

# Learning from piloting pharmacy interventions for post pregnancy family planning in Pakistan



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LEARNING BRIEF #5

## At a Glance

- **What:** Piloting pharmacy-based post-pregnancy family planning interventions
- **Where:** 59 pharmacies in peri-urban Islamabad, Pakistan
- **When:** January 2025–June 2025
- **Why it matters:** Pharmacies are trusted but underutilized as family planning access points
- **Early win:** 89% counseling rate and 72% family planning method uptake in intervention areas

## Background



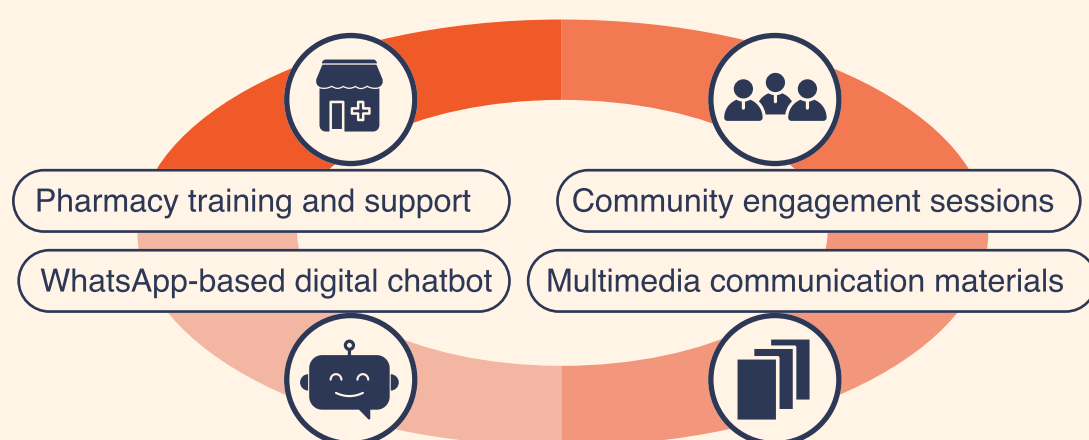
### Reimagining Pharmacies: A New Frontline for Reproductive Health Care

Pakistan faces high rates of unintended pregnancy - 104 per 1,000 women aged 15–49 - with nearly two-thirds ending in abortion (Population Council and Guttmacher, 2024). While medication abortion (MA) is widely accessed through pharmacies, most women leave without contraceptive support and modern contraceptive use remains low at 25% (PDHS, 2017-18). These trends highlight a critical opportunity: pharmacies, as accessible and trusted points of care, could serve as effective providers of post-pregnancy family planning, helping to reduce future unintended pregnancies and improve reproductive health outcomes.

### Testing What Works: Early Lessons from the Field

The Post-Medication Abortion Contraception (PMAC) Project was launched to develop and test interventions that support women in accessing and continuing family planning (FP) after a medication abortion. During early phases, pharmacy based post-pregnancy care emerged as an important intervention.

Therefore, as part of the High-Fidelity Phase, Ipas launched a pilot across two peri-urban union councils in Islamabad Capital Territory to test a package of four mutually reinforcing interventions:



This learning brief focuses on the pharmacy training and support component - examining how frontline pharmacy staff are being equipped to offer informed, client-centered post-pregnancy family planning care. Drawing on data from the first six months of implementation, the brief outlines how this intervention aligns with existing High Impact Practices (HIPs), and presents emerging insights on client profiles, training outcomes, and FP uptake.

# Inside PMAC's Pharmacy Model

## The Approach

The PMAC pharmacy intervention aims to expand FP access by training pharmacy staff, engaging clients with tailored communication, and linking services through strengthening referral. It builds on a HIP while introducing locally relevant innovations.

