

Key Insights

- Women and their spouses are increasingly seeking medication abortion (MA) at pharmacies in Pakistan, creating an opportunity to offer post MA family planning (FP).
- The PMAC Project aims to design and refine solutions that address women's real-world needs through a user-centered, iterative learning approach.
- A multichannel communication strategy is critical to providing accurate information, reaching women, their spouses, and influencers, and dispelling misconceptions about contraception.
- Pharmacists play a vital role as access points for post MA FP but often lack counseling skills, underscoring the need for targeted training to improve support for women.



Current stage of the PMAC project

Context

Rationale

Women, couples, and families in Pakistan increasingly access medication abortion (MA) at pharmacies, where it is widely available. Yet, the contraceptive prevalence rate remains low—34% for all methods and 23.4% for modern methods—while unmet family planning needs stand at 17.3% (Population Council and Guttmacher, 2024). This contributes to a high unintended pregnancy rate of 104 per 1,000 women aged 15-49, nearly two-thirds ending in induced abortion (Population Council and Guttmacher, 2024). The willingness to purchase MA from pharmacies may present an opportunity to offer contraceptive options and reduce unintended pregnancies. However, women often lack accurate information about contraception, and myths undermine informed choices. Furthermore, while there is growing interest in pharmacy-led post MA FP, pharmacists currently lack training and resources to deliver comprehensive contraceptive services. The Post Medication Abortion Contraception (PMAC) Project (2018-2025), led by Ipas Pakistan with partners PSI Pakistan, DKT Pakistan, Ministry of National Health Services Regulations and Coordination (Government of Pakistan) and Impact for Health International, aims to address these challenges by developing and adapting solutions to increase access to post MA FP in Islamabad Capital Territory (ICT) of Pakistan.

Target Audiences

The PMAC Project supports women aged 18-49 in low-resource urban and peri-urban settings in ICT, specifically in the Union Councils of Barakahu (population ~119,000) and Tarlai (~100,000), by developing user-centered solutions to expand access to post MA FP. Recognizing the influence of spouses and key influencers—such as friends, family, and mothers-in-law—on women's decisions, the project incorporates them into demand-side interventions. On the supply side, pharmacists, pharmacy technicians and drug sellers, serve as critical access points, offering discreet contraceptive services to women, their spouses, and key influencers. By addressing both demand- and supply-side barriers, the project aims to enhance access to post MA contraception through pharmacies.

Project Phases

The PMAC Project's phased approach gathers insights, designs, tests, and refines solutions to address challenges women face in accessing post MA FP. This brief outlines key insights from developing and testing prototypes, (also referred to as the Medium-Fidelity Phase), where interventions were developed and refined based on user feedback.



Information Gathering Phase (2019-2022)

Understanding the Problem

Formative research and user-centered design activities identified women's needs for post MA FP. A [market system analysis](#) explored health market barriers, highlighting key areas for intervention.

Key Learnings

Identified key focus areas for solution design, including raising awareness, engaging male spouses, and strengthening pharmacists' roles as providers of post-pregnancy contraceptive services.



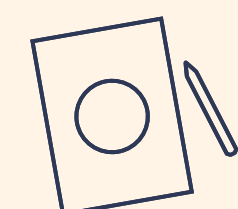
Medium-Fidelity Phase (2024)

Developing and Testing Prototypes

Prototypes were tested with women, male spouses, key influencers, and pharmacists, with user feedback driving refinements.

Key Learnings

Lessons from prototype testing informed adaptations that refined the prototypes, ensuring they were relevant and effective for the intended audience. These insights and adjustments paved the way for developing pilot interventions.



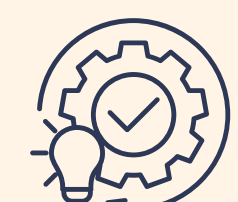
Low-Fidelity Phase (2023)

Designing & Testing Concepts

Stakeholders co-created and tested solution ideas, refining them based on user feedback. Learn more about the low-fidelity phase [here](#).

Key Learnings

Solution concepts were refined into low-cost prototypes and validated by technical advisory groups. These prototypes laid the foundation for advanced testing.



High-Fidelity Phase (2025)

Refining and Piloting Interventions

Interventions will be implemented and evaluated under real-world conditions for feasibility, usability, and effectiveness. Insights will guide adjustments to ensure solutions are impactful, scalable, and meet women's post MA FP needs.

