

Cost Analysis for Scaling Up an Immediate Postpartum Family Planning Intervention in Rwanda

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Background

In 2015, the Government of Rwanda committed to scaling up access to postpartum family planning (PPFP) to increase postpartum contraceptive use, reduce closely spaced pregnancies, and improve maternal and child health outcomes. The USAID Maternal and Child Survival Program in collaboration with the Ministry of Health supported implementation of a PPFP training and mentorship approach in 10 districts. The approach comprised competency-based provider training on PPFP counseling and clinical skills followed by mentorship by district-based mentors. The approach focused on counseling during pregnancy and predischarge from maternity services, with PPFP being provided immediately after birth and up to 12 months postpartum.

To inform the intervention's scale-up, the costs of implementation in the initial 10 districts were estimated and then used to project the costs of scaling and sustaining it to all 30 districts of Rwanda.

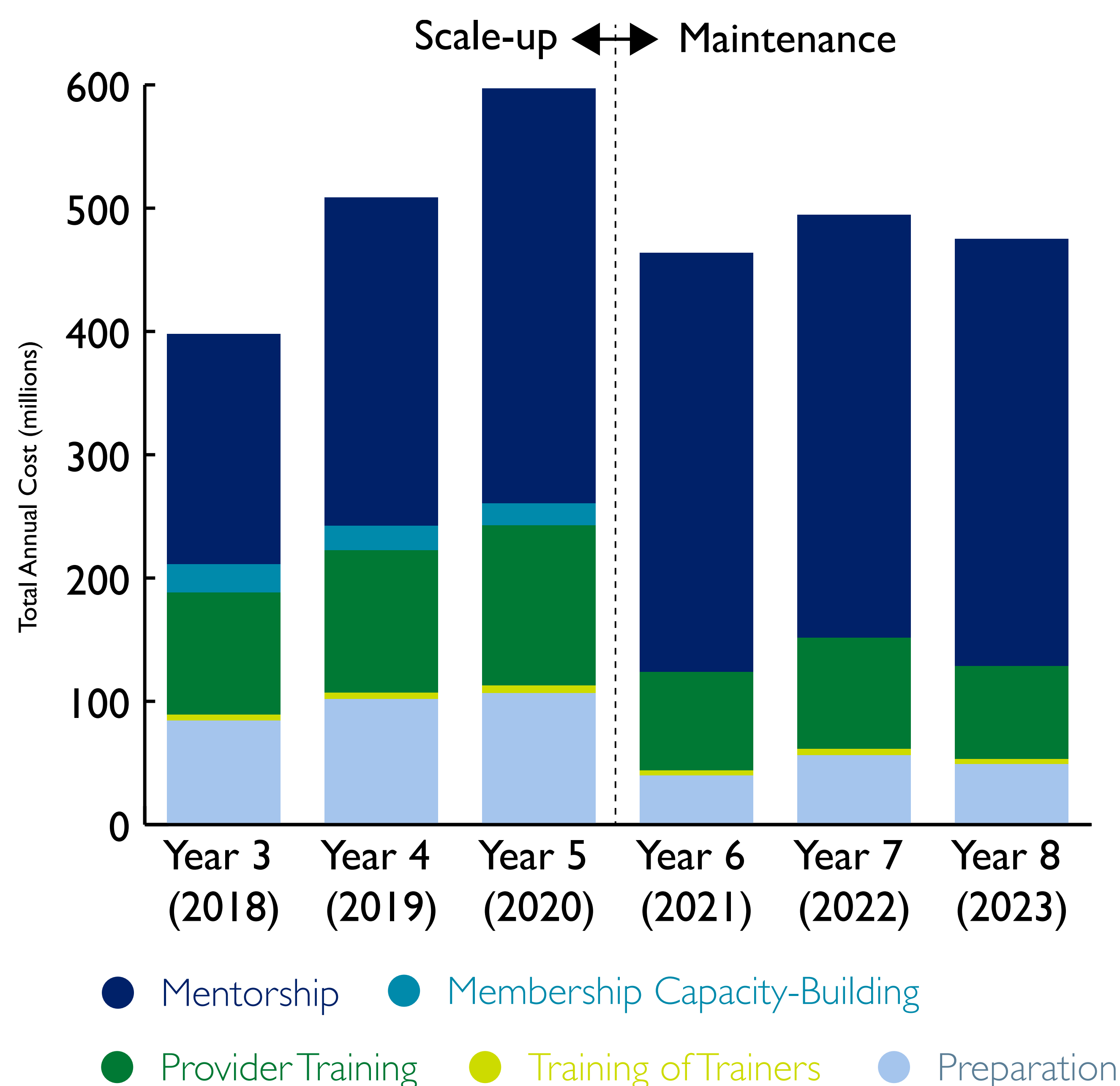
Methodology

- Estimated the costs of the intervention components by major types of costs (e.g., salary, travel, facilitation fees, equipment, other direct costs) using an activity-based costing approach based on implementation in the initial 10 districts.
- Costs were modeled on what it would cost the Government of Rwanda to scale the PPFP approach to all 30 districts by 2020 using the district as the scale-up unit and standard government pay scales and rates (e.g., government facilitation allowances). The scale-up sequence adds six to seven districts per year between 2018 and 2020.
- Modeling excluded the cost of PPFP commodities and indirect costs outside of technical oversight functions.

