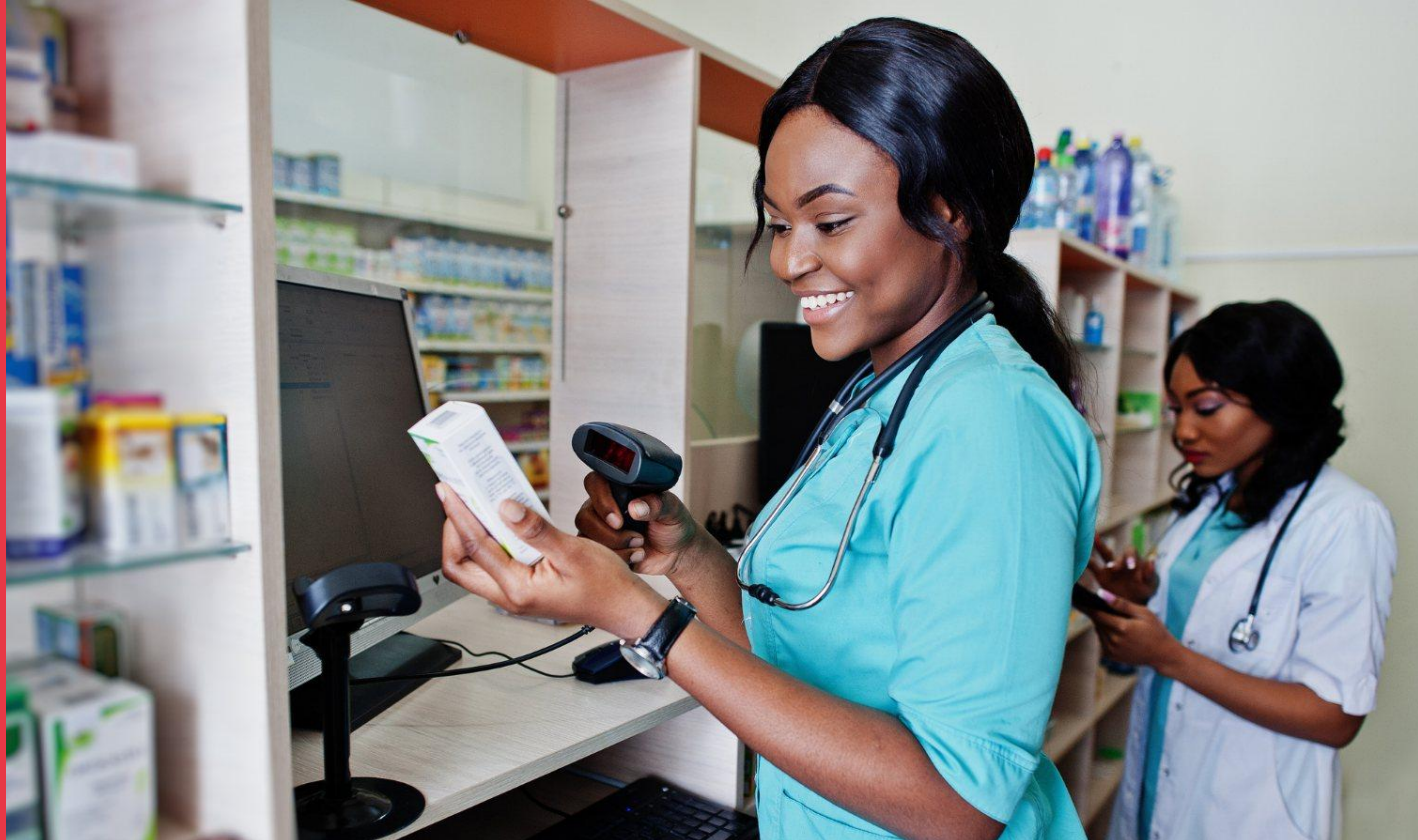




Strengthening the Pharmacy Channel For Provision of Contraceptives in Kenya

From testing pharmacy-based family planning delivery to integrating pharmacies into Kenya's primary health care system.



inSupplyHealth
CO-CREATING INNOVATIONS FOR HEALTH

PRESENTATION

Agenda

- 01 Who we are
- 02 Why the pharmacy channel matters
- 03 What we tested
- 04 What we learned
- 05 What the evidence tells us about scale
- 06 Where we go next



01

inSupply Health

Who we are, where we work, and how we partner

Who We Are



Our Purpose

Enabling communities to lead full, healthy and happy lives.

