

ABSTRACT

A descriptive cross-sectional micro-costing study was carried out to assess the cost of blood investigation component of the ante-natal package in Monaragala district, Sri Lanka. This study was basically aimed at assessing the cost of service provider (government) and the cost incurred by the user in receiving services from the government as well as the private sector. The study has led to provide some evidence based recommendations for future planning with a view to improving the efficiency of antenatal blood investigation component.

All the relevant cost elements and cost centers were identified clearly and calculated the cost for each resource inputs according the lesson learned form similar previous studies. Current rental value of the buildings, market value of the vehicle, medical and non medical equipment (considering useful life year and depreciation) were used for calculation of the capital cost. Land cost was avoided due to non availability of the survey plans. Personnel cost including extra duty payment and uniform allowances, maintenance cost of all resources items, supplies cost, transport cost were also considered for recurrent cost of investigation component. Water cost of STD clinic, Blood Bank and Hematology Laboratory were not included due to difficulties of measuring the volume of utilized amount.

Observation of activities, records, returns and discussion & interviewing of key informants using pre structured check list and forms were used to collect data for calculation of capital, recurrent and unit cost of the provider. Pre structured pre tested self administered questionnaire was used to calculate user cost. Non availability of primary data at the cost centers and complexity of services provision were difficulties faced during the study and maximum measures were taken for collection of accurate and reliable data. Since study was limited to the Monaragala district the findings can not be generalized to the county.

The average capital and recurrent cost for VDRL testing per session at a clinic were Rs: 3574.68(31%) and Rs: 7872.39 (69%) respectively. The average capital cost for testing of GP-RH per session was Rs: 743.24(8%) and the recurrent cost was Rs: 8738.26(92%). The method of spectrometric analysis using haemoglobin colour scale device was used in almost all MOH areas for testing of Hb except in Madulla. The average unit cost of

- VDRL testing was Rs:144.52 (92.43 – 242.68) SD 46.22 ,
- GP-RH testing was Rs:163.71 (129.42 – 219.70) SD 25.32
- Hb - Laboratory method was Rs:41.34 while colour scale method was Rs: 4.00

The average direct cost of VDRL testing for provider was Rs: 144.52(56%) and for user it was Rs:112.32(44%). The average direct cost of GP-RH testing for provider was Rs: 163.71(61%) and for user Rs: 104,82(39%). The average direct cost of Hb testing for provider was Rs 41.34(44%) and for user Rs: 82.50(66%). User cost included both traveling and incidental cost.

The average private cost of VDRL, GP-RH and Hb testing were Rs: 220.00, Rs: 210.00 and Rs: 179.31 respectively. The traveling and incidental cost for mother in seeking service form private sector was over Rs: 200.00,

This study revealed that under utilization of services and unplanned use of resources at cost centers is lead to increase of both provider and user costs. The findings of the study can be used to justify the provision of public health care services to the areas like Monargala even government expenditure was high and also to make rational decisions for use of resources effectively and efficiently.