



**IMPACT Teams**

# Effective Analysis Detailed Results & Findings

April 2025



**inSupplyHealth**  
CO-CREATING INNOVATIONS FOR HEALTH

# Outline

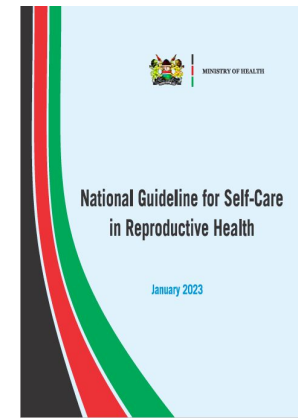
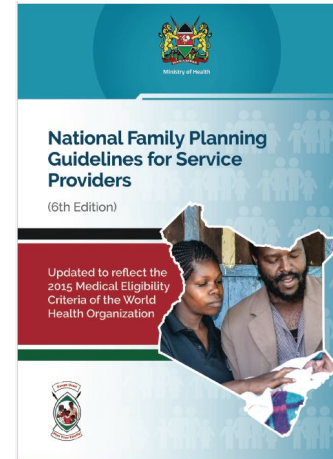
- Background
  - FP in pharmacies
  - Market Test project overview
- Methods and approaches
  - Phase 1 methods and results
  - Phase 2 approach and overview of solutions
- Revised Phase 3 approach and results
  - Effectiveness analysis
  - Journey maps
  - DMPA-SC key findings and emerging insights
- Annex

# 1

## **Introduction: Family Planning in Pharmacy**

# Key policy milestones for FP in Pharmacy

- **2018. FP guidelines.** 6th edition of National FP Guidelines allowed pharmacists and pharmaceutical technologists to counsel, dispense and provide injectable contraceptives if trained specifically to do so. (Task sharing)
- **2019. Pharmacists and pharmaceutical technologists FP Training Package.** MoH with Pharmacy stakeholders developed a training package for training pharmacists and pharmaceutical technologists on provision of quality integrated FP services
- **2022. Pharmacy Reporting Portal.** MoH developed a reporting instance on DHIS2 for retail pharmacies to report on FP commodities and services
- **2023. RH selfcare guidelines.** MoH and stakeholders developed National guideline for self care in RH, providing guidance to HCPs (including pharmacists/techs) on how to support self care interventions in RH, including SI



# Self injection policy

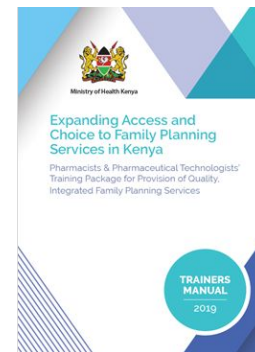
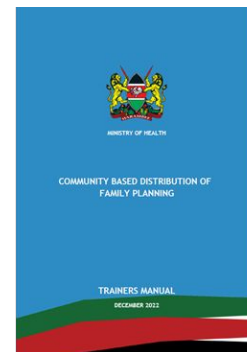
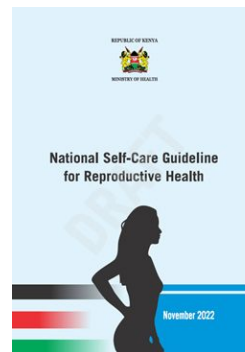
## Regulatory

Sayana Press is registered by the national regulatory body (PPB Kenya). It was included in Kenya Essential Medicines List in 2016 and can be procured by central medical stores (KEMSA). Sayana Press was licensed for SI in Kenya in May 2018

## Task sharing

- **Pharmacists/pharmaceutical technologists**–Allowed to counsel, provide and dispense DMPA –SC if trained to do so. Draft FP selfcare guidelines list them as a cadre that can initiate self-injection. Training curriculum for pharmacists/pharmaceutical technologists developed in 2018
- **Community Health Promoters** - They are authorized to support DMPA-SC and self-injection use through the sharing of general information, referrals, resupply, and waste collection. Not to initiate SI. •CBD curriculum validated and finalized in 2022

Policy type	Policy indicator	Kenya
Regulatory	SI label approved?	Yes
General	SI expressly permitted as referenced in one or more major policy documents?	Yes
Task-sharing	Policy for <u>CHWs</u> to initiate SI?	Yes*
	Policy for <u>drug shop staff</u> to initiate SI?	No
	Policy for <u>pharmacists</u> to initiate SI?	Yes*
Data	SI visits disaggregated from PA in HMIS?	No



# 2

## Background: Market Test Project Overview

# Problem Statement



Nearly 50% of women of reproductive age in Kenya use a modern family planning (FP) method, but barriers to access persist.

Retail pharmacies are not a widespread source of contraceptives, especially injectables, for women, despite being the first point of contact for most Kenyans for primary health care, due to lack of trust in pharmacists as quality FP providers.

Understanding and solving barriers that prevent FP access through retail pharmacies can increase and sustain FP access, which is key to achieving universal reproductive health.

**Goal:** to *develop and test* the viability and scalability of a pharmacy business model that offers customers convenient, discrete and quality counseling and training and provision of contraceptive products, with a focus on self-injection of DMPA-SC as part of a larger basket of self-care products.

The Pharmacy Market Test has **three primary** objectives:

- 01** Increase the number of women accessing quality FP products and services at pharmacies
- 02** Document the value propositions for pharmacies to offer DMPA-SC for self-injection and other self-care products to customers
- 03** Expand the *network* of pharmacies implementing viable business models offer quality counseling, training and FP products, including self-injectables as part of a larger basket of self-care products



# Project Team Partners



## **inSupply Health**

Project lead for all phases, guiding and steering research and implementation to achieve outcomes, generate insights. Actively involved in key aspects of partner work streams such as HCD.

## **UCSF**

Provide overarching technical direction and oversight for the formative research phase

## **KEMRI**

Leads the implementation of formative research, and ensuring quality, timeliness, etc.

## **PSK and KPA**

Serve as Co-PIs on the project/research. Jointly participated in selection of the participating pharmacies. Supporting pharmacy led demand and awareness creation activities including regular webinars, integrated outreaches to increase community awareness on provision of self-injection. Building ambassadors within PSK & KPA membership to champion the self-care agenda.

# Why DMPA-SC

Self-injectable DMPA-SC provides a user-led experience, removing barriers for FP users. Pharmacies may be able to increase sales, their customer base and retain repeat customers, through adding quality self care products and services, including DMPA-SC. Self-care could also fill a gap for professional, middle class urban, semi-urban women who are willing and able to pay for the convenience of self-care services and products offered through private pharmacies.



# Project Pathway

May 2021-  
June 2022



Business  
Models to **Test**

## Phase 1: SOLUTION GENERATION

### Activities

- Utilize a Human Centered Design approach to identify women's needs and barriers in accessing self care through retail pharmacies
- Develop customer personas and pharmacy archetypes
- Test and refine prototypes of a menu of service and product offerings

**Milestone (month 6-8):** Approval of final Implementation Research questions

July 2022-  
December 2023



Business  
Models to **Scale**

## Phase 2: SOLUTION TESTING

### Activities

- Operationalize pharmacy models
- Implementation research to test and adapt the models in real world conditions

### Implementation Research Framework

Implementation  
Outcomes

- Acceptability
- Appropriateness
- Feasibility
- Cost
- Fidelity

Service & Client  
Outcomes

- Efficiency
- Safety
- Client centeredness
- Effectiveness



**Stage Gate**

Jan - June 2024

## Phase 3: SOLUTION SCALING

### Activities

- Scale up tested pharmacy models in up to 5% of the 5,000 registered pharmacies in Kenya

Potential  
Effectiveness  
Evaluation

# 3

## **Market Test: Phase 1 Methods & Results Phase 2 Approach & Overview of Solutions**

# Phase 1: Methods

KEMRI, UCSF and inSupply Health engaged in a human-centered design (HCD) research to identify client and pharmacy needs, barriers, and motivations for offering DMPA-SC and other self-care products in retail pharmacies.

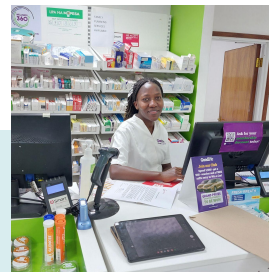
We utilized a variety of qualitative methods to interview/observe 73 participants from 11 counties across Kenya and generated insights, client and pharmacy personas, journey maps and 3 pharmacy archetypes to guide ideation and solution prototyping.



*Small, more rural*



2. Healthy Life Chemist



*Large, more urban*

1. Good Neighbor Pharmacy

3. PharmStar NBO

# Phase 1 Results: HCD Prototypes

The HCD process yielded 2 overarching, integrated business models with multiple solution components. The solutions were matched to three important value categories: **1)** Value to pharmacies as a business **2)** Value to pharmacy clients **3)** Value to pharmacy owners and staff.

Participate in Ni-Consult training.

Receive certification and gain access to: database of contraceptive vendors and pharmacy financing options

Become part of the Network.

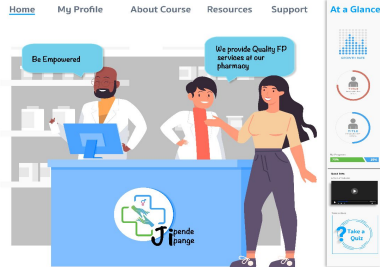
**Required to implement:** physical or digital safe spaces, community safe spaces (with CHVs), and a pouch for DMPA-SC

**Optional to implement:** customer retention program, bundled DMPA-SC offers, and participation in mentorship program

Ni-Consult  
Supported by: MOH PSK PPB KPA ICAN

Welcome to Ni-Consult  
**Learn at your Own Pace**  
Engaging and Interactive Learning