Our Mission

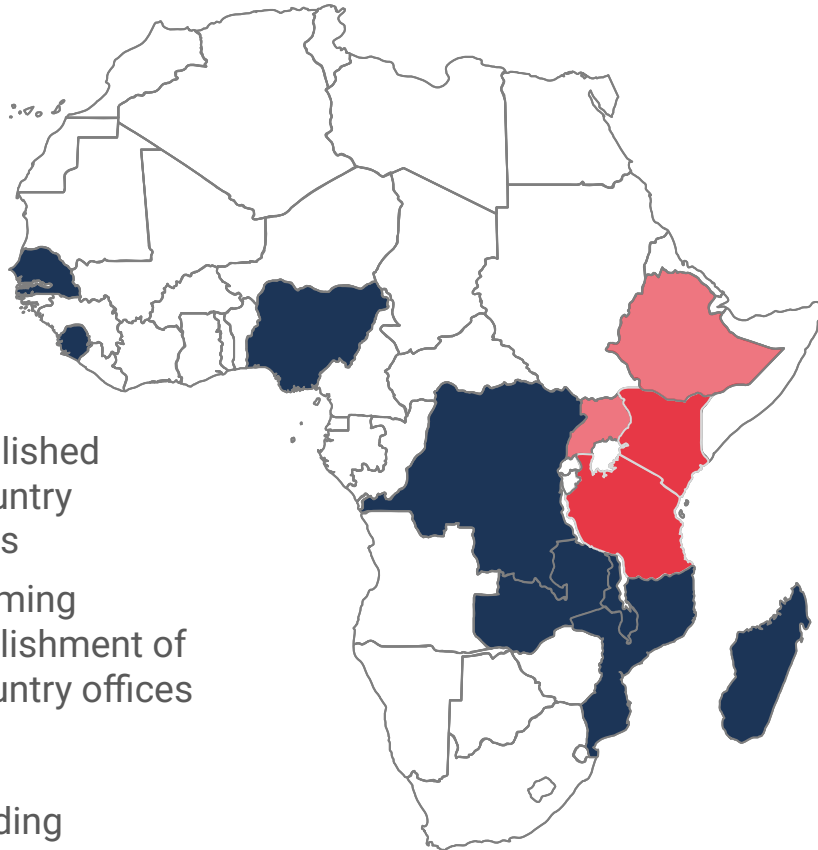
Transforming health outcomes by co-creating intelligent and resilient people-centered supply chains.

Our Vision

To be the leading health supply-chain advisory firm for expanding access in Africa.

Where We Work & What We Do

inSupply Health, an East African health advisory firm, pioneers innovative approaches for improving health access and outcomes through strengthening health systems and supply chains.

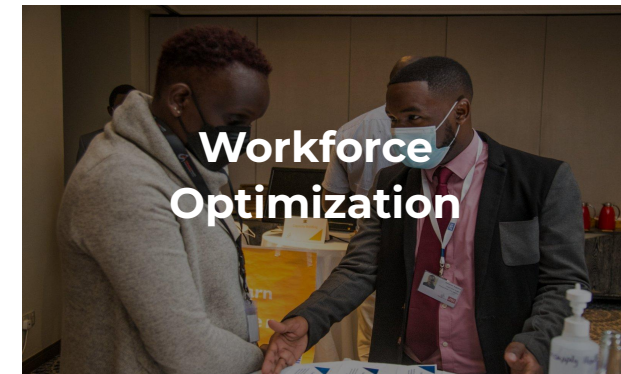


Established
in-country
offices

Upcoming
establishment of
in-country offices

Providing
technical
assistance

DOMAIN EXPERTISE



Our Value Proposition

We work with public systems, while adapting proven approaches for private providers to expand equitable access

Public sector

- Transform performance from within the public sector
- Co-create with supply chain actors and health workers at every level
- Package innovations so that government can institutionalize and scale them

Private sector

- Adapt de-risked, proven public-sector innovations and solutions for private providers
- Serve all: middle, low-income and marginalized populations at lower cost
- Bring efficiency, quality and data-driven systems within reach

The Ecosystem Behind the Pharmacy Channel

Policy & regulation



MINISTRY OF HEALTH



PHARMACY AND POISONS BOARD



Professional Associations & Academia



PHARMACEUTICAL
SOCIETY OF KENYA



Kenya Pharmaceutical Association
Pharmaceutical Excellence



Research & development partners



UCSF

University of California
San Francisco



Urban Research and Development
Centre for Africa

Imagine. Innovate. Inspire.



County governments





02

The Problem

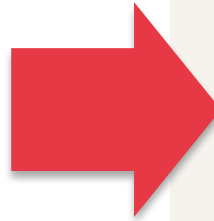
Why Kenya needs to optimize the
pharmacy channel

The Gap and the Channel

The need and the network that could meet it, side by side.

The problem

- 14% unmet need for family planning
- 355 maternal deaths per 100,000 live births – about 14 mothers every day
- Over 30% have unmet primary health care needs



What already exists

- 8,000+ registered pharmacies, close to where people live
- 70% of Kenyans go to a pharmacy first
- Trusted, convenient and discreet

Question

What more can we do, in reducing unmet FP and PHC needs, through an optimized pharmacy channel?

A man in a dark suit is shown in profile, pointing at a laptop screen. The screen displays a presentation slide with the title 'Public health pro unique supply' and a box icon. Below the box icon, the text 'Frequent Stock-outs' is visible. The background is a blurred indoor setting with a green wall and a yellow light fixture.

03

**Market Test generated the evidence.
OPC carries it forward.**

The Market Test (2021–2026) and Optimizing the
Pharmacy Channel (to 2027)

Strengthening pharmacy provisions of contraceptive in Kenya: Goal & Objectives

Market Test

2021 – 2026

THE GOAL

Test whether pharmacy can sustainably provide convenient, discrete, quality FP services, including DMPA-SC self injection

The Pharmacy Market Test Project had three primary objectives

01

Increase access

Increase the number of women accessing quality FP products and services at pharmacies.

02

Document the case

Document the value propositions for pharmacies to offer DMPA-SC for self-injection and other self-care products to customers.

03

Expand the network

Expand the network of pharmacies implementing viable business models offering quality counseling, training and FP products, including self-injectables as part of a larger basket of self-care products.

How OPC Carries the Market Test Project Forward

Every OPC outcome answers something the Market Test Project learnt.

THE OPC GOAL

Increase access to an expanded, quality FP method choice — including implants — for women and girls, through a strengthened pharmacy channel in Kenya by 2027.

