

Behind the Counter



What it Takes to Provide Post Medication Abortion (MA) Contraceptive Services in Kenyan Community Pharmacies

November 2024

LEARNING BRIEF #5

Key Insights

- **Community pharmacists' trusted role allows them to provide non-judgmental, discreet and high quality post MA contraceptive services**, giving women access to contraception after self-managed abortions, reducing unintended pregnancies, and improving overall health outcomes.
- **When women trust pharmacists, it strengthens the business case**, as positive experiences with pharmacy-led post MA contraceptive services encourage women to recommend these services, driving demand and reinforcing financial benefits for pharmacists.
- **A sustainable post MA contraceptive services model requires demonstrating financial benefits to pharmacists, addressing stockouts and operational challenges, and providing ongoing training**, ensuring pharmacies can offer reliable, high-quality services that benefit both women and pharmacists.
- **Scaling post MA contraceptive services depends on ecosystem collaboration**, where coordination between supply chain actors, government, and training institutions ensures consistent contraceptive access and supports service expansion across Kenya.

Background

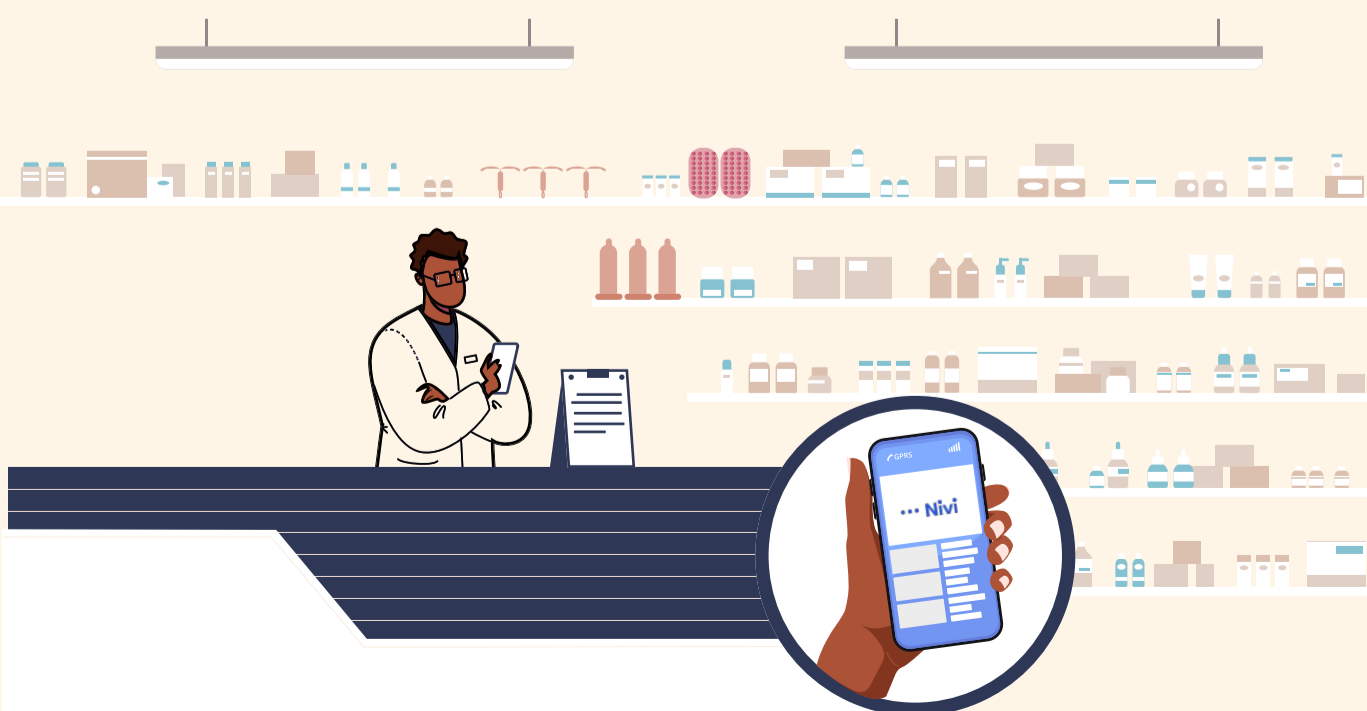


WHAT: PMAC Project Overview

The Post Medication Abortion Contraception (PMAC) Project (2018 to 2025), led by Ipas with funding from the Bill & Melinda Gates Foundation, pilots and scales innovative solutions aimed at increasing contraceptive options for women following self-managed abortions in Kenya. By increasing contraceptive choice, uptake and continuation after self-managed abortions, PMAC aims to reduce the incidence of unintended pregnancies and the consequent health risks. This project, implemented in Nakuru County in Kenya, has undertaken a journey of research, design, and adaptation to uncover women's barriers and enablers to post MA contraceptive care, as well as pharmacists' motivations and challenges in