

To asses Home based New Born Care (HBNC) visitin rural area of Barabanki District

**Dr. Vinita Lal, Associate Professor & Head Department of sociology,
NSCB Govt. Girls P.G. College, Lucknow. Uttar Pradesh (India)
E-mail: drvinitalal@gmail.com**

ABSTRACT

India contributed to 1/5th of global live births and more than a quarter of neonatal deaths. About 7.6 lakhs infants die within first four weeks birth in India which is highest in world. Newborn mortality rate (NMR) in rural areas is more than double of urban areas to overcome this burden of newborn deaths in first week of life and to reach the unreached, Government of India adopted a programme that is Home based newborn care. This Scheme has been under implementation across various states of country since 2011. This Model, first developed in Gadchiroli (Maharashtra) in 1990, included a package of interventions, delivered by community health workers during home visits led to check marked decline in neonatal death. On the bases of experience, the national HBNC program centered on Accredited Social Health Activists (ASHAs), were trained. Recent evaluation show that the ASHA is much more likely to visit the newborn and postpartum mother at home than ANM or AWW, and is also more likely to be consulted for care of sick child. According to HBNC, ASHA will make 6-7 visits to provide home based care to mother and new born till 42 days. The study will conducted in Barabanki district of Uttar Pradesh to assess the knowledge and skills of ASHAs in providing HBNC services, quality of visits and message given to beneficiary. Research design is descriptive as well as exploratory; through random sampling, collection of data is primary and secondary, interview schedule to be used.

Keywords: HBNC, ASHAs, NMR

Introduction: INDIA contributes to 1/5th of global live births and more than a quarter of neonatal deaths. • About 7.6 lakh infants die with in first four weeks of birth in INDIA, which is highest in World. The NMR in rural areas is more More than a quarter of global neonatal deaths occurring in India. About two-thirds of infant deaths and half of under-five child deaths are during the neonatal period.1 As per Census 2011, the share of children (0-6 years) accounts 13% of the total population in the country. An estimated 12.7 lakh children die every year before completing 5 years of age. However, 81% of under-five child morality takes place within one

year whereas 57% of under-five deaths take place within first one month of life. It is estimated that around 40% of all stillbirths and neonatal deaths take place during labour and the day of birth, i.e. within 48 hours. About three-fourths of the total neonatal deaths occur in the first week of life. To reduce neonatal deaths GoI initiated a scheme HBNC Program providing "continuum of care" to mother and newborn till 42 days after delivery. In 2009 the program was started in NIPI focus states Bihar, Rajasthan, Madhya Pradesh & Orissa. According to this ASHA will make 6-7 visits. In case of home delivery 7 home visits & for institutional delivery 6 home visits will be conducted by ASHA.

Reducing infant and child mortality is one of the foremost goals of National Health Mission (NHM). However, it is clear that a high proportion of the infant mortality burden is related to new born deaths, and so further gains in reducing IMR are likely only through a focused effort at implementing evidence-based, cost-effective interventions impacts neonatal health outcomes. IMR (Infant Mortality Rate) of Allahabad is 81 per 1000 live births whereas NMR (Neonatal Mortality Rate) is 60 per 1000 live 1 births as per AHS (Annual Health Survey) 2012-13 which is way ahead of national numbers. There is sufficient evidence to demonstrate that despite the increasing number of institutional deliveries a substantial proportion of neonatal deaths occur at home. Thus the provision HBNC is critical. For effective promotion of Home-based newborn care (HBNC), NHM offers several platforms which include the presence of trained Accredited Social Health Activists (ASHA) in every village. The Government of India (GOI) released HBNC guidelines in 2011 to increase access to newborn care through ASHAs. The guidelines expect ASHAs to make home visits. In case of home deliveries while 6 in case of institutional deliveries) to promote essential newborn care, identify illness, and refer infants if needed. ASHAs receive a performance payment for conducting the visits. A Situational Analysis on performance of Accredited Social Health

