



MSI Pharmacy Intervention for SRH self-care products

HCD Research Insights Summary

September 2, 2019



Dalberg Design

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OVERVIEW

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This summary of insights showcases the key findings from the research phase that aimed to explore innovative and commercially viable ways to motivate pharmacists to stock, sell and promote DMPA-SC as a self care product. These insights are not exhaustive but represent the dominant emergent themes, a comprehensive report of these insights will be shared after the prototyping stage.

Our research explored the behaviors, needs and pain points of the pharmacy ecosystem, women and men, and surfaced opportunities to drive uptake of DMPA-SC by pharmacies and increase demand for the product by women particularly as a self care product. We applied a rapid prototyping methodology that included in depth interviews and quick ideation to gather deep insights and generate themes. This included the use of low-fidelity mockups to test out early stage ideas in a light iterative way that quickly surfaced insights that fed into the findings presented in this summary. Moving into the prototyping stage, the team will utilise the interactive workshop to further refine the opportunity areas that will inform the prototyping concepts and test these out with the same target audience and locations visited in the first round of research.

Through our research, we have seen a potential for Marie Stopes to build on the strength of the MSK pharmacy network infrastructure and brand in Nairobi and leverage on this presence to introduce innovations that can support and strengthen the implementation of DMPA-SC at a national level.

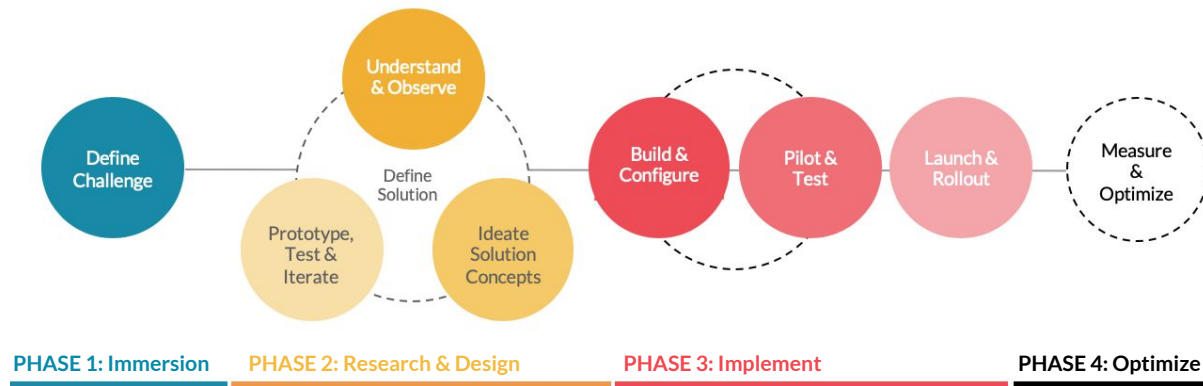
I. RESEARCH OVERVIEW

- Research approach
- Research objectives
- Research locations
- Who we spoke to
- Research activities

Our process is flexible and built to produce evidence-based strategies and policies, as well as robust user-tested products, services, and programs.

Our Human-Centred Design (HCD) research approach, enables us to gain deep empathy for users, to question core assumptions, and inspire new solutions. Our goal is to uncover insights through in-context observations of users, and learning from what they say, think, feel and do.

OUR DESIGN PROCESS



RESEARCH OBJECTIVES

OBJECTIVE 1: To identify insights around pharmacists motivations to *stock, sell and educate* end-users on self-care SRH products, with a high focus on Sayana Press® (SP) (other self-care products are Emergency Contraception and Safe abortion/medical abortion).

OBJECTIVE 2: To utilise the insights to develop and prototype a commercially viable solution in Kenya, that ultimately motivates pharmacists to stock, promote and train end-users on effective self-care, especially SP, for their sexual reproductive health (SRH) needs or refer to nearby services where necessary.