providing these services—ultimately shaping a sustainable model for delivering quality post MA contraceptive services through pharmacies. This learning brief summarizes the project's key insights on 'what it takes' to support community pharmacists in providing post MA contraceptive services in Kenya and offers recommendations for the ecosystem to scale up pharmacy-led post MA contraceptive services in Kenya.

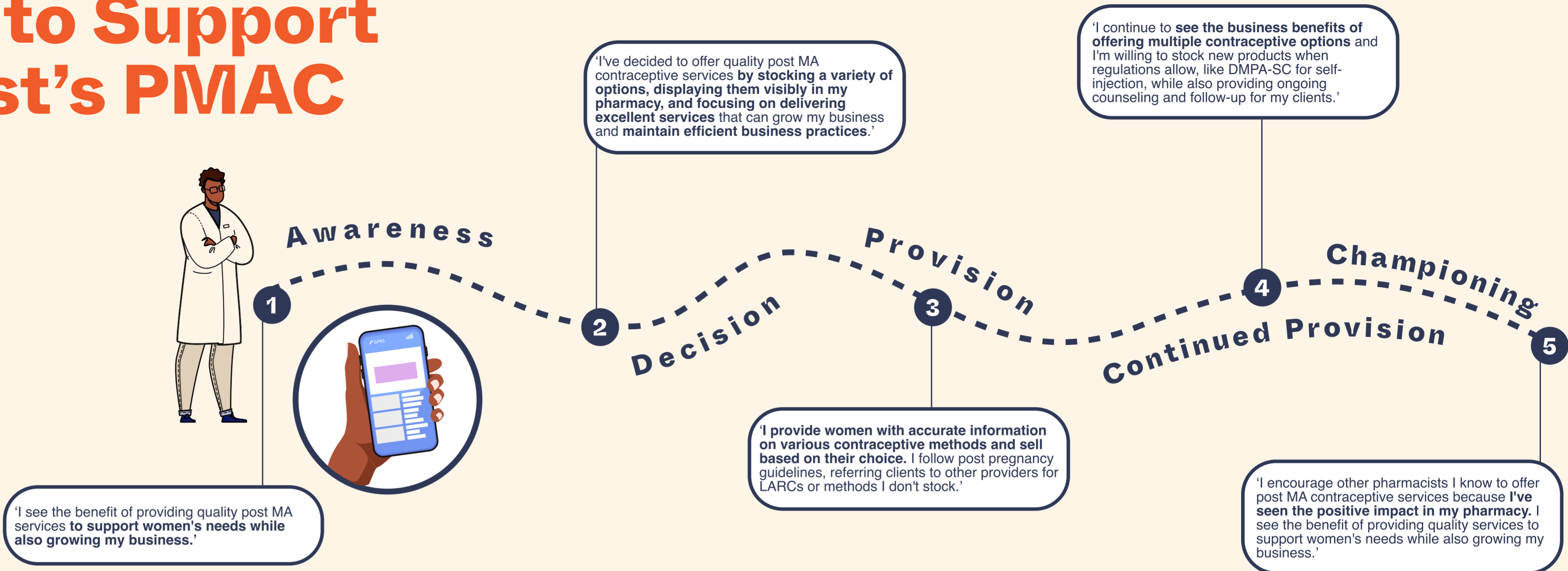
WHO: Kenyan Community Pharmacists

Community pharmacists in Kenya serve as essential first points of contact for primary healthcare, particularly for women seeking abortion care, thanks to their widespread availability and discreet services. In Kenya, the training levels of healthcare staff in community pharmacies vary. Most services are provided by **pharmaceutical technologists** (diploma holders), while some pharmacies are staffed by **pharmacists** (degree holders) and, occasionally, **clinical pharmacists** (nurses or doctors with a pharmacy degree). With adequate support, all cadres of pharmacists can offer a range of short-term contraceptive methods including injectables, and provide post MA contraceptive counseling. Unlike large formal pharmacy chains, community pharmacists often operate independently, fostering closer relationships with clients and understanding their unique healthcare needs. Furthermore, community pharmacies typically operate on a smaller scale, offering a more limited product range and working with narrower profit margins. As a result, they may be more inclined to stock additional contraceptive products as a strategy to diversify their offerings and boost profitability. Due to their trusted status within the community, they are ideally positioned to assist women who depend on pharmacy-based services, effectively bridging the gap between informal care and more structured formal healthcare systems. This project targeted community pharmacists to leverage their accessibility and trustworthiness to improve access to post MA contraceptive services.