Key Learnings

Solutions will be refined using data and real-world insights to ensure they are impactful, scalable, and effectively address women's post MA FP needs.



Learning Through Prototyping: From Concepts to Interventions

2023 Low-Fidelity Phase 

2024 Medium-Fidelity Phase 

2025 High-Fidelity Phase 

Designing & Testing Concepts

Eight concepts were tested with self-MA users, their spouses, and key influencers across four themes: communication, community engagement, digital information, and pharmacist engagement.

Developing & Testing Prototypes

Eight prototypes were tested with self-MA users, their spouses, key influencers (friends, family, and mothers-in-law), and pharmacists. Feedback refined the prototypes into interventions, leading to the discontinuation of two prototypes.

Refining & Piloting Interventions

Interventions were finalized and optimized based on insights from the medium-fidelity phase to ensure effectiveness in real-world settings.

Concept Description

Prototypes Developed

Pilot Intervention

Theme: Communication Materials

Communication materials (flyers, video, SMS and radio messages) focused on:

- Financial wellness
- Women and children's health
- Child education

Low-cost printed flyers highlighting the connection between contraception, family size, financial implications, and maternal and child health.

Nine flyers focusing on the connection between contraception, children's education, maternal and child health, and financial wellness, to be distributed at pharmacies and other community spaces.

Flyers promoting contraceptive use by linking it to financial wellness, maternal and child health, and child education.

Storyboard covering general contraception information, method usage, side effects, and debunking common myths.

Five videos each focusing on a specific contraception method including pills, condoms, injectables, IUDs, and implants to be broadcast on YouTube.

Videos with digital content promoting contraception methods, designed for sharing across various social media platforms.

SMS messages on the benefits of contraception sent to clients.

Ten SMS text messages on the benefits of contraception.



Radio script messages promoting birth spacing and contraception.

Ten radio scripts on the benefits of contraception.



Radio messages highlighting the benefit of various contraceptive methods.

Radio messages and radio podcasts replaced SMS as a more discreet and accessible way to deliver contraceptive information, offering non-targeted outreach that minimizes risks to user privacy in sensitive contexts.

The intervention was discontinued due to privacy concerns: 65% of self-MA users lacked personal phones and relied on shared devices, risking confidentiality and safety for women receiving contraception messages.

Theme: Community Engagement

Physical and digital safe spaces and radio messages (mass media) targeting self-MA users, their spouses and key influencers to improve their knowledge on contraceptive methods.

In-person spaces for community meetings to focus on contraception awareness and myth-busting.

Guides for health workers to improve knowledge of contraception methods and dispel myths through in-person sessions with self-MA users, their spouses, and influencers.

In person community engagement sessions promoting the benefits of birth spacing and contraceptive use.

Digital spaces such as WhatsApp groups for regular sharing of contraception information.

A 90-day WhatsApp calendar to share regular weekly contraception messages, including voice messages, on a WhatsApp group.



Testing was hindered by limited smartphone access and women's reluctance to share personal information or receive contraception messages on shared or spouse-owned phones.

Theme: Digital Information

WhatsApp Chatbot to provide a private and anonymous platform for self-MA users, their spouses and key influencers to access information on post MA FP.

Chatbots, such as a WhatsApp based chatbot, to provide general contraception information, including details on side effects and addressing myths and misconceptions.

A chatbot with content on contraceptive methods, including their effectiveness, the religious perspectives, side effects, and access points.

A WhatsApp chatbot designed as a user-friendly digital tool to educate men and women on contraception.

Theme: Pharmacy Component

Training for pharmacists and drug sellers to offer quality post MA FP information and services.

Engaging pharmacists, through training, focusing on contraceptive counseling, provision, and referrals, with an emphasis on contraceptives for post MA FP.

Training materials for 40 pharmacists, including job aids such as posters, to enhance contraception service delivery and improve data reporting.

Training and supporting pharmacists on contraceptive counseling, provision, and referrals, with a focus on post MA FP and incentivized service.



Key Lessons Learned from Prototyping and Testing

During the medium-fidelity phase, prototypes were tested with women who were self-MA users, their spouses, key influencers (friends, family, and mothers-in-law), and pharmacists. Key themes emerged from their feedback, offering crucial insights for refining interventions for real-world testing in the high-fidelity phase and contributing to the understanding of how best to support women's access to contraception in Pakistan.

