Strengthening Post MA FP Market Solutions through Intentional Learning

Post Medication Abortion Contraception (PMAC) Project Kenya Emerging Learning Brief (#1)

January-May 2023

Context

In order to ensure women's access to contraceptive information and care after using medication abortion (MA) outside of health facilities, the Post Medication Abortion Contraception (PMAC) project in Kenya adopted a market systems design approach to refine and/or design solutions to impact four areas of importance within the post MA Family Planning (FP) market:

Product & Place: A *digital health marketplace, askNivi,* tailored to MA and contraceptive users to provide quality FP information, counseling and referrals to service providers.

Price: A *three-pronged supply-side strategy* to ensure consistent supply of quality, affordable contraceptive methods to pharmacists, at a reduced cost to users.

Promotion: A combination of *health promotion and behavior change models* implemented by Community Mobilizers (CM) and tailored to optimize post MA FP knowledge, leading to referrals to pharmacies for FP choice and uptake.

Provider: A *standardized package of quality post MA FP services,* to support service delivery, referral and training.

This Emerging Learning Brief, the first of two, captures:

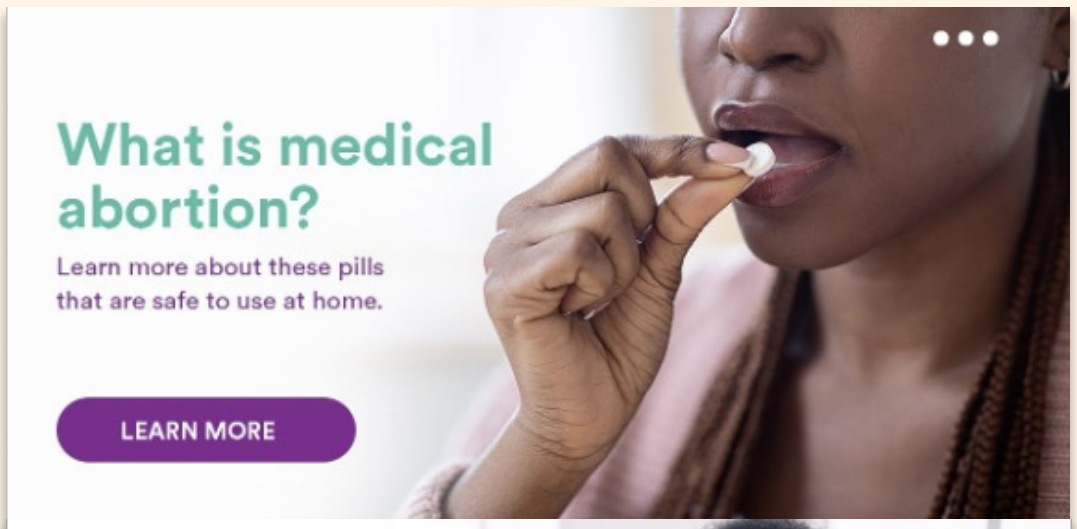
- **Experience in solution theory versus practice:** how implementation of these solutions varied from theory.
- **Key insights:** what appears to be working well and what is not.
- **Proposed adaptations:** what needs to be adapted and why (across all solutions based on learnings to date).

