

# The PMAC Story:

## Understanding Women's and Community Pharmacists' Journeys with Post Medication Abortion (MA) Contraceptive Services in Kenya

November 2024

LEARNING BRIEF #3

### Key Insights

- Insights into the journeys of **both women and community pharmacists** reveal key barriers and enablers, which can be applied to support **continuous adaptation of post MA contraceptive interventions** to meet real-world needs.
- Post MA contraceptive services must address the **unique challenges women face, such as stigma and misinformation**, ensuring they have access to personalized, non-judgmental care.
- **Community pharmacists can discreetly provide essential post MA contraceptive services**, positioning pharmacies as vital access points for women seeking contraception.
- Strengthening business viability, operations, and pharmacist training is crucial for creating a **sustainable post MA contraceptive services pharmacy model** that benefits both users and providers.

## Background

### WHAT: PMAC Project Overview

The Post Medication Abortion Contraception (PMAC) Project (2018 to 2025), led by Ipas with funding from the Bill & Melinda Gates Foundation, pilots and scales innovative solutions aimed at increasing contraceptive options for women following self-managed abortions. By increasing contraceptive choice, uptake and continuation after self-managed abortions, PMAC aims to reduce the incidence of unintended pregnancies and the consequent pregnancy related health risks. This project, implemented in Nakuru County in Kenya, has undertaken a journey of research, design, and adaptation to uncover women's barriers and enablers to post MA contraceptive services, as well as community pharmacists' motivations and challenges in providing these services—ultimately shaping a sustainable model for delivering quality post MA contraceptive services through pharmacies. This learning brief captures the evolution of interventions designed to support community pharmacists in providing, and women in accessing, post MA contraceptive services, highlighting key lessons and recommendations for ecosystem actors in Kenya and beyond. It offers actionable insights to enhance reproductive autonomy while fostering stronger pharmacy-led healthcare systems that can be adapted and scaled in diverse settings.

### WHO: Women & Pharmacists

The PMAC project strategically targets women with high unmet contraceptive needs and community pharmacists—because together, they form a critical link for improving access to post MA contraceptive services, therefore reducing unintended pregnancies.

#### The User: Women Facing Barriers to Contraception<sup>1</sup>

The PMAC project focuses on women who face significant barriers to accessing contraception. After self-managed abortions, they often struggle to find reliable information and face stigma from their communities and health workers, which limits their access to post MA contraceptive services. Many unmarried women rely on friends or unreliable online sources for information, putting them at higher risk of misinformation which could lead to unintended pregnancies.

