

Sulakshana Nandi

List of Publications by Year in descending order

Source: <https://exaly.com/author-pdf/4486296/publications.pdf>

Version: 2024-02-01

18
papers

672
citations

1040056
9
h-index

940533
16
g-index

18
all docs

18
docs citations

18
times ranked

505
citing authors

#	ARTICLE	IF	CITATIONS
1	Covid-19 pandemic and the social determinants of health. BMJ, The, 2021, 372, n129.	6.0	422
2	From primary health care to universal health coverage—“one step forward and two steps back. Lancet, The, 2019, 394, 619-621.	13.7	53
3	Hospital utilization and out of pocket expenditure in public and private sectors under the universal government health insurance scheme in Chhattisgarh State, India: Lessons for universal health coverage. PLoS ONE, 2017, 12, e0187904.	2.5	49
4	Addressing the social determinants of health: a case study from the Mitadin (community health) Tj ETQq0 0 0 rgBT /Overlock 10 Tf 50 6	2.7	33
5	What the Good Doctor Said: A Critical Examination of Design Issues of the RSBY Through Provider Perspectives in Chhattisgarh, India. Social Change, 2013, 43, 227-243.	0.3	24
6	Assessing geographical inequity in availability of hospital services under the state-funded universal health insurance scheme in Chhattisgarh state, India, using a composite vulnerability index. Global Health Action, 2018, 11, 1541220.	1.9	17
7	Uncovering Coverage: Utilisation of the Universal Health Insurance Scheme, Chhattisgarh by Women in Slums of Raipur. Indian Journal of Gender Studies, 2016, 23, 43-68.	0.2	16
8	When state-funded health insurance schemes fail to provide financial protection: An in-depth exploration of the experiences of patients from urban slums of Chhattisgarh, India. Global Public Health, 2020, 15, 220-235.	2.0	16
9	Using an equity-based framework for evaluating publicly funded health insurance programmes as an instrument of UHC in Chhattisgarh State, India. Health Research Policy and Systems, 2020, 18, 50.	2.8	16
10	Rural retention strategies in the South-East Asia Region: evidence to guide effective implementation. Bulletin of the World Health Organization, 2020, 98, 815-817.	3.3	8
11	A study of Rashtriya Swasthya Bima Yojana in Chhattisgarh, India. BMC Proceedings, 2012, 6, .	1.6	6
12	Reiterating the Importance of Publicly Funded and Provided Primary Healthcare for Non-communicable Diseases: The Case of India Comment on "Universal Health Coverage for Non-communicable Diseases and Health Equity: Lessons From Australian Primary Healthcare". International Journal of Health Policy and Management, 2021, , .	0.9	4
13	Public health advocacy to reinstate reproductive rights of Particularly Vulnerable Tribal Groups (PTGs) in Chhattisgarh. BMC Proceedings, 2012, 6, .	1.6	3
14	Struggle against outsourcing of diagnostic services in government facilities: Strategies and lessons from a campaign led by Jan Swasthya Abhiyan (People's Health Movement) in Chhattisgarh, India. Journal of Social and Political Psychology, 2018, 6, 677-695.	1.1	3
15	Denying access of Particularly Vulnerable Tribal Groups to contraceptive services: a case study among the Baiga community in Chhattisgarh, India. Reproductive Health Matters, 2018, 26, 84-97.	1.2	1
16	Resisting privatization and marketization of health care: People's Health Movement's experiences from India, Philippines and Europe. SaAdE Em Debate, 2020, 44, 37-50.	0.5	1
17	Indigenous women's struggles to oppose state-sponsored deforestation in Chhattisgarh, India. Gender and Development, 2017, 25, 387-403.	0.9	0
18	Universal Healthcare and Universalising Health Insurance: Examining the Binary Through the RSBY/MSBY in Chhattisgarh. , 2021, , 155-172.		0