MARKET TEST LEARNING

Reporting was the weak link

Clients wanted broader method choice

Policy and scope constrained delivery

The channel needs to reach scale



OPC RESPONSE

Digitized pharmacy reporting (pilot stage)

Implant feasibility, stage 1 complete

Regulatory work

Expanded pharmacy network



04

Implemented Solutions

What the Market Test built across training,
policy, supply, demand and research

Building the Foundations for Pharmacy-Based FP Delivery

Three foundations had to be in place before pharmacies could deliver family planning at any scale.

01

Provider capability

To offer FP service and empathy counselling

- **650 providers trained (8% of the 8000+ registered)** across 12 counties; 490 accredited, 40 trainers of trainers
- **Cost cut;** 5-day residential course became hybrid — KES 120,000 to KES 30,000 per provider
- **Pre-service training started-** FP content introduced into KMTC training

02

Enabling policy

For confidence and trust by clients to offer FP service

- **2018 FP Guidelines:** Authorised trained pharmacy providers to administer injectable contraceptives.
- **2019 Pharmacists & Pharmaceutical Technologists FP Training Curriculum:** Developed standardised FP training for pharmacy providers
- **2023 RH Self-Care Guidelines:** Established national guidance for contraceptive self-injection
- **Standards set** Good Pharmacy Practice survey report validated
- **Evidence packaged** 9 FP policy briefs developed- July 2026
- **Hybrid FP pharmacy curriculum Validated-** November 2025
- **KMTC Pharmacy syllabus validated-** March 2026

03

Product availability

Upto the last mile distributor and retailer

- **42 distributors engaged** national and last-mile, across Nairobi, Mombasa, Nakuru and Uasin Gishu
- **250 providers trained** in digital marketing to move stock and reach clients

Building the Demand and the Institutions Behind It

Supply-side foundations only pay off if clients ask for the service and someone owns the quality after the project ends.

04 Demand creation

To stimulate FP uptake through the pharmacy channel

- **Jipende Jipange** pharmacy branding and a digital campaign
- **Human-centred design** co-creation and a demand road-map
- **IPC through 108 CRPs**
- **Workplace** engagement through APN marketing agency

05 Research and evidence

Generated evidence on pharmacy business and service model

- **HCD research** informed the design of the pharmacy business and service model
- **Implant feasibility** willingness to offer and access implants at pharmacies — ongoing under OPC

06 PROFASS (PSK & KPA)

To strengthen organisation systems for sustainability

- **20 trainers of trainers** trained across 10 focus counties
- **Organizational strengthening** leadership and governance systems in both associations

Demand Generation & Branding

Jipende Jipange Branding: Making FP service visible, recognizable and easier to ask for



A woman with dark hair tied back, wearing a white lab coat, is looking at a chart or document on a wall. The background is slightly blurred, showing what appears to be a clinical or laboratory setting.

05

Results

Reach, reporting, clients served and method mix, 2022–2026

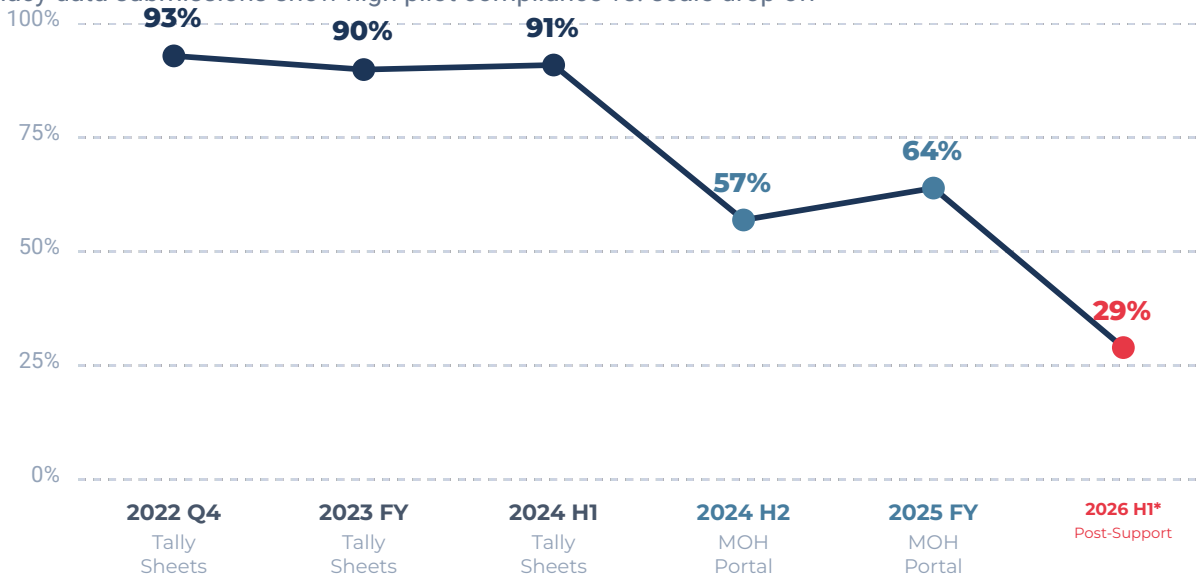
RESULTS

Reporting Held on Paper, Then Broke on the Portal

Reporting rates by phase, 2022–2026, across the 27 implementation-research pharmacies and the 180 scale-up pharmacies.

Reporting Rates Trend by Phase (2022 - 2026)

Pharmacy data submissions show high pilot compliance vs. scale drop-off



*Note: H1 2026 rate reflects reporting performance following the withdrawal of direct monthly physical support offered to the pharmacies to report

PHASE 1 · IMPLEMENTATION RESEARCH

91.3%

Average reporting rate (n=27)

Highly stable submissions on physical tally sheets. Active mentor supervision secured high compliance.