Sign up Show more



**Step 1**  
Sign up and register yourself

**Step 2**  
Select module and mode of delivery

**Step 3**  
Get certified  
Earn extra credit

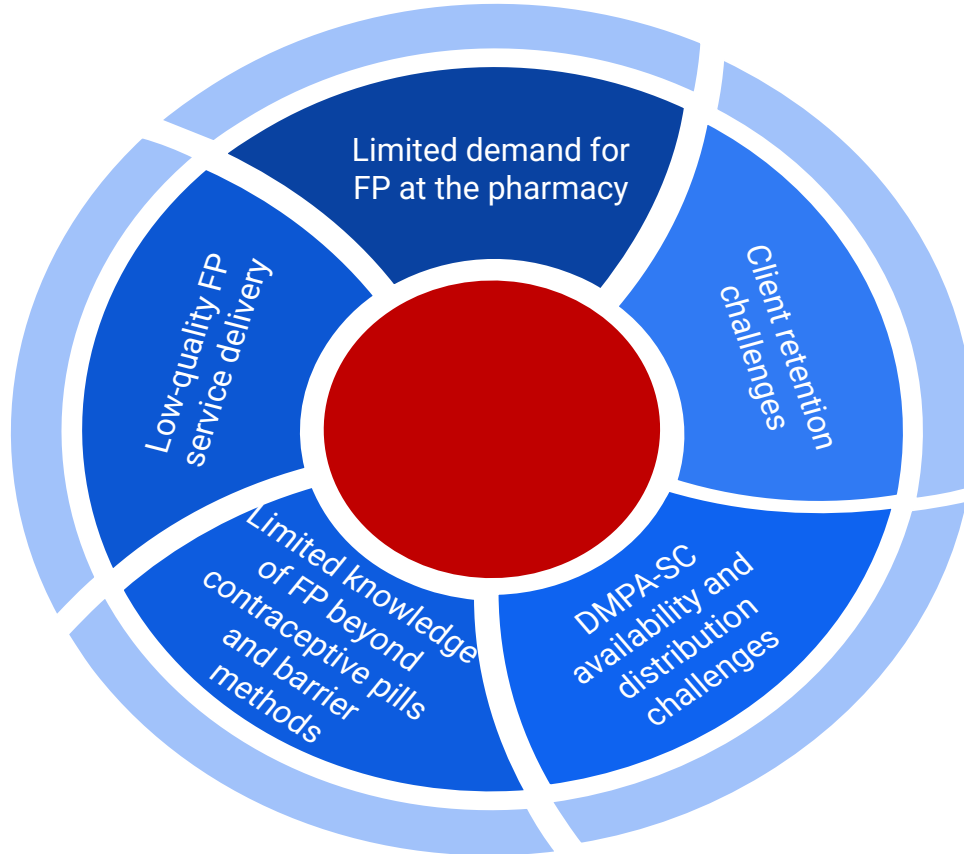
Topic Outline  
1. HP modules  
2. Client centered contraceptive counseling  
3. Business Knowledge  
4. Customer care



Find the nearest  
Jipende Jipange  
Pharmacy



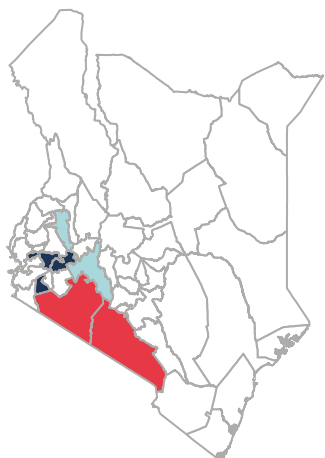
# Phase 1 Results: Gaps



HCD research insights identified key challenges and gaps in FP service delivery in community pharmacies

# Phase 2: Where, Who and What

Implementing a variety of business and client solutions mentioned across 28 Pharmacies including pharmacy chains in 3 clusters (12 counties).



## Cluster 1

Nairobi, Thika, Kiambu,  
Kitengela, Kikuyu, Narok, Meru

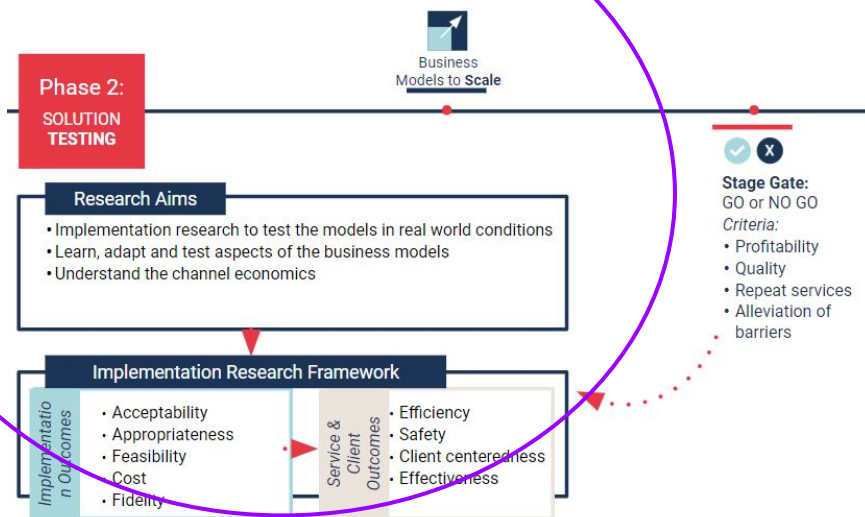
## Cluster 2

Kisumu, Kericho, Kisii

## Cluster 3

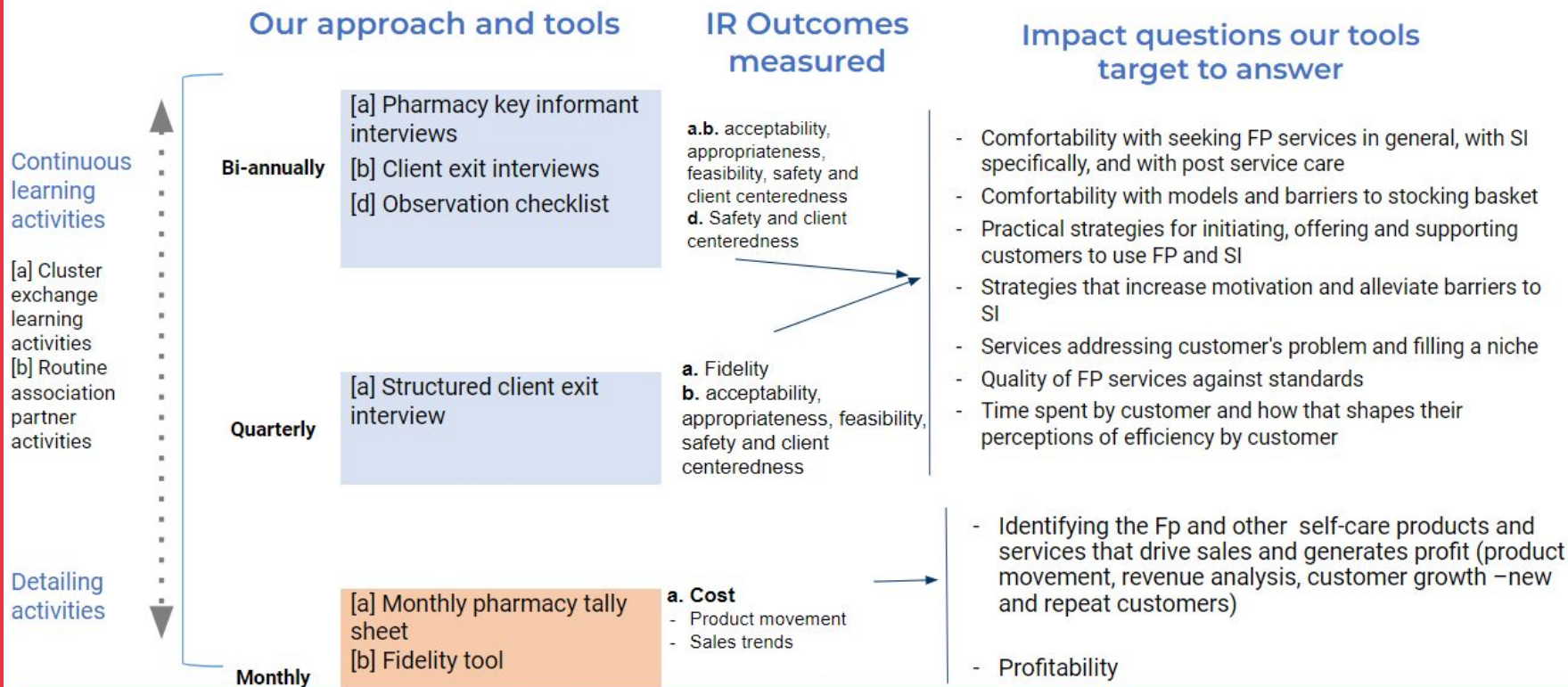
Nakuru, Eldoret

Conducting Implementation Research to yield evidence on effectiveness of solutions



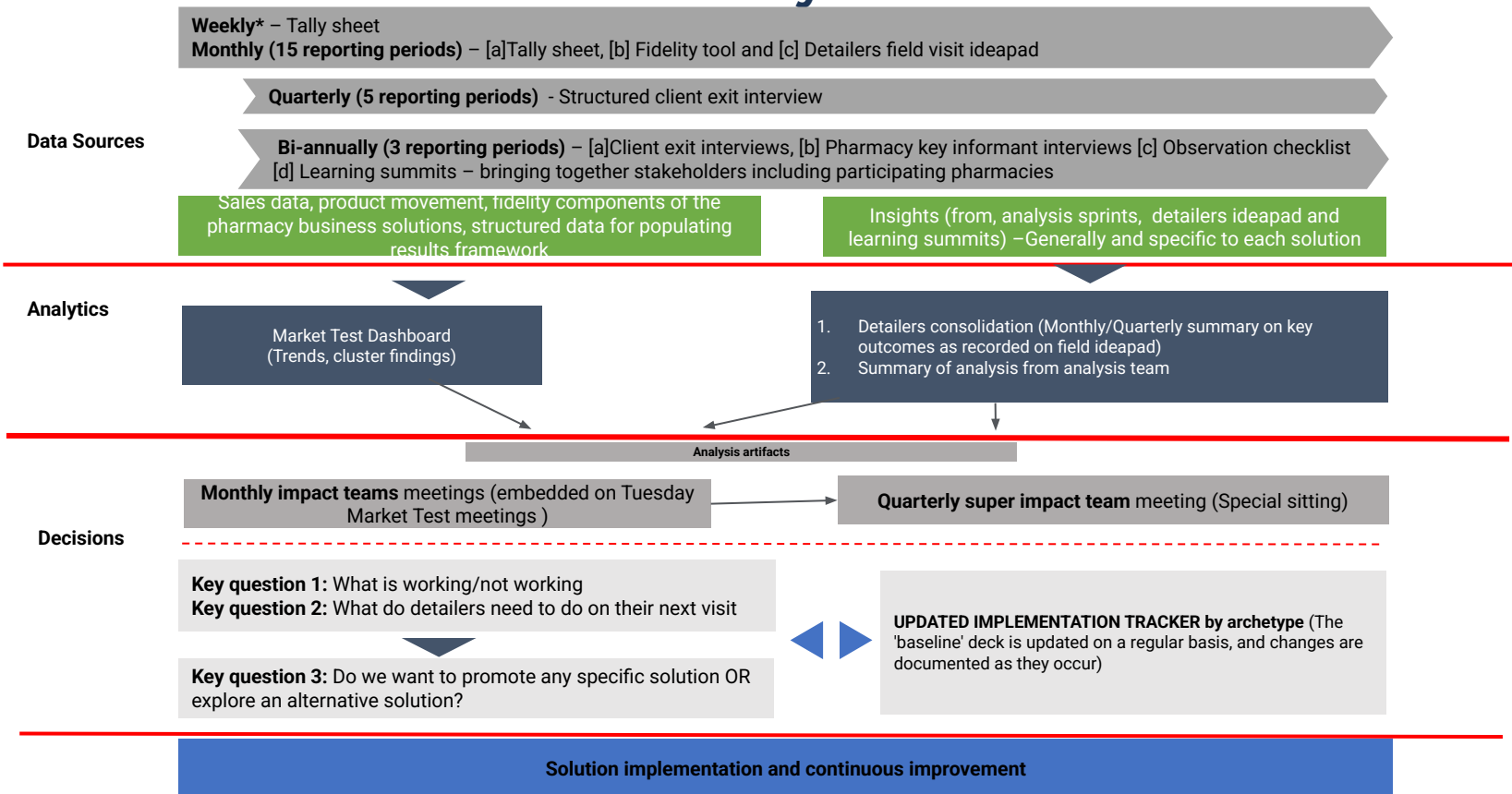
**Effectiveness** is the culmination of all implementation research work: Do these pharmacy solutions help pharmacies sustain or grow their businesses while maintaining FP quality of care? Do these pharmacy solutions help alleviate barriers to FP for women and encourage repeat customers?

