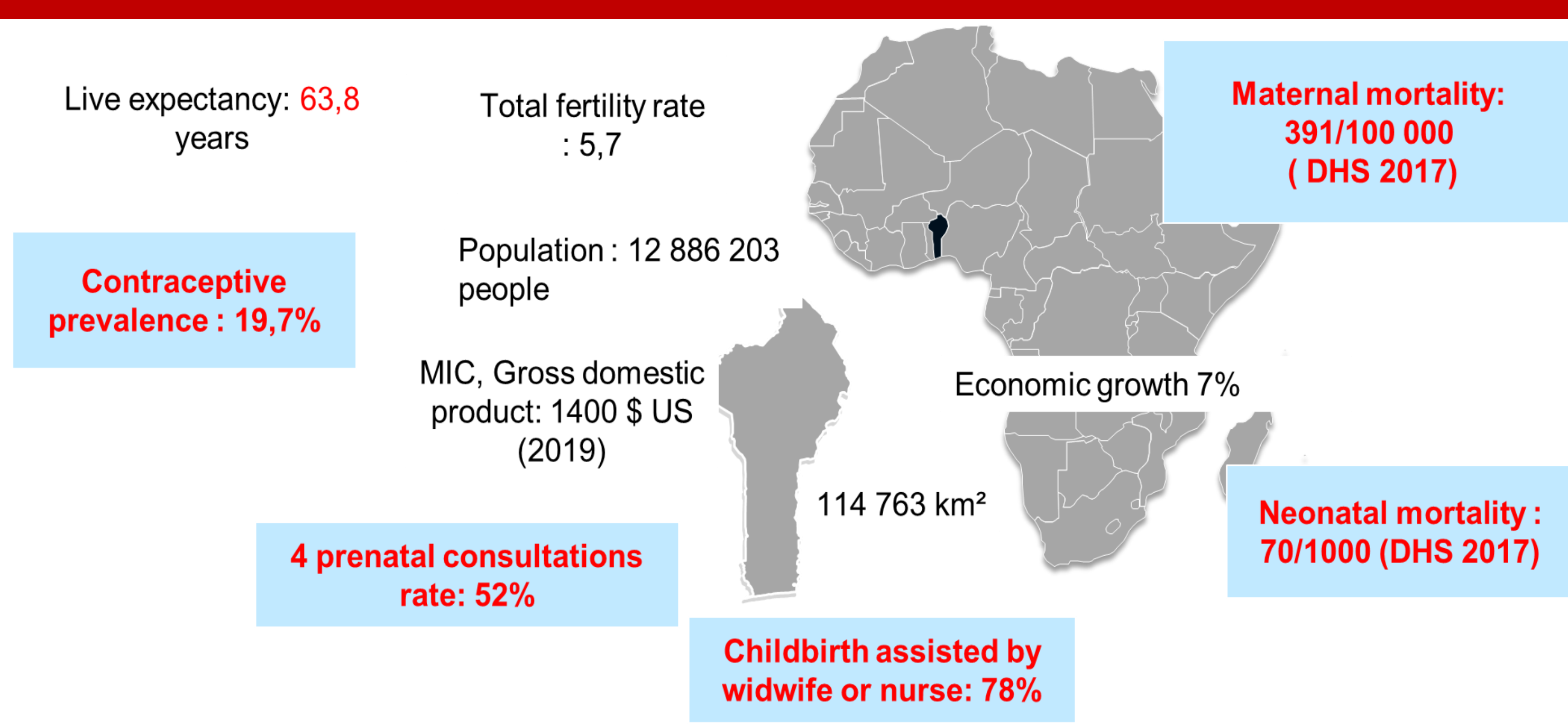


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Introduction



In Benin, poverty and prejudice hinder the use of family planning services. To help change this situation, the Belgian Development Agency (Enabel) supported the implementation of a model of full free FP in the health district of « Ouidah-Kpomassè-Tori Bossito » in order to improve contraceptive prevalence, which is lower than the national level (9,2% compared to 13.2% in 2020).

Overview

Three main actions contributed to implementing full free FP:

- 1) Improving the quality of the provision of contraceptive methods: training, equipment and coaching/mentoring maternity service providers on contraceptive technology, management of side effects and complications
- 2) Support in inputs and consumables and medications for the free provision of FP, including medication for free management of side effects,
- 3) Social mobilization involving all stakeholders with communication focused on the benefits and total free FP in order to increase knowledge and to stimulate demand for FP services.

Monitoring and evaluation tools were set up for data management. Quarterly supervisions were organized to ensure the effectiveness of free FP in health facilities.

Method

The model was implemented in 15 selected pilot health facilities, Data related to the use of FP were collected over the period from 2020 to 2022 through the DHIS2 database and supervision reports. We also carried out a qualitative survey of providers and beneficiaries to collect their perceptions of the effects of free FP on their social and economic life. Quantitative data were compared between 2020 to 2022 and a thematic content analysis for the qualitative data was conducted,

Results

In 18 months of implementation of the full free FP model, contraceptive prevalence in the 15 health facilities increased from 16.9% to 31.8%, an increase of 88%, and that of the OKT health district increased from 9.2% to 15.7%. , an increase of 70%. The most commonly used contraceptives were long-acting methods such as the implants, the Immediate Postpartum Intra Uterine Device (PPDIU) ...

