



Kenya Pharmaceutical Association
— *Pharmaceutical Excellence* —

OPC PROJECT SUCCESS STORY · KISII COUNTY



Druglink Pharmaceuticals, Etogo Market, Kisii County — accredited under the OPC Project.

“I Stopped at Pharmacy – But Not at Learning”

*How a 10-year-old chemist in Etogo Market, Kisii, became a community’s most trusted family planning provider
– and turned its owner into a clinical medicine student.*

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In Etago Market, a small trading centre in Kisii County's Etago sub-county, there's a pharmacy that used to be exactly what its name suggests: a place you went to buy medicine. Today, Druglink Pharmaceuticals sees roughly 150 family planning clients a month – in a rural community where, three years ago, family planning wasn't something the pharmacy really offered at all.

“Family planning services were not as developed or visible as they are today,” says Robert Orioki, the pharmacy's founder and a member of the Kenya Pharmaceutical Association. Women in Etago depended almost entirely on public health facilities for contraceptive services – and many simply didn't go. “Some were reluctant to seek these services because of distance, waiting time, pregnancy concern, and misconceptions surrounding contraceptive methods,” he says.

Then, three years ago, Druglink joined Optimizing the Pharmacy Channel (OPC) Project implemented by the Kenya Pharmaceutical Association in partnership with inSupply Health and Ministry of Health.

■ FROM HESITATION TO CONFIDENCE

Before the OPC project, Orioki admits, he simply didn't have the tools. “I could hesitate when dealing with certain family planning questions,” he says of his early years. The training changed that – not just technically, but in confidence. He learned method counseling, eligibility assessment, side-effect management, infection prevention, documentation, and – critically – when and how to refer a client onward.

“After the training and the continued technical support, I became more confident in counseling clients, addressing myths and misconceptions, and helping clients make informed choices,” he says. The shift wasn't cosmetic. It was, in his words, a transformation of a rural pharmacy into “a trusted community service point.”

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Robert Oriki walks a client through contraceptive options at Druglink Pharmaceuticals.

■ A CERTIFICATE THAT CHANGED HOW THE COMMUNITY SAW HIM

When Druglink received its Ministry of Health accreditation certificate and Unique Identifier – bearing the Ministry of Health, Pharmacy and Poisons Board, Kenya Pharmaceutical Association, and Blue Cross logos – something shifted in how clients related to the pharmacy.

“Accreditation helped demonstrate that the pharmacy was not simply a commercial outlet, but a recognized and responsible health service provider.

It wasn't just paperwork. It was permission, in the community's eyes, to be trusted with something as personal as family planning.



■ REACHING PEOPLE WHO NEVER WALKED IN

For a rural pharmacy, visibility used to mean whoever lived nearby, or whoever a neighbour happened to mention it to. OPC pushed Druglink onto Google Maps and social media – and it worked in a way Orioki didn't fully expect.

“Previously our visibility was largely limited to people living close to the pharmacy,” he says. Now, clients find the pharmacy online before ever walking through the door – including, he notes, people who might “feel shy about walking into a pharmacy simply to ask about family planning.” A quiet inquiry from a phone screen, it turns out, can be the first step for someone who'd never have asked out loud.

■ NO CLIENT LEFT STRANDED

One of OPC's less visible achievements at Druglink is structural: a referral system linking the pharmacy to Kisii County's health facilities and County Health Management Team. Before, a client needing something beyond the pharmacy's scope would simply be turned away. Now, Orioki says, “we have reduced missed opportunities and improved the continuity of family planning care.”

It reframed how he sees his own pharmacy. “The OPC project has helped us understand that the community pharmacy is part of the larger system, rather than operating in isolation,” he says.



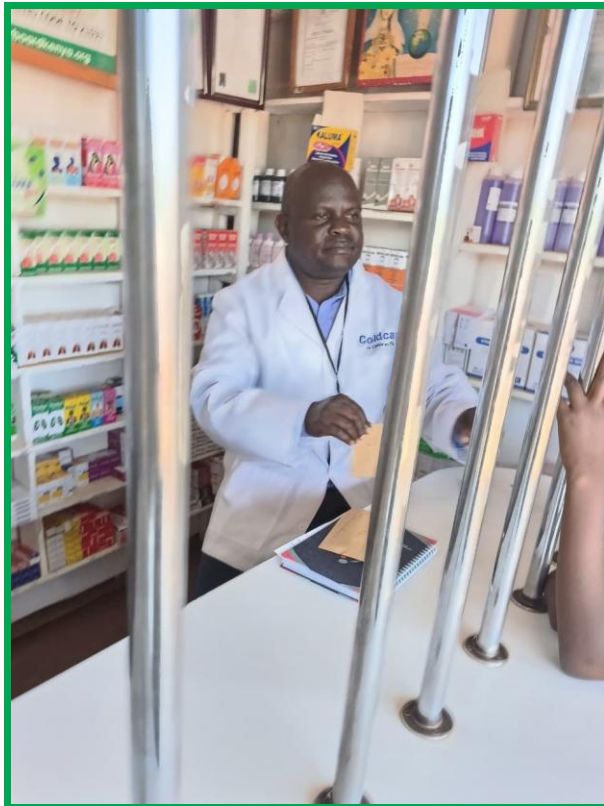
■ THE MOMENT THAT STAYS WITH HIM

Ask Orioki what success actually looks like, and he doesn't talk about numbers. He talks about fear turning into questions.