# Implementation Research Approach and Tools



**Effectiveness** is the culmination of all implementation research work: Do these pharmacy business models help pharmacies sustain or grow their businesses while maintaining FP quality of care? : Do these pharmacy business models help alleviate barriers to FP for women and encourage repeat customers?

# Our Data Sources & Process for Translating Data into Action: Analytics and Decisions Layout



# Data Overview

**Period:** December 2022 – December 2023

## Quantitative Data

25 pharmacies

Data reflects information on:

- Stock-out rates DMPA-SC
- Client profiles (new clients and repeat clients)
- Sales volumes for DMPA-SC and DMPA-IM



## Qualitative Data

94 Structured client exit interviews  
54 Key informant interviews  
76 Client in-depth interviews

Data reflects information drawn from:  
six pharmacy providers and nine self-injecting clients

# Phase 2 Solutions Implemented with Pharmacies

## Solutions

### Gap1

Low-quality FP service delivery

- Safe spaces
- mentorship
- counselling

### Gap 2

Limited knowledge of FP beyond contraceptive pills and barrier methods

- in-store CMEs,
- post training supervision,
- public-private linkages
- webinars and learning summits,
- mentoring

### Gap 3

DMPA-SC availability and distribution challenges

- linkages with distributors
- product sampling
- public-private linkages

### Gap 4

Client retention challenges

- Use of TCA cards
- client reminders
- client education
- use of DARs
- Nivi
- use of CHVs

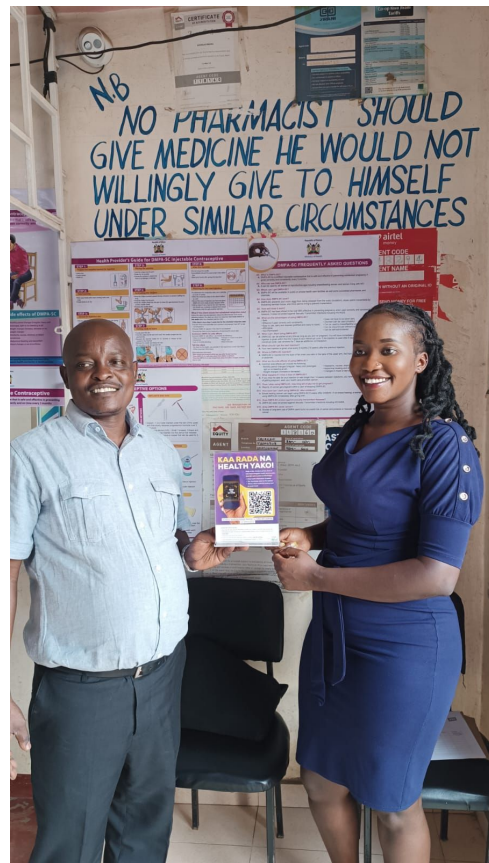
### Gap 5

Limited demand for FP at the pharmacy

- Distribution of IEC materials
- jipende -Jipange posters
- use of social media and use of CHVs

# Phase 2 Solutions: Role of a Detailer

- Communicate proactively and effectively in order to execute tasks and deliverables on time and with quality outputs (phone calls and physical visits)
- Work with the project pharmacies to monitor progress on FP service provision and drive conversion at the point of sale (eg method mix or change)
- Continuously identify training gaps for pharmacy and ensure support to fill these gaps (webinars by PROFASS).
- Support demand generation for FP through sharing key messaging about FP and/or sharing of relevant tools and resources.
- Pharmacy mentorship- abstract development support
- Support the pharmacies in reporting the FP data on clients served.





# Solutions to address gaps



- Between October 2022 and March 2023, twenty-one unique solutions categorized as **core** or **lean** were introduced and implemented in pharmacies. All core solutions were mandatory for pharmacies to adopt, while the uptake of the lean solutions was at the pharmacy's discretion.
- Core solutions included:
  - **MoH curriculum FP training** - Family planning, contraceptive counseling, and providing contraceptives (including DMPA-SC) to clients
  - **Post-training evaluation** and provider certification
  - **CMEs** for chain pharmacies
  - **Online webinars** by KPA and PSK
  - Pharmacies provide either **physical or digital “safe space”** where clients receive private contraceptive counseling and commodities
  - **Identifying bundled offers** of contraceptive and self-care products, including DMPA-SC
  - Periodically receive **samples of new FP and self care products** to market test with customers
  - **PSK, KPA webinars/CMEs** with topics directly linked to issues identified during monthly detailer visits
  - Distribution of **MOH approved IEC materials**
  - **FP tools** of the trade for pharmacies- MoH MEC wheels, FP log book, dispensing records
  - **DMPA-SC product sampling** for trained pharmacists during counselling to raise awareness

Nine of 26 pharmacies implemented more than 18 interventions

[illegible]

# Solution Matrix

Interventions are defined in detail in a later section (Annex)

Pharmacy /Solution	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	Total Pharmacies Implementing
Client education																											26
Use of DAR																											18
Nivi																											6
use of CHVs																											3
Distribution of IEC materials																											26
jipende-jipange posters																											26



Intervention Implemented



Intervention not Implemented



\*10 Webinars were conducted in 2023/2024; tracking of individual pharmacy participation was not feasible

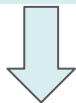
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## Revised Phase 3 Approach

# Revised Phase 3 Approach

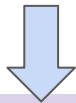
## Refocused Continued Learning Agenda

- Segmentation Analysis
- Pharmacy and Client Journeys to SI
- Case Studies



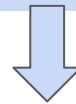
### Preparing the Market for Scale

- Diverse, stable supply
- Train pool of regional TOTs
- Mini scale up for more learning



### Optimizing SI for DMPA-SC

- Journey maps to identify pharmacy and client journeys
- Identify actions/ interventions for scale up



Scale scale up estimated to start October 2024 OR when a commercial distributor in place



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# Effectiveness Analysis



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# Refocused Learning Agenda (Phase 3)



## Effectiveness Analysis: Focus on pharmacy solutions

- We took a "**forward-leaning**" approach to thinking about the learning that can be used to inform the project's scaling solutions and help identify the most feasible solutions to move forward.
- The effectiveness analysis was centered on **three broad questions**:
  - a. How did we roll out these solutions?
  - b. What are the various combinations of preferred solutions that pharmacies opt for?
  - c. What are the characteristics of pharmacies that have adopted distinct solutions?

# We Adopted a Three Step Approach

1. Conduct analysis to **identify critical trends** and categorize pharmacies into different bands by
  - Examining each monthly data point by looking for any unusual numbers/outliers and missing data points and
  - Categorizing and banding the pharmacies based on how they performed against the indicators. The banding process was based on the different proportions as demonstrated in detail on slides 41, 46, 48 and 51.
2. **Identify common solutions and other characteristics across pharmacies** in the different bands created in Step 1 by
  - Using the analysis output from Step 1, cluster the pharmacies of each high-performing band per indicator and identify the key interventions implemented in these pharmacies, taking into account their ownership, their location, the kinds of clients served, their size, and any critical additional information.
  - Once this was established, we examined the different bands alongside these pharmacy characteristics and identified what was common.



# We adopted a three-step approach

3. Use outputs from steps one and two, we created **individualized pharmacy profiles** that provided detailed insights into a pharmacy or a group of pharmacies that shared a specific characteristic, such as the groups of pharmacies with the most repeat FP clients.
- The first part of this process was to look at each pharmacy and identify where it is located, the size and features of the pharmacy (such as those with a back office, a front area, and a client waiting area), the contraceptive methods and self-care products commonly stocked, the nature of family planning clients commonly served, other services offered, the profile of the pharmacy provider, the point of sale tools deployed, and the solutions they are implementing.



# Data Sources and Analysis Period

## 1. Quantitative data sources

### a. Pharmacy Data

- The pharmacy tally sheet for 14 months, from Jan 2023 to Feb 2024, provided the data for the analysis.
  - The tally sheet was developed by the project and introduced as a short-term data collection tool for pharmacies
- This period was chosen since there was consistent reporting from the project pharmacies.
- To understand the change in sales for the identified indicators, we compared the performance between Jan 2023 and July 2023 (7 Months) with the performance between Aug 2023 and Feb 2024 (7 Months). It was assumed that the pharmacies had implemented most of the solutions by July 2023; thus, the first seven months were considered to be the pre-intervention phase , and the second seven months were assumed to be the post-intervention phase.

### b. Structured Client Exit (SCEI) Data

- In phase 1(Q1), 32 clients' exit interview data was collected from 18 pharmacies (6 pharmacies, one interview each, and at least two interviews in 12 pharmacies, with a maximum of 3 interviews).
- In phase 2(Q2), 52 clients' exit interview data was collected from 23 pharmacies (2 pharmacies, one interview each, and at least two interviews in 21 pharmacies, with a maximum of 4 interviews).