PHASE 2 · SCALE-UP DROP-OFF

50.0%

Average reporting rate (n=180)

Critical Issue: Transition to MOH Portal led to a steep decline, to the lowest 29% post-support. System integration requires ongoing facilitation and digitization of the manual reporting process

Why it fell

- Mentor supervision ended when the pilot closed
- The portal needs credentials and connectivity many outlets never completed
- Paper took seconds; the portal takes minutes and gives the pharmacy nothing back

What sustains it

- Digitize capture — under a minute, works offline
- Give providers a return: CPD points, stock and client insight
- Fund continued mentorship and a credentials helpdesk

FP Client Reach & Projections

390,474

Total served, 5 years

Clients across phases, 2022–26

16,768

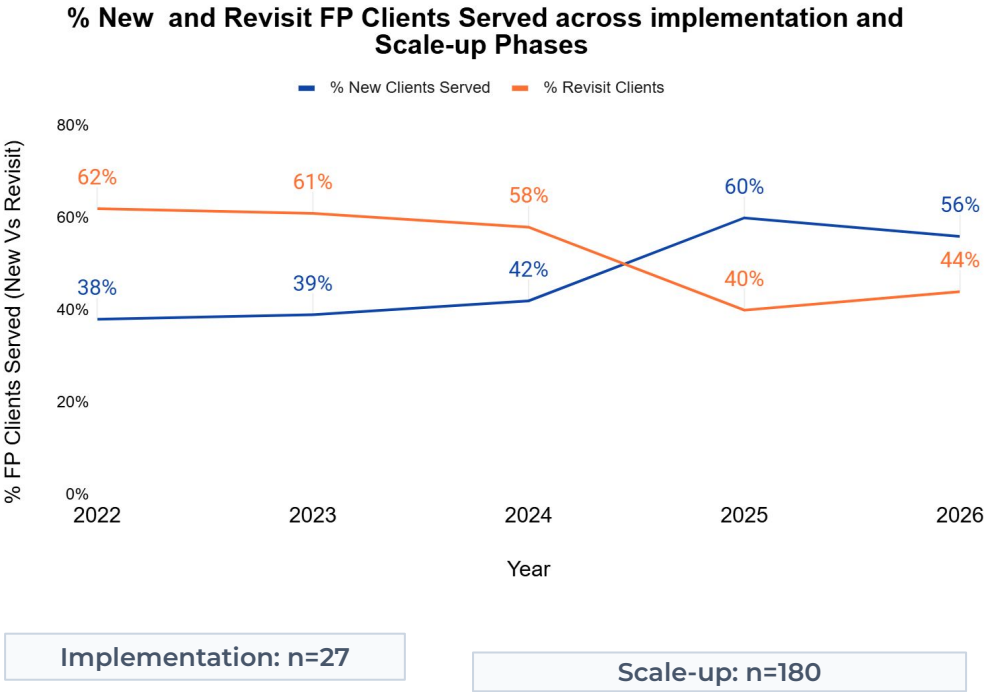
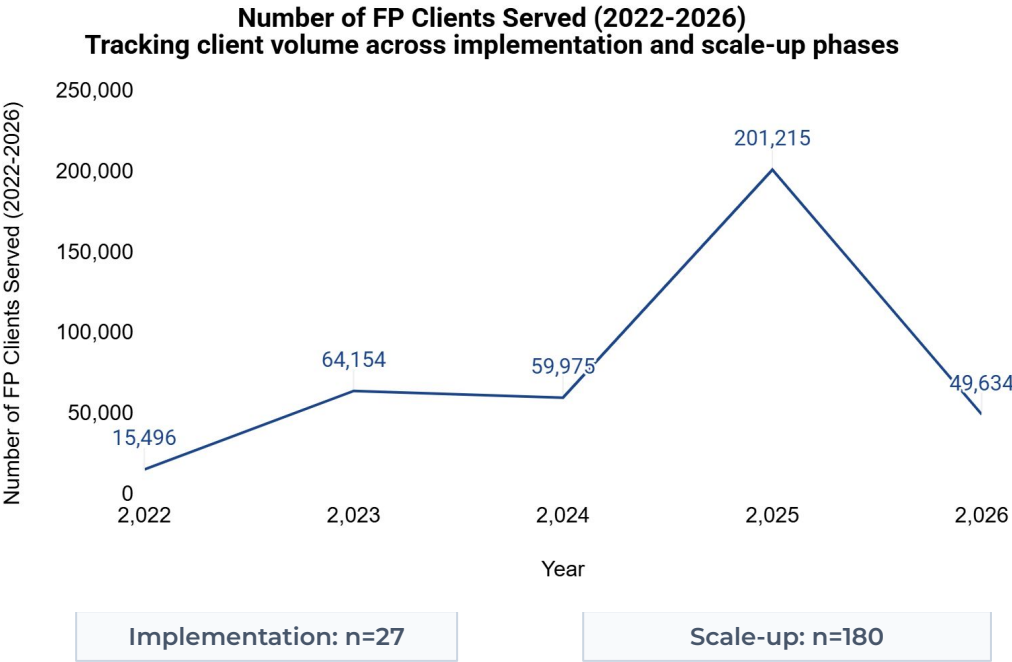
Avg monthly reach

FP clients monthly during pilot

60% new

New vs revisit

In 2025, up from 38% in 2022



Data sources: implementation research pilot tally sheets (2022–2024) and scaled pharmacy DHIS2 / MOH portal uploads (2024–2026).