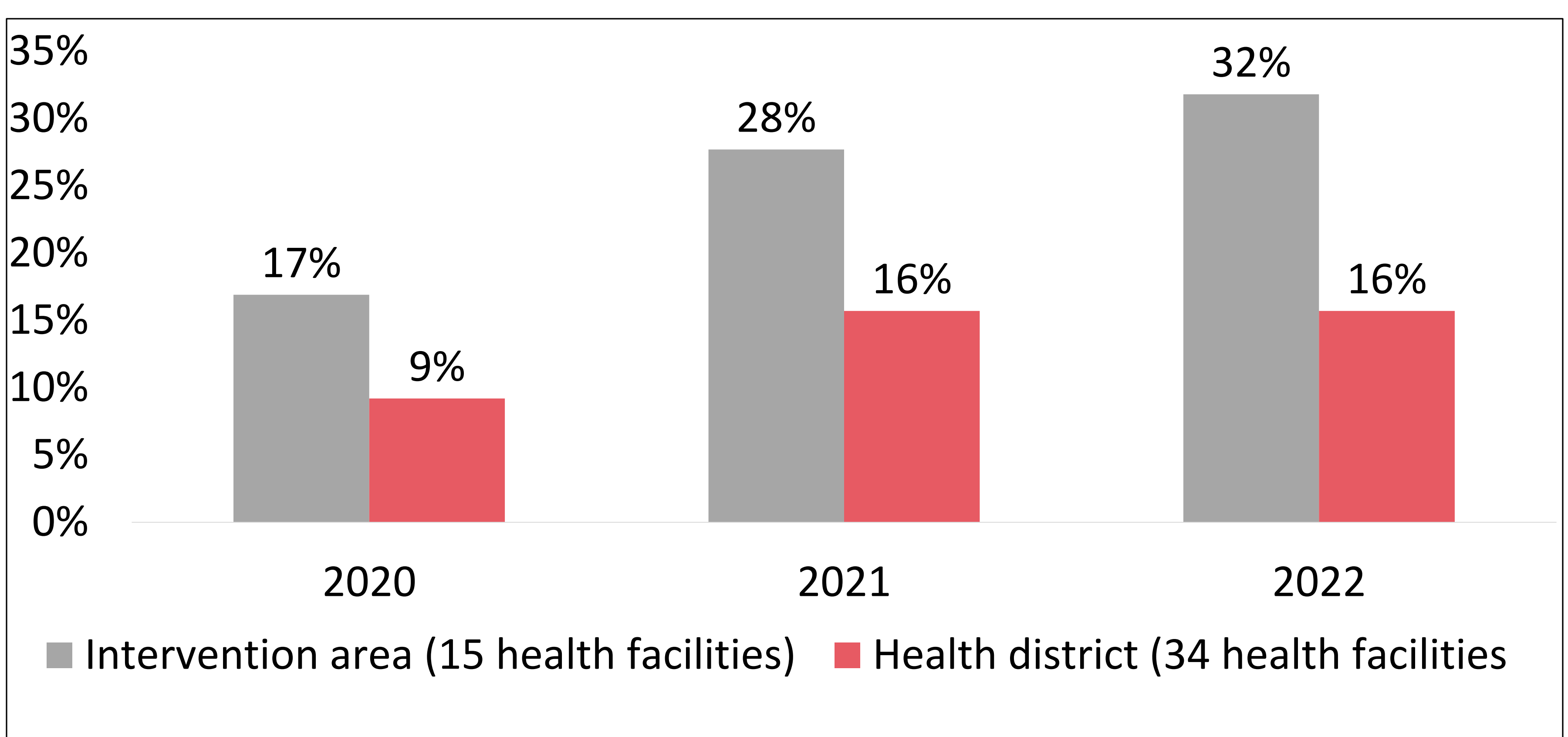


Fig1: Evolution of the MCM use rate in the health district OKT from 2020 to 2022

Most of women who benefited from free FP and their husbands positively appreciated the initiative and did not want it to stop. The changes perceived in their social and economic life as a result of this free service were very important to them: *Ability to control births; *Sexual, economic and physical development, *Availability to carry out income-generating activities more freely, *Ability to meet the vital needs of their children, *Reduction in care-related expenses, etc. “These changes will last my entire life. I paid to do it in the past and I will continue to do it even if it costs money again.” A beneficiary interviewed

Another beneficiary added: “If the adoption of contraception were no longer completely free, given the advantages I experienced, I would still have adopted it if the cost did not exceed 5,000 FCFA.”

For health managers, the benefits were : *Improved FP indicators; *Better availability of products due to the regularity of supply of PF products, *Good collaboration with colleagues in the field due to regular supervision and experience sharing sessions.

Conclusion

The combination of several actions in favor of FP makes it possible to quickly obtain results. Fully free FP alone is not enough to increase the use of contraceptive methods by women. We still need to improve the offer and mobilize all stakeholders around the strategy. The full free FP model set up, improves contraceptive prevalence. However, the sustainability of this model financed so far by Enabel is a challenge and requires a strategic decision at national level in order to maintain the achievements.