



Kenya Pharmaceutical Association
Pharmaceutical Excellence

OPC PROJECT SUCCESS STORY · KISUMU COUNTY

Inside Occipital Pharmacy's Journey to Earning a Community's Trust

How a Kisumu community pharmacy turned a chemist counter into a community's most trusted health decision.

September 2026

Along the Kondele Airport Bypass in Kisumu City, at the Railway Ward, there's a pharmacy with a wall hanging that has quietly changed how an entire neighborhood makes one of the most personal decisions a person can make.

“It is not just a wall hanging,” says Job Yogo, pharmaceutical technologist and director at Occipital Pharmacy, pointing to the framed Family Planning Accreditation Certificate and Wall Mounted Aluminum snap frame Unique identifier on his wall – the logos of the Ministry of Health, the Pharmacy and Poisons Board, the Kenya Pharmaceutical Association, and Blue Cross stamped together like a seal of trust. “But an informative wall hanging, indicating that we are truly a pharmacy which is authorized, which is in collaboration with the government – and the government knows that we are existing.”

It sounds like a small thing. In Kisumu, it hasn't been.



“BEFORE OPC: A COUNTER, NOT A CONSULTATION”

Three years ago, Occipital Pharmacy – like most community pharmacies – ran on a simple model: a client walked in, named a family planning product, and walked out. When it came to family planning, that meant



two things almost exclusively: oral contraceptives and condoms, sold over the counter, no questions asked and, more importantly, no questions answered.

“We were not able to give proper counselling to our clients. We were not able to guide clients to a proper method choice, because we were not acquainted with this information.”

It wasn't negligence. It was the ceiling of a college curriculum that lacked deep training on family planning hence I was only able to dispense, not to counsel – to sell medicine, not to walk a client through one of the most consequential choices of her reproductive life.

Then came the Optimizing the Pharmacy Channel (OPC) Project.

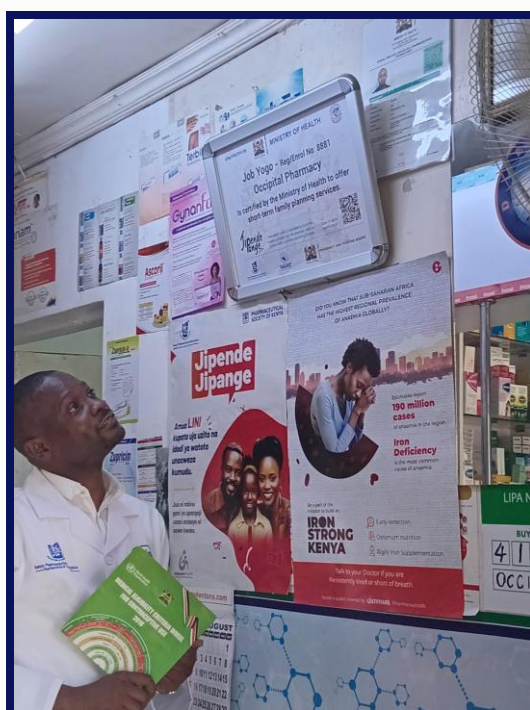
September 2026



FROM THE COUNTER TO THE “SAFE SPACE”

What OPC project introduced, in Yogo’s words, wasn’t just training – it was a redefinition of what a pharmacy even is. “OPC introduced something called safe space,” he explains. “How do you maximize the utilization of a safe space? OPC tilted the service delivery at the pharmacy – we are now service providers, not sellers of drugs.”

The Family planning training took him and his team through every family planning method – not a handful, but the full range – and, crucially, through the philosophy underneath all of them: family planning is a choice, never a directive. “You can’t force a family planning method on a client,” he says. During the training, Pharmaceutical Technologists practiced live, with real clients, learning to counsel, learning to give injection, to demystify community myths, and – just as important – to know when not to offer a method, and how to refer a client onward properly instead of turning her away.



That last piece became one of OPC’s quiet transformations. Referrals at Occipital Pharmacy used to happen “by word of mouth.” Today, Occipital Pharmacy provides clients a structured referral form – reason for referral, method needed, the pharmacy’s contact details attached.



“The clients always come back and tell me that because of my referral form, they were served as a priority. They thought public facilities are always queuing. But through my referral form, they got the quickest service.”

Then there was the technical assistance follow-up: – where county teams visited our pharmacy after the in-class training in person to check everything from simulation of family planning injections, counselling, (“I was wrong, but now I’m improved,” Yogo laughs) to medical waste segregation, infection prevention control measures, and correct data documentation on the national 711 and 747 reporting tools. Occipital Pharmacy now has a formal arrangement with Kisumu County for safe disposal of medical waste – colour-coded black, red and yellow boxes, checked and confirmed on the ground. A small, unglamorous detail. Also, a public health milestone.