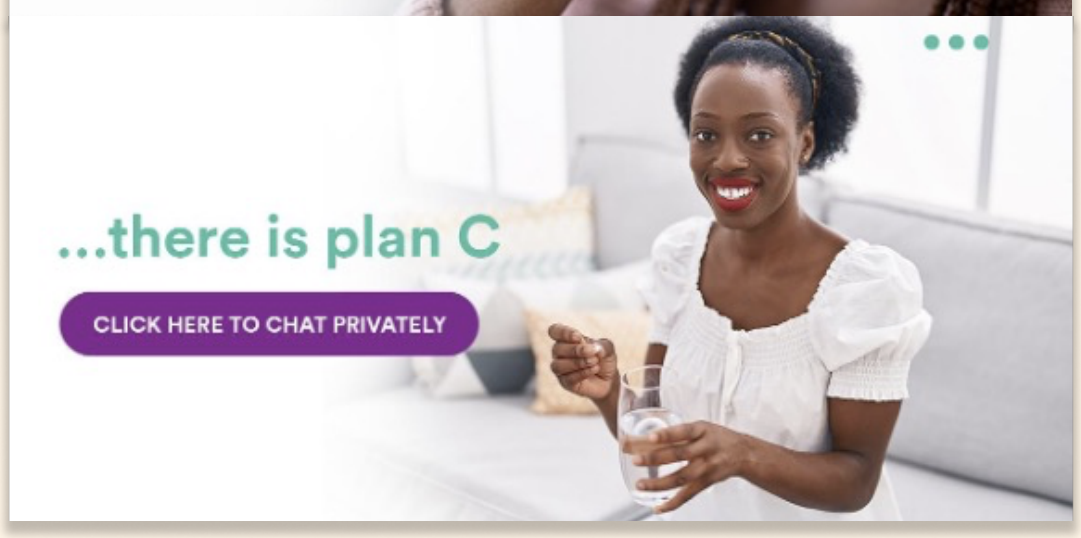
Product & Place Solution

A Digital Health Market Place, Nivi

What is the solution in theory?

Offering quality FP information, counseling and referrals to service providers, through a digital health marketplace tailored to MA and contraceptive users. Available 24/7 on WhatsApp, the askNivi chatbot offers tailored information, digital FP counseling, referral to nearby providers, and follow-up after the provider visit. The chatbot targets MA clients and post MA FP clients, provides accompaniment and reengagement support and improves the user experience to post MA FP care. The project initially planned for 36 participating pharmacies to use this solution, as well as employ both digital and offline marketing strategies to create demand among pharmacies and users.





What was implemented in practice?

Launched in March 2023, this solution was implemented with a high degree of fidelity, integrating both provider-based marketing and other social media platforms to create awareness and to support those with an intent to seek MA and post MA FP. A range of reengagement tools increased awareness of FP services among all pharmacy clients. The tools included:

1. Digital adverts to target individuals in solution towns;
2. Pharmacy counter-top flyer stands with easily scanned QR codes to initiate a private chat on WhatsApp and to confirm completed referral for askNivi users seeking care; and
3. Business cards with QR codes for pharmacists to give to a client with her purchase.

What's working and what's not working?

What's working?

QR code scanning: Pharmacy clients are scanning the QR code at the pharmacy, which leads to onboarded users.

Reach: On average, 800 users interact with the chatbot regarding Sexual and Reproductive Health and Rights (SRHR) information and services monthly. In this reporting period (January-May 2023), only 8% of users (67 clients) discuss MA specific content, of which roughly 10% (i.e., 7 clients) received recommendations to viable Ipas MA/FP referral points.

Client access to information: askNivi offers convenient and private access to MA-related content and referrals for MA/FP users.

Pharmacist access to client feedback: Pharmacists can use askNivi to get client feedback and follow up with users for future referrals.

Ipas understanding of user intent: Ipas staff are able to gather data on users' intent to purchase reproductive health products in implementation areas.

What's not working?

QR scanning glitches: Scanning of the QR code did not directly lead users to the main menu page. This is likely to have limited the number of users onboarded to askNivi.

Limited referrals: During the reporting period (Jan-May 2023), only one client has reported successfully reaching a referral point (for MA or post MA FP).

Limited visible business value: Given the limited referrals reported through askNivi, providers don't see the business value of the platform. However, an anonymized client registry showed that askNivi users are taking up FP post MA but they are not always reporting the completed referral. This needs to be addressed so providers see the utility of the platform.

Facebook ads: Initially, Facebook ads didn't convert to significant numbers of onboarded users, however the trend changed starting in May 2023 where a significant majority of newly onboarded users were attributed to digital ads.

Price Solution

A Three-Pronged Supply-Side Strategy

What is the solution in theory?

A three-pronged supply strategy designed to address supply chain challenges which previously resulted in unaffordable products, price fluctuations, stockouts, and limited choice of FP products in pharmacies:

1. **Seed stock provision:** Provision of free seed stock to 34 participating pharmacies as a one-off activity to expand consumer access to affordable FP options.
2. **Routine pharmacy supply chain strengthening:** Offering training and mentorship in supply chain management to 34 PMAC pharmacies, by working through Shelf Life, a comprehensive, web-based solution for healthcare supply chain management in Africa.
3. **Advocacy with Ministry of Health (MOH) for free commodity:** Advocacy with government for provision of contraceptive stock in exchange for data from select pharmacists not networked with Shelf Life.

What was implemented in practice?

