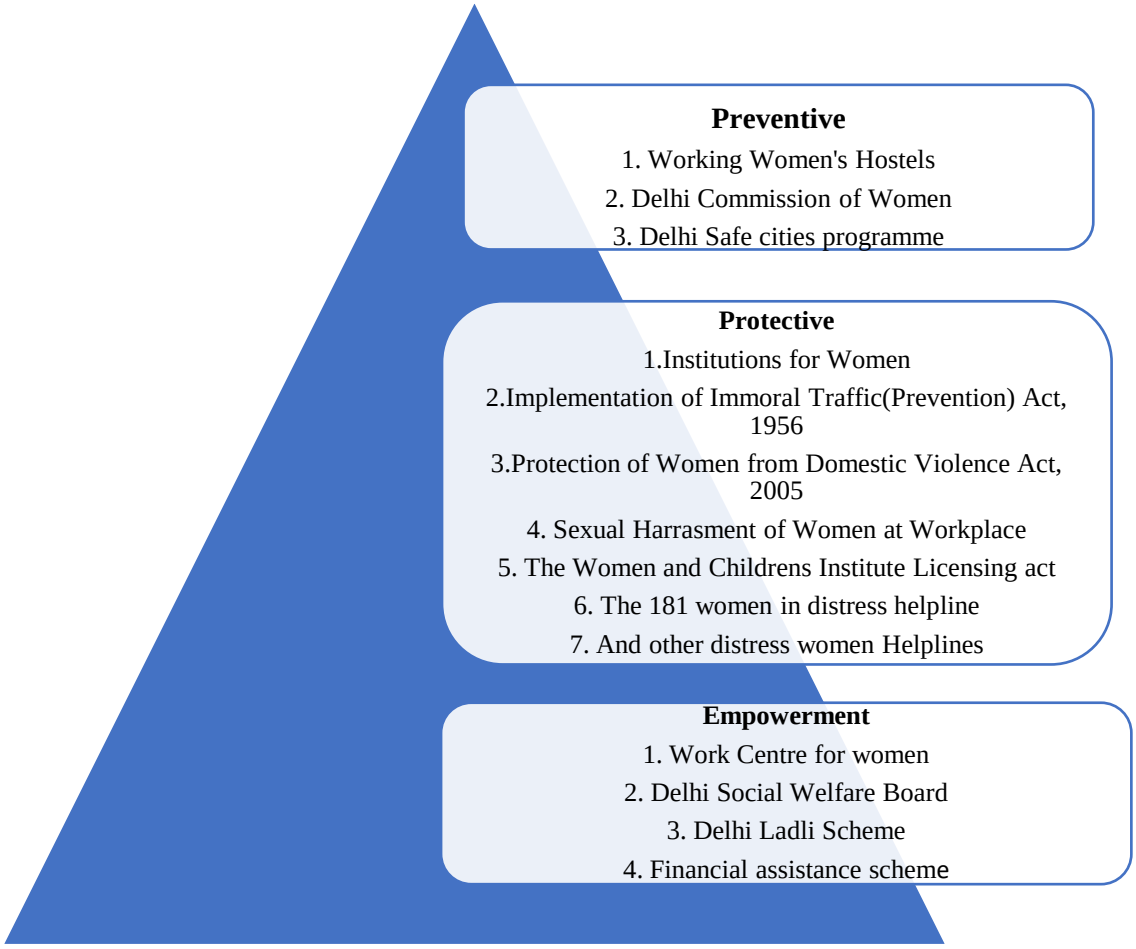


Fig-2,

Source- http://www.wcddel.in/WEC.html

A HIMMAT (courage) app has been launched by the Delhi Police as a form of distress web-based application which can be downloaded on the phones. On activating this app in a circumstance of difficult predicament a red alert will be sent out to the nearest police station and the emergency contacts and the location of the phone will also be notified.