# Data sources and analysis

## 2. Qualitative Data Sources

- a. Pharmacy KIIs (Sprint 1 & 2)
  - Insights generated from pharmacy key informant interviews and client in depth interviews.
- b. **Detailers Insights Deck**
  - Monthly insights reports generated but the detailers during the monthly physical touch points with the detailers
- c. **Pharmacy profile report**
  - A summary of the pharmacy profiles on location, Size, clients served, ownership, e.t.c
- d. **Workathon Matrix**
  - Market test team reflection matrix on the status of the solutions implemented

**Number of Pharmacies:** Data for 26 Pharmacies was analysed across the 14 month period



# Limitations and mitigation

Limitations	Mitigative measures
<ul style="list-style-type: none"><li>Reporting bias due to self-reporting by community pharmacists may have skewed the data, as pharmacies could have selectively reported based on social desirability or fear of judgment.</li></ul>	<ul style="list-style-type: none"><li>Follow-up calls were made to investigate identified outliers among top-performing pharmacies.</li><li>Independent data reviews were conducted at selected sites by sending detailers for verification.</li><li><b>Future:</b> Implement regular data verification methods such as random spot checks or cross-referencing self-reported data with other records.</li></ul>
<ul style="list-style-type: none"><li>Several pharmacies with inconsistent reporting led to potential gaps in understanding trends.</li></ul>	<ul style="list-style-type: none"><li>To address the gaps in monthly data; for participating pharmacies a monthly average was calculated based on all available data points to use as a proxy for the data gap presented.</li><li><b>Future:</b> Strengthen communication and engagement with pharmacies to ensure consistent reporting.</li></ul>
<ul style="list-style-type: none"><li>Monthly reporting could not capture intermittent stockouts during the month.</li></ul>	

# Approach on quantitative data (Pharmacy data/Tally sheet)

**Indicators of focus:** 5 Indicators were used for the first step of the analysis “Inventory Check”

- Indicator 1 :Proportion of **DMPA-IM** to the total units **sold**
- Indicator 2 :Proportion of **DMPA-SC** to the total units **sold**
- Indicator 3 :Proportion of **Injectables** to the total units **sold**
- Indicator 4 :Percent of **new clients**
- Indicator 5 :Percent of **repeat client**

**Product basket:** Two product baskets were used for this analysis for indicator 1-3 where the numerator and denominator were defined with respect to the indicators.

1. 20 self care product basket: The standard 20 basket items considered were DMPA-IM, combined oral contraceptives pills (COCs), EC pills, progestin only pills (POPs), male condoms-packs, female condoms, DMPA-SC, HIV self-test kit, pregnancy detection kit-pieces, ovulation predictor, pregnancy/lactation supplements, lubricant, performance enhancers, sexual health supplements, tampons, panty liners, menstrual cups, period panties, norethisterone and sanitary pads.
2. 10 self care product basket:The 10 products were: combined oral contraceptives pills (COCs), DMPA-IM, EC pills, Lubricant, PDT - pregnancy detection kit-pieces, Progestin only pills (POPs), Sanitary pads, Tampons, DMPA-SC and HIV self-test kit. The 10 select products have been observed to be commonly sold across all our pharmacies and hence the assumption to drop the other products in the full 20 self care basket for purposes of calculation

# Indicator : Proportion of DMPA-IM sales relative to 10 common basket items overtime

## Definition

- The indicator represents the proportion of DMPA-IM sales in a basket of 10 commonly sold self-care products
- The 10 selected products have been observed to be commonly sold across all our pharmacies and hence the assumption to drop the other products in the full 20 basket for purposes of calculation
- The 10 products are: Combined oral contraceptives pills (COCs), DMPA-IM, EC pills, Lubricant, PDT - pregnancy detection kit-pieces, Progestin only pills (POPs), Sanitary pads, Tampons, DMPA-SC and HIV self-test kit

## Analysis

Methods: categorize indicator 1 into the 4 bands, the data was first arranged in descending order from the highest to the lowest.

- The mean and standard deviation for the data was calculated to understanding data variability and distribution.
- The distribution of the bands was then calculated around the mean and the standard deviation.
- This approach provided a balanced way to categorize data into meaningful bands.

## Indicator 1: Proportion of DMPA-IM sales relative to 10 common basket items overtime

FP item in the basket	Proportion of sales volumes	Rank
Emergency pills	27%	1
Combined oral contraception	22%	2
Pregnancy detection kits	17%	3
<b>DMPA-IM</b>	<b>12%</b>	<b>4</b>
HIV self-test kits	11%	5
Sanitary pads	3%	6
Lubricants	2%	7
Progesterone only pill	2%	7
DMPA - SC	2%	7
Tampons	1%	10

- DMPA-IM is one of the most valuable and widely sold items in the self-care basket. It is ranked third among commonly sold family planning items. **DMPA-IM may be a significant driver of profitability when looking at the items in the basket** since it is a high-volume sales commodity within the basket.
- With the exception of DMPA-SC, which many clients prefer to have administered rather than self-inject, this indicator shows that a significant proportion of all basket sales are from products that are truly administered without the presence of a provider. This highlights the opportunities and gaps that remain for products such as DMPA-SC, which have the

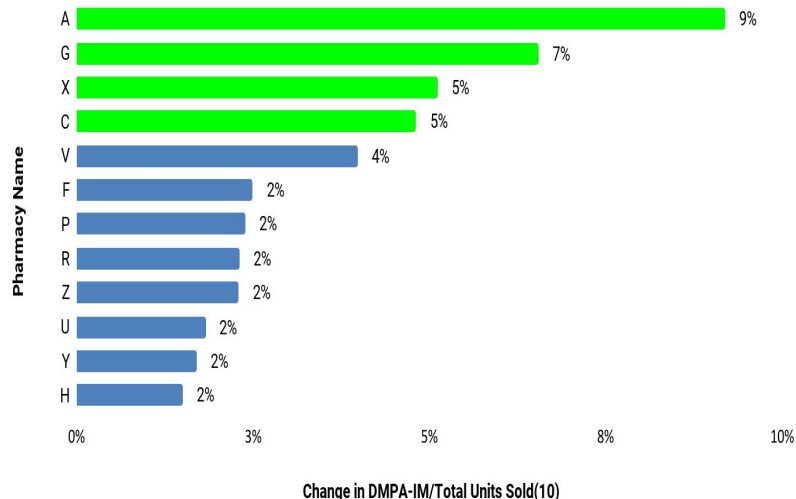
# Indicator 1: Proportion of DMPA-IM sales relative to 10 common basket items over time

Pharmacy Bands	Number of pharmacies in this band (n)	Mean sales
A.Over 29%	1. Pharmacy A	51%
B. 18%-29%	1. Pharmacy B 2. Pharmacy C	27%
C. 10%-17%	1. Pharmacy D 2. Pharmacy E 3. Pharmacy F 4. Pharmacy G 5. Pharmacy H	14%
D. 0%-9%	<div> 1. Pharmacy I 2. Pharmacy J 3. Pharmacy K 4. Pharmacy L 5. Pharmacy M 6. Pharmacy N 7. Pharmacy O 8. Pharmacy P 9. Pharmacy Q </div> <div> 10. Pharmacy R 11. Pharmacy S 12. Pharmacy T 13. Pharmacy U 14. Pharmacy V 15. Pharmacy W 16. Pharmacy X 17. Pharmacy Y 18. Pharmacy Z </div>	4%  <b>Note to the reader:</b> This is a demonstration of how we ran the analysis and got the different bands that led to the categorization in the next slide
Average		12%

# Indicator 1: Proportion of DMPA-IM Sales (Pharmacies with Positive Changes Only)

- Pharmacy ownership plays a critical role in the performance of the business. The four best-performing pharmacies are managed by the owners. The owners are the main service provider

Proportion of DMPA-IM Sales ( Pharmacies with Positive Changes Only)



**Change** = {Average proportion of DMPA-IM sales (Aug 23-Feb 2024)} - {Average proportion of DMPA-IM sales (Jan 23-July 23)}

Pharmacy Profile						
Pharmacy	Interventions Implemented	Ownership	Location	Clients Served	Size	Additional Information
A	Safe space, counselling, mentorship, and public-private linkages. Use of social media, Use of DAR, and in-store	The pharmacy owner is the main provider with 1 more support staff and one nurse on a mentorship program.	Located within 1 km of: bars and restaurants	High level profile	Small Size	Retailer, waiting bay for clients
G	Safe space, Counselling, Mentorship, Use of social media, Public Private linkage, Use of DAR	Pharmacy owner is a pharmacist but the main service providers are 2 pharm techs at a time	Peri-urban (within the shopping center)	20-30 years	Large	Uses POS system, retailer, waiting bay for clients
X	Safe space, Counselling, Mentorship,	Pharmacy owner works with A pharmtech who provides the services	Urban- —Located within CBD	17-55 years	Medium	Uses POS system, Lab services offered, retailer, Waiting bay for clients
C	Safe space, Counselling, Mentorship	Pharmacy owner is main provider with 4 more support staff	Located within 1 km of: bars, restaurants, markets	High level profile	Large Size	Retailer & Wholesaler, Use BIOS as a POS system

- The four pharmacies had the highest change on DMPA-IM sales. Pharmacy A and G implemented ' use of social media', public-private linkages," and "use of DAR" interventions that were not common among the participating pharmacies.

# Indicator 2: Proportion of DMPA-SC sales relative to 10 common basket items

## Definition

- The indicator represents the proportion of DMPA-SC sales in a basket of 10 commonly sold self-care products
- The 10 select products have been observed to be commonly sold across all our pharmacies and hence the assumption to drop the other products in the full 20 basket for purposes of calculation
- The 10 products are: Combined oral contraceptives pills (COCs), DMPA-IM, EC pills, Lubricant, PDT - pregnancy detection kit-pieces, Progestin only pills (POPs), Sanitary pads, Tampons, DMPA-SC and HIV self-test kit

## Analysis Conducted

- To categorize indicator 2 into the 4 bands, the data was first arranged in descending order from the highest to the lowest .
- The mean and standard deviation for the data was calculated to understanding data variability and distribution.
- The distribution of the bands was then calculated around the mean and the standard deviation.
- This approach provided a balanced way to categorize data into meaningful bands.