### Pharmacy Intervention Components

Capacity Building & Support	Client Communication & Engagement	Referral Systems
<ul style="list-style-type: none"><li>FP methods and counseling techniques.</li><li>Values Clarification and Attitude Transformation (VCAT) sessions to address stigma.</li><li>Monthly follow-up visits for partnering pharmacies, with additional support where required.</li></ul>	<ul style="list-style-type: none"><li>Counseling resources like pictorial job aids and the medical eligibility criteria wheel.</li><li>Referral to WhatsApp chatbot to reinforce counseling messages.</li><li>Family planning flyers posted in pharmacies.</li><li>Dissemination of flyers with targeted family planning messages for men and women in the local community.</li></ul>	<ul style="list-style-type: none"><li>Referral information provided to clients by pharmacy staff for Long-Acting Reversible Contraception (LARC) services available at public and private health facilities.</li></ul>

### PMAC's Innovation Within a Proven Model

	HIP Elements	PMAC Distinctives
IMPLEMENTATION	Customized training for pharmacy staff	Post-MA focused counseling, owner engagement and male engagement strategies
	Job aids and support systems	Post-MA counseling aids (pictorial tools and digital chatbot integration)
	Licensing support and quality oversight systems	Not required, as pharmacists and drug sellers are already providing MA and over-the-counter FP supplies
PERFORMANCE INDICATORS	% of pharmacy staff trained in FP	Method uptake by gender
	% of clients counseled and adopting methods	Method uptake timing
	% sourcing contraceptives from pharmacies	Referral completion
RESEARCH QUESTIONS		Client experience metrics
	What training/supervision improves FP quality?	Testing ongoing VCAT and owner involvement effects
	How to strengthen pharmacy-to-clinic referrals?	Studying referral follow-through and system readiness
	What are clients' pharmacy preferences for FP?	Research on post-MA preferences and digital counseling effectiveness

Together, these components lay the foundation for locally responsive pharmacy interventions designed to meet women and men where they already seek care. But how well does it work in practice? The next section explores early findings from the PMAC pilot.

# Early Insights from Implementation

## Key Learnings Around Clients, Training & FP Uptake

PMAC is piloting its intervention in two peri-urban areas of Islamabad Capital Territory. As of June 2025, 71 pharmacists and drug sellers (from 59 sites) have received two-day training. 41 (of the 59) sites are actively engaged through ongoing mentorship, and monthly supervision. Seventeen comparable pharmacies serve as comparison sites, enabling side-by-side analysis of pharmacies performance and contraceptive uptake. Data collected between January and June 2025 was analyzed to surface early trends and insights related to client profiles, training outcomes, and FP uptake.

### Clients: Who is purchasing MA from pharmacies - and therefore likely to need post-pregnancy family planning counseling?

- **Women are seeking pharmacy-based care.** Roughly 35% of MA clients were women - higher than anticipated - indicating that women can be reached directly at pharmacies with FP information and care.
- **Men play a central but underleveraged role in contraceptive access.** Men made up 65% of MA clients, with 77% of those men purchasing FP methods for their partners. With tailored engagement, more male intermediaries could support informed contraceptive decisions.