Review of literature: ASHAs, they had a 23 day training schedule in phases while covering the 8 prescribed training modules of GOI (NRHM, GOI, 2007). As health was a state subject, the training modules were rolled out in phases by the state governments. In the state of UP, the ASHAs were trained in the CCSP module that was developed by the state on the lines of the HBNC module of GOI and the module covered the topic of essential newborn care. Newborn health was also covered in 6th and 7th module of ASHAs (NHM, PIP, 2017-18, GOUP)

ASHAs to practice the knowledge and skills related to HBNC and retained and refreshed the knowledge and skills. All these processes helped her to identify and refer sick newborns timely while providing need based HBNC practices to the mothers and family members of the

newborns (COP report, Vistaar project, 2013). The uneven level of community support explains the poor performance of ASHAs.

A cross sectional community based study of care of newborn infants in Nepal stated that health promotion interventions that were most likely to improve newborn health include improving information for families about basic perinatal care, promoting clean delivery practices, early cord cutting and wrapping of the baby and avoidance of early bathing (David, Kirti. et. al,2002).

The study focuses on knowledge of ASHAs on aspects of newborn care in relation to placental delivery. Among the HBNC, warmth component is very critical. A newborn baby is homoeothermic. A low birth weight baby has decreased thermal insulation because of reduced amount of brown fat. Newborn loses heat by evaporation (amniotic fluid by surface), conduction (touch with cold object), convection (fan, window) where cold air replaces warm air. The warm and pink feet of the baby indicate thermal comfort. The behaviors like delayed bathing, delayed weighing and kangarooing in case of low birth weight babies contribute to warmth of the baby
Methodology : I have selected two blocks in Barabanki district at Uttar Pradesh. One is Deva block which is remote and other is Banki block which is near to city. Banki population is 21317 and Deva population is 15662 through random sampling I have selected five villages in each block and through purposive sampling I have selected households where HBNC program is intervened. My research design is exploratory as well as descriptive. Collection of data is primary and secondary data from census books, journals and internet etc. I have used purposive sampling method and interview schedule to be used.

- OBJECTIVES:**
- 1) To assess the knowledge and skills of ASHAs in providing HBNC services.
 - 2) To study the quality of visits in terms of messages given to beneficiary.
 - 3) To study the traditional practices and gender also.

Area of Study:

Barabanki district is one of four districts of Faizabad division, lies at the very heart of Awadh region of Uttar Pradesh state of India, and forms as it were a centre from which no less than seven other districts radiate. It is situated between 27°19' and 26°30' north latitude, and 80°05' and 81°51' east longitude; it runs in a south-easterly direction, confined by the nearly parallel streams of the Ghaghara and Gomti. With its most northern point it impinges on the Sitapur district, while its north-eastern boundary is washed by the waters of the Ghagra, beyond which lie the districts of Bahraich district and Gonda district. Its eastern frontier marches with Faizabad district, and the Gomti forms a natural boundary to the south, dividing it from the Sultanpur district. On the west it adjoins the Lucknow district. The extreme length of the district from east to west may be taken at 57 miles (92 km), and the extreme breadth at 58 mi (93 km); the total area is about 1,504 sq mi (3,900 km²): its population amounts to 2,673,581,

being at the rate of 686.50 per square kilometre (1,778.0/sq mi). Barabanki city is the district headquarters and stretches out in a level plain interspersed with numerous jhils or marshes. In the upper part of the district the soil is sandy, while in the lower part it is clayey and produces finer crops.^[2] The district is well fed by rivers Ghaghra (forming the northern boundary), Gomti (flowing through the middle of the district) and Kalyani and their tributaries, for the major part of the year. Some rivers dry out in the summer, and get flooded during the rainy season. The changing course of the river Ghaghra changes the land area in the district, year to year.

Banki Block

Banki is a Block placed in Barabanki district in Uttar Pradesh. Located in urban area of Uttar Pradesh, it is one of the 16 blocks of Barabanki district. According to the government records, the block code of Banki is 483. The block has 90 villages and there are total 44727 homes in this Block.