## Indicator 2: Proportion of DMPA-SC sales relative to 10 common basket items overtime

FP item in the basket	Proportion of sales volumes	Rank
Emergency pills	27%	1
Combined oral contraception	22%	2
Pregnancy detection kits	17%	3
DMPA-IM	12%	4
HIV self-test kits	11%	5
Sanitary pads	3%	6
Lubricants	2%	7
Progesterone only pill	2%	7
<b>DMPA - SC</b>	<b>2%</b>	<b>7</b>
Tampons	1%	8

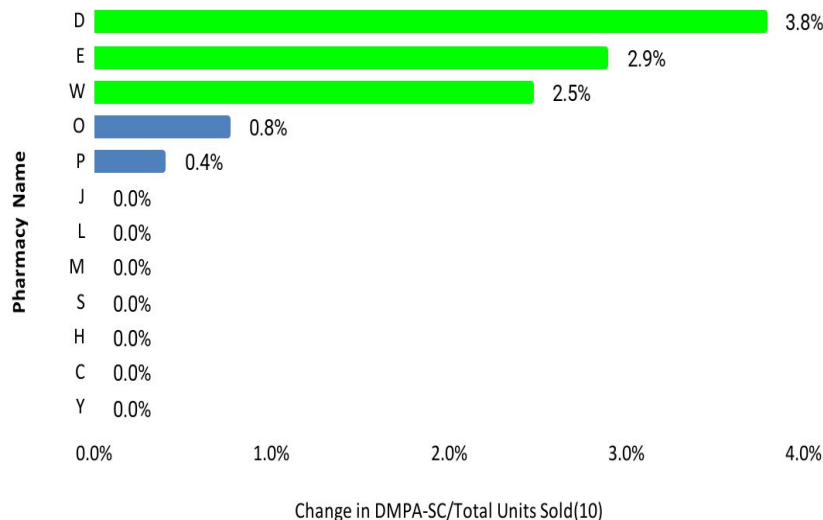
- Compared to other commonly sold items in the self-care basket, DMPA-SC is one of the least sold commodities. It is not yet a high-volume commodity, particularly in the family planning category. This result could be influenced by factors such as product demand and availability.
- From a business standpoint, **DMPA-SC may not yet be significantly driving sales and thus profitability compared to the other items in the basket**, particularly DMPA-IM, whose price offering is not significantly different. However, the higher volume of DMPA-IM sales indicates that **DMPA-SC sales have the potential to grow if the right conditions are met.**

## Indicator 2: Proportion of DMPA-SC sales relative to 10 common basket items over time

Pharmacy Bands	Number of pharmacies in this band (n)		Average Mean sales
A. Over 7%	1. Pharmacy T		18%
B. 4%-7%	1. Pharmacy Z		7%
C. 1%-3%	1. Pharmacy G 2. Pharmacy F 3. Pharmacy I 4. Pharmacy R 5. Pharmacy P 6. Pharmacy U	7. Pharmacy D 8. Pharmacy O 9. Pharmacy E 9. Pharmacy W 10. Pharmacy V 11. Pharmacy X	2%  <b>Note to the reader:</b> This is a demonstration of how we ran the analysis and got the different bands that led to the categorization in the next slide
D. 0%	1. Pharmacy A 2. Pharmacy N 3. Pharmacy K 4. Pharmacy Q 5. Pharmacy B 6. Pharmacy Y	7. Pharmacy C 8. Pharmacy H 9. Pharmacy S 10. Pharmacy M 11. Pharmacy L 12. Pharmacy J	0%
Average Mean			2%

# Indicator 2: Proportion of DMPA-SC Sales ( Pharmacies with Positive Changes Only over time)

Proportion of DMPA-SC Sales ( Pharmacies with Positive Changes Only)



**Change** = {Average proportion of DMPA-SC sales (Aug 23-Feb 2024)} - {Average proportion of DMPA-SC sales (Jan 23-July 23)}

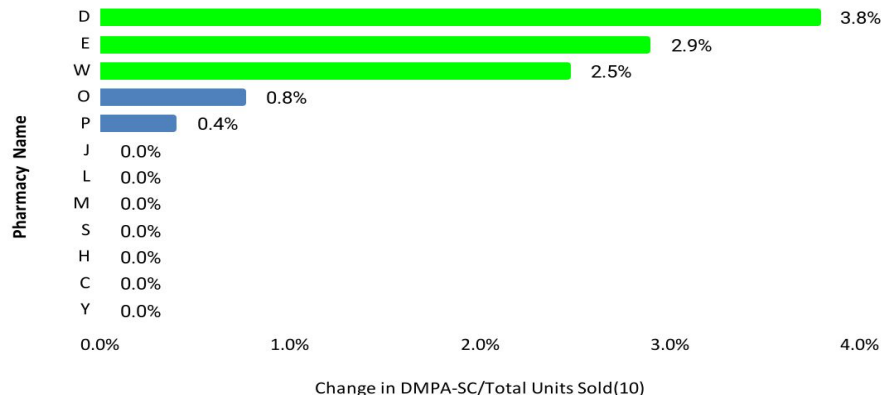
Pharmacy Profile						
Pharmacy	Solutions Implemented	Ownership	Location	Clients Served	Size	Additional Information
D	Safe space, Counselling, , <b>Public Private linkage, social media</b>	Pharmacy owner is main provider with 1 more support staff, a nurse	Located within 1 km from a health facility	High level profile; mostly young women and girls	Medium-size	Retailer, Waiting bay for clients
E	Safe space, Counselling, <b>Public Private linkage, social media</b>	Pharmacy owner is main provider with 2 other support staffs	Located within 1 km of: Ahero Polytechnic training centre;	Most are women and young girls	medium-size	Waiting bay for clients
W	Safe space, Counselling, and <b>social media and Nivi</b>	Pharmacy assistant, who is a pharmtech, is the main service provider	Located within 1 km of: located within an estate and shopping center	Majority of FP clients are in their 30s	Medium	Uses Maisha's POS system

- The 3 pharmacies had the highest change on DMPA-SC sales. D and E pharmacies implemented “use of social media”and “Public private linkages” interventions that were not common among the participating pharmacies.

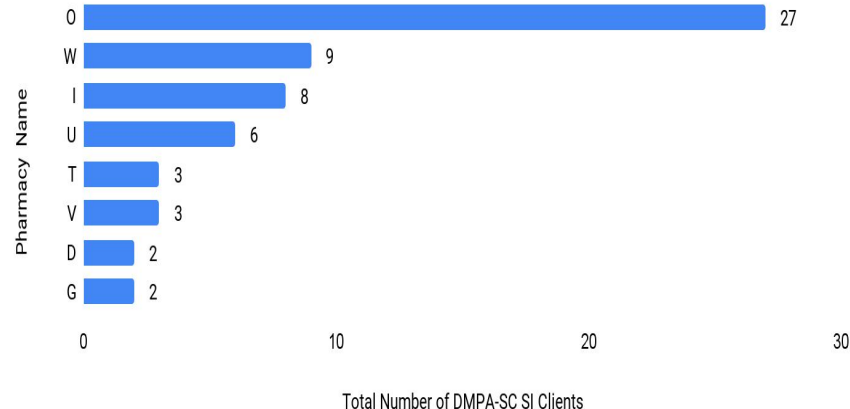
## Indicator 2: Proportion of DMPA-SC Sales ( Pharmacies with Positive Changes Only) Vs Total DMPA -SC SI Clients

- The pharmacies with the highest growth over time in proportional sales of DMPA-SC were not necessarily the same pharmacies with highest enrollment of SI clients, suggesting that DMPA-SC availability alone was not the only factor in SI uptake.
- Two pharmacies are strategically located near a learning institution, serve young, educated women and girls who, as shown in journey map data, are likely to adopt self-injection while one of the other Pharmacy has strong counselling skills and was able to initiate more clients on DMPA-SI. Besides availability of DMPA-SC the provider initiative is very key at initiating a client to DMPA-SC for SI

Proportion of DMPA-SC Sales ( Pharmacies with Positive Changes Only)



Total Number of DMPA-SC SI Clients



**Change** = {Average proportion of DMPA-SC sales (Aug 23-Feb 2024)} - {Average proportion of DMPA-SC sales (Jan 23-July 23)}

# Indicator 3: Proportion of injectable sales relative to 10 common basket items overtime

## Definition

- The indicator represents the proportion of DMPA-SC + DMPA-IM sales in a basket of 10 select products
- The 10 select products have been observed to be commonly sold across all our pharmacies and hence the assumption to drop the other products in the full 20 basket for purposes of calculation
- The 10 products are: Combined oral contraceptives pills (COCs), DMPA-IM, EC pills, Lubricant, PDT - pregnancy detection kit-pieces, Progestin only pills (POPs), Sanitary pads, Tampons, DMPA-SC and HIV self-test kit

## Analysis Conducted

- To categorize indicator 3 into the 6 bands, the data was first arranged in descending order from the highest to the lowest .
- The mean and standard deviation for the data was calculated to understanding data variability and distribution.
- The distribution of the bands was then calculated around the mean and the standard deviation. This approach provided a balanced way to categorize data into meaningful bands.

## Results

- Across all pharmacies, the proportion of injectable sales relative to all the 10 products is 11% (SD 0.11)
- Despite DMPA-IM sales volumes playing a significant role in the overall sales of products in the the self-care basket, **injectable sales may not yet be significantly driving sales and thus profitability** compared to the other items in the basket.
- However, the higher volume of DMPA-IM sales indicates that **DMPA-SC sales can grow if the right conditions are met.**

## Indicator 3: Proportion of injectable sales relative to 10 common basket items over time

Pharmacy Bands	Number of pharmacies in this band (n)	Average Mean sales
A.Over 28%	1. Pharmacy A	52%
B. 18%-28%	1. Pharmacy C 2. Pharmacy B 3. Pharmacy T 4. Pharmacy G 5. Pharmacy D	23%
C. 9%-17%	1. Pharmacy E 2. Pharmacy F 3. Pharmacy H 4. Pharmacy X 5. Pharmacy K 6. Pharmacy Z 7 Pharmacy W	11%
D.5%-8%	1. Pharmacy Q 2. Pharmacy V 3. Pharmacy U 4. Pharmacy P 5. Pharmacy N 6. Pharmacy R 7. Pharmacy I 8. Pharmacy O 9. Pharmacy M	5%
E.1-4%	1. Pharmacy L 2. Pharmacy Y 3. Pharmacy S	2%
F.0%	1. Pharmacy J	0%
<b>Average</b>		<b>11%</b>

# Indicator 4: Estimates proportion of new FP clients overtime

## Definition

- The indicator represent pharmacies' total number of new family planning clients as a proportion of the total clients who visited the pharmacies seeking family planning service.

## Analysis Conducted

- To categorize indicator 4 into the 4 bands the data was first arranged in descending order from the highest to the lowest .
- The mean and standard deviation for the data was calculated to understanding data variability and distribution.
- The distribution of the bands was then calculated around the mean and the standard deviation.
- This approach provided a balanced way to categorize data into meaningful bands.

## Indicator 4: Estimates proportion of new FP clients overtime

### Results:

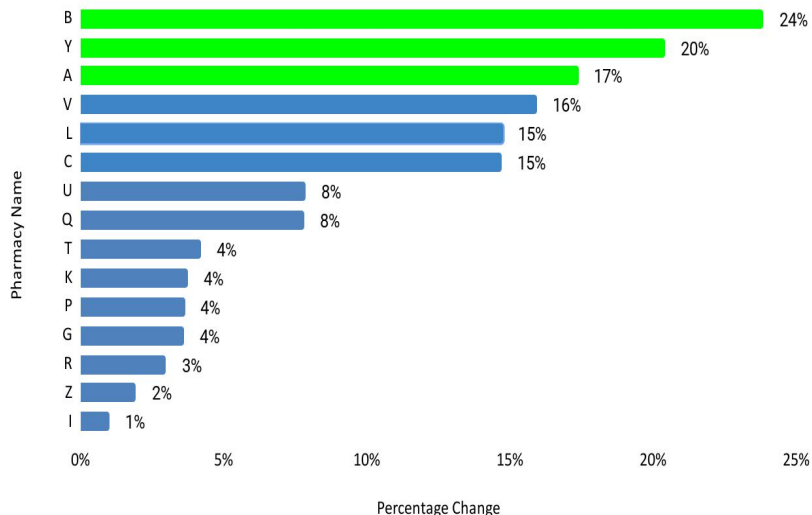
- Across all pharmacies the proportion of new FP clients is 44% (SD 0.16)
- We observed a steady increase in new family planning clients visiting the pharmacy, and while the proportion was lower than that of clients returning to the pharmacy, this result indicates a **steady increase in women and girls accessing family planning through the pharmacy channel.**
- This indicates the **opportunity to** fully implement **client retention strategies**, which may explain the significant revisit numbers, as well as the need to continue strengthening aspects of family planning provision, such as improved commodity access and strong provider post-training engagement and support.