What it takes to Support the Pharmacist's PMAC Journey

The PMAC Project, through research, intervention design, and adaptation, identified the enablers and barriers pharmacists face in providing post MA contraceptive services, helping to shape a model for sustainable delivery that supports every stage of the pharmacist's journey. This journey begins with raising **awareness** of the benefits pharmacists can gain from offering post MA contraceptive services, both in terms of supporting women's health and growing their business. When pharmacists **decide** to integrate post MA contraceptive services, they must stock a variety of contraceptive options to ensure visibility and accessibility for women. During the **provision** phase, pharmacists provide personalized counseling, adhere to post pregnancy guidelines, and refer clients to other providers when necessary, especially for long-acting reversible contraceptive methods (LARCS). As they see the **continued provision** of these services benefiting both their clients and their business, pharmacists are more willing to expand their product offerings and introduce new services like DMPA-SC for self-injection. Finally, as pharmacists become **champions** of post MA contraceptive services, they not only continue to support women's needs but also advocate for other pharmacists to adopt these services, further expanding access and reinforcing the value of post MA contraception in community pharmacies. This comprehensive approach ensures that pharmacists are not just providers, but key partners in improving reproductive health outcomes.



Sustainable Model for Pharmacy-Led PMAC Services



1 Component 1

Make the Value-Based Business Case to Pharmacists

For pharmacists to integrate post MA contraceptive services, they must recognize the financial and professional value of offering these services through a value-based care approach. When they are shown how contraceptive services can be profitable while focusing on customer-centered, high-quality care, pharmacists will understand that this can help them attract clients, build loyalty, and drive repeat business. This approach can turn post MA contraceptive services into a sustainable revenue stream while improving community health outcomes.

Key Actions

- **Assess demand and financial potential:** Understand market demands to evaluate the viability of adding post MA contraceptive services.
- **Leveraging untapped demand:** Utilizing digital solutions, such as AskNivi, to share information with clients and increase referrals to pharmacies for MA, contraception, and other services, driving increased revenue.
- **Demonstrate the link between quality care and increased demand:** Develop communication strategies to highlight how quality care increases customer loyalty.
- **Showcase case studies:** Demonstrate how post MA contraceptive services have boosted business revenue.

2 Component 2

Overcome Operational Barriers for Pharmacists

Pharmacists often face challenges in delivering post MA contraceptive services, such as limited space for private counseling, inconsistent contraceptive stock, and time constraints. Creating private consultation areas, ensuring a steady supply of contraceptives, and optimizing workflows can help pharmacists focus more on client care.

Key Actions

- **Establish private counseling areas:** Designate specific zones within the pharmacy for private consultations.
- **Implement inventory management systems:** Prevent contraceptive stockouts to ensure continuous availability.
- **Train staff on time management:** Prioritize efficient techniques to enhance post MA contraceptive service delivery.
- **Streamline pharmacy workflows:** Reduce bottlenecks to foster continued quality improvement.
- **Enhance service monitoring:** Ensure adherence to Ministry of Health (MoH) regulations and use client satisfaction surveys to address challenges.

3 Component 3

Provide Training and Support for Pharmacists

Successful post MA contraceptive service delivery relies on comprehensive pharmacist training and support, enabling them to assess client needs and offer personalized counseling. This training equips pharmacists to provide quality care through regular follow-ups, while proactive reminders for refills or check-ups improve service quality and encourage repeat visits, building trust in the pharmacy.

Key Actions

- **Standardize training for pharmacists:** Equip them with skills in contraceptive counseling, and ensure all staff are trained to MoH standards.
- **Implement service delivery tools:** Develop and disseminate a post MA contraceptive checklist for pharmacists, as a job aid, to support the quality delivery of services.
- **Establish record-keeping systems:** Create mechanisms to maintain client records, send timely contraceptive reminders to clients and report to the national health system.
- **Implement regular support:** Set up consistent feedback loops to uphold high service standards.