Population of Banki Block

Banki's population is 248340. Out of this, 130509 are males while the females count 117831 here. This block has 36513 children in the age group of 0-6 years. Among them 18986 are boys and 17527 are girls.

Literacy rate of Banki Block

Literacy ratio in Banki block is 59%. 147285 out of total 248340 population is educated here. In males the literacy ratio is 66% as 86734 males out of total 130509 are educated however female literacy rate is 51% as 60551 out of total 117831 females are educated in this Block. The dark part is that illiteracy rate of Banki block is 40%. Here 101055 out of total 248340 people are illiterate. Male illiteracy rate here is 33% as 43775 males out of total 130509 are uneducated. In females the illiteracy rate is 48% and 57280 out of total 117831 females are illiterate in this block.

About Aseni village

Aseni is a village situated in Banki Block of Barabanki district in Uttar Pradesh. Placed in rural part of Barabanki district of Uttar Pradesh, it is one of the 86 villages of Banki Block of Barabanki district. As per the government records, the village number of Aseni is 164645. The village has 485 houses.

Population of Aseni village

Aseni's population is 2662. Out of this, 1393 are males whereas the females count 1269 here. This village has 346 children in the age bracket of 0-6 years. Out of this 174 are boys and 172 are girls.

Literacy rate of Aseni village

Literacy rate in Aseni village is 59%. 1573 out of total 2662 population is literate here. Among males the literacy rate is 68% as 960 males out of total 1393 are literate however female literacy rate is 48% as 613 out of total 1269 females are literate in this Village. The dark portion is that illiteracy ratio of Aseni village is 40%. Here 1089 out of total 2662 persons are illiterate. Male illiteracy ratio here is 31% as 433 males out of total 1393 are uneducated. In females the illiteracy ratio is 51% and 656 out of total 1269 females are illiterate in this village.

About Bahadur Pur village

Bahadur Pur is a village positioned in Banki Block of Barabanki district in Uttar Pradesh. Positioned in rural part of Barabanki district of Uttar Pradesh, it is one of the 86 villages of Banki Block of Barabanki district. According to the government records, the village code of Bahadur Pur is 164624. The village has 1227 houses.

Population of Bahadur Pur village

Bahadur Pur's population is 5954. Out of this, 3255 are males while the females count 2699 here. This village has 797 children in the age group of 0-6 years. Among them 425 are boys and 372 are girls.

Literacy rate of Bahadur Pur village

Literacy rate in Bahadur Pur village is 61%. 3635 out of total 5954 population is literate here. Among males the literacy rate is 69% as 2277 males out of total 3255 are literate however female literacy rate is 50% as 1358 out of total 2699 females are educated in this Village. The Negative part is that illiteracy ratio of Bahadur Pur village is 38%. Here 2319 out of total 5954 persons are illiterate. Male illiteracy ratio here is 30% as 978 males out of total 3255 are illiterate. In females the illiteracy ratio is 49% and 1341 out of total 2699 females are illiterate in this village.

About Darhara village

Darhara is a village placed in Banki Block of Barabanki district in Uttar Pradesh. Placed in rural part of Barabanki district of Uttar Pradesh, it is one of the 86 villages of Banki Block of Barabanki district. As per the administration records, the village code of Darhara is 164626. The village has 894 homes.

Population of Darhara village

Darhara's population is 5143. Out of this, 2711 are males whereas the females count 2432 here. This village has 815 kids in the age bracket of 0-6 years. Out of this 419 are boys and 396 are girls.

Literacy rate of Darhara village

Literacy ratio in Darhara village is 53%. 2749 out of total 5143 population is literate here. In males the literacy rate is 63% as 1719 males out of total 2711 are literate while female literacy ratio is 42% as 1030 out of total 2432 females are educated in this Village. The Negative part is that illiteracy ratio of Darhara village is 46%. Here 2394 out of total 5143 individuals are illiterate. Male illiteracy rate here is 36% as 992 males out of total 2711 are illiterate. In females the illiteracy rate is 57% and 1402 out of total 2432 females are illiterate in this village.