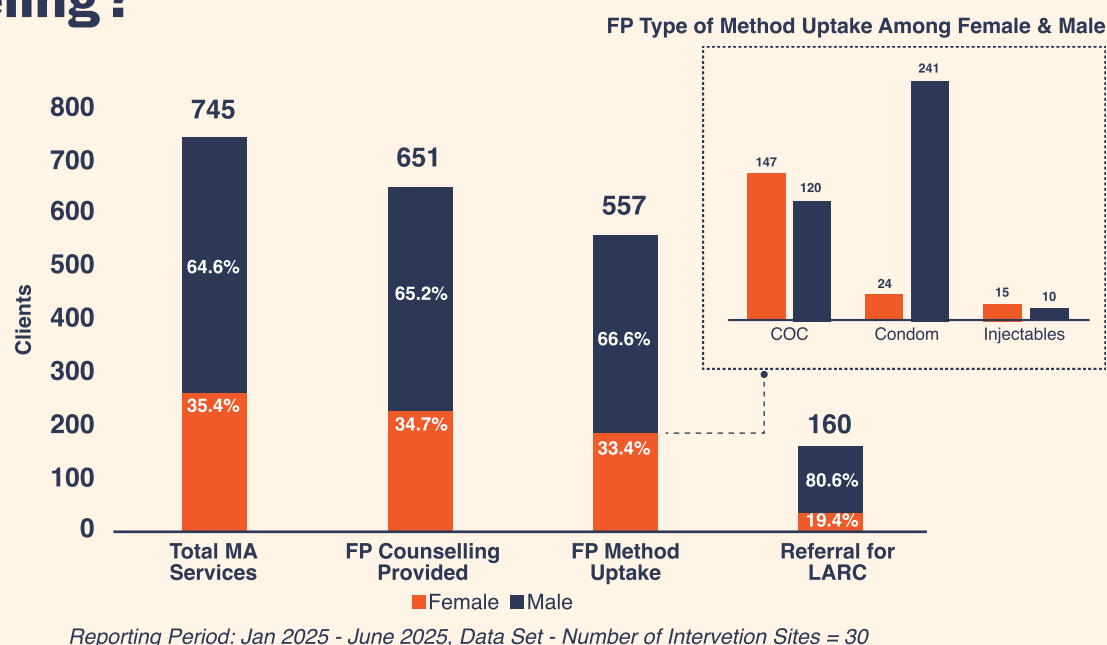


Figure 1: FP Method Uptake by Gender

### Training: Can short, easy-to-deliver trainings improve pharmacists' and drug sellers' knowledge and attitudes towards counseling and providing contraceptive methods after MA?

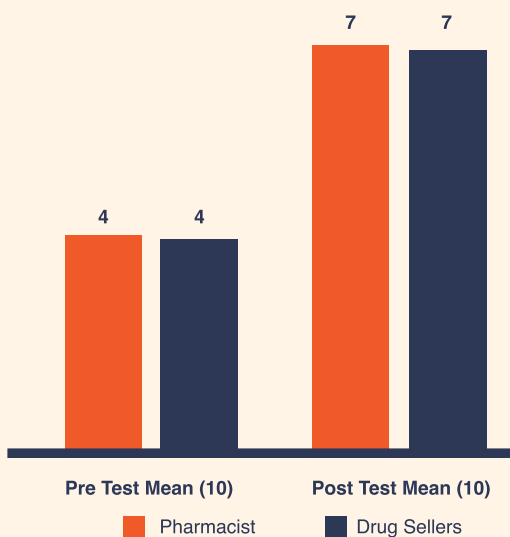


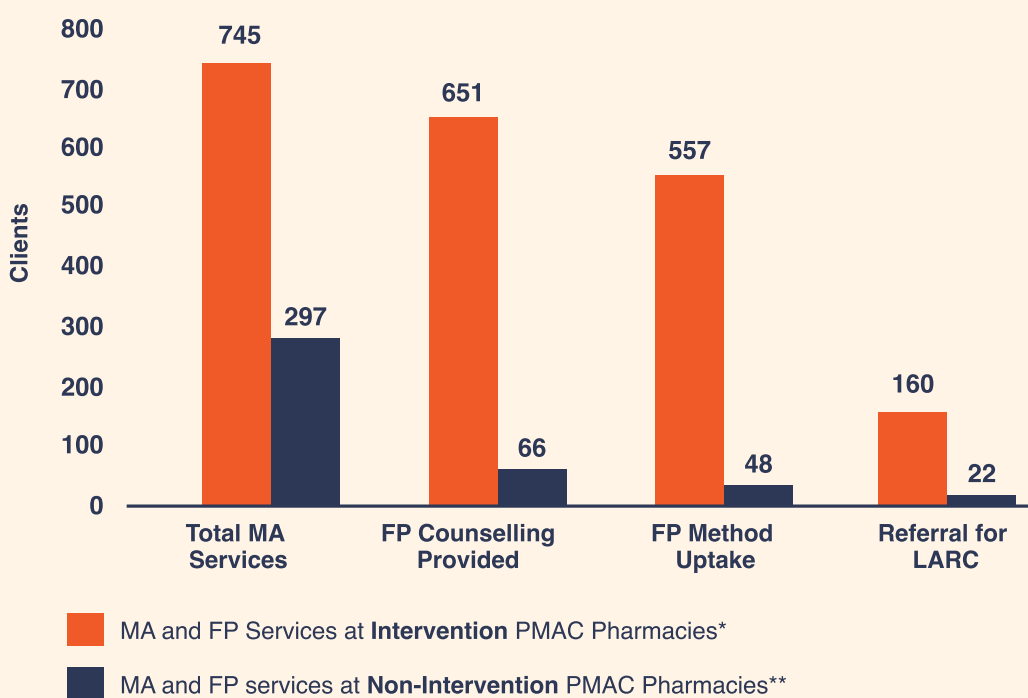
Figure 2 – Pre- and Post-Training Knowledge Scores