	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

Table 7
Sources- NITI Aayog SDG India Index & Dashboard 2019-20

From the above 3 indicators of Table 7, it can be observed that there is poor performance in these indicators under target 5.5 and 5.a., epitomizing the sad state of affairs of women force participation. Despite of quota/reservation for females in the political arena, only 11.42% of seats are occupied by women in the state legislative assembly in Delhi. In spite of approaches to grant educational scholarships and skill training for employment, encouraging working women like **National Creche Scheme**(Centrally sponsored), **Mahila Shakti Kendra**(Centrally sponsored), Mission for Protection and Empowerment of women, **Support to Training and Employment Programme for Women (STEP), Setting up of Employment-cum-income generating units for women (NORAD),** there hasn't been much improvement in increasing the female participations, suggesting obstacles which are hindering effective implementation of these initiatives.

Discussion

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. The national indicators identified by NITI Aayog is based upon on the collective progress of the SDG's and the combined data collected from all the Indian states and union territories. But 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 be it prevention and treatment of drugs and alcohol abuse, reduce the deaths and injuries from road traffic accidents to half, reducing out of pocket expenditure on healthcare services for all economic levels and strengthening the protection to financial risk for achieving universal health coverage, controlling the air pollution drastically and hence reducing the respiratory and dermatological cases due to exposure of higher particulate matter in the air, supporting and encouraging new research endeavors and development relating to the public health and medical sciences.

Despite the presence of many national programmes like NHM (National Health Mission) and excellent initiatives like Beti Bachao Beti Padhao, the lack of awareness to health and gender inequality persists. A different approach towards behavioral health has to be crafted to improve the situation.

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.

As for gender equality many areas are still unrecognized are not provided due diligence- recognizing and valuing the unpaid, household work performed by women for ages, amplified efforts on empowering women by information and communication aided technology. There might be initiatives or plans concerning but there is no data or evidence corresponding to the improvement. Requirement for more updated legislative policies for empowerment and promotion of female sex. It is imperative for attainment of gender equality equal importance be given to the third/other gender. Delhi and in fact India have a long way ahead to provide equal representation and significance to all the genders.

Delhi can collaborate with the neighboring states and union territories or be inspired by the accomplishments of the other states and UT's. For instance, how Chandigarh and Puducherry have achieved 100% institutional deliveries (HMIS 2018-19) or how Kerala has the highest workforce of physicians, nurses and midwives (NITI Aayog SDG India Index and Dashboard 2019-2020), Chhattisgarh has performed better in areas of LFPR, Sex Ratio above NTV etc.

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 capital has low female proportion in the political domain and the operational land holdings.

A most vital point to be noted concerning the SDG's is the intensity of implementation and regular monitoring and evaluation of all the scheme/policies, and there is a necessity for a uniformed and accurate form of data collection system in all the states and union territories to measure the progress of every global indicator.

Conclusion

SDG 3 and SDG 5 are linked to each other and are also interdependent with other goals like SDG 1 on No poverty, SDG 4 on quality education, SDG 6 on clean water and sanitation, SDG 13 on climate action, SDG 16 on peace, justice and strong Institutions, SDG 17 on partnership for the goals. For India to achieve the SDG's it is imperative for all the states and union territories to contribute. 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. The existing plans can be revisited and revised and the implementation strategies could be modified for the sectors with little or no improvement. 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.

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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. Depressive disorder is becoming increasingly common in the age of internet and a time will come when it will hold the major share of disease burden of the world.

This course exemplifies the public health approach and the particular complexities of applying this approach to mental disorders, using depression as the exemplar.This course is focused to understand what is Major Depression, understanding the global burden and distribution of Major Depression in the higher income countries like USA, UK, Germany; middle income countries like India, Indonesia, Sri Lanka and the lower income countries for instance Nigeria, Sudan etc.

