Development of a Triple Pillar-Triple Target approach to strengthen contraception in the Klouekanmè -Toviklin - Lalo Health Zone (ZS KTL) in Benin

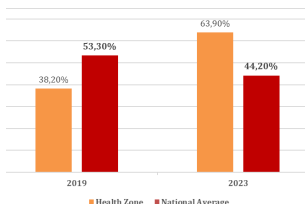**Authors:** Arnaud KINNENON, Godwin KPOTON, Paulin SOGBOHOSSOU, Yassinmè Elysée SOMASSE

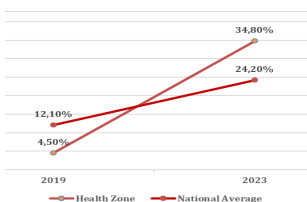**The authors declare that they have no conflict**   **Programme ID: P 393 (315)**

Introduction: Maternal mortality is high in Benin (391per 100,000 LB) and low contraceptive prevalence is one of the leading causes. In Benin, in 2019, in the KTL Health zone, contraceptive prevalence was 4.5% compared with 12.1% at national level. Lack of affordability, low quality of services and socio-cultural constraints explain this situation. Action research is being conducted to improve the situation in the KTL health zone.

Method: This is a Triple Pillar-Triple-Target (TPTC) strategy implemented in the KTL Health Zone from 2020 to 2023. The three pillars of the model implemented were: i) removing financial barriers through a policy of completely free supply, including the management of side effects; ii) improving the quality of contraceptive supply through the training and mentoring of maternity health care providers; and iii) reducing socio-cultural barriers through a positive masculinity approach with the establishment of model men's clubs, trained and involved in community mobilization for contraception. The target groups were men, women and adolescents/ young people. Contraceptive prevalence was assessed before and after implementation of the TPTC strategy.

Results: In the health zone, the model led to increased use of modern long-term contraceptive methods, that were perceived as inaccessible, with an increase of 67.3% between 2019 and 2022 (38.2% to 63.9%), while at the same time the national average decreased by 17.1% (53.3% to 44.2%). In addition, contraceptive prevalence increased from 4.5% in 2019 to 22.4% in 2021 and 34.8% in 2023, compared to more modest progress at the national level: 12.1% in 2019 vs. 24.2% in 2023.

This chart illustrates the comparison between the health zone and the national average for the years 2019 and 2023 regarding the use of modern long-acting contraceptive methods.

This chart illustrates the contraceptive prevalence in the Health Zone and the National Average for the years 2019 and 2023, with the y-axis scaled up to 100%.

Conclusion: The model developed, which improves the quality of care and reduces financial and socio-cultural barriers, has boosted contraceptive use. It should be the subject of policy recommendations to promote contraception.

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