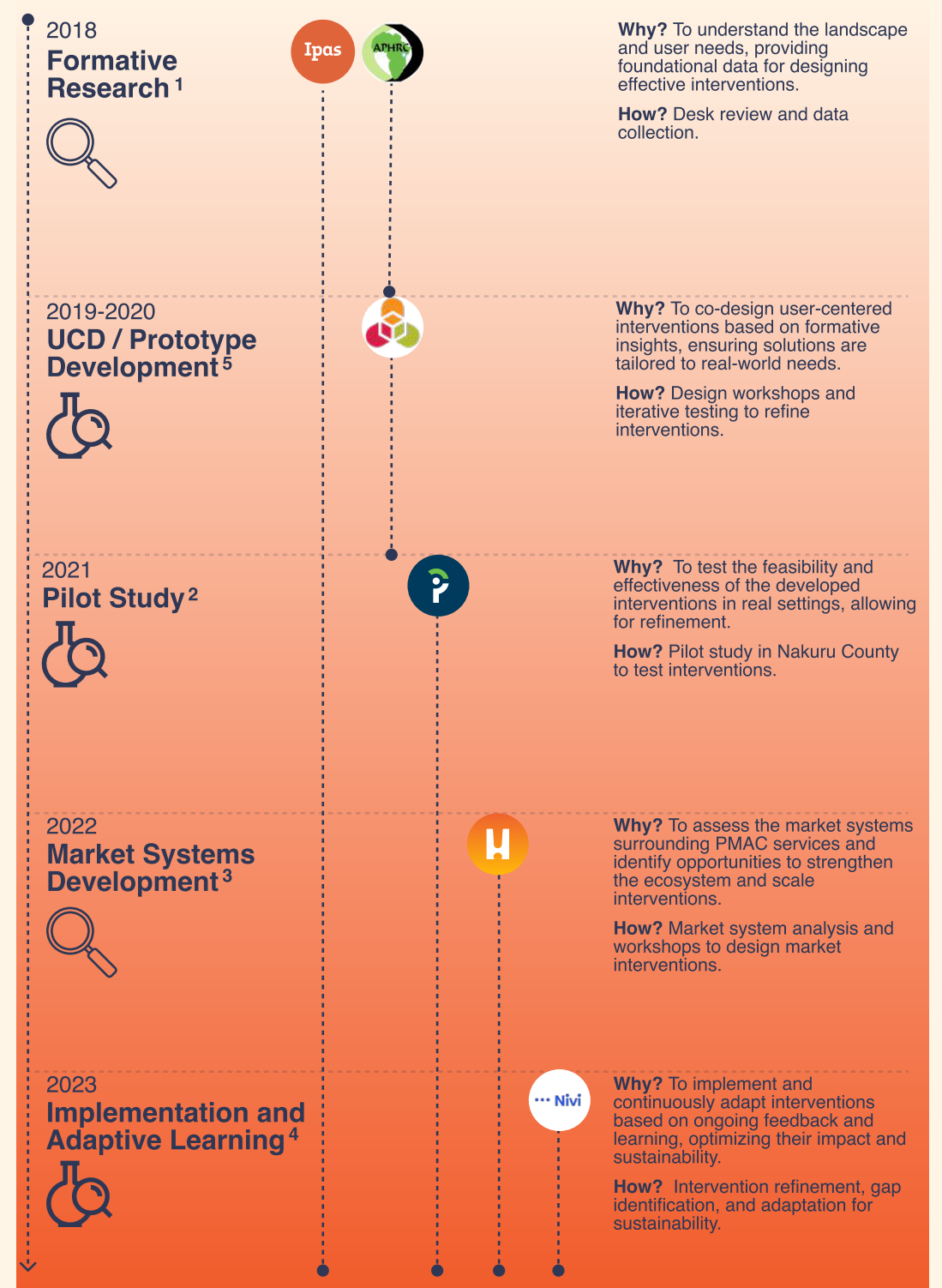
#### The Provider: The Trusted Community Pharmacist<sup>1</sup>

Community pharmacists in Kenya are often the first point of contact for women seeking convenient, discreet and accessible healthcare. When trained, they can offer contraceptive counseling and services, providing a less stigmatized environment than clinics. Given their trusted role in the community, community pharmacists are well-positioned to support women seeking post MA contraceptive services. The PMAC project supports these community pharmacists in expanding their services, improving quality of services for women and fostering sustainable business growth.

1. African Population and Health Research Center. (2018). "Understanding contraceptive uptake after medical abortion among women and adolescent girls in Kenya: Formative research report. African Population and Health Research Center."  
2. Ipas. (2021). "PMAC project: Kenya intervention pilot report"  
3. Ipas & Impact for Health. (2022). "PMAC Project market systems development plan report."  
4. Ipas & Population Council-Kenya. (2023). "Post medication abortion contraception (PMAC) project: Insights from adaptive learning phase."  
5. ThinkPlace. (2019). "PMAC Kenya design recommendations."

## HOW: Project Phases

The PMAC project has progressed through multiple phases aimed at understanding the enablers and barriers for both users and community pharmacists, to design interventions to best meet their needs in accessing and providing post MA contraceptive services, respectively.



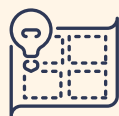
🔍 Research / insights to inform development of interventions

🛠️ Interventions

# Intervention Evolution

## To Impact the Journeys of Women & Pharmacists

Interventions have evolved to better align with the specific needs and challenges of both users and community pharmacists along their journey in accessing/providing post MA contraceptive services. In doing so, the project refined its approach to improve access to PMAC, streamline service delivery, and enhance the overall user-pharmacist journey.