Observed Results and a Scale Scenario

Observed results on the left; a modelled scenario on the right.

OBSERVED · 2022–2026

390,474

FP clients served in total

across the 27 implementation-research pharmacies (2022–24) and the 180 scale-up pharmacies (2024–26)

201,215

clients in 2025, the peak year

180 pharmacies reporting — an average of 16,768 a month, or about 93 clients per pharmacy per month

60%

of 2025 clients were new to FP

up from 38% in 2022 — the channel is reaching women it was not reaching before

MODELLED SCENARIO

If 60% of Kenya's 8,000+ registered outlets — about 4,800 pharmacies — offered FP at the rate we observed in 2025:

~447,000

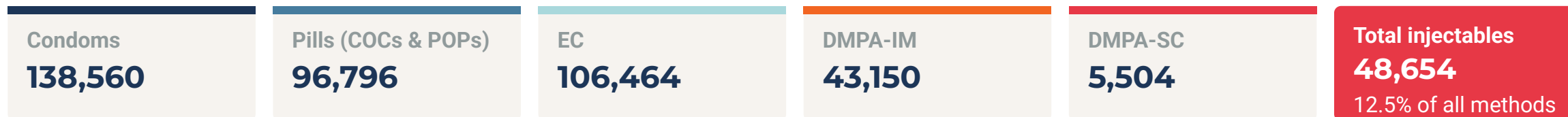
FP clients a month

Method: 4,800 pharmacies × 93 clients per pharmacy per month, the 2025 observed rate. A linear extrapolation. It assumes per-pharmacy performance and reporting hold as the network grows — neither is guaranteed.

Not a result. A scenario.

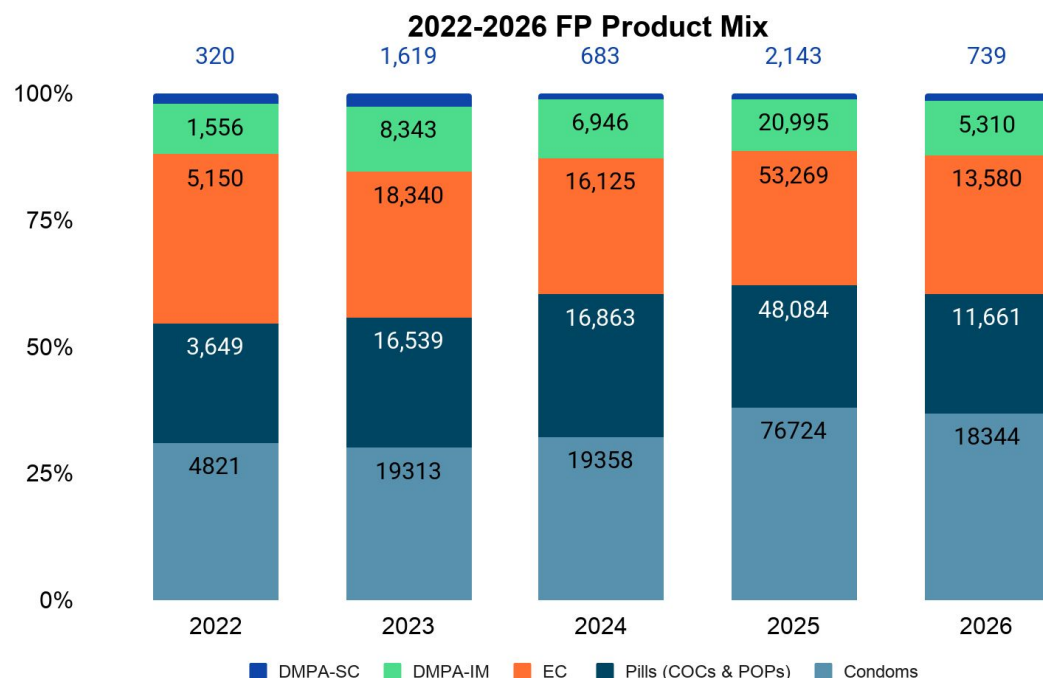
FP Product Mix & Uptake

5-year cumulative family planning client reach and method mix (2022 – 2026)



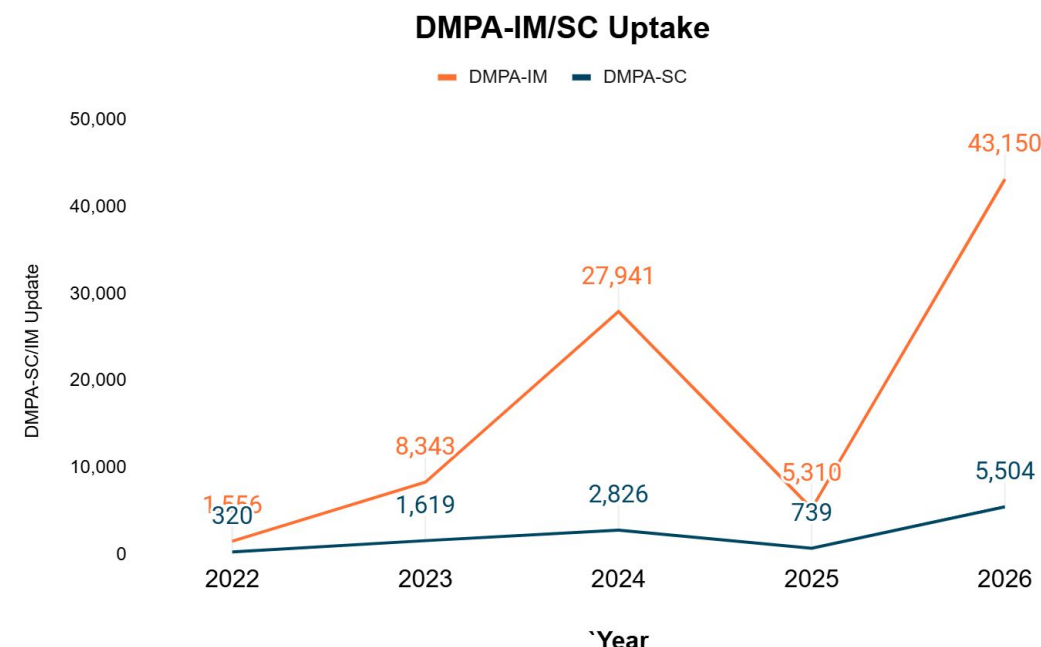
Before 2022, method choice at pharmacies was limited to condoms and pills. The project expanded choice — about **12%** of clients now receive injectables.

