LEARNING BRIEF

Strengthening Pathways for Post-MA Family Planning

A collaboration of

Ipas PAKISTAN

IMPACT FOR HEALTH

Background

Project Overview

The Accelerating contraceptive uptake through post pregnancy care model (PMAC) Project (2018–2026) was developed to address persistent gaps in access to post medication abortion (MA) family planning (FP) in Pakistan. While MA is widely accessed, particularly through private-sector pharmacies, many women leave without receiving information or support to adopt a contraceptive method following MA self-use. This contributes to high levels of unintended pregnancy and continued unmet need for FP.

Incorporating a user-centered, iterative approach, the PMAC project engaged women, their partners, and key influencers (relatives, friends, respected community members) to design solutions that reflect real-world needs and decision-making contexts. Over time, the PMAC project moved from research and prototyping to testing and refining interventions, generating insights that highlighted the value of multichannel strategies combining community engagement, communication, and strengthened pharmacy-based services. These learnings informed the development and pilot of the PMAC model to assess its effectiveness and potential for scale.

Pilot Overview

The pilot phase tested a combination of interventions in peri-urban areas of Islamabad Capital Territory (ICT) — Bara Kahu and Tarlai Kalan — with Rawat as a comparison area. It set out to understand whether interventions could strengthen post-MA FP uptake and improve how women, partners, and influential family members were exposed to, engaged with, and experienced FP information and support following MA self-use.

The pilot phase brought together four mutually reinforcing components:

1. **Pharmacy support** through provider training, counseling tools, and supportive supervision
2. **Community engagement sessions** with MA users, partners, and influential family members
3. **Communication materials**, including flyers, videos, and radio messages
4. **Digital counseling tools**, including the WhatsApp-based chatbot "Mehru"

PMAC Interventions tested

Through high-fidelity testing integrated model in real-world settings, the pilot aimed to generate actionable evidence on what works, for whom, and under what conditions, informing future scale-up of pharmacy-based and community-linked approaches to post MA FP in Pakistan. This learning brief focuses on **exposure, engagement, experience and lessons learned about the interventions.** To learn about the extent to which these interventions influenced FP uptake and continuation, please see complimentary briefs on Ipas.org.

Exposure, Engagement & Experience

Implementation revealed how women who self-manage an abortion with pills, partners, influencers, and pharmacy providers engaged with each channel. Across the pilot, participants responded most positively to interventions that were interactive, trusted, and reinforced through multiple touchpoints.

1 Community Engagement Sessions

WHAT WAS THE INTERVENTION?

Community engagement sessions brought together MA users, male partners, and influential family and community members in structured, facilitator-led discussions about family planning methods, myths and misconceptions, family wellbeing, and where to seek services. Sessions for women and men were conducted separately to support open discussion and participant comfort.

Sessions were led by trained facilitators and incorporated videos and printed materials to encourage discussion and reflection. Participants attended three sessions, which were conducted either across multiple days or combined into a single sitting depending on participant availability and scheduling preferences.

WHO WAS EXPOSED?

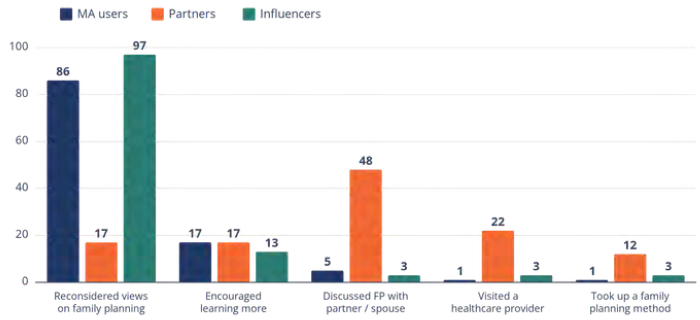
Community engagement sessions achieved the highest reach across all intervention channels among participants in the PMAC intervention areas. Exposure findings, drawn from the endline user survey among MA users, male partners, and influential family and community members recruited through participating pharmacies and community-based activities, showed consistently high participation across all participant groups. Nearly all recruited MA users (95.5%), and all surveyed partners and influential family and community members, reported participating in at least one session.