### User Centered Design (UCD) / Prototype Development

- **Counseling and Support:** Psychosocial counseling, toll-free support, listening groups, and a local website.
- **Pharmacist Training & Resources:** Packages of care, job aids, and specialized training sessions.
- **Follow-up and Reminders:** Reschedule cards and care packages for patient engagement.
- **Contraceptive Services Access:** Offered services at partner pharmacies with priority 'Red Carpet Service'.
- **Pharmacy Branding:** Branding partner facilities as contraception points.



### Pilot Study

- **Peer Support Sessions:** Group sessions on post MA contraception conducted by community mobilizers, offering one-on-one counseling and referrals introduced by community pharmacists during MA purchase.
- **Digital Platforms:** Nurse Nisa chatbot and Aunty Jane hotline, providing digital post MA services and contraception information, accessible at pharmacies and clinics.
- **Discount Code Program:** Discount via text-based menu system codes for contraceptive services provided by community pharmacists, applicable to all methods, with redeemable points for future services or products.



### Implementation and Adaptive Learning

- **Digital Health Platform (askNivi):** 24/7 contraceptive information and referrals for MA and contraception clients via WhatsApp.
- **Supply-Side Strategy:** Free contraceptive stock and supply chain training for pharmacies.
- **Community Mobilizers:** Mobilization activities to promote post MA contraception and refer clients to pharmacies.
- **Provider Training:** Standardized training and resources for community pharmacists to enhance post MA services.



### Final Intervention Package

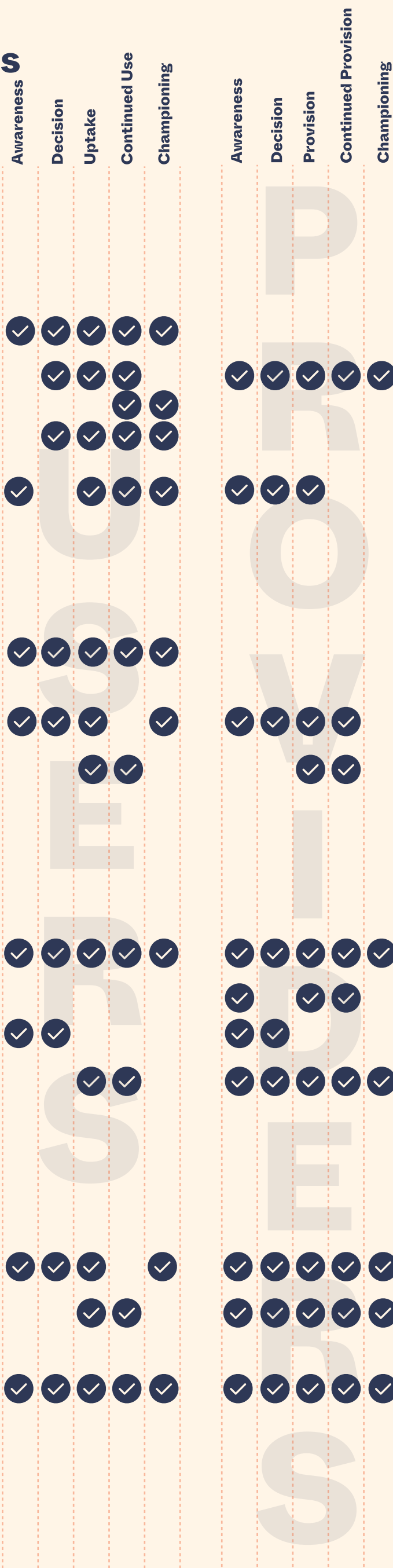
- **Quality of Care Enhancement Training:** Training of community pharmacists trained in post MA care using checklists and information, education, and communication materials.
- **Business Case Development:** Delivery of quality care to increase client loyalty increased through quality care, using askNivi for information dissemination and as a referral tool for clients seeking services, and through developing pharmacy networks to enhance service options.
- **Sustainability Efforts:** Incorporation of post pregnancy contraception into pharmacists and pharmacy technician pre-service curricula and care packages, with support and resources from the Ministry of Health (MoH).