“*Clients who initially approached the pharmacy with fear, embarrassment, or misconceptions about contraception gradually became comfortable asking questions and making informed decisions.*”



What makes it memorable to him isn't the method dispensed. "The client leaves with the knowledge, confidence, and a clear plan for their reproductive needs," he says. "Access, information, and respectful counselling can make a real difference."



Robert Orioki attends to a client at the Druglink Pharmaceuticals counter.

■ “FROM A BUSINESS COUNTER PROVIDER TO AN ELITE PROVIDER”

Perhaps the most striking line in Orioki’s reflection on three years of OPC is also the simplest. Asked about the pharmacy’s greatest transformation, he doesn’t talk about revenue.

“*The OPC project is a transformative way of... changing our community pharmacies from being a business counter provider to an elite provider in the community.*”

It’s a small sentence carrying a large idea: that a rural pharmacy, properly trained and connected to the wider health system, stops being a counter provider and becomes something closer to providing primary healthcare.

■ WHY HE WENT BACK TO SCHOOL

Here’s the detail that makes Orioki’s story more than a project success metric. Somewhere along the way, his own clients started asking for more than his pharmacy license allowed him to give.

“I got a lot of challenges because I was receiving many clients in my facility who needed more healthcare services, which I was not able to provide because of the scope of my pharmacy cadre,” he says. So, he enrolled – and is now a student of clinical medicine, training to expand what he can offer his community, possibly toward opening a clinic or medical centre in the future.

“This encouraged me to go further to seek more knowledge,” he says. “I think the future is going to be bright.” It’s an origin story most rural pharmacies don’t get to tell: a business owner whose clients’ unmet needs sent him back to a classroom.



■ WHAT HE WANTS OTHER PHARMACIES TO KNOW

Orioki's advice to pharmacies considering similar programmes is direct, almost a challenge: "Do not underestimate the contribution that our community pharmacy can make... A rural pharmacy may appear small, but it is certainly one of the most accessible healthcare points for the people around it."

His summary of three years, distilled: Druglink's growth "from a relatively low level of family planning visibility to a potential client base of approximately 150 clients per month" proves, in his words, "that community pharmacies can complement the public health system... while maintaining professional standards and appropriate referral pathways."

■ A FINAL WORD, FROM DATA TO ADVICE

Before closing, Orioki makes an unprompted case for something project administrators rarely hear pharmacy owners volunteer enthusiasm for: data. "Without reporting data... you can't know where you come from and where you are going," he says. It's a small moment that says a great deal about how far his own relationship with structured, professional practice has come.

“Continue improving with the knowledge, to be ready to seek knowledge. This knowledge will take you far – more especially to assist our fellow people who are suffering out there... so that we can help our people for a better future.

Druglink Pharmaceuticals is one of over 150 community pharmacies across 10 counties participating in the Optimizing the Pharmacy Channel (OPC) Project, implemented by the Kenya Pharmaceutical Association in partnership with inSupply Health, with support from County Health Management Teams, the Ministry of Health, and the Pharmacy and Poisons Board.

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■ EDITOR'S REMARKS

By Cletus Otieno, Project Administrator, Optimizing the Pharmacy Channel (OPC) Project, KPA.



When I travelled to Etago Market to interview Robert Orioki, I expected to hear about a pharmacy. What I heard instead was the story of a man who kept running out of ways to say “I can’t help you” – and decided to change that, permanently.

Robert’s honesty struck me from the first few minutes. He didn’t dress up the “before.” He told me plainly that family planning services at Druglink were barely visible three years ago, that he used to hesitate when clients asked him questions he wasn’t trained to answer, and that his pharmacy operated the way most rural chemists do – a place people passed through, not a place people trusted with something personal. I have interviewed enough providers now to know how rare that kind of candour is.

What I didn’t expect was where his story would end up. Somewhere in our conversation, Robert mentioned, almost in passing, that he is now a student of clinical medicine – because his own clients at Druglink kept needing more than his scope of pharmacy practice allowed him to give. I sat with that for a while after the interview ended. We measure OPC’s success in trained providers, accredited pharmacies, referral numbers, data quality. Robert’s story reminded me that sometimes the project’s real success is quieter than a statistic: it is a man deciding, on his own, that the ceiling of his qualification was no longer good enough for the people walking into his pharmacy.

Druglink now sees roughly 150 family planning clients a month in a trading centre that, three years ago, barely offered the service at all. But the number that has stayed with me isn’t 150. It’s the image of Robert pointing to his Ministry of Health accreditation and telling me it changed how his own community saw him – not as a counter provider, but as someone they could trust with their health.



To Robert Orioki: thank you for your candour, your patience with my questions, and for showing me – and now our readers – what it looks like when a provider refuses to stop at “good enough.”

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