HOW DID THEY ENGAGE & EXPERIENCE IT?

Across participant groups in the intervention areas, respondents described the community engagement sessions as relevant, interactive, and easy to engage with, reflecting generally positive participant experiences with the intervention.

- Participants consistently described the sessions as easy to understand, interactive, and comfortable for asking questions.
- Participants most remembered discussions on family planning methods, myths and misconceptions, and family wellbeing.
- Many participants reported discussing family planning with spouses or family members after the sessions, suggesting that engagement extended beyond direct participants into households and communities.

Figure 1 · Effect of community sessions on FP attitudes & behaviour



95.5%

of recruited MA users joined at least one community engagement session

— alongside all surveyed partners and influencers. The highest reach of any PMAC channel.

Exposure, Engagement & Experience

continued

2 Pharmacy Engagement

WHAT WAS THE INTERVENTION?

The pharmacy intervention aimed to strengthen pharmacies as accessible entry points for post MA FP information and support. Pharmacists and drug sellers received training on contraceptive counseling, MA-related counseling, and use of logbooks to support documentation and client engagement. Providers were also supplied with communication materials, including flyers displaying QR codes and contact information for the Mehru chatbot.
Supportive supervision visits and networking meetings were conducted regularly throughout implementation to provide on-the-job coaching, reinforce counseling practices, and support logbook maintenance. These activities were designed to strengthen provider engagement and improve participant exposure to family planning information at the pharmacy level.

WHO WAS EXPOSED?

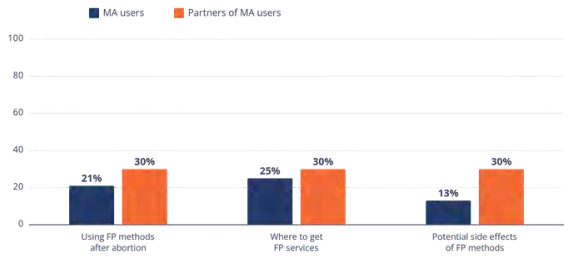
Pharmacy engagement reached a smaller proportion of participants than community engagement sessions, with almost 40% of the pilot sample reporting direct interaction with participating pharmacies and drug sellers participating in the intervention areas. However, these interactions were particularly important because pharmacies were often the first or primary place where participants sought information and support, creating opportunities to introduce family planning counseling, communication materials, and referral support at an early point of contact.

HOW DID THEY ENGAGE & EXPERIENCE IT?

Findings on pharmacy interactions showed that pharmacies played an important role in shaping how participants accessed information, counseling, and support related to post MA FP.

- Pharmacies often served as the first point of contact, particularly for male partners procuring MA pills.
- The pharmacy setting created opportunities for participants to receive information, counseling, and support within a single interaction point.
- Participants reported more FP counseling and support in intervention versus comparison pharmacies (25% and 15% respectively).

Figure 2· Post-MA FP counseling received at pill purchase (pharmacy-recruited)



3 Communication Materials

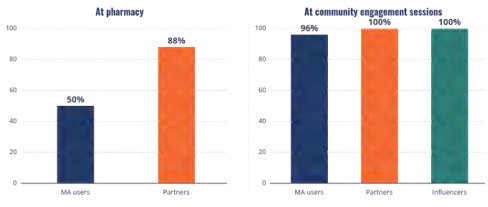
WHAT WAS THE INTERVENTION?

The PMAC project developed communication materials, including flyers, videos, and radio messages, to reinforce family planning information and address myths and misconceptions, and encourage discussion around family wellbeing and contraceptive decision-making. Materials were distributed through pharmacies, community engagement sessions, and digital channels to create repeated exposure to key messages across different touchpoints.
The materials were informed by earlier PMAC user-centered design and prototyping work, and aligned with Tawazan's national family planning narrative. They used simple language, relatable scenarios, and themes connected to everyday priorities such as family wellbeing, financial wellness and informed decision-making. The intervention included 9 flyers, 5 videos, and 10 radio messages. Flyers also included QR codes and contact information for the Mehru chatbot.