# Indicator 4: Estimates proportion of new FP clients over time

Pharmacy Bands	Number of pharmacies in this band (n)	Mean
A. Over 64%	1. Pharmacy A	81%
B. 61%-64%	1. Pharmacy K 2. Pharmacy L 3. Pharmacy V 4. Pharmacy C 5. Pharmacy U	61%
C. 29%-60%	1. Pharmacy T 2. Pharmacy M 3. Pharmacy W 4. Pharmacy Q 5. Pharmacy Z 6. Pharmacy O 7. Pharmacy X 8. Pharmacy Y 9. Pharmacy N 10. Pharmacy J 11. Pharmacy D 12. Pharmacy I 13. Pharmacy G 14. Pharmacy H 15. Pharmacy F	44%
D. 0%-28%	1. Pharmacy R 2. Pharmacy S 3. Pharmacy B 4. Pharmacy E 5. Pharmacy A	20%
Average Mean		44%

## Indicator 4: Estimates proportion of new FP clients ( Pharmacies with Positive Changes Only)

Estimates proportion of new FP clients ( Pharmacies with Positive Changes Only)



Pharmacy B,Y and A, recorded the highest increase number on new clients. All the 3 pharmacies are linked to a **public facility** and **uses social media** to create demand and awareness of FP services in their pharmacies. For the 3 pharmacies ,**pharmacy owner** is the main service provider.

**Change** = {Average estimates proportion of new FP clients (Aug 23-Feb 2024)} - {Average estimates proportion of new FP clients (Jan 23-July 23)}

### Pharmacy Profile

Pharmacy	Solutions Implemented	Ownership	Location	Clients Served	Size	Additional Information
B	Safe space, Counselling, Mentorship, <b>Public Private linkage,Use of social media, Post training supervision</b>	<b>Pharmacy owner</b> and 1 staff are main provider with 2 more support staff.	Located within 1 km of: bars, restaurants, county hospital, shopping malls	Most are women and young girls	Medium Size	<b>Uses a POS system, Waiting bay for clients</b>
Y	Safe space, Counselling, Mentorship, <b>Public Private linkage,Use of social media</b>	<b>Pharmacy owner</b> is main provider with 1 locum staff	Located within 1 km of: Located within 1km of most amenities considering its within Ngong town CBD	Slightly more women than men Most popular age groups: over 45 years	Medium Size	Uses a POS system - Ultimate fosters
A	Safe space, Counselling, Mentorship, <b>Public - private linkages,Use of social media, Use of DAR,in store CMEs</b>	<b>Pharmacy owner</b> is main provider with 1 more support staff, one nurse on mentorship programme.	Located within 1 km of: Bars, restaurants	High level profile	Small Size	Retailer , <b>Waiting bay for clients</b>

# Indicator 5: Estimate proportion of repeat FP clients over time

## Definition

- The indicator represent pharmacies' total number of family planning repeat clients as a proportion of the total clients who visited the pharmacies seeking family planning service.

## Analysis Conducted

- To categorize into the 4 bands the data was first arranged in descending order from the highest to the lowest .
- The mean and standard deviation for the data was calculated to understanding data variability and distribution.
- The distribution of the bands was then calculated around the mean and the standard deviation.
- This approach provided a balanced way to categorize data into meaningful bands.

# Indicator 5: Estimate proportion of repeat FP clients over time

## Results

- This result has been consistent across the months, pointing to the following:
  - The relational nature that shapes the interaction between the client and pharmacy providers and
  - The success of client retention solutions, especially the use of TCA cards
- The relatively higher repeat FP clients may also indicate client satisfaction, which in turn suggests **potential revenue growth**.
- Although we don't have evidence of a repeat visit translating into a sale, given that some clients come back for counseling, this indicates that the **client retention solutions may be shaping the business revenue from sales**.
- Clients have also indicated their comfort and satisfaction with pharmacy providers' FP services offered which implies a higher chance of returning for services.

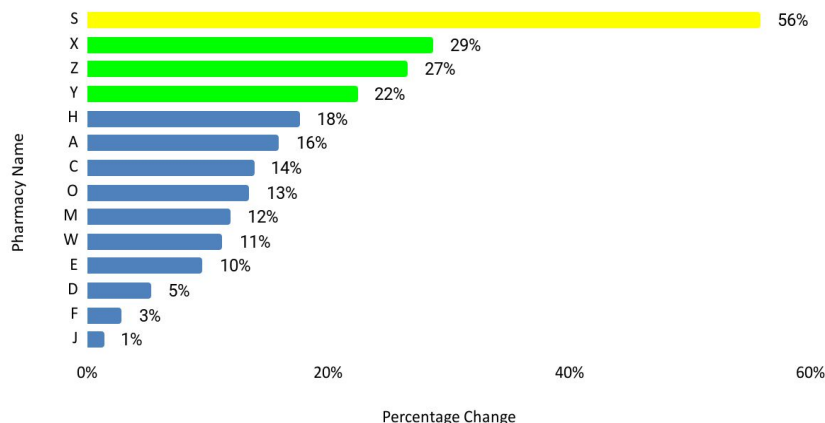
# Indicator 5: Estimates proportion of repeat FP clients overtime

Pharmacy Bands	Number of pharmacies in this band (n)	Mean
A.Over 74%	<ol style="list-style-type: none"> <li>1. Pharmacy A</li> <li>2. Pharmacy E</li> <li>3. Pharmacy B</li> <li>4. Pharmacy S</li> <li>5. Pharmacy R</li> </ol>	80%
B.57%-74%	<ol style="list-style-type: none"> <li>1. Pharmacy F</li> <li>2. Pharmacy H</li> <li>3. Pharmacy G</li> <li>4. Pharmacy I</li> <li>5. Pharmacy D</li> <li>6. Pharmacy J</li> </ol>	64%
C.38%-56%	<ol style="list-style-type: none"> <li>1. Pharmacy N</li> <li>2. Pharmacy Y</li> <li>3. Pharmacy X</li> <li>4. Pharmacy O</li> <li>5. Pharmacy Z</li> <li>6. Pharmacy Q</li> <li>7. Pharmacy W</li> <li>8. Pharmacy M</li> <li>9. Pharmacy T</li> <li>10. Pharmacy U</li> <li>11. Pharmacy C</li> <li>12. Pharmacy V</li> <li>13. Pharmacy L</li> <li>14. Pharmacy K</li> </ol>	46%
D.0%-37%	<ol style="list-style-type: none"> <li>1. Pharmacy P</li> </ol>	19%
Average Mean		56%

## Indicator 5: Estimates proportion of repeat FP clients ( Pharmacies with Positive Changes Only)

- Pharmacies S, X, Z, and Y recorded the highest increase in repeat clients. Three out of the four pharmacies used social media intervention to create demand and awareness. The owners run and manage all four pharmacies.
- Pharmacy Z at some point used CHPs to create demand and awareness and uses the MOH daily activity register for tracking clients.

Estimates proportion of repeat FP clients ( Pharmacies with Positive Changes Only)



**Change** = {Average estimates proportion of repeat FP clients (Aug 23-Feb 2024)} - {Average estimates proportion of repeat FP clients (Jan 23-July 23)}



Pharmacy Profile						
Pharmacy Name	Solutions Implemented	Ownership	Location	Clients Served	Size	Additional Information
S	Safe space, Counselling, <b>Use of social media, Post training supervision</b>	<b>Pharmacy owner</b> is main provider with 2 more support staff.	Located within 1 km of: Bar, restaurant, shopping centre	Equal representation of Women and men. Most popular age groups: 22-55 years.	Medium	Uses Pharmacore as a <b>POS</b> system, Waiting bay for clients
X	Safe space, Counselling, Mentorship.	<b>Pharmacy owner</b> works with A pharmltech who provides the services	Urban- Located within CBD	17-55 yrs	Medium	Uses <b>POS</b> system, Lab services offered, <b>Retailer, Waiting bay for clients</b>
Z	Safe space, Counselling, Mentorship, <b>Use of social media, Use of DAR, Use of CHVs</b>	<b>Pharmacy owner</b> is main provider. A pharmltech works with the pharmacy owner	Located within 1 km of: shopping center and bus stage, another pharmacy and private clinic are in the same building	Profile of repeat customers- Age-25-35	Medium	Safe space- <b>renovated</b> after project began he has added a couch
Y	Safe space, Counselling, <b>Public Private linkage, Use of social media</b>	<b>Pharmacy owner</b> is main provider with 1 locum staff	Located within 1 km of: Located within 1km of most amenities considering its within Ngong town CBD	Slightly more women than men. Most popular age groups: over 45 years	Medium Size	Uses a <b>POS</b> system - Ultimate fosters

# What characteristics were most common with high performing pharmacies?

## 1 Key insights from pharmacy

- Which combination of interventions produced the most notable results?
  - Hybrid Safe space approach
  - Use of Social Media
  - Providers initiatives and Innovation to create demand and awareness of FP products
  - Providers and Clients confidence build

## 2 Pharmacy descriptor/description

- Location
  - Locations that place the pharmacy as a constant provider of services, as opposed to those located in areas like malls where potential clients don't always come to these pharmacies or don't live close to them, are associated with higher performance.
  - Proximity to strategic institutions eg school, Bus stage
- Size
  - Medium-sized
    - Medium sized pharmacies performed better than large and small size pharmacies

# Key takeaways from effectiveness analysis



- **The business owner's engagement is key in shaping success of the business**
  - Pharmacy ownership plays critical role in the performance of the business.
  - There were improved performances in pharmacies where owners were willing to go beyond the core pharmacy solutions and implement solutions such as deployment of social media, cultivating public private linkages, use of the daily activity register.
  - These providers were also highly likely to innovate some core solutions such as enhancing their safe spaces by include couches, screens which increased clients comfort.
- **The potential of injectables in pharmacy**
  - From a business perspective, DMPA-SC may not yet be significantly driving sales and thus profitability when compared to the other items in the basket, particularly DMPA-IM, whose price to customers is not significantly different. However, the higher volume of DMPA-IM sales suggests that DMPA-SC sales can increase if the appropriate conditions are met (i.e. a regular and consistent supply in the market).
- **Pharmacy location and size determines the performance in relation to family planning services offered.**
  - Pharmacies' proximity to social amenities and learning institutions may lead to improved performance of family planning related services
  - Community pharmacies serving a consistent population where the provider has a professional relationship and a good rapport with the clients tend to perform better than pharmacies where the provider is unable to establish rapport, such as pharmacies located in malls where the majority of the clients are walk-ins.