### NOW WHAT?

The PMAC project is focusing on creating a sustainable model for pharmacy-led post MA contraceptive services as a pathway to scale and sustainability. The model aims to ensure long-term impact and to expand women's access to contraception in pharmacies, supporting both women and community pharmacists throughout their journey. Key components of the model include:

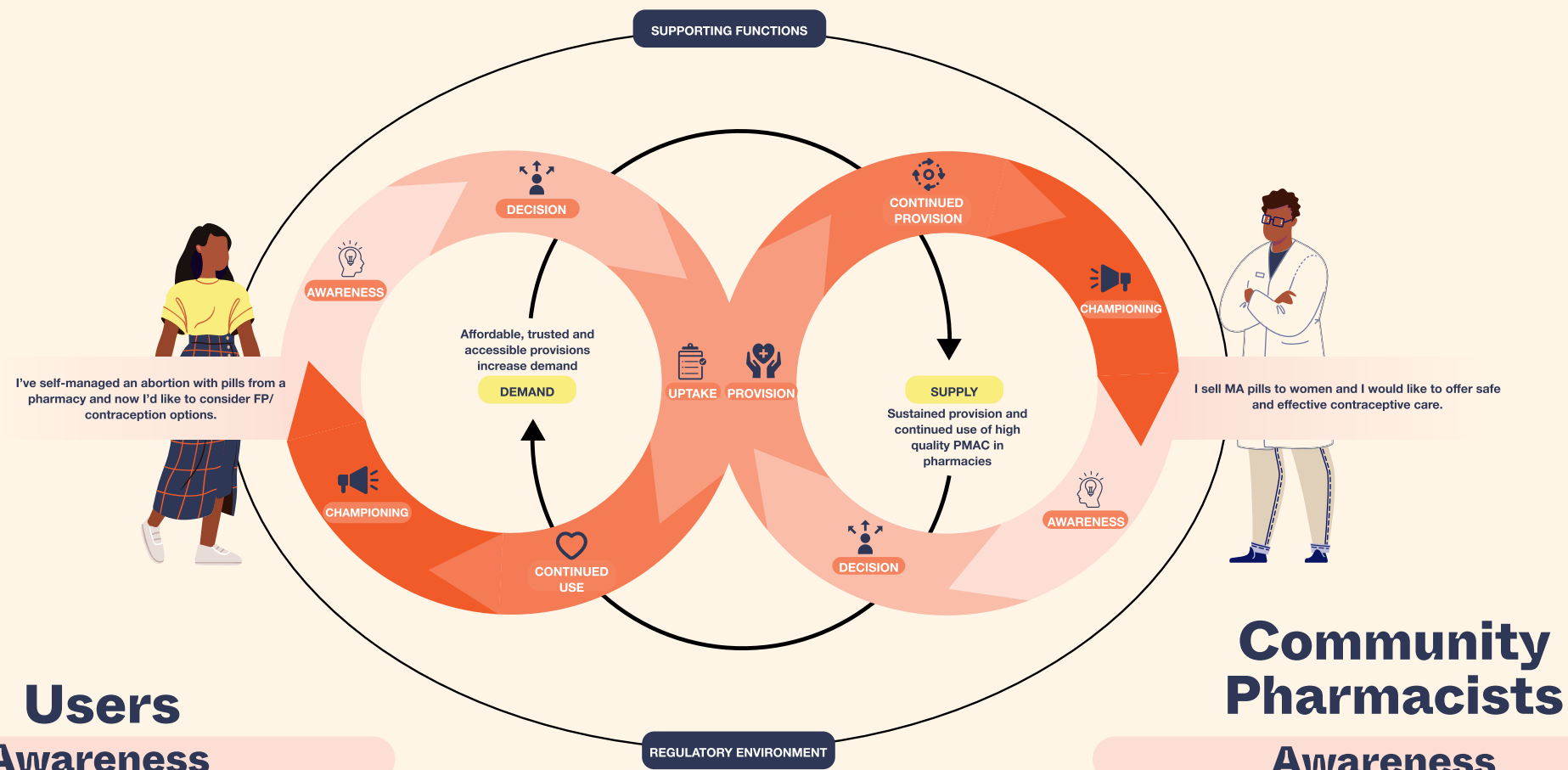
- **Developing a Value-Based Business Case:** Demonstrating the financial business growth and professional benefits of post MA contraceptive services, using digital tools such as askNivi to support pharmacies' marketing and sales priorities by engaging consumers on information sharing and referrals.
- **Addressing Operational Barriers:** Improving service delivery by overcoming challenges such as stockouts, space limitations, and time constraints.
- **Improving Training and Support:** Providing targeted training and supervision to enhance service quality and operational efficiency.