Conclusion

Why Pharmacy-Led Delivery of PMAC Services Matters

Pharmacy-led delivery of post MA contraceptive services plays a critical role in expanding access to contraception for women, including young women in Kenya, particularly following self-managed abortions. Community pharmacists, trusted by their clients and easily accessible, are uniquely positioned to provide discreet and non-judgmental care, bridging the gap between informal and formal healthcare systems.

By integrating post MA contraceptive services into their operations, pharmacists not only reduce unintended pregnancies and associated health risks but also enhance women's autonomy over their reproductive choices. Moreover, these services represent a viable business opportunity, allowing pharmacies to create sustainable revenue streams while improving public health outcomes. Ultimately, pharmacy-led post MA contraceptive services represent a win-win strategy for improving health outcomes and strengthening the financial viability of community pharmacies.

Recommendations For Ecosystem Actors

Scaling a sustainable model for pharmacy-led post MA contraceptive services requires adopting a market systems approach. This approach engages a broad range of actors across key market functions—supply, demand, regulatory environment, and supporting roles—ensuring they perform effectively to sustain post MA contraceptive service delivery. Collaboration among all ecosystem actors is crucial to strengthening both the market and health systems, leading to the sustainability of local pharmacy businesses and empowering pharmacists to become essential contributors to women's health. The following recommendations are key to achieving this:

Supply

- **Supply chain actors:** Ensure a reliable and consistent supply of contraceptive commodities to prevent stockouts and enable uninterrupted service delivery. Additionally, strengthening the network of pharmacists to facilitate bulk purchasing will allow pharmacies to access contraceptives at discounted rates, improving both affordability and availability.

Demand

- **Technology providers:** Engaging consumers through digital platforms like askNivi can enhance pharmacists' visibility, increasing awareness and access across key consumer segments. By targeting a range of users, these platforms can unlock latent demand and expand market reach.

Regulatory Environment

- **MoH:** Include counseling and contraceptive service provision in continuous medical education and pre-service training for pharmacists to ensure they are equipped with the necessary skills to deliver high-quality post MA contraceptive services.

Supporting Functions

- **Training initiatives (e.g., MoH and Non-Governmental Organizations):** Ensure effective implementation of national health guidelines through county-level training by County Health Management Teams, supported by NGOs. Provide ongoing training to pharmacists to build capacity for high-quality, sustainable post MA contraceptive services and efficient business management.
- **Membership organizations (e.g., Pharmaceutical Society of Kenya, Kenya Pharmaceutical Association):** Develop and provide continuous professional development courses on business management skills to empower pharmacists in managing sustainable operations while delivering post MA contraceptive services.

These coordinated efforts aim to ensure pharmacists are supported at every step of post MA contraceptive service delivery, benefiting both clients and businesses, while ensuring women have access to the contraception services they need to make informed decisions about their lives.

Interested to Learn More ?

Contact Steve Biko (BikoS@ipas.org) or Kristen Shellenberg (shellenbergk@ipas.org) and read our associated briefs **The PMAC Story: Understanding Women's and Pharmacists' Journeys with Post Medication Abortion Contraceptive (PMAC) Services in Kenya and In Her Shoes: Unpacking Women's Enablers and Barriers to PMAC Services in Kenya**. To read about additional learnings from the PMAC Project, click here: <https://www.ipas.org/resource/post-medication-abortion-contraception-pmac-project-kenya/>.

84%

of women found post MA contraception services affordable.*



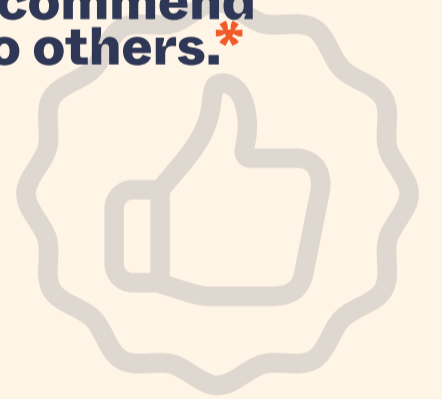
97%

of MA users reported satisfaction with pharmacy services.*



100%

of MA users would recommend pharmacy services to others.*



*Statistical estimate from adaptive learning research data 2023 (n=168)