







ESTIMATION OF RECURRENT COST FOR INSTITUTIONAL DELIVERY AT DIFFERENT LEVELS OF FACILITIES UNDER JSSK SCHEME

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Summary

Ministry of Health and Family Welfare launched JSSK in 2011 to ensure cashless services for all pregnant women including prenatal, intra-natal and post-natal services including high-risk deliveries and caesarean in government healthcare facilities in both rural as well as urban areas. This study was undertaken at the request of the Maternal Health Division of DoH&FW for revision of estimates to allocate budget to various healthcare facilities according to their patient. The recurrent cost of providing comprehensive Ante-natal, Intra-natal, Post-natal maternal and childcare was estimated through normative costing methodology, using various guidelines of JSSK, STWs, and NHM etc.

In the public sector, the average recurrent drugs and consumables cost of providing one full antenatal care to a pregnant woman was estimated to be INR 99. Likewise, the average recurrent consumables cost per PNC was INR 87. Cost of drugs and consumables institutional delivery was INR 1964 in normal delivery and INR 2524 in cesarean delivery. The cost of providing food during hospitalization was estimated to be INR 65 per diet.

RECOMMENDATION

•BUDGET ALLOCATION UNDER
JSSK TO DISTRICTS AND
STATES (ESPECIALLY DRUG
COST FOR ANC, PNC, DIET
AND DRUGS & CONSUMABLES
COST FOR INC) CAN BE
UPDATED BASED ON RESULTS
OF THIS EVALUATION.

• MONETARY
ALLOCATION FOR
REFERRAL COST OF THE
PATIENT CAN BE GUIDED
BY ACTUAL CONTRACT
RATES OF THE
RESPECTIVE STATE.

METHODS

The recurrent cost of providing comprehensive Ante-natal, Intra-natal, Post-natal maternal, and childcare was estimated through normative costing methodology, using various guidelines of JSSK, STWs, and NHM etc. Recurrent resources required to deliver these services were also confirmed from subject experts (Gynaecologists) and healthcare providers (ASHA, ANM, MO, etc.) Average of procurement prices of drugs, consumables, and diagnostics from various sources like CGHS, Rajasthan Medical Service Corporation, and Tamil Nadu Health Service Corporation.

This analysis was carried out by:

- 1. Rates of diagnostics were taken from the CGHS list or from published literature.
- 2. Expert consultations were taken to vet the resource gaps in data from public healthcare
- facilities and adding their cost in overall. Vetting was done to review any additional
- diagnostics, drugs, consumables required in providing comprehensive ANC, INC, PNC services.
- 3. Cost of diet and delivery cost (recurrent cost on drugs and consumables) was taken up from CHSI study which is carried out by DHR-PGIMER across 13 sites.

ESTIMATION OF RESOURCES



ASSIGNING COST TO RESOURCE



Result

The cost of consumables for ANC and PNC care at SHC, PHC, and CHC level was estimated using data collected from literature and PHCs of Gujarat State. Average of procurement prices of drugs, consumables, and diagnostics from various sources like CGHS, Rajasthan Medical Service Corporation and Tamil Nadu Health Service Corporation were included in the analysis.

Health Services	Cost (INR)	Source
Drugs Cost - ANC	99 (1042)*	Primary Data Collection
Drugs Cost - PNC	87 (987)*	Primary Data Collection
Cost of Diagnostics for Pregnant Woman	1254	Primary Data Collection
Drugs & Consumables Cost Normal Delivery	1964	CHSI
Drugs & Consumables Cost Cesarian Delivery	2524	CHSI
Cost of food per day During Hospitalization	195	CHSI

Particulars	Current Reimbursement	Proposed Reimbursement
Drugs for ANC	INR 200	INR 99
Drugs for PNC	-	INR 87
Diagnostics for Pregnant Woman	INR 200	INR 1254
Drugs and consumables for Normal Delivery	INR 350	INR 1964
Drugs and consumables for C-Section	INR 1600	INR 2524
Budget require for Diet/ Day	INR 100	INR 195
Referral Transport	INR 250 (Plains)/500 (Hills)	As per State Contract

CONCLUSION

The study estimates the recurrent cost (excluding cost of human resource and transportation) of providing comprehensive maternal and new born care services included in JSSK through different public healthcare facilities. It intends to help decision makers in the process of budgetary allocation to different healthcare facilities in respective states and districts, according to their patient load and spectrum of services provided in a year.