# Areas for further inquiry

To fully understand how our solutions may have impacted pharmacies and their ability to be profitable while providing quality family planning services, we suggest exploring these areas:

**Carry out a comprehensive contextual analysis:** This is will be important in uncovering some business related aspects that our data may not address for now.

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**Carry out a detailed cost analysis:** This will help explore the actual status of injectables' potential to drive sales and generate profit and also give insights on high, medium, and low resource options for training clients on family planning and DMPA-SC for self-injection.

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**Comparative 'now-and-then' analysis:** Given that our analysis largely took place when the commodity was unavailable, we can draw more insights by re-analyzing the data when the commodity is largely available in the market through the commercial distributor.

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**Changes associated with regular supply:** With the identified pharmacy characteristics, it will be interesting to see whether the identified factors and solutions that make a pharmacy still hold true when the commodity is widely and consistently available in the market.



# Annex

Interventions



**inSupplyHealth**  
CO-CREATING INNOVATIONS FOR HEALTH



# Interventions Implemented



**inSupplyHealth**  
CO-CREATING INNOVATIONS FOR HEALTH



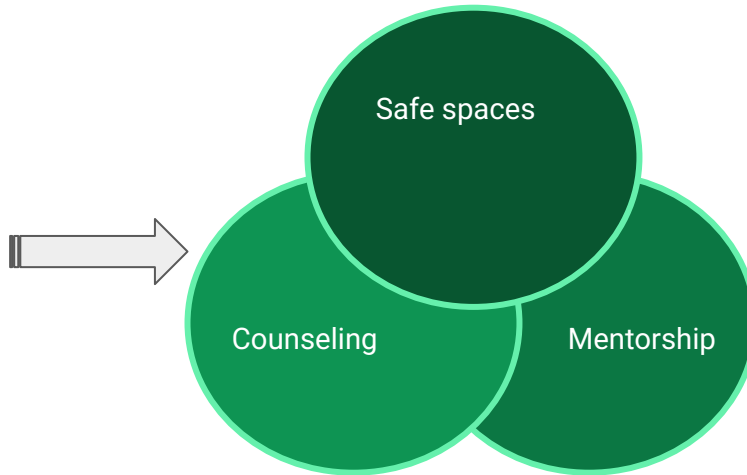
# 1

## Low-quality FP services delivery

# Introduction

- ❖ Low-quality FP services were one of the gaps that was identified through HCD research that was conducted to assess FP services delivery at the community pharmacies.
  - Low quality was on the counselling offered to the clients ,provision of quality integrated FP services, communication skills and COP for pharmacies offering FP
- ❖ Pharmacists needed support on how to provide unbiased and accurate counseling so that women can be assured the counseling and training they are receiving on DMPA-SC is of high quality and trustworthy.

- To address this gap, **three** interventions were implemented across all participating pharmacies(26)



# Safe Spaces

- Safe space was one of the solutions implemented in **all** project-participating pharmacies since it is a requirement for any pharmacy that offers expanded family planning services. Both physical and digital safe spaces were implemented.
  - Digital safe space refers to an online environment where individuals can engage, communicate, and express themselves freely without fear of harassment, judgment, or harm. **Two digital safe spaces (Nivi and whatsapp)** were utilized by the 6 pharmacies
- All 26 pharmacies created and implemented physical safe spaces except for **six pharmacies** which implemented both physical and digital safe spaces.

## Results:

**Through the safe spaces, providers can provide quality FP counseling time with the clients which results in better clients' experience in family planning**

*"...provision of quality family planning... We can now handle clients with courage. We do not do simple referral; we handle it here. We have the capacity, the knowledge and the know-how to handle within. We have gained a lot because now we are dealing with the clients when we have confidence, we have enough information. ..."*

**Pharmacy KII**

**Pharmacy clients' perception that pharmacies are meeting their FP/self-care needs that are not being met through the public sector/other channels (convenience, timesaving, privacy, higher quality, etc.).**

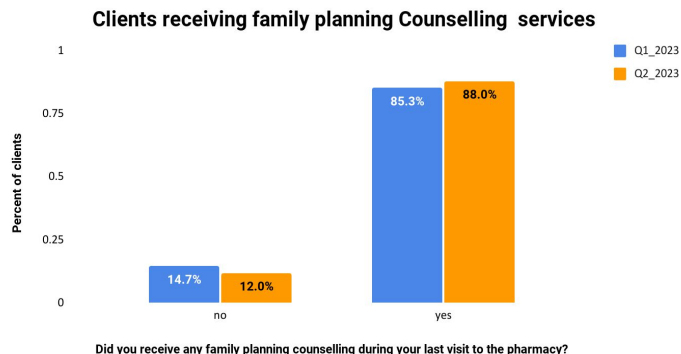
Because pharmacies are closer to their client's homes, they save time and are less crowded, and they are meeting their clients' family planning needs of quality, **privacy, safety, and convenience**. The clients are accorded **privacy, and closed space away from other clients during consultations**.

# Counselling



- For counseling to be effective, it must improve the quality of FP services, specifically by ensuring that factual information and assistance are provided to the client so that they can make a method choice that meets their needs and preferences.
- Counseling was rolled out in all 26 pharmacies.

## Results:



- In Q1 85% of interviewed clients who visited pharmacies seeking FP services indicated that they received counseling services which was of **good quality**
- In Q2 88% of interviewed clients who visited pharmacies seeking FP services indicated that they received counseling services which was of **good quality**

Source : SCEI (nQ1=36, nQ2=52)

## Pharmacies expressed their comfort in offering FP counseling services to their clients

KII-Provider

*"I am comfortable because I am able to guide the clients to cope with the issues they are having. The counseling part of the service is very beneficial both to the client and to us."*

## The availability of counseling services makes it convenient whenever clients intend to get FP services in the pharmacies

CII-Client

*".....I feel like in a hospital there are so many people so they don't concentrate on one person but when I come to the chemist it's only me or another one client so she'll explain to me the methods better than the hospital"*

# Mentorship

- For mentorship to be effective, it must improve the quality of FP services, specifically by ensuring that pharmacists being mentored can demonstrate the **expected FP skills and practice**.
- Key FP quality element: the **mentored provider can demonstrate acquisition of FP method mix skills** and practice, including **counseling** and administration of DMPA-SC.

## Results:

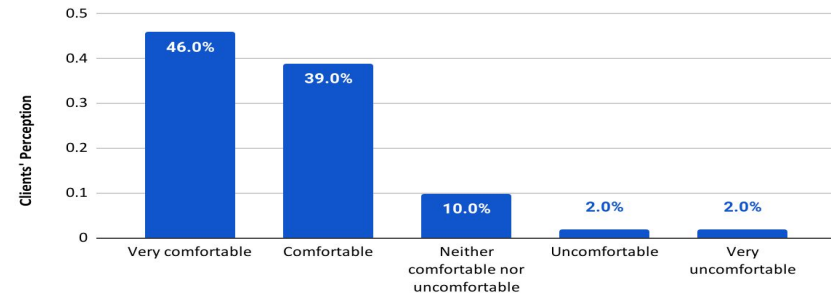
- Mentored providers can demonstrate the acquisition of FP method mix skills and are able to advise FP clients on the different methods available and where possible switch
- The HCP demonstrated expected trained skills in offering FP services. E.g injections

“I am comfortable because I am able to guide the clients to cope with the issues they are having. The counseling part of the service is very beneficial both to the client and to us.”

## Pharmacy KII

Through mentorship, Pharmacy attendants were able to successfully introduce clients to DMPA-SC SI.

Clients comfortable seeking DMPA-SC self injection from a pharmacy



How comfortable are you seeking DMPA-SC/SI self-injection from a pharmacy?

Source: SCEI (nQ2=52)

What's the app?  
cStock: UHC starts at  
the community level



# 2

Limited knowledge of FP beyond  
contraceptive pills and barrier methods

# Introduction

Limited Knowledge on FP contraceptive **pills and barrier methods**

was one of the gaps identified through the HCD research.

Providers had limited knowledge of the the FP products available for their clients .

On the other hand the clients were not aware of the expanded FP services that can be offered at the pharmacies.

In order to address this gaps 5 interventions were explored.

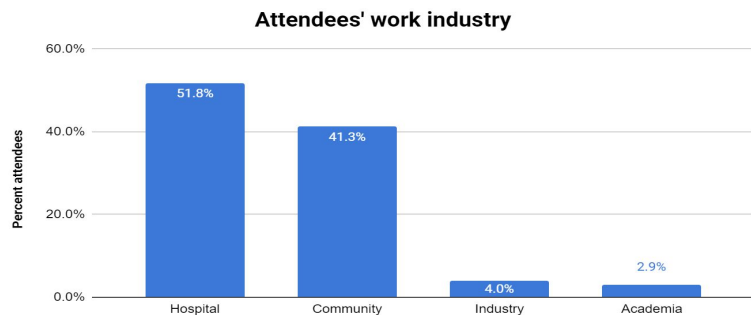
- In-store CMEs
- Post training supervision
- Public -private linkages
- Webinars
- Learning summit

# Webinars

- For webinars to be effective, they must have supported pharmacy providers in delivering DMPA-SC and other FP products beyond contraceptive pills and barrier methods.
- The webinars had two goals:
  - [a] to raise awareness that injectable FP in pharmacies was happening, supported by guidelines, and could increase business by creating demand among pharmacies and pharmaceutical technologists, and
  - [b] to identify issues related to provider confidence, questions, and peer-to-peer real-world examples and learning by focusing on specific aspects, such as quality of care.

## Results:

- Webinars were organized to increase awareness of family planning services and **community pharmacies** were invited and attended.



N=792

- PSK and KPA each held five webinars, a total of 10, focussing on various topics that highlight the administration and access to FP.
- The webinars aim to create awareness of expanded FP service offerings at the pharmacies, share lessons learned, and create demand for the product with pharmacy owners.
- The webinar topics were selected and organized to create awareness among frontline pharmaceutical technologists and pharmacists on offering FP services and other self-care products.
- Participants in each webinar varied from 300 - 1000 participants.