The course has been divided into a structure of 6 weeks

The instructors for this course are:

- William Eaton, PhD, Professor, Mental Health, Bloomberg School of Public Health
- Wietse A. Tol, PhD, Ali & Rose Kawi Assistant Professor, Mental Health, Bloomberg School of Public Health
- Ramin Motjabai, MD, Assistant Professor, Mental Health, Bloomberg School of Public Health

Objective of the Course

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

Course Contents

WEEK 1- Overview of the Course

- Defining Major Depression
- Prevalence and Incidence of Major Depressive Episode
- The Natural History of Major Depressive Disorder
- Estimating the Global burden of Major Depressive disorder

WEEK 2 – Depression in low- and middle-income countries: A closer look at maternal depression

- Depression in different parts of the world
- Relevance of Depression in middle- and low-income countries
- The predictors of depression in low- and middle-income countries
- The treatment options and prevention of depression

WEEK 3- Basic concepts of epidemiology as applied to depression

- The basics of Epidemiology and its Investigative tools applied to depression.
- Application of the principles of epidemiology in mental health.
- Comparison of study designs applicable to the public mental health investigation.

WEEK 4 – The search for Etiological clues

- The numerous factors/influencers of the incidence and prevalence of depressive disorder
- Differences between the probable causes of depression
- Case study-based peer graded assignment

WEEK 5- Unmet need for care barriers, and programs to improve access

- Pattern of treatments and care use
- The historical trend in treatment and care
- The barriers and obstacles that discourage people from seeking treatment and care
- Combating stigma and improving treatment
- The public health view of depression treatment, quality of diagnosis and treatment

WEEK 6 – Final Assignment

A peer graded assignment based on the concept of a program/initiative that works towards de-stigmatization of mental health care and improve the quality and diagnosis of treatment

Learning Methodology

This course is through the medium of virtual PowerPoint presentation and audio recorded lecture simultaneously played, explaining the concepts in depth with relevant examples.

After 1-2 lessons, a quiz will be 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 practically relevant issue.

Key Learnings from the Course

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

- Understanding what is Depression, differentiating depression, the mood and depression, the clinical disorder. The three abnormal moods and five symptoms for the depressive mood. Learning about the causes of depressive disorder- Inheritance & Stress
- 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 used by World Health Organization and the Global Burden of Disease Study. And learning estimation using disability weights.

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

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

- Learning what is epidemiology, prevalence and incidence rates, uses of epidemiology explained through demonstrations from history and why should we be working with it.
- Understanding the first basic epidemiological design- time, space and disease but also known as ecological approach. A thorough in detail discussion explained through the example of cholera epidemic in London**.**
- Learning the second major research design – Cohort studies. Understanding the concept through the smoking and lung cancer association and applying the concept to an example about depressive disorder.
- Learning about Case Control study design through the same example of lung cancer and smoking, and applying the concept on a depressive disorder.
- Weaknesses and strengths of both case control and cohort studies.
- Discussion on Web of Causation on depressive disorder.

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

- For inheritance as a cause of depressive disorder, and the 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 – Unmet need for Care, Barriers and Programs to improve access & Public Health View of Depression Treatment- by Assistant Prof. Ramin Motjabai

- Patterns of mental health treatment seeking for depression, especially in the United States and treatment gap or unmet need of care.
- The Sociodemographic factors – sex, age, cultural factors, race, ethnicity which influence treatment seeking behaviour.
- Major barriers for treatment are perception of not needing the treatment, negative attitude towards treatment, stigma towards people with mental illness.
- Two aspects of mental illness stigma – suicidal aspect/social stigma and self-stigma.
- Structural barriers to mental healthcare with regard to depression – availability, financial and geographical access, and time and convenience of services.
- Public Information Campaigns to reduce attitudinal barriers and especially mental illness stigma
- Historical trends and recent developments in treatment of depression.
- Discussion on 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 – Peer Graded Assignment: Final Assignment: Depression Care

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. We can invest all your resources in

(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.

Only one option could be chosen and the justification had to be given along with some prompts asked

The learnings from this assignment would be how to design or come up with a rough idea of your program the organization offers, and the reasons for choosing any of the options depends upon the rationalization and how I have conceptualised and understood the past teachings.

I went with the option of to begin a new initiative to improve detection and treatment of major depression in primary care settings because:

1. This might help in increasing the specificity and sensitivity of the diagnostic tests from the earlier ones
2. It is comparatively less costly and more promising to be effective than the other initiatives as the community health workers with little training can be useful in screening of major depression in the community

References- https://www.coursera.org/learn/public-health-depression?