RESEARCH LOCATIONS

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PERI- URBAN

Kahawa west

Githurai 44 and 45

Mwiki

Maji mazuri

WHO WE SPOKE TO

30

IN DEPTH INTERVIEWS

Locations: 50% urban, 50% peri-urban

Pharmacies: 14 pharmacy owners, technicians and assistants

Healthcare facilities: 3 private facilities, 1 public facility

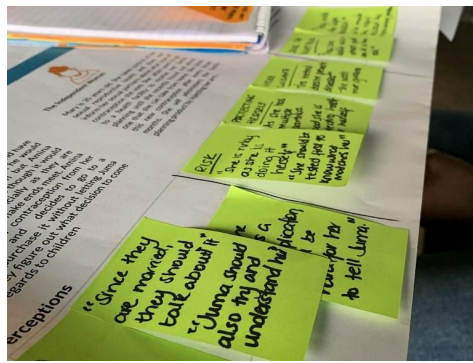
Distributors: 1 urban, 1 peri urban

Women: 6 women aged 18- 40

Men: 4 men aged 20-40

RESEARCH ACTIVITIES

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Mapping exercises

Embedded within in-depth interviews with pharmacies and women to identify resources and channels of support when learning about Sexual and Reproductive Health (SRH) and Family Planning (FP) products.

Customer & stock profiling

Interactive activities to understand existing SRH customer profiles and how their demand and behaviors define the kind of stock that pharmacies are driven to adopt or to drop from their stock.

Scenario testing

To explore how societal norms, assumptions and men's perception of SRH and contraception affect women's access and behavior around the uptake of FP products.

Low fidelity prototyping

We explored simple versions of intervention prototype ideas with pharmacies, health facilities men and women for initial feedback and as a way to initiate idea generation over the course of the research period.

II. RESEARCH FINDINGS & INSIGHTS

- Perceptions and Behaviors around Family Planning
- The pharmacy structure in relation to Family Planning
- Pharmacy drivers of uptake
- End-user drivers of uptake
- Pharmacy and end-user interactions

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EMERGING RESEARCH THEMES

PREVAILING PERCEPTIONS &
BEHAVIORS AROUND
CONTRACEPTION

PHARMACY STRUCTURES THAT
GOVERN SELF-CARE
CONTRACEPTION

PHARMACY-LED DRIVERS OF
DPMA-SC UPTAKE

END USER DRIVERS OF DPMA-SC
UPTAKE BY PHARMACIES

PHARMACY & END USER
INTERACTIONS AROUND DPMA-SC

KEY FINDINGS

PERCEPTIONS OF FAMILY PLANNING

People's perceptions and behaviors around contraceptive methods are exacerbated by social misconceptions and their experiences with adverse side effects.

SIDE EFFECTS

While DMPA-SC offers convenience of purchase at the pharmacy and the discretion and agency to self inject, women continue to have concerns around side effects caused by injectable contraception methods.

"They used to say that if you used family planning, when you had a child, they would turn out to be a cripple."

SAMSON | LONG DISTANCE DRIVER | FATHER OF ONE | KIBERA

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"What can I use that has minimal side effects?"

LUCY M. | SHOP ATTENDANT | MOTHER OF TWO | KIBERA

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"A lot of people say pills make them nauseous."

SUSAN .M | OWNS A FRUIT STAND | MOHER OF THREE | KAHAWA WEST

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"If there are any adverse effects, it will ruin my reputation."

FRANCIS O. | LEAD PHARMACIST AND PHARMACY OWNER | KIBERA

TAKEAWAY INSIGHT(S):

Contraception methods are better received when they are communicated within the scope of general SRH information.

Women do not select contraceptive products and methods in isolation, therefore an effort must be made to embed general family planning information within the DMPA-SC pharmacy rollout to ensure that women feel informed and establish trust in pharmacies as reliable sources of information.

There is a prevailing need to demystify contraception.

Women in low income settings are navigating contraception in the midst of prevailing social misconceptions and unsafe SRH practices. Therefore attention should be given to tapping into community based structures for positive messaging around proper usage and side effects when promoting DMPA-SC.