Results

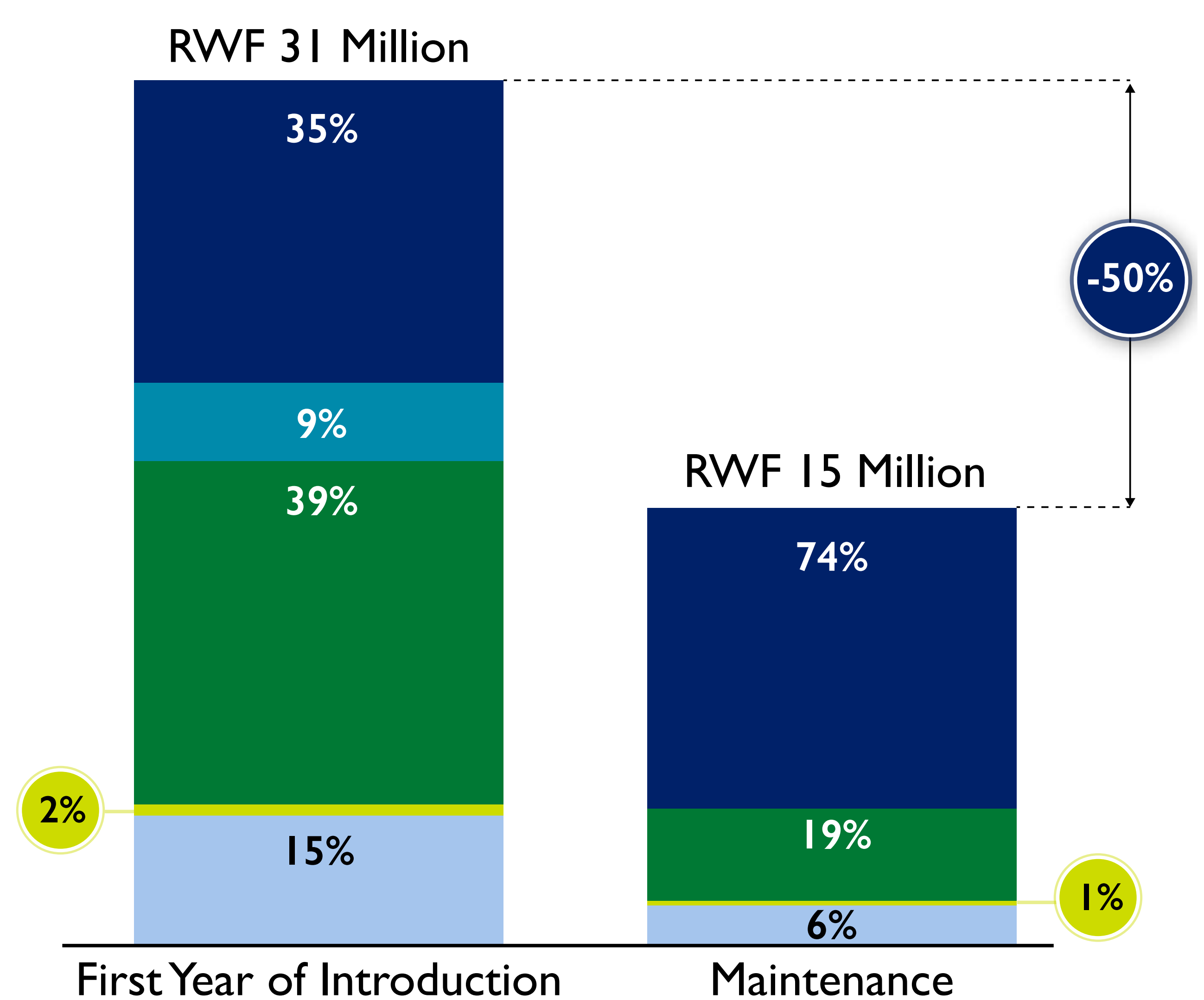
Total Annual Costs by Intervention Components

- During the scale-up period, costs are RWF 400 million–600 million per year (USD 460,000–690,000) and decrease to an average of RWF 500 million (USD 575,000) per year to maintain in all 30 districts.
- Mentorship and provider training (including refresher training in maintenance period) are the largest cost drivers.



Average Cost per District

- For an average district, it will cost approximately RWF 31 million (USD 36,000) to introduce the intervention and RWF 15 million (USD 17,000) per year to maintain in all public facilities at scale; on average, a district has 18 public facilities.



- Mentorship
- Membership Capacity-Building
- Provider Training
- Training of Trainers
- Preparation

Per Capita Costs

On a per capita or per woman of reproductive age basis, the costs to introduce and maintain the intervention are:

	First Year	Maintenance
Per capita	RWF 87/USD 0.10	RWF 37/USD 0.05
Per woman of reproductive age	RWF 326/USD 0.40	RWF 140/USD 0.20

Comparison to Government Health Spending

In both years of scale-up and maintenance, the estimated annual costs of the immediate PPFP intervention represent less than 1% of domestic government health expenditures.

Implications

Results from the intervention in the 10 supported districts showed:

- PPFP counseling rates increased to 93% 1 year after all districts implemented the intervention.
- The percentage of postpartum women initiating a PPFP method prior to discharge increased from 1–45% over 48 months.

These improvements in counseling rates and uptake of PPFP methods coupled with the relative affordability of the immediate PPFP intervention present a strong case for continued scale-up and maintenance to other districts.

The results of this cost analysis can help national- and district-level health planners and managers to quantify resource needs and advocate for funding to bring the PPFP intervention to scale while maintaining it over time, thereby helping to increase PPFP counseling and uptake of PPFP methods in Rwanda.