Trivediganj Block

Trivediganj is a Block positioned in Barabanki district in Uttar Pradesh. Located in rural part of Uttar Pradesh, it is one of the 16 blocks of Barabanki district. According to the administration records, the block number of Trivediganj is 491. The block has 103 villages and there are total 33129 families in this Block.

Population of Trivediganj Block

Trivediganj's population is 177452. Out of this, 92013 are males while the females count 85439 here. This block has 25920 children in the age bracket of 0-6 years. Among them 13435 are boys and 12485 are girls.

Literacy rate of Trivediganj Block

Literacy rate in Trivediganj block is 56%. 100203 out of total 177452 population is literate here. Among males the literacy rate is 64% as 59708 males out of total 92013 are literate whereas female literacy ratio is 47% as 40495 out of total 85439 females are literate in this Block. The Negative portion is that illiteracy rate of Trivediganj block is 43%. Here 77249 out of total 177452 people are illiterate. Male illiteracy rate here is 35% as 32305 males out of total 92013 are illiterate. Among the females the illiteracy rate is 52% and 44944 out of total 85439 females are illiterate in this block.

literacy ratio is 47% as 40495 out of total 85439 females are literate in this Block. The Negative portion is that illiteracy rate of Trivediganj block is 43%. Here 77249 out of total 177452 people are illiterate. Male illiteracy rate here is 35% as 32305 males out of total 92013 are illiterate. Among the females the illiteracy rate is 52% and 44944 out of total 85439 females are illiterate in this block.

About Akhaiya Pur village

Akhaiya Pur is a village placed in Trivediganj Block of Barabanki district in Uttar Pradesh. Placed in rural area of Barabanki district of Uttar Pradesh, it is one among the 103 villages of Trivediganj Block of Barabanki district. According to the government records, the village code of Akhaiya Pur is 165507. The village has 483 houses.

Population of Akhaiya Pur village

Akhaiya Pur's population is 2930. Out of this, 1519 are males whereas the females count 1411 here. This village has 403 children in the age group of 0-6 years. Among them 223 are boys and 180 are girls.

Literacy rate of Akhaiya Pur village

Literacy rate in Akhaiya Pur village is 53%. 1557 out of total 2930 population is literate here. Among males the literacy ratio is 61% as 939 males out of total 1519 are educated however female literacy rate is 43% as 618 out of total 1411 females are educated in this Village. The Negative part is that illiteracy rate of Akhaiya Pur village is 46%. Here 1373 out of total 2930 persons are illiterate. Male illiteracy ratio here is 38% as 580 males out of total 1519 are illiterate. Among the females the illiteracy rate is 56% and 793 out of total 1411 females are illiterate in this village.

About Ashrafpur village

Ashrafpur is a village positioned in Trivediganj Block of Barabanki district in Uttar Pradesh. Situated in rural part of Barabanki district of Uttar Pradesh, it is one of the 103 villages of Trivediganj Block of Barabanki district. As per the administration register, the village number of Ashrafpur is 165488. The village has 65 houses.

Population of Ashrafpur village

Ashrafpur's population is 366. Out of this, 189 are males whereas the females count 177 here. This village has 51 kids in the age group of 0-6 years. Out of this 29 are boys and 22 are girls.

Literacy rate of Ashrafpur village

Literacy ratio in Ashrafpur village is 45%. 165 out of total 366 population is literate here. Among males the literacy ratio is 61% as 116 males out of total 189 are literate while female literacy rate is 27% as 49 out of total 177 females are literate in this Village. The dark side is that illiteracy ratio of Ashrafpur village is shockingly high -- 54%. Here 201 out of total 366 persons are illiterate. Male illiteracy rate here is 38% as 73 males out of total 189 are illiterate. In females the illiteracy ratio is 72% and 128 out of total 177 females are illiterate in this village.