Women

- **Messaging needs to be simple:** Women with low literacy levels found complex messages confusing. To address this, future communication materials should be jargon-free, in Urdu script (not Roman Urdu), and easy to understand.
- **Communication interventions must prioritize privacy:** Many women rely on shared smartphone devices from family members, raising privacy concerns when receiving contraception SMS messages. Online videos and radio messages are preferred alternatives to ensure privacy.

Spouses

- **Tailored communication is needed to engage men:** While men understood modern contraception from the communication materials, it had less impact on their method choices within relationships compared to their spouses. This highlights the need for more targeted efforts to effectively engage men.
- **Chatbots can support men effectively:** Male spouses found the digital Chatbot easy to navigate and valuable for educating themselves and their spouses on contraception.

Influencers

- **Radio vs. social media:** While participants understood radio messages, they were not actively tuning in. Social media platforms may be more engaging for friends, family, and mothers-in-law, making them stronger channels for influence.
- **Printed materials encourage family discussions:** Flyers were well-received as effective tools for promoting contraceptive use, offering tangible, shareable information that helps guide decisions within families, particularly through mothers-in-law and other key household members.

Pharmacists

- **Training increases knowledge, but more data is needed to confirm service improvement:** Focused training on contraceptive counseling and post MA referrals enhanced provider knowledge. However, understanding how this new knowledge translates to improved service delivery requires additional data. While pharmacists readily sell MA, they show greater reluctance in providing contraception, which could indicate the need for values clarification around post MA contraception. Additionally, there is a need to ensure pharmacists can provide private spaces to clients for consultations and counseling.
- **Pharmacists need better incentives to improve reporting and documentation:** Pharmacists faced challenges in consistently collecting and reporting post MA FP data due to time constraints and limited motivation. Providing incentives—such as performance-based rewards or simplified reporting systems—could encourage better documentation practices. Over time, pharmacies may realize that improved documentation supports their own business by providing insights into customer needs, tracking product demand, and enhancing service delivery.



Conclusion



The findings from this brief underscore the critical need for user-centered, evidence-driven solutions to improve access to post MA FP in Pakistan. By prioritizing women's real-world challenges and incorporating insights from key stakeholders, the PMAC Project has demonstrated the importance of iterative learning and prototyping in refining interventions. Key takeaways emphasize the need for simplified, privacy-sensitive communication channels to reach women effectively, tailored strategies to engage male spouses, and targeted community engagement efforts to address misconceptions and stigma. Pharmacists, as critical providers of post MA FP, require both enhanced training and practical incentives to improve service delivery, counseling, and data reporting. Addressing values clarification for contraception and highlighting the business benefits of quality reporting may motivate pharmacists to prioritize contraceptive services. These learnings lay a sustainable foundation for scalable interventions that expand contraceptive choices, reduce unintended pregnancies, and ultimately improve health outcomes for women, families, and communities in Pakistan.

Next Steps



The next steps focus on refining interventions ahead of pilot testing. Recommendations from the pilot phase will be essential in shaping future post MA FP interventions for successful implementation in target communities.

Launching Pilot Interventions

The pilot interventions will be implemented in two Union Councils of ICT from January to September 2025, including partnering with 40 ICT-based pharmacies. These interventions will target recent clients and key influencers to assess their feasibility, effectiveness, and real-world impact. Special attention will be given to monitoring service delivery, understanding user experiences, and identifying any remaining barriers to post MA FP uptake. Pharmacists will play a critical role as key access points, and their training, counselling skills, and reporting practices will be closely evaluated to ensure the interventions are both practical and scalable.

Sharing Lessons

Insights and data gathered during the pilot phase will be documented and analyzed to identify successes, challenges, and opportunities for improvement. These findings will be shared with key stakeholders, including policymakers, regulatory bodies, health providers, and implementing partners, to inform future contraceptive initiatives. By fostering collaboration and promoting evidence-based learning, the project aims to strengthen pathways for scaling post MA FP solutions, aligned with the government's Universal Health Coverage agenda to enhance access, across Pakistan. This continuous feedback loop will ensure that interventions remain responsive to the needs of women, their spouses, and communities, driving sustainable change.



Additional Resources

To learn more about the PMAC Project and access previously published learning briefs, please click [here](#).

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