KEY FINDINGS

OFF THE GRID PHARMACIES

Off the grid pharmacies offer women the combined value of low price points and convenience. These pharmacies constitute a large portion of income streams for larger legitimate pharmacies, operating at the risk of product misuse or misinformation. Some off-the-grid pharmacy owners are seeking ways to legitimize their businesses in order to better serve their customers.

GENDER

Young women have a general preference to be served by male attendants but may be less comfortable revealing details of their sexual and reproductive health to male pharmacists.

DATA REPORTING

Pharmacies do not share similar or standard structures around data collection and stock keeping and may require standardized reporting tools (manual or digital) and training on these tools in light of the new reporting requirements from MoH.

"We serve the people that don't have the means to afford products otherwise. We all support each other in this community. They know that they can get medicine from me on credit."

EVELYN. A. | PHARMACY OWNER | KIBERA

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"We know these unregistered pharmacies, we even sell to them."

FRED O. | LEAD PHARMACIST AND REGISTERED PHARMACY OWNER | MWIKI

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"In some cases, some women may prefer male practitioners because they believe men won't judge them or mishandle them."

MERCY O. | HEALTHCARE CLINICIAN | KAHAWA WEST

PHARMACY MOTIVATIONS

Pharmacy owners are business owners and employers first, and as such, assess new products and services by their potential to keep their businesses operational. However, some employees are motivated by professional advancement and growth, especially those within registered pharmacy environments. For some the introduction of injectables as a pharmacy service further legitimizes their role as health service providers.

PRIVACY AND DISCRETION

Many women use contraception without the knowledge of their partners, and do so with the highest discretionary measures. Self-care products present a risk of discovery and may push women to have pharmacists administer the contraception rather than adopt as a self care product.

Not all registered pharmacies have the space to offer high quality DMPA-SC injection and counselling services in privacy. Some pharmacies may need to invest more resources in time, staff, and privacy in order to provide sufficient service provision of DMPA-SC.

“Every inch of the pharmacy space has to be utilized commercially for all products and services. If it is worth it, staff can be increased to accommodate injection and counselling of DMPA-SC.”

FRED O. | LEAD PHARMACIST AND PHARMACY OWNER | MWIKI

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“I am unsure of what my partner’s reaction would be if he found out. If he knows, it will bring problems. Even if I received a pamphlet of information, I would leave it at work so my partner does not find it at home. ”

LUCY M. | SHOP ATTENDANT | MOTHER OF TWO | KIBERA

TAKEAWAY INSIGHT(S):

Pharmacy owners need to perceive DMPA-SC delivery as a business rather than a singular product investment.

Pharmacies varied capacity to provide adequate privacy, staffing and training could affect the consistency of DMPA-SC service delivery and in turn jeopardize user's trust and reputability in the product. Less equipped pharmacies may require larger and more expensive structural and resource investments to support the effective service provision of DMPA-SC. As the cost investment is a potential deterrent, framing DMPA-SC as a business investment rather than a singular product investment may incentivize pharmacies to take up the product and optimize any associated service delivery.

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Ongoing support is required to standardize the quality of DMPA-SC service delivery post-training.

Additional investment for service delivery is a potential barrier for pharmacies and will have high implications on the quality of service delivery for DMPA-SC. Therefore, continuous supportive supervision and quality control measures will play a key role in standardizing the quality of service provision of DMPA-SC across varied pharmacy capabilities.

KEY FINDINGS

PRICING AND COST

DMPA-IM will still be in market, and available at no cost in public healthcare facilities, which raises concern around profitability for pharmacies that are considering investing in (DMPA-SC). For the pharmacies that currently sell DMPA-IM at a retail price of KES 100, DMPA-SC offers a higher profit margin as retail prices are set between KES 120-200, which would be an incentive to switch or offer both products.

MARKET AVAILABILITY

Stock outages are a big concern for pharmacies and healthcare facilities when considering new products to stock. Many pharmacies and healthcare facilities associate DMPA-IM with stock-out and some pharmacies have reservations about facing similar challenges when investing in DMPA-SC without the assurance of continuous supply of the product.

