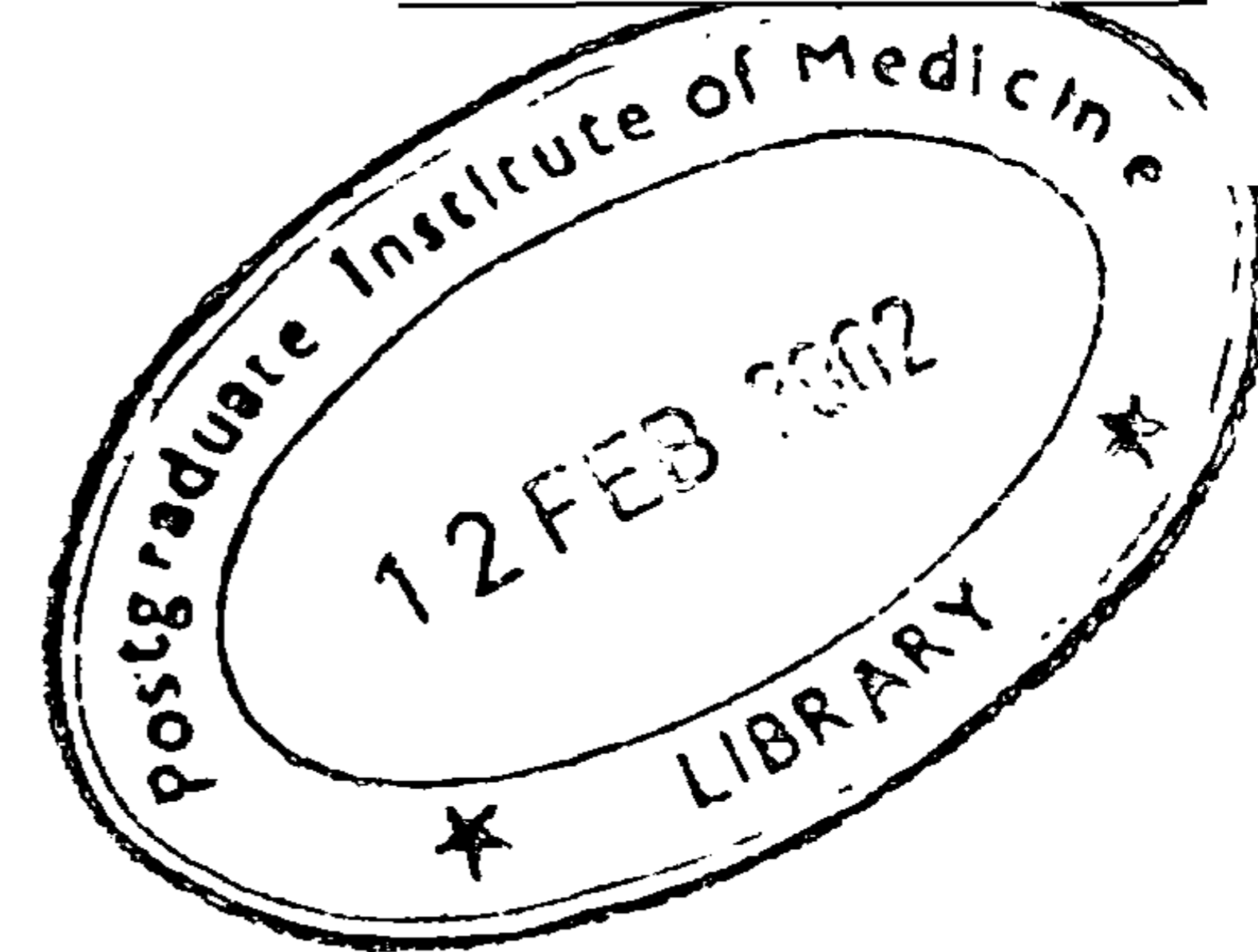


ABSTRACT



In Sri Lanka, maternal and child health (MCH) services are provided through a wide network of clinics at hospital and field level. A descriptive study was carried out to determine the pattern of utilisation, unit costs and the quality of services provided through the different types of clinics in a Divisional Director of Health Services (DDHS) area. Several approaches were used to obtain the relevant data. They included: a community survey, clinic observations, interviews with consumers, review of clinic records and a time and motion study.

The findings of the community survey indicated a high level of utilisation of state sector clinics approximately 95%. Comparison of the relevant characteristics of mothers who were regular users and non users of the clinic services indicated that the higher the socio economic category, the lower the extent of use, for both antenatal and child welfare services. The educated mothers had a tendency to attend the clinics to obtain immunisation services but not for the growth monitoring and promotional services. Use of child welfare services was positively influenced by the clinics being in the close proximity, while distance was not an influencing factor in the utilisation of antenatal services. No significant factors were shown to influence the use of family planning clinics, probably due to the selective nature of the family planning users identified for this study.

The lowest unit cost for antenatal care (Rs. 159) was shown in clinics where all 3 services were provided. The unit cost for the child care was least in clinics where they provide only child welfare services i.e., Rs.55. To provide the family planning injection

the combined clinics cost the least (Rs. 57). The influence of the pattern of utilisation of clinics, on the unit cost was clearly indicated in this analysis.

There were no differences in the quality of care between different types of clinics, when data from clinic observations, examination of records and interviews with recipients of the services were studied. However, several areas where improvements could be made were identified, many of them could be achieved with minimum costs with improved managerial efforts (e.g. improving supervision, implementing a client flow system in the clinics). Such interventions could have a positive influence on the quality of care and on costs.

This study also identified that useful information can be obtained on quality of services by developing simple tools (e.g. check-list) and using them for periodic review. In order to gain improvements in the health status of mothers and young children, it is necessary to improve the quality of services. The additional resources needed for such improvements are minimum. Inter relationships between utilisation, cost of services and quality has to be considered for relevant changes.