# Lessons Learned Across Women and Pharmacist's Journeys

The evolution of interventions has equipped the PMAC project with insights into the women's journey to care, the community pharmacists' journey to offering post MA contraceptive services, and the market system that enables or inhibits both journeys. Below, the ideal user and pharmacist journeys are summarized along with the key barriers and enablers they encounter. Additionally, we present system-level insights that show how the surrounding environment shapes the experiences of both users and providers.



## Users

### Awareness

**Ideal Journey:** 'I used MA pills from the pharmacy, and now I'm thinking about contraception options.'

- **Barriers:** Misinformation, lack of information and limited smartphone or data access.
- **Enablers:** Peer-to-peer support, referrals and information from community pharmacies.

### Decision

**Ideal Journey:** 'I've decided I want to start using contraception after my self-managed abortion and I'm ready to speak with a pharmacist about which option I should choose.'

- **Barriers:** Stigma, social norms, and fear of contraception side effects.
- **Enablers:** Provision of stigma-free services and one-to-one counseling by community pharmacists, and digital tools offering personalized recommendations.

### Uptake

**Ideal Journey:** 'I've identified the contraceptive method that works best for me. If it's a short-term method, I'll get it here from this pharmacy. If it's long-term method, I know where to go—either the clinic or hospital nearby.'

- **Barriers:** Perceived unaffordability especially for Long-Acting Reversible Contraceptives (LARCs) and lack of contraceptive options at the pharmacy.
- **Enablers:** Contraception discounts or bundling with MA, contraceptive method availability at pharmacy and digital referrals to nearby providers when needed.

### Continued Use

**Ideal Journey:** 'I've got everything I need to keep using my contraception—reminders, the products, support, and advice. I know where to get the right information, ask questions, manage side effects, and switch methods if I want to.'

- **Barriers:** Lack of information about side effects and stockouts on return visits.
- **Enablers:** Access to reliable information and follow-up services for managing side effects.

### Championing

**Ideal Journey:** 'I had such a good experience with the pharmacist that now I'm telling my friends and family to go there too.'

- **Barriers:** Fear of community stigma.
- **Enablers:** Digital channels to share her experience with her friends.

## Community Pharmacists

### Awareness

**Ideal Journey:** 'I see the benefit of providing quality post MA services to support women's needs while also growing my business.'

- **Barriers:** Inadequate training on post MA contraception.
- **Enablers:** Promotional materials on contraceptive methods and encouragement from other community pharmacists.

### Decision

**Ideal Journey:** 'I've decided to offer quality post MA contraception services by stocking a variety of options, displaying them visibly in my pharmacy, and focusing on delivering excellent services that can grow my business.'

- **Barriers:** Contraceptive method stockouts, and a perceived lack of profitability in the business model.
- **Enablers:** Collaborating with local pharmacies to learn about accessing multiple contraceptive methods and service delivery tools to guide delivering quality services.

### Provision

**Ideal Journey:** 'I provide women with information on various contraception methods and sell based on their choice. I follow post pregnancy contraception guidelines, referring clients to other providers for LARCs or methods I don't stock.'

- **Barriers:** Lack of time and private space for one-on-one counseling.
- **Enablers:** Collaboration with nearby clinics and hospitals for referrals when needed.

### Continued Provision

**Ideal Journey:** 'I continue to see the business benefits of offering multiple contraceptive options and I'm willing to stock new products when regulations allow, like DMPA-SC for self-injection, while also providing ongoing counseling and follow-up for my clients.'

- **Barriers:** Increased competition diminishes demand, reducing the incentive to restock products.
- **Enablers:** Bundling MA with contraceptive services to increase margins.

### Championing

**Ideal Journey:** 'I encourage other community pharmacists I know to offer post MA contraception because I've seen the positive impact in my pharmacy. I see the benefit of providing quality services to support women's needs while also growing my business.'