About Bikhari Pur village

Bikhari Pur is a village situated in Trivediganj Block of Barabanki district in Uttar Pradesh. Positioned in rural part of Barabanki district of Uttar Pradesh, it is one of the 103 villages of Trivediganj Block of Barabanki district. As per the administration records, the village number of Bikhari Pur is 165505. The village has 85 homes.

Population of Bhikhari Pur village

Bhikhari Pur's population is 400. Out of this, 212 are males while the females count 188 here. This village has 55 children in the age bracket of 0-6 years. Among them 31 are boys and 24 are girls.

Literacy rate of Bhikhari Pur village

Literacy rate in Bhikhari Pur village is 57%. 230 out of total 400 population is literate here. Among males the literacy ratio is 69% as 147 males out of total 212 are literate however female literacy rate is 44% as 83 out of total 188 females are literate in this Village. The dark side is that illiteracy rate of Bhikhari Pur village is 42%. Here 170 out of total 400 individuals are illiterate. Male illiteracy ratio here is 30% as 65 males out of total 212 are illiterate. In females the illiteracy rate is 55% and 105 out of total 188 females are illiterate in this village.

Lucknow (Awadh) , Rae Bareli , Naimisharanya , Bithur , Kanpur (Cawnpore) are the near by Important tourist destinations to see.

About Banki Block

Lucknow (Awadh) , Rae Bareli , Naimisharanya , Bithur , Kanpur (Cawnpore) are the near by Important tourist destinations to see.

Dewa	Jyori	Kaimai
Kasimganj	Jashanwara	Khanwaha
Gauriya	Kursi	Kumhar Pur
Taspur	Dharsania	Terakhurd
Khazoor Gaon	Jabri Khurd	Behta Chak
Gangvara	Handori	Malookpur
Kheoli	Ibrahimpur Kala	Heerpur
Isrehna	Dharsanda	Ibrahimabad
Kurkhila	Sohil Pur	Devgaon
Teephar	Ajgana	Nardahi
Karaunda	Harrai	Bhatwamau
Dhaurmau	Kotwa Kalan	Jasmanda
	Ukhari	

List of **Villages** in Dewa Block. ... Dewa is a Block in **Barabanki** District HPC Dealers **Village** Dariyamau **Deva** Fatehpur Pargana & Tehsil; Fatehpur Belahra ...

Locality Name : **Dewa** (देवा)

Block Name : **Dewa**

District : **Barabanki Tehsil Fatehpur**[edit]

Tehsil Fatehpur has 3 Block Panchayats,^[5] they are:

1. Fatehpur,
2. Nindura,
3. Suratganj

Block Panchayat Fatehpur[edit]

Block Panchayat Fatehpur has 86 Village Panchayats,^[6] they are^{[7],[8]}

Achaicha	Asohana	Aurangabad	Banar	Banni Sulemabad
Basantpur	Basara	Batiya	Belhara	Bhagauli
Bhaisuriya Mujahidpur	Bhatuamau	Bihura	Bilauli Mahraj	Bilauli Hazratpur
Bishunpur	Devkhariya	Dhadhsi	Dhamsadh	Dhausar
Fatehpur Dehat	Gang Gaula	Gangchauli	Gangemau	Gaura Gajni
Gaura Karaundi	Gaura Sailak	Gauri Baniyani	Gheri	Gudauli
Gursel	Haiderganj	Hasanpur Tanda	Hazratpur	Ishepur
Israuli	Jagsenda	Jarkha	Kaitha	Kandraula
Katghara	Khaira	Khapurwa Khanpur	Kiratpur	Kuan Danda
Kutbapur	Kutlupur	Madanpur	Majhgawan Sharif	Mawaiya
Meernagar	Mithwara	Mohammadipur	Mohammadpur	Mundera
Munderi	Naandkui	Naktauli	Nandna Kala	Nandrasi
Pakariyapur	Patna	Rahilamau	Ralbhari	Rariya
Rasool Panah	Rasoolpur	Rauja	Sadhema	Sadrapur
Safipur	Saili Kiratpur	Salempur	Sandupur	Saraiya Matbar Nagar
Sarwa	Sauranga	Shahpur	Sihali	Taalgaon
Tadwa Gadmanpur	Tadwa Naankari	Tanda Nizam Ali	Terhwa	Tikapur
Ujarwara				