WHO WAS EXPOSED?

Findings showed that communication materials achieved the greatest reach when delivered through community engagement sessions rather than through pharmacies or independent digital access. Nearly all participants reported seeing flyers and videos during community sessions, including 96% of MA users and 100% of partners and influencers. In comparison, exposure to flyers through pharmacies was lower, reported by 50% of MA users and 88% of partners. Independent access to video content through YouTube was also limited, particularly among partners, while no respondents reported exposure to radio messages.

Figure 3· Exposure to PMAC flyers: at pharmacy vs at community sessions



Exposure, Engagement & Experience

continued

HOW DID THEY ENGAGE AND EXPERIENCE THE INTERVENTION?

Participant feedback suggested that communication materials were most effective when introduced and discussed through facilitated engagement activities rather than encountered independently.

- Participants were more likely to notice and remember materials when they were introduced during community sessions rather than distributed independently.
- Messages related to maternal and child wellbeing, healthy families, and financial wellbeing were the most memorable.
- Many participants reported sharing flyers or discussing content with spouses, family members, and friends, extending the reach of information beyond direct participants.

4 Digital Engagement · Mehru Chatbot

WHAT WAS THE INTERVENTION?

'Mehru', a WhatsApp-based chatbot, was introduced as part of the PMAC intervention package to provide confidential and on-demand family planning information. Access to the chatbot was promoted through flyers, videos, pharmacies, and community engagement sessions, including through QR codes and phone numbers displayed on communication materials.

WHO WAS EXPOSED?

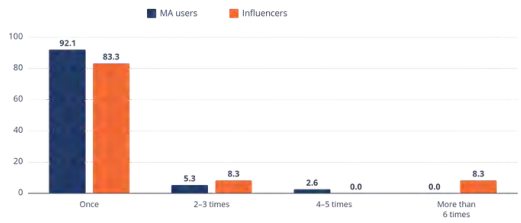
Exposure to the Mehru chatbot was lower than exposure to the other PMAC intervention channels, reflecting both the limited promotion of the chatbot and differences in participants' access to smartphones, internet connectivity, and digital tools.

HOW DID THEY ENGAGE AND EXPERIENCE THE INTERVENTION?

Participants who interacted with the chatbot generally reported positive experiences, although engagement appeared to be influenced by access to smartphones and digital tools.

- Participants who used the chatbot generally found the language easy to understand and reported that it addressed their family planning questions and concerns.
- Most participants learned about Mehru through flyers and community engagement sessions rather than through independent discovery.
- Smartphone ownership, internet access, and familiarity with digital tools influenced engagement with the chatbot.

Figure 4 · Frequency of Mehru chatbot use (3 months pre follow-up)



21.5%
of MA users

40%
of influencers

reported exposure to the Mehru chatbot — the lowest reach of any channel, shaped by limited promotion and unequal access to smartphones and connectivity. No partners reported exposure.

Lessons Learned

How components of the PMAC model performed

Findings from the PMAC pilot highlighted important lessons about what supported strong engagement with post MA family planning interventions, where implementation challenges emerged, and which approaches showed the greatest potential for future scale-up. Across the pilot, the strongest-performing interventions were those that combined trusted interpersonal engagement with repeated exposure to reinforcing messages and support. Key learnings included:

01

95.5% participation across all groups

Community engagement worked because it reached users and those who shape their decisions.

Participation was high across all groups (95.5% of MA users and 100% of surveyed partners and influencers) showing that community platforms were able to engage not only women but also partners and influencers. This broader reach likely contributed to shifting knowledge and enabling shared decision-making, which is critical in contexts where contraceptive use is shaped by household dynamics.