Injectable uptake by year (DMPA-IM vs DMPA-SC)



Implementation: n=27

Scale-up: n=180



Implementation: n=27

Scale-up: n=180



06

Learnings & What's Next

What worked, what got in the way, and where the channel goes

Five Things We Learnt

What consistently separated pharmacies that performed from those that did not.

- | | | |
|----|---|---|
| 01 | Trust and repeat relationships matter | Repeat clients outnumber new ones. Rapport-based community pharmacies outperform transaction-heavy mall locations. |
| 02 | Pharmacy characteristics affect performance | Mid-sized outlets serving familiar populations, near social amenities and learning institutions, were associated with stronger performance. |
| 03 | Owner commitment matters | Performance followed owners willing to add daily registers, digital engagement and public-private links. |
| 04 | Product economics and supply drive injectable uptake | DMPA-SC margins are thin against DMPA-IM, and erratic supply – not client demand |
| 05 | Demand generation compounds | Pharmacy-level visibility and digital channels worked better together than either did alone. |

What the Market Test Project Tells Us About Scale

What worked

- **Hybrid training approach** reduced cost from KES 120K to KES 30K, able to train 300 more.
- **Quality service & counselling**; build trust and confidence, sustaining a 45% repeat clients
- **Accelerated demand gen.** in 2025 raked 60% of total uptake in 4 years
- Linking trained pharmacy with **last mile distributors for re-supply**

What constrained scale

- Unwillingness of distributors and retailers to stock FP due to **low margins and high costs** of the products to the clients
- **Reporting.** MOHVA portal downtime and many(5) reporting tools
- **Counselling time.** High client volume limits counselling depth.
- **8% pharmacy network** coverage
- **Free products** in the market

What must change first

- **Secure the supply chain.** De-risk stocking and guarantee DMPA-SC availability at the last mile,
- **Fix reporting before scaling.** Digitized, offline-capable capture linked to KHIS.
- **Formalize the channel.** Pharmacies integrated into Primary Care Networks, with two-way referral.
- **Fund it.** comprehensive SHA and private insurance FP cover

Where We Go Next

Six workstreams, each answering evidence from the Market Test.

01

Workforce and training

- **Expand network** from 650 to 2400, in 25 counties
- **Layer AI** on the hybrid curriculum for cost and time efficiency
- **Expand choice** on FP AND PHC services
- Accelerate **pre-service training** in KMTC and universities

02

Policy and regulation

- Review FP policy for wider method choice and other essential services
- **Disseminate** the 9 policy briefs and the GPP report at county level
- **Integrate** the pharmacy channel into **PHC Networks**

03

Sustainable commodity supply

- De-risk the market and manage free public-sector product
- Introduce more variants and generics to bring retail cost down
- Facilitate seed capital for contraceptive stocking

04

Demand and referral

- Grow pharmacy channel visibility and branding
- Link to Community Health Promoters for two-way referral
- Digital and chat-bot engagement; **digitize counselling materials**

05

Evidence and digital reporting

- Feasibility of long-acting methods and wider PHC services
- Digitized, offline-capable reporting linked to KHIS

06

Financing

- SHA and private insurance to **cover comprehensive FP services**
- Sustain training through CPD accreditation rather than project funding

Call to Action

Ministry of Health & PPB

Formalize the pharmacy channel within Primary Care Networks and adopt the reviewed FP policy and Good Pharmacy Practice standards.

County governments & CHMTs

Include trained pharmacies in county FP plans, supportive supervision and bi-directional referral with public facilities.

Professional associations & KMTC

Anchor the hybrid curriculum and CPD accreditation, and strengthen pre-service infrastructure for uptake and completion, so training outlives the project.

Distributors & the private sector

Secure consistent DMPA-SC supply, expand variants and generics, and unlock seed capital for contraceptive stocking.

Funders & insurers

Fund scale-up to 30% of registered pharmacy outlets (about 2,400) across 25 counties, and cover comprehensive FP under SHA and private insurance.

