

Strengthening Pharmacy Provision of Contraceptives in Kenya

Expanding contraceptive access and choice for women while ensuring a viable business model for pharmacists

Background

Kenya has made significant strides in expanding access to family planning (FP) services. To sustain this progress and respond to the evolving needs of users, the Ministry of Health (MOH) has increasingly recognized the role of the private sector, particularly pharmacies, as essential partners in the delivery of sexual and reproductive health (SRH) services. Pharmacies have the potential to complement the public health system by offering women convenient, discreet, and customer-friendly access to contraceptives. By doing so, they can decongest public facilities and better serve marginalized populations.

Despite being a primary point of contact for health services among most Kenyans, retail pharmacies remain an underutilized channel for delivering modern contraceptives, particularly self-care methods such as condoms, pills, emergency contraception, and the self-injectable DMPA-SC. Unlocking pharmacies' potential is, therefore, both a public health imperative and a business opportunity.

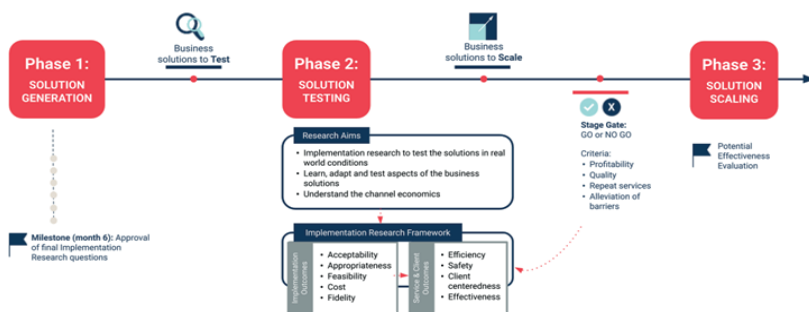
Project Overview

inSupply Health, in collaboration with the Pharmaceutical Society of Kenya (PSK), Kenya Pharmaceutical Association (KPA), University of California San Francisco (UCSF), and the Kenya Medical Research Institute (KEMRI), implemented the *Strengthening Pharmacy Provision of Contraceptives in Kenya* project. This initiative aimed to identify, test, and scale viable business models that expand the role of pharmacies in delivering quality contraceptive and self-care services, with a special focus on the self-injectable DMPA-SC.

The project explored how pharmacies could sustainably integrate client-centered contraceptive services into their businesses while improving health outcomes. Emphasis was placed on market exploration, provider engagement, and product integration, particularly for DMPA-SC as part of a broader self-care product basket.

Project Goal

The project sought to expand access and contraceptive method choice for women by strengthening the capacity of pharmacies to deliver quality, client-centered services. At its core was the dual ambition to improve public health outcomes while developing a replicable and financially viable business model for pharmacy-based contraceptive delivery.



Project Phases

The project adopted a three-phase approach:

➔ Phase 1: Solution Generation

Formative research was conducted to understand pharmacy and client needs, market dynamics, motivators and barriers to self-care, and the optimal mix of products and services.

➔ Phase 2: Solution Testing

Different service delivery models were implemented and tested with 10–15 pharmacies across diverse networks and geographies to determine business viability and client uptake.

➔ Phase 3: Solution Scaling

This phase focuses on validating promising models, catalyzing uptake, and developing a pathway for scale through iterative learning and targeted investment.

Key Outcomes

1. Increased Access to Quality Family Planning Services

The project demonstrated that pharmacies are increasingly becoming a preferred source of FP services, particularly for new users. Across the participating pharmacies, 44% (SD 0.16) of family planning clients were first-time users, underscoring growing trust in pharmacies as safe, convenient, and accessible points of care. Moreover, many of these clients returned for repeat services, highlighting the importance of continuity of care and client satisfaction. These trends signal that pharmacies are not only addressing unmet needs but also becoming integral to women's long-term contraceptive journeys. Sustained progress will, however, require consistent commodity supply, ongoing provider support, and targeted investments in service quality and training.

2. Strengthening Pharmacy Value Propositions Through Self-Care Services

Pharmacies participating in the project demonstrated promising business potential in family planning, especially when integrating self-care products such as DMPA-SC. High client satisfaction and repeat visits illustrated the value of personalized service and trust-based relationships in driving loyalty and return business.

Tools like "To Come Again" (TCA) cards, appointment reminders, and WhatsApp-based client groups helped reinforce these relationships, even when they didn't directly lead to immediate sales. Feedback indicated that privacy, professional conduct, and accessible counseling were key differentiators.

While DMPA-IM remained the most popular injectable method (ranked third in overall contraceptive sales), uptake of DMPA-SC was more limited, primarily due to supply availability challenges. Nonetheless, where DMPA-IM was unavailable and DMPA-SC was offered, clients readily accepted it, suggesting a latent demand that could be unlocked with better awareness and consistent supply.

3. Business Viability and Service Integration

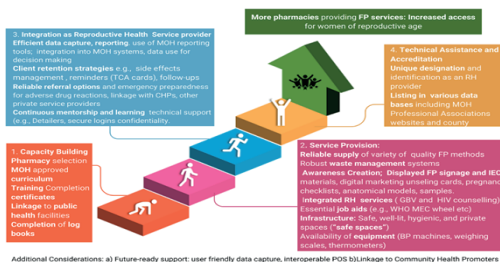
The project identified a viable business case for pharmacies to integrate FP and self-care services into their retail models. Key enablers included:

- Diversified revenue streams through expanded product offerings.
- Stronger client relationships driven by quality counseling and personalized care.
- Increased appeal among urban and peri-urban women, especially those who value discretion, reliability, and convenience.
- Growing demand for clinical and advisory services, as pharmacies evolve into trusted spaces for SRH information and support.

Key Takeaways

- Pharmacies have demonstrated that with the right support, tools, and incentives, they can play a transformative role in expanding contraceptive access. Lessons from this project offer clear guidance for scaling efforts:
- Client-centered innovations, such as digital engagement and follow-up tools, foster trust and repeat visits.
- Product availability and affordability are critical to unlocking demand, particularly for newer options like DMPA-SC.
- Provider training and supportive supervision are essential to ensure quality service delivery.
- Policy and regulatory support will be needed to harmonize guidelines, reduce barriers, and incentivize pharmacy participation in national FP programs.
- However, persistent challenges remain. Pharmacies face cost pressures, limited counseling time, and competition from subsidized public-sector options. Incentive structures must evolve to reflect the value of providing FP and self-care services, not just selling commodities.
- Pharmacies can be powerful allies in the journey towards increased access to modern contraceptives. With thoughtful scale-up and sustained collaboration between the public and private sectors, Kenya can expand contraceptive access and choice while supporting pharmacies' growth as trusted primary health care providers.

Key Implementation Tips for Family Planning in Pharmacy



This work was made possible through the generous support of the Gates Foundation.

