



Kenya Pharmaceutical Association
Pharmaceutical Excellence

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“Once a Trainer, Always a Trainer”

How a County-Level TOT is Reshaping Pharmacy Culture in Kisumu County



Stephens Oyaya, Trainer of Trainers (TOT), Kisumu County.



At the very beginning of the Optimizing the Pharmacy Channel (OPC) project, the Kenya Pharmaceutical Association (KPA) set out to do more than train individual providers — it set out to build trainers who could carry the work forward long after the project’s official calendar closed. Stephens Oyaya, based within Kisumu County, is one of ten such trainers, drawn from ten counties, who took on that responsibility.

“I can say we got the best out of it in terms of training and even the experience.”

AN ELABORATE PATH TO CERTIFICATION

Stephen’s path to becoming a Trainer of Trainers (TOT) was, by his own account, anything but a formality. Trained by inSupply Health in partnership with KPA and the Ministry of Health, he went through three days of theory followed by two days of hands-on practicum inside public hospitals, working alongside experienced healthcare practitioners. He was trained not once but twice, at two separate levels, before being certified as a TOT by the Ministry of Health — a certification he describes as proof that “I am for sure recognized as one.”

That first hands-on experience in the field, he says, is one he will “forever remember” — it remains in his memory to this day.

CONFRONTING FEAR AT THE FRONTLINE

When Stephens Oyaya began training his own colleagues — part of a cohort that would go on to reach over 150 participating community pharmacies — he encountered the same barrier repeatedly: fear of the needle itself.

“Some just feared the needle... this was the first time some of our colleagues were coming to meet the needle for the first time, to use it on a patient, and you could see the fear that was there.”



What followed, in Stephen's story, was a steady conversion — from fear into competence, and from competence into service delivery at the grassroots. It is a detail that captures something the project's statistics alone cannot: the human hesitation that stands between a training curriculum and a confident provider, and the quiet work of a trainer in closing that gap.

A VISIBLE SHIFT IN HOW PHARMACIES OPERATE

Stephens points to concrete, observable changes that followed the training and the technical support supervision-technical assistance that came after it:

1

Privacy and counselling: Where clients once received sensitive family planning information over the counter, trained pharmacies created dedicated safe spaces for private counselling — a model Stephens says is now spreading even to pharmacies that were never directly part of the training.

2

Waste management: Proper litter bins and infection prevention and control (IPC) practices, including waste segregation and labelling, are now standard across trained pharmacies.

3

Equipment: The presence of BP machines and weighing scales at pharmacy level — which Stephen calls “a game changer” — has expanded what these providers can offer clients.

THE CASE FOR SUSTAINABILITY

Asked how KPA should carry this work forward as OPC formally winds down, Stephen did not hesitate: fold it into KPA's Continuing Professional Development (CPD) programme.

“I believe KPA has a responsibility in terms of capacity building of the membership... there's adequate capacity amongst us to be able to train more.”

He also pointed to the hybrid curriculum — developed with KPA's TOTs translating the original in-person training into a hybrid format — as an asset ready to be leveraged for future partnerships, allowing KPA to



extend its reach without starting from zero. He notes that training has already touched a significant number of community pharmaceutical technologists across multiple counties, while acknowledging a substantial “critical mass” of providers still to reach — an opening, in his view, for future partners to build on infrastructure that already exists.



WHAT COMES NEXT

For his own part, Stephen’s answer to “what’s next” was simple:

“Once a trainer, always a trainer.”

He has already committed to supporting his trained colleagues going forward and to continuing as a CPD trainer under KPA — a personal pledge that mirrors the sustainability case he makes for the institution as a whole.

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EDITOR'S REMARKS



What stays with me from this conversation is not the number of counties or pharmacies — as important as those figures are — but the moment Stephens describes a colleague meeting a needle for the first time. That is the real starting point of this project: not a curriculum, but a person's hesitation, and the quiet work of a trainer walking them through it until hesitation becomes competence.

Stephens is one of ten Trainers of Trainers we built under OPC, one for each participating county, and his account confirms something we set out to prove from the beginning: that training providers is only half the task. Training people who can go on to train others — credibly, repeatedly, without us in the room — is what makes a three-year project outlast its own funding cycle.

His description of what has changed at pharmacy level is exactly what we hoped to see when this project began: private counselling spaces replacing over-the-counter conversations, proper waste segregation becoming routine rather than exceptional, and basic equipment like BP machines and weighing scales turning a retail counter into a genuine point of care. None of that shows up as a single dramatic before-and-after photograph. It shows up, as Stephens puts it, as a model that pharmacies who were never even part of our training are now adopting on their own.

His recommendation is one I want KPA's leadership to sit with: fold this into our Continuing Professional Development programme rather than let it end with OPC. We already have the trainers, the hybrid curriculum, and the relationships with facilities and county teams. What we need now is the institutional decision to keep using them.



To Stephens Oyaya, and to the nine other TOTs who did this work quietly in their own counties — thank you. “Once a trainer, always a trainer” is a fitting note to end on, and I intend to hold KPA to the other half of that sentence: once a trainer is built, an institution should keep using them.

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