Key insights and Highlights

The Market Test Project closes with National Learning and Launch of the Hybrid Curriculum

Summit Participants

52 Key stakeholders and collaborators gathered to share insights and learnings

255 reached through the live link

Ministry of Health (MOH: DRMNCAH, PPB and County governments), development partners, PROFASS, and the media:

Official Curriculum Launch

Hybrid Curriculum for FP in Pharmacy

Officially launched by **Dr. Edward Serem**

Head of the Division of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH), MOH



Panel Session

"The Future of Pharmacies in Reproductive Health and Self-Care as Continued Anchors for Contraceptive Access"

Participating & Panelists:

MOH-DRMNCAH, PPB, PROFASS, County MOH, PTL (CEO), KHF

Panel Questions • 6 Panelists • Moderated by James (inSupply)

- What has the MT Project taught us about expanding care with quality contraceptive services? **DRMNCAH (Dr. Ndwiga), PSK (Dr. Malesi)**
- What role can pharmacies play in the future of reproductive health and PHC? **Dr. Awere (Nakuru CDH)**
- What enabling conditions are needed to unlock the next phase of scale? **PPB- Dr. Ochieng**
- What partnerships, investments, and actions are needed for pharmacies in PHC? **PTL CEO - Newton Siele**
- What role are private sector associations like KHF playing to advocate for policy? **(KHF)**



Key insights from the Panel session

Service Expansion & Capacity

Broadening Scope

Pharmacies can safely offer services beyond family planning, including STI, HIV, and TB testing, cervical cancer screening, and vital checks like blood pressure monitoring.

Competency-Based Delivery

With proper training, guidelines, and professional registration, pharmacies are well-equipped to manage family planning, rule out contraindications (e.g., pregnancy, MEC), and support self-care initiatives.

Focus Areas

There is a strong opportunity to initiate contraception through method-specific counseling.

Quality & Regulatory Compliance

Mandatory Reporting

The standard has shifted from *should* pharmacies report to *must* report; data on screening, uptake, and referrals is essential for measuring quality.

Regulatory Rigor

Compliance, ethical practices, and infrastructure privacy must be prioritized and not sidelined for convenience.

Systems Strengthening

Urgent improvements are needed in waste management, robust referral systems (bidirectional), and data protection training for providers.

Strategic Growth & Sustainability

Addressing Barriers

To maintain trust, address commodity leakage and ensure traceability, especially for public commodities.

Future-Proofing

Future integration should include AI for side-effect monitoring and incorporating these expanded pharmacy roles directly into pre-service training coursework.

Client Centricity

Pharmacies remain a preferred channel for youth and adolescents (59% uptake) due to accessibility, confidentiality, and the comfort of fewer intrusive questions.

Round Table Discussions

4 Discussion Categories

Donors & Funders • MOH & Government • PROFASS & COPs • Private Sector (Wholesalers/Manufacturers)

What is the future of the pharmacy channel regarding:

01

Sustainability & Financing

Beyond time-bound pilots, what would it take, from your sector specifically, to build permanent, self-sustaining infrastructure that positions pharmacies as long-term hubs for reproductive health, self-care, and primary health care?

02

Policy & Regulatory Enablement

What specific policy, regulatory, or institutional change is most urgently needed to fully anchor pharmacies within the national health architecture as safe, regulated platforms for these expanded services?

03

Quality, Standards & Capacity

As pharmacy-delivered services expand beyond contraceptives, how do we ensure quality, safety, and consistency are maintained, and what role does your sector play in setting or reinforcing those standards?

04

Supply Chain & Continuity of Access

What needs to change in how commodities, information, or resources flow to and through pharmacies to guarantee they remain reliably stocked and connected to the broader health ecosystem?

05

Collaboration & Shared Accountability

Realizing 'Beyond Contraceptive Access' requires donors, regulators, communities of practice, and the private sector to move in sync. Where do you see the biggest risk of misalignment, and what concrete step can close that gap?



Key Insights & Commitments from the Round Table Discussions

Donors & Funders

Commitment

Push for sustainable financing (e.g., SCAP, UNFPA Compact fund) and ensure the SHA package for FP and RH is fully financed.

Need

Government must make and keep financing commitments, ring-fence budgets, integrate FP into SHA discussions, and empanel pharmacies.

Risk & Mitigation

Misalignment between SHA package content and allocated funding; requires matching funding to the full scope of the package.

Communities of Practice

Commitment

Improve pharmacy data reporting, implement youth-friendly services within existing frameworks, and convene partners to reduce duplication.

Need

Simplified reporting tools (DHA, HIS), clear policy guidance on youth services, and a primary convener (Associations & Regulator) to coordinate stakeholders.

Risk & Mitigation

Interoperability challenges and perceived lack of data value; requires embedding tools in existing MOH systems and ensuring data utility for business operations.

Government Agencies

Commitment

Incorporate learnings into the TMA Strategy.

Need

Strengthen local manufacturing and supply chain fidelity; cooperation from pharmacies to understand data application.

Risk & Mitigation

Pharmacy focus on profit hindering reporting; requires delinking service reporting from product sales via digital reporting tools.

Private Sector

Commitment

Report through KHIS and train medical reps on micro-modules to better guide providers.

Need

Faster registration permit issuance for stocks at the port from the PPB.

Risk & Mitigation

Fear of data being used by KRA; requires assurance regarding how KHIS data is utilized.