Seed stock support was provided to 34 pharmacies in January 2023 during the adaptive learning phase, along with monthly program technical assistance support on supply chain management. As Shelf Life's original scope was expensive to sustain and given that the majority of the pharmacies engaged are low volume service delivery points, the project opted to directly support supply chain system strengthening activities such as monthly supply chain technical support. Training on Logistic Management, Forecasting and Quantification was also provided, co-hosted by MOH and Ipas. Advocacy activities were initiated with MOH for the free supply of FP commodities to solution pharmacies. It is acknowledged that it may take time for the advocacy efforts to result in the desired outcome.

What's working and what's not working?

What's working?

No commodity stockout: Supply chain strengthening is working well with no commodity stockout reported since seed stock distributed in January 2023.
Increased post MA FP uptake: Reported data shows an increase in post MA FP uptake.
Reduced wastage: Proper tracing of FP commodity consumption led to reduced wastage.
New business opportunity: Seed stock has generated a new business opportunity for the majority of pharmacies, who previously did not stock injectable contraceptives (DMPA-subcutaneous-SC).
Improved entrepreneurship skills: Pharmacists who received seed stock improved their entrepreneurial skills, generating additional capital for business growth. For example, one of the providers has established another pharmaceutical outlet.

What's not working?

Potential challenges with informed choice: An unintended consequence of the seed stock component of this solution is participating pharmacies' inability to provide the full choice of FP methods. These pharmacies currently only provide short-term methods directly, which they stock, raising concerns of coercive care.
Limited motivation to refer: Related to the above point, outward referral for a wider range of options is viewed as a potential loss of business with some providers restricting choice and/or advising CM against referring clients to other clinics for Long-Acting Reversible Contraception (LARC).

Promotion Solution

A Combination of Health Promotion and Behavior Change Models implemented by Community Mobilizers (CM)

What is the solution in theory?

A mix of health promotion and behavior change models delivered by Community Mobilizers (CM) to optimize post MA FP knowledge, leading to referrals to pharmacies for FP choice and uptake among key audiences. Leading eight sessions over two months, CM focus on uptake and habit formation, and continuation and sustained behavior change. All CM should be well-respected in their communities, so their recommendations/referrals to pharmacies are well-received. Key components of the Social Behavioral Change Communications (SBCC) include:

1. Differentiated strategy for CM's engagement with the target audiences (younger, unmarried women, older, married women).
2. Clearly defined CM profile.
3. Building technical capacity of CM to appropriately engage and support target audiences.
4. Payment of monthly CM stipend.

What was implemented in practice?

CM delivered integrated health promotion/behavior change sessions to support post MA FP uptake. CM incorporated MA/FP referral into their day-to-day work, received a monthly stipend, and participated in quarterly review meetings. It was planned that a differentiated engagement strategy would be used; however, in reality all target groups attended group sessions with one-to-one counseling provided for women who were more aware of the method they wanted and/or those who did not want to participate in a group session. CM frequently reached out to friends in need of MA and referred them to a facility, offering a potentially new pathway to care, supporting informed choice and addressing coercive care concerns.

Image 1: Project Supported Community Mobilizers

What's working and what's not working?

What's working?

Pharmacists' support: Pharmacists refer women to CM sessions and provide venue for CM sessions and attend sessions to provide expert perspective on any clinical content during the peer sessions.

Demonstrated business case for CM engagement: CM is a significant pathway for MA, representing a new business opportunity to the pharmacies for the successful referrals for MA and post MA FP.

CM as trusted community resource: CM provide escorted/verbal referrals to women and girls who have made an informed decision on an appropriate method, and appropriately refer women directed to them by community members on to pharmacies, which was not originally planned.

Motivation and retention: Project provides refreshments during sessions, which is both a motivation to participate and a retention strategy.

Sustainability: Experimenting with a mix of CM drawn from Community Health Volunteers (CHV), previous MA clients, and influential community women - who give a better sense of sustainability beyond Ipas. This learning might be useful, especially if the project integrates this model into the MOH community health strategy.

What's not working?

Pharmacist control over CM: Some pharmacists fear that CM will negatively impact their business. In these instances, CM have been unable to operate autonomously as pharmacists try to control them.

Role of CM in driving behavior change: It is difficult to isolate the role of CM in driving behavior change during CM sessions due to pharmacists' participation in the sessions.

Provider Solution

A Standardized Package of Quality Post MA FP Services

What is the solution in theory?