“Women come to the facility knowing they will not pay for Depo. If Depo is still in the market, very low income women will keep opting for it from public facilities instead of spending 120-200/= at a pharmacy.”

ANGELA K. | HEALTHCARE CLINICIAN | KAHAWA WEST

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Pharmacy policies are different, someone at the pharmacy may decide to sell Sayana press to make a profit without explaining the other methods”

EMMANUEL W. | PHARMACY TECHNOLOGIST | KAHAWA WEST

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“Make it available everywhere.”

NELSON M. | PHARMACY TECHNOLOGIST | GITHURAI 44

TAKEAWAY INSIGHT(S):

Pharmacies' business motivations for profit could potentially put end-users at risk, and affect the reputability of DMPA-SC

Pharmacies are motivated to keep up supply and maximize product profit, often times, at the expense of the end-users' cost and health. Thus tapping into the pharmacist motivation to expand their brand and services in the community early on, could align DMPA-SC uptake to a more service driven motivation.

KEY FINDINGS

PEER & SOCIAL NETWORKS

First time contraception users trust and rely on their informal social networks as their first point of contact for information on contraception, in part due to the belief that pharmacies don't have the time or knowledge to properly educate them.

Community based organizations, have established themselves as trusted and credible sources of information on contraception and sexual reproductive health for both women and men.

PARTNER SUPPORT

Male partners largely influence women's uptake and choice of contraception and are most concerned about their partner experiencing side effects such as weight gain, decreased libido and fertility issues.

Men's mindsets shift when more children add pressure to their household finances or when they realize that bearing more children would mean less of their legacy to leave behind.

"Organizations like Shofco, Beyond Zero, Care for Kibera could assist in the dissemination of information on family planning and DMPA-SC"

DENNIS O. | SOFTWARE ENGINEERING STUDENT | KIBERA

"Initially, we were leaving men out of the conversation entirely, but they really help in decision making. Once you get one man supporting family planning, he will spread word to his friends."

MERCY O. | HEALTHCARE CLINICIAN | KAHAWA WEST

"I can have up to five children. That is my expectation. I love kids I cater for everything in this house so I decide, so she can't tell me anything about life."

STEPHEN .M | CARPENTER | FATHER OF THREE | KAHAWA WEST

"I was worried that if I had many sons, I would not have enough to give them to inherit."

SAMSON | LONG DISTANCE DRIVER | FATHER OF ONE | KIBERA

BEHAVIOR CHANGE

Women adhere to self-care practices around family planning when they build routines and reminders at home (e.g. setting an alarm, taking treatment at dinner time) around treatment intake.

SELF INJECTING

Women found the concept of self injecting very new and expressed fear of injecting themselves.

TRUST

Women view pharmacies as untrustworthy when it comes to providing high quality treatment for sensitive contraceptive issues, due to a lack of quality control and accountability around pharmacy care. Healthcare facilities are the most trusted points of contraceptive information for women.

LINKAGE & REFERRAL SYSTEMS

Women trust pharmacies that are referred by trusted health care facilities and community based organizations. Aside from hybrid health facility/pharmacies, referrals are made based on stock availability required for treatment and pharmacy reputability. in the area. These referrals are often informal but operate through an established network of trust.

It has become routine when I start eating I always remember to take the pills."

SUSAN .M | OWNS A FRUIT STAND | MOHER OF THREE | KAHAWA WEST

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"It sounds weird, someone cannot inject themselves."

LAURA O. | STUDENT | KIBERA

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"Many people don't trust pharmacies to give them the right drugs. They may use you like a guinea pig."

LUCY | FAMILY PLANNING CUSTOMER | GITHURAI 45

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"Going to the pharmacy is not the first thing that comes to my mind when seeking family planning."