Key Resources



Final Summit [Agenda](#)



Event Live [Link](#):



Project [Learning Resources](#)



[Gallery Walk Story](#)

Visual journey and photographic storytelling from the summit venue



inSupply [Presentation](#)



Summit [Call to Action](#)-Led by DRMCAH



Media Features

Science

Africa: <https://news.scienceafrica.co.ke/jipende-jipange-bringing-contraceptive-care-closer/>

TV47: <https://www.youtube.com/watch?v=ts6U2K5bbdI>

The East Africa

Journal: <https://eastafricajournal.co.ke/2026/09/03/inSupply-health-h-pharmacies-can-help-expand-family-planning-access-across-kenya/>

Africa Times:

<https://africatimesnetwork.co.ke/inSupply-health-pushes-pharmacies-to-expand-family-planning-services-across-kenya/>

Kenya Daily

News: <https://kenya14daily.blogspot.com/2026/09/kenya-moves-to-strengthen-pharmacy.html>

Kenya broadcasting corporation

(KBC): <https://www.youtube.com/watch?v=MADjLOkqaVA>

The image shows a YouTube video player interface for a TV47 Kenya broadcast. The video title is "FAMILY PLANNING SERVICES IN PHARMACIES". The main content area displays statistics for the period 2022-2026: "Total clients served: 390,474" and "Average monthly reach: 16,768". The source is cited as "inSupply Health". A graphic of a house with a heart inside and a family silhouette is shown. A red banner at the bottom of the video frame reads "PHARMACIES JOIN THE FAMILY PLANNING FRONTLINE". Below this, text states "Kenya's unmet family planning need stands at 14% to an average of 16,768 clients served every month." The video player includes a "341 DAYS TO GO" timer, a "Play K" button, and a timestamp of "21:21:37". The channel name "TV47 Kenya" and "593K subscribers" are visible. The bottom of the player shows interaction buttons: "Like" (4), "Share", "Download", and "Save".

FAMILY PLANNING SERVICES IN PHARMACIES

Period: 2022-2026

- Total clients served: **390,474**
- Average monthly reach: **16,768**

Source: inSupply Health

PHARMACIES JOIN THE FAMILY PLANNING FRONTLINE

Kenya's unmet family planning need stands at 14% to an average of 16,768 clients served every month.

341 DAYS TO GO

21:21:37

TV47 Kenya 593K subscribers

Like 4 Share Download Save

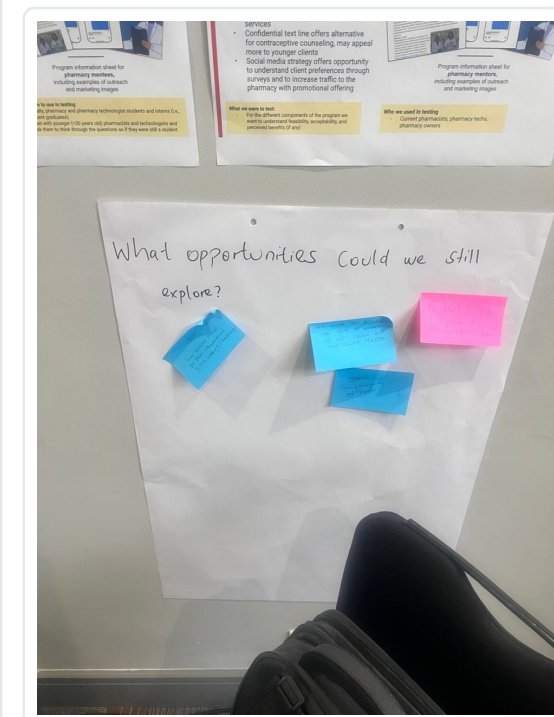
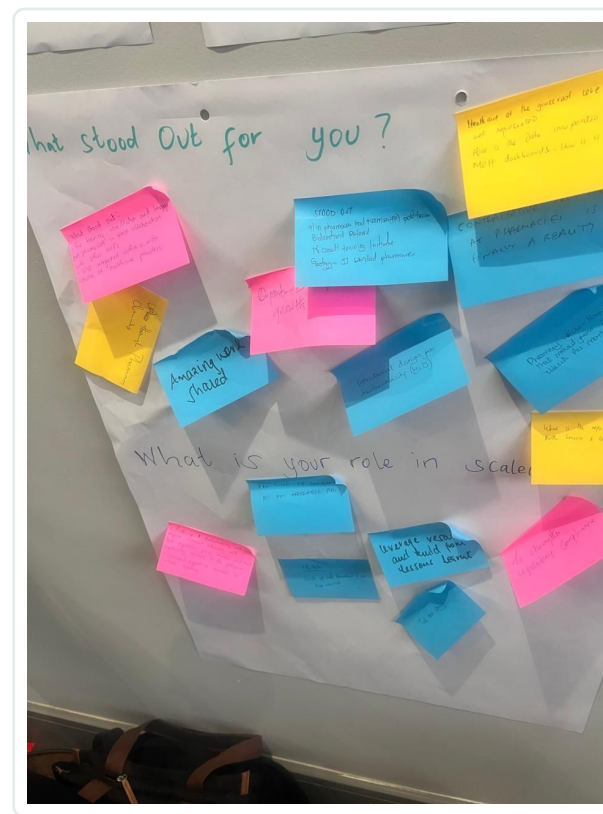
Feedback and insights



Project and Partner Learnings

Valuable feedback gathered from stakeholders, government entities, and pharmacy representatives during the project lifecycle.

- **Rich Documentation:** The wealth of information, documentation, phases, and learnings generated from the project.
- **HCD Interventions:** Impressed by the Human-Centered Design (HCD) involving clients, pharmacies, and communities to define future operations.
- **Government Collaboration:** Successful policy integration showing that contribution from the government does not happen in a vacuum.
- **Bi-Directional Referrals:** Strong systems established to support referrals in both directions.
- **PPB Growth:** Excellent opportunity to build on current success and expand capacity for pharmacy providers.
- **MOH Ownership:** Strong ownership of the developed documents, supported collaboratively by PPB and PROFASS.
- **PROFASS Recognition:** Active support and recognition of training, advocacy, policy change, and collaborative efforts.



Thank You

Market Test Learning & Close-out Summit
3 September 2026 · Nairobi



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CO-CREATING INNOVATIONS FOR HEALTH