A standardized package of care, co-developed with pharmacists, to guarantee a quality of care for MA and post MA FP users, leading to greater retention of clients for products/services beyond MA and FP. Key elements underpinning the design of this solution are:

1. Positioning pharmacists as co-designers so that the package meets their needs and is grounded in minimum standards for quality care;
2. Promoting non-judgmental, highest quality and non-coercive care; and
3. Designing to address feasibility and incentives with an explicit acknowledgment that it is likely to evolve over time through ongoing adaptation and learning.

What was implemented in practice?

Through co-creation workshops, pharmacists participated in identifying current market practices (i.e., pharmacists' current package of care) and aligning/adapting those practices to improve care experiences for MA and FP clients. In addition, pharmacists and clients had access to information, education and communication materials to support delivery of standardized counseling and informed choice, respectively. It was also found that the majority of pharmacists were bundling MA and FP products. While this solution was originally envisioned as provider-facing only, through the adaptive learning phase, it was seen to be both a provider- and a user-facing solution. To the provider, the solution can be a checklist to consistently apply to all MA clients to guarantee a desired quality of care/improved care experience with post MA FP care. The checklist would include:

1. TCA (To Come Again)/reschedule for post MA review/post MA FP counseling (3 days post MA);
2. Linkage to CM follow-up support by the pharmacists on managing side effect of FP; and
3. Linkage to askNivi: as an additional FP self learning platform, and consistent documentation.

For the client, the solution is an improved care experience.

What's working and what's not working?

What's working?

Increased post MA FP uptake: High post MA FP uptake rates.
Service delivery documentation: Effective recording and documenting of service delivery by pharmacists.
Effective referrals: Effective referral by pharmacists to CM activities and askNivi.
Recruitment to evaluation study: Successful recruitment to Population Council evaluation study to establish the strengths and weaknesses of the four solutions, which will be key to informing iterations and adaptation of the solution.

What's not working?

Limited choice: Given that pharmacies only provide a limited range of FP methods, the provider model may be limiting choice if the user prefers an FP option that is only available outside the pharmacy setting, leading to concerns about coercive care related to method choice.
Difficulty assessing improved care experience: Given that people are seeking MA and post MA FP in a culturally and legally restrictive setting, many users do not have an expectation of how the service should be delivered. Therefore, it is challenging to assess user perceptions on quality of care.

Image 2: Project Supported Pharmacists

Proposed Adaptations

What needs to be adapted and why?

A number of solution adaptations are proposed to address these emerging insights:

Product & Place Solution

1. **Troubleshoot askNivi** to ensure that scanning the QR code optimizes the user's experience and increases the number of onboarded users.
2. **Develop new digital pathway to support method choice,** autonomy, and options on viable service delivery points.
3. **Support FP uptake and continuation** for clients using askNivi, depending on their needs: (1) support FP uptake for new FP users; (2) support FP continuation for existing FP clients; and (3) ensure askNivi captures data for all clients who purchase FP at the time of purchasing MA.
4. **Build a business case** for the providers to demonstrate askNivi's value proposition.
5. **Segment market** by age, knowing that 18-30 year olds are more likely to use the chatbot. askNivi will target marketing to higher learning institutions where there is unmet need for contraception and safe abortion services to improve inbound referral to the pharmacy for MA.

Price Solution

1. **Maintain and enhance ongoing capacity building** in proper quantification skills to ensure participating pharmacists maintain a continuous safe stock level and align with MOH annual procurement processes.
2. **Consider requiring participating pharmacists to obtain the MOH Health Facility List code,** a unique facility identification number that MOH gives to accredited facilities/clinics/health centers that meet QA measures, to ensure quality assurance (QA) certification.

Promotion Solution

1. **Enhance regular support to pharmacists** to better appreciate the CM role in terms of improving the overall experience of women and girls and to allay any concerns that pharmacists may have vis-à-vis the CM being a "threat" to the pharmacist's business.
2. **Enable CM referral to other health facilities** for expanded method choice. Through regular advocacy work with MOH, identify government facilities, train specific providers on post-pregnancy FP and work with them to complement pharmacists' efforts in providing expanded post MA FP. Expand the CM role to supporting verbal/escorted referrals to the MOH sites as well.
3. **Integrate community FP in the county health strategy** thereby sustaining CM involvement by transitioning CM to the CHV model as part of the community health strategy/CHV model.

Provider Solution

1. **Adapt package of care** into a checklist that guides delivery of a standard package of care for all MA and post MA FP clients.

Look out for Emerging Learning Brief #2 which will highlight what adaptations were introduced and how these impacted ongoing implementation.

Have questions?

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