- **Barriers:** Lack of perceived value in offering post MA contraception.
- **Enablers:** Understanding of the business potential for offering post MA contraception and utilizing digital tools to increase referrals.

## System Insights

### Core Functions (Supply & Demand)

Community pharmacists often face contraceptive stockouts due to weak supply chains, but bulk purchasing through community pharmacy networks can strengthen supply.

### Regulatory Environment

Although pharmacists are licensed by the Pharmacy and Poisons Board (PPB) to dispense contraceptives, specific guidance on post MA contraception is lacking, which can create hesitancy amongst pharmacists and therefore limit women's access to post MA contraceptive services. This issue is worsened by the prevalence of unlicensed community pharmacies, complicating the Ministry of Health's efforts to regulate services and ensure quality care.

### Supporting Functions

The lack of standardized contraceptive training for community pharmacists limits their ability to effectively deliver post MA contraceptive services. However, digital tools can bridge this gap by offering consistent training that community pharmacists can access at their convenience, ensuring coverage across different regions.

# Conclusion



## Building a Sustainable Future for Pharmacy-Led Post MA Contraceptive Services

The PMAC project has demonstrated how focusing on the intersection between women's unmet contraceptive needs and the critical role of community pharmacists can create a sustainable model for post MA contraceptive service provision that supports women in informed decision-making, increases access to contraception, and fosters business growth for community pharmacists. Evidence from the project's final evaluation will continue to guide the scale-up and sustainability of these interventions, ensuring that women across Kenya can access the post MA contraceptive care they need.

# Recommendations



## For Ecosystem Actors

To ensure the long-term sustainability of pharmacy-led post MA contraceptive services in Kenya, adopting a market systems development approach is crucial. This approach involves engaging a broad range of actors across key market functions to perform their role most effectively to sustain post MA contraceptive service delivery instead of; supply, demand, the regulatory environment, and supporting functions. Collaboration among all key ecosystem actors is essential to embed the project model and lessons learned into the broader system. The following recommendations for ecosystem actors are instrumental in sustaining and scaling these efforts:

### Supply

- **Private Sector and Commercial Networks:** Enhance supply chain access by leveraging commercial networks for bulk procurement and discounted prices, ensuring pharmacies maintain a reliable supply of contraceptive products.

### Demand

- **NGOs and Government Health Ministries:** Boost public awareness campaigns that target both men and women, educating them on post MA contraceptive services and available contraceptive options to close knowledge gaps and improve access.
- **Technology Providers and NGOs:** Use digital platforms to expand access and standardize pricing for post MA contraceptive services. These platforms can recommend appropriate contraceptive methods, confirm prices, and refer users to nearby pharmacies. Additionally, they enable stakeholders to track and visualize demand for post MA contraceptive services within the private sector, improving market insights and accessibility.

### Supporting Functions

- **Pharmacist Associations and Educational Institutions:** Strengthen pharmacist training by integrating post MA contraceptive counseling into pre-service and continuing education, as well as offering business management training to ensure consistent, high-quality services.