02

79 pharmacies · 62% reported consistently

Pharmacy engagement worked where providers were actively supported — but participation was inconsistent.

A total of 79 pharmacies participated in the PMAC pilot, reflecting the important role pharmacies can play as accessible entry points for post MA FP information and support. However, only 62% of participating pharmacies consistently reported service data throughout implementation, suggesting variation in provider engagement and follow-through across sites. These findings indicate that one-time training was not sufficient to sustain consistent implementation, and that ongoing supervision, networking meetings, and regular provider engagement were important for maintaining counseling, documentation, and referral activities over time.

03

96–100% reach via community sessions

Communication materials were most effective through interpersonal channels, not standalone distribution.

Exposure to flyers and videos was highest when these materials were shared during community engagement sessions, where 96–100% of participants reported seeing them, compared to lower reported exposure (55-88%) through pharmacies and independent digital access. This suggests that communication materials were more likely to reach participants when introduced and discussed through facilitated engagement activities rather than distributed on their own.

04

21.5% of MA users reached Mehru

Digital engagement was more effective when introduced through trusted interpersonal channels.

Exposure to the Mehru chatbot remained limited (21.5% of MA users and 40% of influencers), partly due to limited promotion and unequal access to smartphones and internet connectivity. However, participants who used the chatbot generally reported positive experiences, and most first learned about it through flyers and community engagement sessions. These findings suggest that digital tools may work best when actively introduced and reinforced through in-person engagement rather than relying on independent discovery alone.

The PMAC model demonstrates the value of combining channels to support FP access and decision-making. The next section outlines key recommendations for refining and scaling the model based on these insights.

Recommendations

Refining the PMAC model for future programming

Findings from the PMAC pilot highlight the importance of delivering post MA FP through a connected pathway rather than isolated interventions. The PMAC model reflects this integrated approach by linking pharmacies, community actors, communication, and referral pathways. As the model moves toward scale, the focus should be on strengthening high-performing components and refining those that showed limited reach or effectiveness. The recommendations below focus on how these components can be strengthened and aligned to support sustained uptake.

1 Prioritize high-touch, in-person engagement

Community engagement and pharmacy interactions were the strongest-performing components of the model. Future programming should prioritize these high-touch platforms as the backbone of engagement efforts, using interpersonal discussion and trusted interaction points to improve exposure, encourage dialogue, and strengthen participant experience with family planning information.

2 Strengthen pharmacy engagement

Pharmacies should remain central engagement points for post MA FP information, particularly for reaching both women and male partners. Sustained provider engagement through supportive supervision, refresher training, and simple communication tools can help improve consistency of family planning discussions and participant experience during pharmacy interactions.

3 Refine digital strategies

Digital tools showed promise among participants who used them, but broader engagement remained limited. Future digital approaches should prioritize active introduction through trusted interpersonal channels such as community engagement sessions, pharmacies, and communication materials rather than relying on independent discovery alone. Approaches should also account for differences in smartphone access, internet connectivity, and digital familiarity across participant groups.

4 Deprioritize low-exposure channels

Radio and other mass media approaches achieved little or no participant exposure during the pilot. Future programming should prioritize communication channels that demonstrated stronger participant engagement and recall, particularly community-based and interpersonal approaches supported by simple reinforcing materials such as flyers and videos.

5 Integrate deliberate male engagement

Male partners played an important role in access to MA and FP decision-making throughout the pilot. Future programming should intentionally engage men through pharmacy interactions, community discussions, videos, and other communication approaches designed to be relevant, accessible, and engaging for male audiences.

Conclusion

The PMAC pilot highlights the importance of designing post MA FP interventions around how people prefer to receive, discuss, and engage with information in their daily lives. Approaches that created opportunities for trusted interpersonal interaction, reinforced messages across multiple touchpoints, and intentionally engaged partners and influencers, contributed to stronger participant engagement and experience. Future post MA FP initiatives can build on these lessons by prioritizing people-centered and context-responsive engagement approaches.

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