FROM RESULTS TO REACH:
SUSTAINING AND SCALING POST-MA CONTRACEPTION THROUGH PHARMACIES

PMAC PROJECT PHARMACISTS DISSEMINATION WORKSHOP SUMMARY

27TH – 29TH AUGUST 2025

Context:

The PMAC Project, led by Ipas with Population Council-Kenya, Nivi, Impact for Health, and ThinkPlace, has worked since 2018 to strengthen delivery of post-medication abortion (post-MA) contraception through community pharmacies. Over seven years, 27 pharmacists in Nakuru were trained to provide high-quality counselling and services, while 15 in Kericho served as comparison sites. As the project nears its close in 2025, a three-day dissemination workshop (27–29 August 2025) brought pharmacists together with the Ministry of Health (MoH), Kenya Pharmaceutical Association (KPA) and partners to reflect on final evaluation findings, share experiences, and co-create strategies to sustain and scale impact. The convening was structured around three objectives:

1. **WHAT** did we learn from the PMAC project?
2. **SO WHAT** does this mean moving forward for pharmacists in Kericho and Nakuru?
3. **NOW WHAT** will YOU do next?

DAY 1 — WHAT

Did we learn from the PMAC project?

Day 1 set the stage with opening remarks from Ipas, the MoH, and KPA, highlighting the vital role of pharmacies in reproductive health and the urgency of sustaining services beyond donor-funded projects.

The session began with presentations of the final evaluation findings from Nakuru and Kericho, followed by an interactive question and answer session where participants unpacked the results and their implications. The evaluation highlighted both strengths and challenges in delivering PMAC through pharmacies:

- **Client experience:** Women most valued the privacy, confidentiality, and professional follow-up provided by pharmacists. These elements were critical in building trust and encouraging return visits.
- **Uptake:** Uptake of contraception post MA was higher in Nakuru compared to Kericho, especially within the first three days, highlighting the influence of pharmacist training, counselling practices, and service environment.
- **Continuation:** In both Nakuru and Kericho, about four in five clients (around 80%) continued using contraception during the first three months. However, continuation dropped sharply by six months, driven largely by side effects, myths, and cultural beliefs that discouraged longer-term use.
- **Sustainability:** Sustaining and scaling pharmacy-based PMAC services depends on consistent commodity stock, ongoing provider training, quality counselling, and mentorship systems to reinforce pharmacists' confidence and capacity.

A panel discussion, then unpacked these findings from pharmacists and professional associations perspectives. Each panelist reflected on how the evaluation findings aligned with their lived experience in Kericho and Nakuru, as well as the opportunities and barriers for pharmacy-led PMAC services

Dr. Kitui
Director, Ipas Africa Alliance
Moderator

Panelists	Ms. Janeth Cherotich	Mr. Jared Ojuok	Mr. Wycliffe Anambo	Mr. Dave Juma
	Community Pharmtech, Kericho County	**Community Pharmtech, Nakuru County**	**Community Pharmtech, Nakuru County**	**Nyanza Regional Chair, Kenya Pharmaceutical Association (KPA)**
Key Insights	"Many women in rural areas want family planning after MA, but they don't always return for follow-up. Confidential counselling is what they need most."	"The biggest challenge is continuity. Clients start on contraception but often stop due to myths and misconceptions about long-term methods."	"Stockouts make it difficult to provide consistent services. We need government and partners to back pharmacists so we can offer reliable care without harassment."	"Pharmacists are trusted by their communities. With the right training and support, we can expand this model across Kenya. However, sustainability depends on stronger policies and referral networks."

SO WHAT

Does this mean moving forward for pharmacists in Kericho and Nakuru?

DAY 2

Day 2 shifted focus to application. Through interactive sessions, pharmacists co-created strategies to balance quality of care with business viability.

PMAC Final Intervention Package:

Presented by Ipas, the package highlighted two pillars for sustainable pharmacy-led services. Enhancing Quality of Care focused on training, job aids, counseling spaces, and referral systems, while Building a Business Case emphasized record-keeping, pooled purchasing, client retention, and financial literacy to strengthen pharmacies' impact and viability.

Pharmacists' Sharing:

Nakuru pharmacists shared practical changes they had made, while peers from Kericho reflected and generated county-specific recommendations.

- **Kericho pharmacists** called for more training, stronger referral linkages, better privacy measures, and improved stock systems, showing their focus on trust and reliable service delivery.
- **Nakuru pharmacists** emphasized business case training, bulk purchasing, better record-keeping, and stronger networks, highlighting a shift toward sustainability and scale.

Shaping the Business for Health Training:

Presentations by Ipas and partners introduced a draft Business for Health training package, a new initiative aimed at equipping pharmaceutical service providers with the business skills needed to sustain family planning services. Small groups discussed scope, delivery, and feasibility.

- **What resonated:** Pharmacists valued the focus on tracking finances, developing business plans, and strong record-keeping, seeing these as essential skills to sustain and grow their services.
- **Challenges raised:** While interest in the training was high, pharmacists stressed the need for it to be affordable and accessible, particularly for smaller and rural pharmacies. They also emphasized that earning sufficient CPD points would be critical to motivate participation, alongside ensuring realistic scheduling that does not disrupt daily operations.

DAY 3

NOW WHAT

Will YOU do next?

The final day focused on translating insights into action and ownership.

County Action Plans: Groups from Nakuru and Kericho created mini-action plans for priority recommendations.

- **Kericho:** Strengthen referrals and waste management partnerships, use seed stock strategically, and build partner collaborations.
- **Nakuru:** Bulk procurement, installation of documentation systems, continuous training and CMEs and adoption of point-of-sale software.

Pharmacists' Commitments: Each participant wrote a personal pledge and grouped with peers to form collective pledges.

Pledges included:

- "We pledge to embrace quality of care."
- "We pledge to improve PMAC through proper counseling."
- "We pledge to implement systems and documentation."

Reflections and Closing: KPA encouraged pharmacists to align with legal requirements and expand their services. Ipas emphasized the importance of pharmacists carrying the learnings forward.

Certificates and seed stock were distributed to recognize pharmacists' efforts and support their next steps.

"Think like caregivers. Think like a business. Think like a cyborg. YOU are shaping the healthcare system."
Dr. Kitui
Director, Ipas Africa Alliance

Way Forward

The workshop confirmed that pharmacy-led post-MA contraception is feasible, impactful, and sustainable, but only if quality and business sustainability advance hand in hand.

Key priorities for the future include:

- Finalizing and rolling out the Business for Health training package.
- Strengthening partnerships with KPA, PSK, and MoH for system integration.
- Ensuring continuous mentorship and reliable stock supply.
- Leveraging data for advocacy and scale-up to other counties.

By aligning quality service delivery with business viability, the PMAC initiative provides a roadmap for pharmacies to become trusted, sustainable providers of post-MA contraception in Kenya.

Ipas IMPACT FOR HEALTH