Analysis of the study:

Table :1 age of the Respondent

S,no	Age group	number
1	18-25	29
2	26-45	21

Table :2 Religion of the Respondent

s.n	religion	number
1	Hindu	31
2	Muslim	19
	total	50

Table :3 type of family

s.n	religion	number
1	nuclear	33
2	joint	17
	total	50

Table :4 monthly income

s.n	rupees	number
1	0-5000	14
2	5000-10,000	26
3	Abovr total	10

Table :5 marriage age

s.n	age	respondent
1	Less than 18	12
2	18-25	29
3	Abovr 25	9
	total	50

Table :6 awareness about HBNC

program	No: of respondents
Well known	17
known	22
Not known	10
total	50

Table :6 HBNC Practices

program	No: of respondents
follow	11
Not follow	39
total	50

Table :6 about the treatment

Treatment	No: of respondents
PHC/CHC	09
HOSPITAL	02
AT HOME	39

Table :7 GENDER DISCRIMINATION

YES	42
NO	08

Table :8 TRADITIONAL PRACTICES

Treatment	No: of respondents
KAJAL	46
GHUTTI	32
OIL MASSAGE	40
OTHER	NONE

RESULTS: Training For providing HBNC services to mother and new born, it is necessary for ASHA completed the training and should be equipped with the skills to provide such care. Those ASHAs who were completed the training of module 6 &7 (first round) were eligible to undertake the HBNC visits and entitled for the HBNC incentives. Overall 83% ASHAs were trained in round first of module 6-7. In 2nd round of module 6-7, above 75% ASHAs were trained in all districts, except Barmer, there only 50% ASHAs were trained. Knowledge Knowledge of ASHAs on HBNC program were assessed during the study; such as- duration of stay in hospital after delivery almost 64 % ASHAs were aware about they said two days (48 hours) stay is necessary after delivery, 22.5% said that the duration of stay depends on the type of delivery is normal. Importance of breastfeeding was assessed, it was found that 98% ASHAs reported best time of breast feeding is within 1 hour of delivery, during antenatal care (ANC) ASHA counsel the pregnant lady for initiating early breast feeding and explain the benefits of the early initiation to beneficiaries

Majority of ASHAs 64 % (77) knew about the 48 hours stay is necessary after delivery, 98% ASHAs said breastfeeding to newborn should start within one hour of delivery and as result 78% beneficiaries had started breastfeeding within one hour after delivery. It shows during anti natal care ASHA had counseled to beneficiaries for early breastfeeding, and motivating the beneficiaries for breastfeeding within one hour after delivery ,93% beneficiaries had done exclusive breastfeeding to the baby; they had not given any supplements to the child. It shows ASHAs counseled the beneficiaries for exclusive breastfeeding the baby till six month without any supplements.

Out of 11 delivery one child died due to premature and one is due to asphyxia .(galghontoo)

During Home Visits During home visits 95% of ASHAs counseled for exclusive breastfeeding, measuring weight and temperature of new born and identify danger signs in new born. According to beneficiaries 85% ASHA counseled for exclusive breast feeding, measuring weight of baby, given messages for hygiene and taking temperature. But counseling on how to keep baby warm and identification of danger signs is very less.

Suggestion: The first contact of ASHAs after delivery should be improved as per guideline, especially in case of Home delivery. SMS alert system for notifying ASHA and ANM for HBNC visits may also be developed. During home visits use or demonstration of HBNC flip book should be ensured, which would be helpful in discussions with beneficiaries and identifications of danger signs. For better implementation of HBNC program, PHC ASHA supervisors should also be involved in this program. These supervisors may work effectively for mentoring, motivating and handholding of ASH during the home visit

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