DAVID M. | CARPENTER | FATHER OF THREE | KAHAWA WEST

TAKEAWAY INSIGHT(S):

Pharmacies are well positioned to offer women direct support around normalizing self-injecting behavior, but face prevailing mistrust as service providers of contraceptives.

Equipping pharmacies with the appropriate skills mix to best support service provision of DMPA-SC will maximize their position with direct end-user engagement and enable them to confidently promote and administer DMPA-SC.

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End-users do not associate self injection to any particular institution. This is a gap that pharmacies can fill to establish trust in end-users.

End-users are not yet accustomed to seeking information around self-injecting from any particular institution and therefore, pharmacies can be positioned as pioneer service providers for self-injection support to build initial product trust and enforce information seeking by end-users.

TAKEAWAY INSIGHT(S):

Existing linkage and referral networks create a unique platform to shift end-user trust from community institutions to pharmacies .

While pharmacies need to establish trust in end-users from the ground up, social networks and referral systems offer unique support structures to do so effectively. Therefore, engaging these networks to advocate and refer pharmacies may help build end-user trust in pharmacies as service providers.

KEY FINDINGS

GUIDANCE AND COUNSELLING

Pharmacies are a convenient access point, however, pharmacy attendants engage women fast, and over a counter, which is often a physical boundary towards building rapport and trust. Pharmacy attendants will require significant sensitivity training around face-to-face guidance and counselling to promote pharmacies as safe spaces for SRH and DMPA-SC service delivery during and after purchase.

TRAINING

Pharmacies will be a crucial training centre for women on DMPA-SC self care, therefore effective self-care training during the rollout would relieve pharmacies of the burden to offer long term injection services per customer.

“How will counseling at home be managed if women take Sayna Press at home?”

JOHN O.. | PHARMACY OWNER | KIBERA

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“Because of how serious injection is, I would go to the health facility for Sayana Press training incase something happened it would be easier to follow up with health practitioners”

LILIAN W. | COMMUNITY DEVELOPMENT WORKER | MOTHER OF TWO | KAHAWA WEST

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The major challenge for self injection will be individual fear and skepticism around genuinity of product so the women will likely keep returning to the clinic for reassurance.”

MERCY O. | HEALTHCARE CLINICIAN | KAHAWA WEST

AFTERCARE

As service providers for DMPA-SC, pharmacies will also take on the role of providing aftercare support, in form of material and information as well as services such as blood pressure, vital sign checks and side effect control. This new touchpoint is a potential avenue for trust and relationship building between women and pharmacies.

DISPOSAL

Pharmacies are a potential touchpoint for safe and environmentally friendly avenues of DMPA-SC needle disposal, however, few pharmacies actually have current access to proper incineration services, and this may be an additional investment to consider during rollout.

"At every appointment, we check for vitals signs and blood pressure. What happens when they start injecting at home?"

ANGELA K. | HEALTHCARE CLINICIAN | KAHAWA WEST

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"The biggest challenge will be of disposal. In the village there are pit latrines but people may in the urban areas may dispose of their sharps in community bins and no one is sure of where that trash goes."

MERCY O. | HEALTHCARE CLINICIAN | KAHAWA WEST

KEY INSIGHT(S):

Moving from over-the-counter to private engagement with end-users requires a gradual shift in mindset and behavior for both pharmacies and end-users.

Therefore, in order for pharmacies to own this new identity as service providers, pharmacy training and support will have to surpass basic DMPA-SC product and injection information and extend towards guidance and counselling.

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While pharmacies can be used as community disposal points, not all pharmacies have access to sharps incineration facilities and would require to take on additional disposal costs.

Thus, pharmacies can be provided with information on where to access safe disposal facilities and corresponding incentives to utilize these facilities appropriately.

KEY INSIGHT(S):

Women seek out information from pharmacies but would need to undergo gradual behavior change to begin seeking services as well.

This will require active nudging from pharmacies in order to initiate aftercare support from pharmacies. Therefore reminder tools and structures would need to be set in place to link women and pharmacies for effective aftercare support.



THANK YOU

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