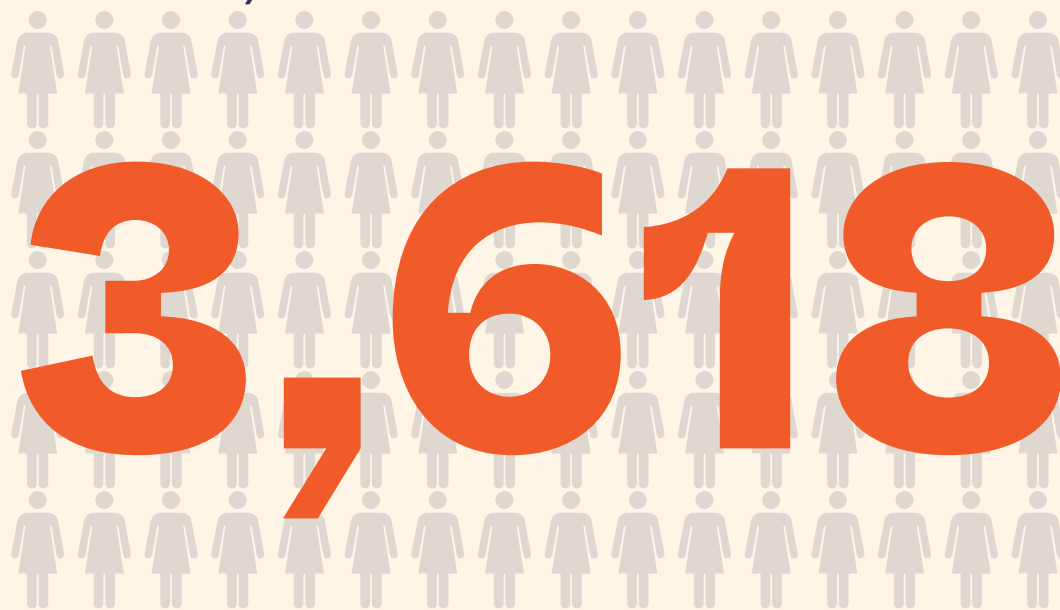
### Regulatory Environment

- **Government Health Ministries and Regulatory Bodies:** Refine policies and establish service standards that ensure equitable access to quality contraceptive services in pharmacies.
- **Government, NGOs, and Donors:** Strengthen collaborations between health ministries, NGOs, donors, and private entities to support the sustainability and scale-up of post MA contraceptive services through funding, technology, and resource sharing.
- These coordinated efforts can help foster a sustainable, scalable pharmacy model that expands access to contraceptive services, including post MA, empowering women to make informed reproductive choices and improving health outcomes across communities.

## Interested to Learn More ?

Contact Steve Biko (BikoS@ipas.org) or Kristen Shellenberg (shellenbergk@ipas.org) and read our associated briefs **In Her Shoes: Unpacking Women's Enablers and Barriers to PMAC Services in Kenya** and **Behind the Counter: What it Takes to Provide PMAC Services in Kenyan Community Pharmacies**. To read about additional learnings from the PMAC Project, click here: <https://www.ipas.org/resource/post-medication-abortion-contraception-pmac-project-kenya/>.

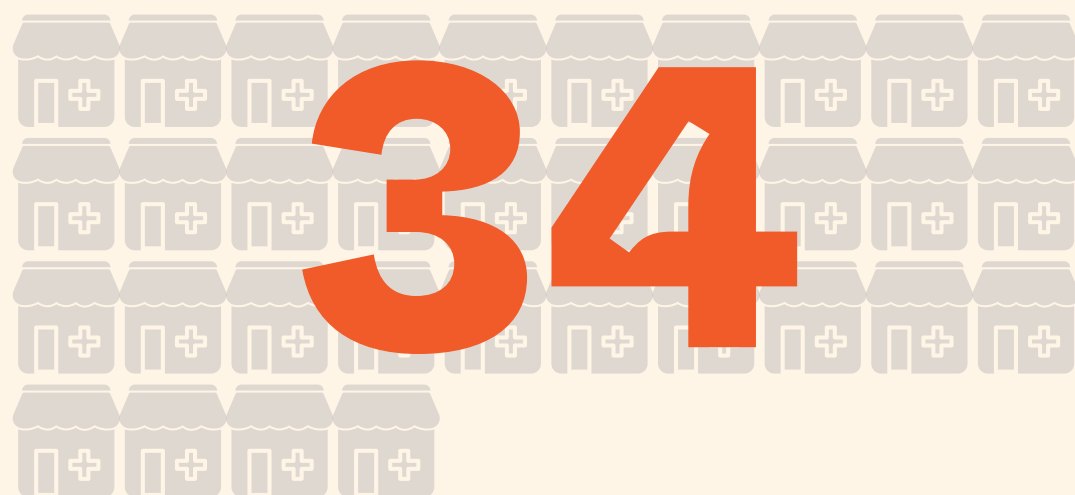
A total of,



women received MA services at pharmacies enrolled in the PMAC project.\*



of women chose to use contraception after using MA.\*



community pharmacies were trained to provide quality post MA contraception services.\*

\*PMAC Service Delivery Data (2023 - 2024)

\*PMAC Service Delivery Data (2023 - 2024)

\*PMAC implementation data/documentation