- **Training increased provider knowledge.** Pharmacist and drug seller knowledge on FP methods, counselling, and referral practices improved from an average of 4 correct answers (out of 10) to 7 correct answers for pharmacists and drug sellers. Knowledge scores improved from pre- to post-test for 86% of pharmacists and 79% of drug sellers.
- **Values clarification remains essential.** While most pharmacists show support for post-MA FP, approximately one-third still express reservations about contraception, highlighting the need for ongoing values clarification as part of the package of interventions.
- **Training format matters.** Providers favored interactive training and simple case refreshers. Urdu materials were key for understanding, showing the need for accessible, relevant content.

### Uptake: Does training and support lead to more counseling and increased uptake of FP methods among MA clients?

- **Counseling coverage was higher in intervention areas.** Eighty nine percent of MA clients at intervention pharmacies received FP counseling, versus 19% at comparison sites. Flyers and checklists helped pharmacists provide consistent counseling, though time and privacy remained key challenges.
- **FP uptake was greater in intervention areas.** Seventy two percent of MA clients at intervention pharmacies adopted a method, compared to 16% in comparison areas.

Figure 3: Post MA FP Uptake at Intervention & Non-Intervention PMAC Pharmacies



\*Reporting Period: Jan 2025 - June 2025, Data Set - Number of Intervention Sites = 31 (out of 49)

\*\*Reporting Period: Jan 2025 - June 2025, Data Set - Number of Intervention Sites = 14 (out of 20)



# Conclusion

## Refining the Pharmacy Model from Early Insights

These preliminary findings indicate that pharmacies can serve as effective and trusted entry points for post-pregnancy family planning in Pakistan. The pilot phase demonstrates that with targeted training, supportive supervision, and simple communication tools, pharmacy staff can deliver counseling and significantly increase contraceptive uptake among MA clients. The unexpectedly high proportion of women directly engaging with pharmacies alongside the central role of men as intermediaries underscores the importance of designing interventions that reach and engage both groups. As the pilot progresses, these early lessons will help guide program intervention adjustments and inform scalable strategies to integrate pharmacies into the broader reproductive health ecosystem, positioning them as a vital complement in reducing unintended pregnancies and advancing contraceptive uptake in Pakistan.

### Interested to learn more?

Contact Amna Arshad ([ArshadA@ipas.org](mailto:ArshadA@ipas.org)) or Kristen Shellenberg ([shellenbergk@ipas.org](mailto:shellenbergk@ipas.org)) and read our associated briefs [Designing change to enhance Post-Pregnancy Contraception Uptake in Pakistan: A Visual Guide to Low-Fidelity Prototype Development](#) and [Pathway for Change: Learning from Prototyping a Post-Pregnancy Care Model for Women in Pakistan](#).