Quality Data.....  
Better  
Supply Chain

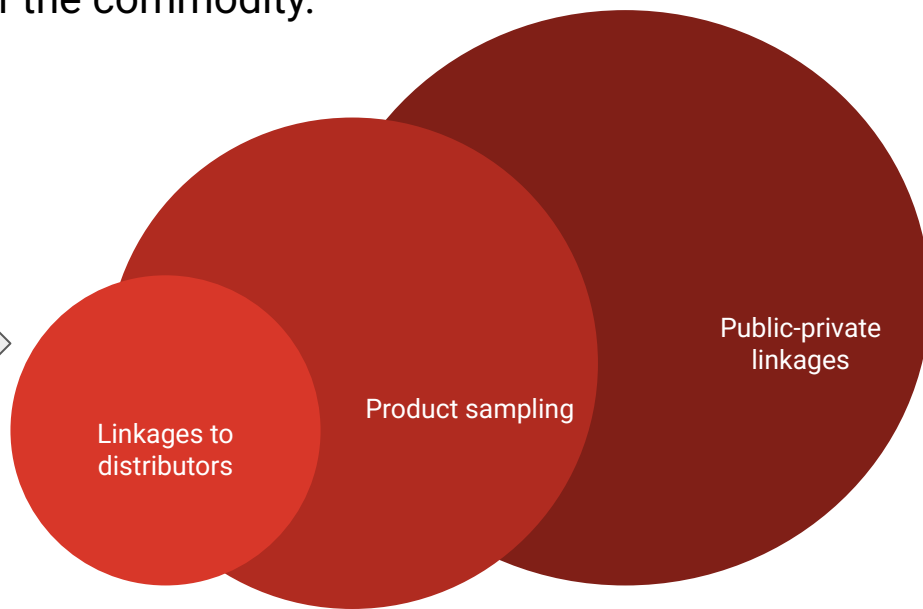
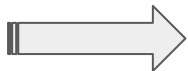
3

DMPA -SC availability and  
distribution challenges

# Introduction

- ❖ DMPA -SC availability and distribution challenges were one of the gaps that were identified through HCD research that was conducted to assess FP services delivery at the community pharmacies.
- ❖ No commercial distributor for DMPA-SC was identified, which led to inconsistent supply and sometimes unavailability of the commodity.

- ❖ To address the gap the following solutions were implemented



# Linkages to distributors

- ❖ All participating pharmacies were linked to distributors such as DKT, Maisha Meds, and Medisource who supplied pharmacies with DMPA-SC.

## Results:

- ❖ In pharmacies where linkage was established an increase in sales of DMPA-SC volumes was noticed
- ❖ There were significantly fewer new family planning clients visiting pharmacies where DMPA-SC stocks are not always available.
- ❖ **Pharmacies' comfort** in offering services: Injecting experience, training, and **product availability** affect pharmacists' comfort.
- ❖ Their practicum experience, notably the number of injections performed, the product's availability, and their comfort in giving these services all contribute to a pharmacy's self-injection services.

# Product sampling

- The goal of product sampling was to introduce consumers to the product, increase brand awareness, and generate interest or demand.
- It's a way for consumers to experience the product firsthand, often leading to higher sales and customer loyalty.

## Results:

### Viability of stocking a full basket:

- Family planning services depend on product availability. Discussing in-stock items helps them sell.
- Not all businesses need a full self-care line. Service demand affects the self-care basket's contents. Hence, seasonal demand may affect commodity kinds and stocking. Several products in the Market

- **Stock availability** and **counseling** cannot be separated: most pharmacists only offered to counsel for the products they stocked because it allowed them to make sales.

### **Product sampling enables providers to see value in the expanded FP services.**

Each pharmacy has different needs, so having a full basket depends on the needs of each pharmacy's clients. It is only sometimes necessary to keep a full basket. Seasonality and context influence the appropriateness of stocking a full basket of products. It is critical to improve the availability of stocks and demand for services.

#### KII-Provider

"Like for now I don't have my own Depo, and most of the suppliers it is like they are not having them at the moment, so they're out of stock and i'm losing clients"

# Public-private linkages

- In order to increase DMPA-SC product availability , there was need to link the private pharmacies with the public facilities where the product is rarely stocked out.
- Across the pharmacies there was a demonstration that the linkage to create an access channel to ensure that there is availability and improved access to DMPA-SC if and when needed. Fourteen out of 26 facilities were linked to a nearby public facilities

## Results:

- For the public-private linkages, to be effective, they must have ensured the availability of DMPA-SC.
- Two out of 26 pharmacies received products from linked facilities when the DMPA SC was available
- Pharmacies only got the product from MOH while it was available in stock at the linked facility

Quality Data.....

BETTER

Supply Chain

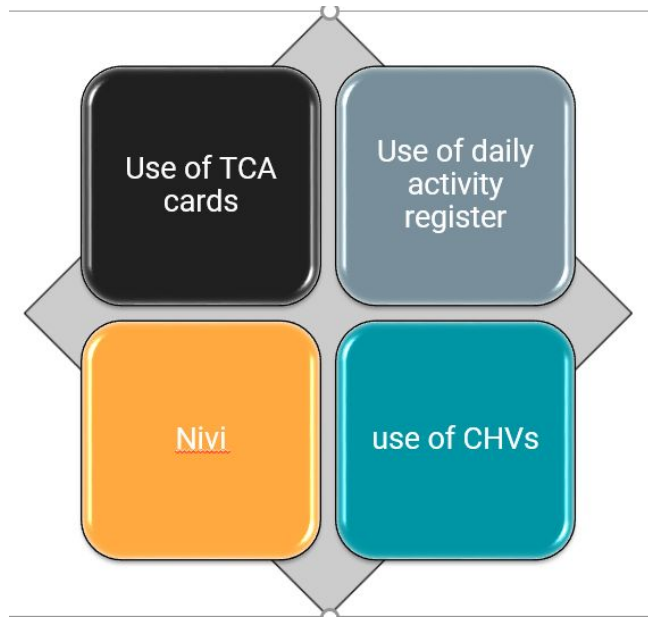
4

Client retention challenges

# Introduction

- Client retention challenges were one of the gaps identified in the onset of the project.
- Most of pharmacies didn't have a working customer retention program and as a results they were unable to understand their customer's expectations and experience.

To address this gap 4 interventions were explored:



# Use of TCA Cards and DAR

TCA Card was one of the tools used in pharmacies to manage and monitor patient care.

## **Results:**

- TCA cards were being used by Most pharmacies while other pharmacies use a book to document clients visit details(DAR)

## **Acceptability outcome**

- MOH branded TCA cards improved client retention as they were able to collect clients information and follow up more easily.
- The client register augmented the TCA cards.

Quality Data.....  
Better  
Supply Chain

5

Low demand for FP at pharmacy

# Introduction

The demand for FP services was established to be low through the HCD research conducted on the onset of the survey.

There was need to empower pharmacists to overcome barriers (including client demand, supply chain, and pharmacy resource limitations) of offering DMPA-SC, contraception, and other self-care products

As a results, 5 interventions were introduced across all the participating pharmacies

- Distribution of IEC materials
- Jipende - jipange posters
- Use of social media (Whatsapp, Facebook and LinkedIn)
- Nivi (Platform that allowed clients to engage with provider through a private secure safe space)
- Use of CHVs
- Use of visible signage outside the pharmacy

# Distribution of IEC Materials

- IEC Materials were distributed across all the participating pharmacies.
  - The IEC Materials consisted of materials that were generally informing the public of FP services at the pharmacy. DMPA-SC specific IEC Materials were also available to the pharmacies.
- The aim was to get as many potential users to know about the existence of DMPA-SC in the pharmacy amongst other FP services.
- The materials were issued every month per pharmacy consumption.

## Results:

- The IEC materials drew clients' attention to the pharmacies and were a conversation starter leading to the uptake of FP methods by new clients

### **Clients learn of FP services at the pharmacies through the visible signage**

CII-Client

*"They have written it outside, that anyone who needs the family planning should come, and anybody who comes here will be treated according to their needs, yes, and if you go there, you will find the family planning option, if you are sick, you also will be treated."*

*"I was... I usually buy it here. So while I had visited for drugs I saw the posters on FP. I asked her and she said that they offer"*

# Jipende - Jipange posters

- Jipende - jipange posters Materials were distributed across all the participating pharmacies.
- The posters were contextualized to suit different audiences e.g. youth, single-parent families, and families in union with each pharmacy choosing the poster that resonates with their clientele.

## Results:

- In-store branding with the awareness posters provided a good starting point for client conversions as clients get to enquire about services offered that pharmacy staff can follow up with counseling.

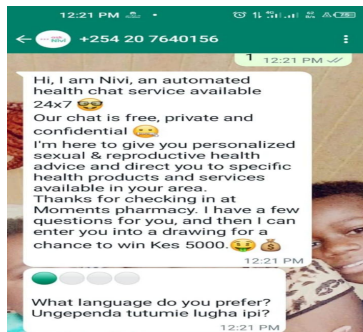


# Use of Social Media

- Social media was one of the demand generation strategies that was implemented across pharmacies
- Fifteen out of the 26 pharmacies used social media (Whatsapp, facebook).

## Results:

- Fifteen out of the 26 pharmacies used social media (Whatsapp, facebook).
- Some of the pharmacies used the platform to increase Fp services awareness while other used the platform to provide counseling services. E.g through Nivi.
- All pharmacies are at least engaging clients in In -person counseling. Some further engaged into digital counseling in the form of phone calls and **whatsapp platforms counseling** especially when the clients call with feedback that the social pagers for those active on social media have been **gaining them virtual clients** calling for enquiries.
- From the results 15/26 pharmacies engaged in demand generation via social media experience an increase of 31.51 units of FP related products, compared to those that don't. This is a highly significant effect ( $p < 0.0000$ ), indicating a **strong positive impact** of social media demand generation."



- Nivi was one of the solutions implemented in 8/26 pharmacies. Nivi provided platforms where the clients could private and counseling services
- For Nivi to be effective, they must enhance client retention

## **Results:**

- One feedback given by a few pharmacies is the Nivi scan code is proving to contribute to part of counseling especially for counseled client who are not immediately ready to take up any family planning methods after counseling but can scan and go and find out more or ask more questions from the platform and come back when they are ready.
- Three pharmacies received clients who were referred by Nivi.

# Use of CHPs

- The solutions aimed at deploying CHVs to create and increase demand generation.
- Two pharmacies successfully implemented the solution
- For the solution to be effective, there is a demonstration that through the CHPs, additional new FP clients went to the pharmacies contributing to an increasing demand for FP at the pharmacy and that there are more New FP client visits.

## Results:

- One of the pharmacies engaged CHPs privately with whom he had an arrangement on the payments he offered them for the clients referred.

## **CHVs Referral can be very effective but there is much support needed to sustain it**

- There were no significant referrals from the attached CHP to the facility, the referral was only done for 1 month