THE CLIENT WHO WANTED TO QUIT – AND THE REFERRAL THAT CAME BACK TO SAY THANK YOU

Ask Yogo for the moment that stays with him, and he doesn't reach for statistics. He reaches for a client.

"I interacted with a client who had constant bleeding, and she was like, 'Can I stop this family planning thing?'" he recalls. Before OPC, he might not have had an answer beyond letting her walk away. Instead, trained now in managing and counseling on side effects, he sat with her. "I discussed with her – what is the solution of getting pregnant when you stop family planning? Can we manage the bleeding instead?" She stayed and continued on her method. The bleeding resolved. "The client is back on track and is currently using her method of choice continually."



Then there's the client referred for a contraceptive implant, who returned to Occipital Pharmacy days later – not for a prescription, but to say thank you. She'd expected the long queues public facilities are known for. Instead, Yogo's referral form got her seen as a priority client. "It was not just a word," Yogo says. "It was a word of encouragement to me – who is continually doing referrals."

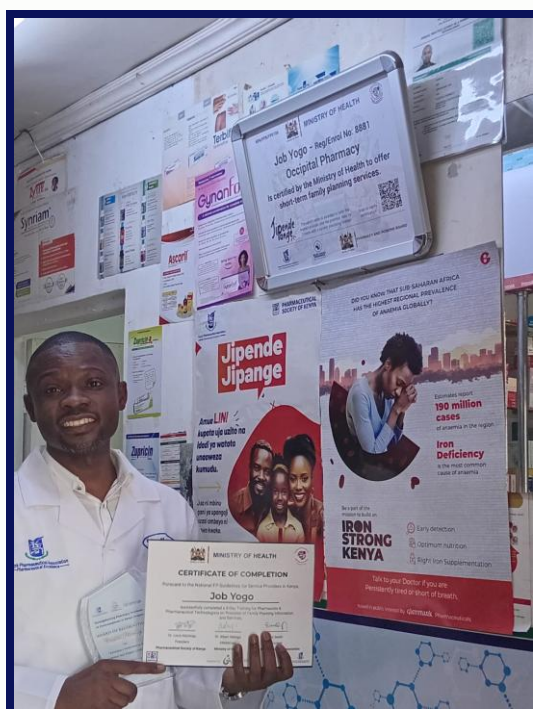
"DR. JOB"

Perhaps the most striking transformation isn't clinical at all it's social. "We live in a society where everybody thinks that any person in a white coat is a doctor, and that facilities are all the same," Yogo says. Accreditation certificate and the wall mounted aluminum snap frame Unique Identifier changed that – not by correcting the assumption, but by earning it.

"The day I received the Accreditation certificate and the wall mounted aluminum snap frame Unique Identifier with the MOH branding, the community started to look at me in a different way. They started calling me Dr. Job."



He says it almost sheepishly. But behind the nickname is something the OPC Project was built to deliver: trust. “Just the logo alone is able to differentiate between me and others who are not trained,” he says. “If you want genuine services from a genuine provider – get it from Occipital Pharmacy.”



September 2026



WHAT HAPPENS WHEN THE PROJECT ENDS?

With OPC in its final stretch, Yogo isn't waiting to be told what to keep. The safe space stays. The counselling-first approach stays. The referral culture stays. And so, he insists, does data. "Data reporting is key," he says – not as a compliance line, but as strategy. Knowing how many adolescent clients he sees shapes how he counsels them. Knowing demand shapes what stock he orders. "It helps me update myself with the current approaches to managing key populations."

His message to pharmacies still sitting on the fence about joining programmes like OPC and getting trained on Family planning is unambiguous: "It is one of the projects you should not give a second thought. The OPC project does not just leave a pharmaceutical technologist at the counter – it leaves you highly trained, skilled and informed."

Asked to sum up three years in a single line, he doesn't hesitate: OPC, he says, has "opened ways for underutilized service providers" and pushed essential health services out of crowded government facilities and into the neighborhoods where people already are.

At Occipital Pharmacy, that opening has a name the community now uses without irony. Not "the pharmacy." Not even "the pharmaceutical technologist."

"Dr. Job."

Occipital Pharmacy 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 CHMTs, Ministry of Health and Pharmacy and Poisons Board.



EDITOR'S REMARKS

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



When I sat down with Job Yogo at Occipital Pharmacy, I expected an interview. What I got was a testimony.

Over the past three years, I have had the privilege of walking alongside more than 150 community pharmacies across ten counties as they transformed how family planning services reach ordinary Kenyans. But every so often, a conversation reminds you why this work matters beyond the targets, the reports, and the technical indicators we track so carefully. My conversation with Job was one of those moments.

What struck me most wasn't the clinical detail – though Job speaks about DMPA injections, Client Counseling and side-effect management with the confidence of someone who has truly mastered his craft. It was the honesty. Here was a pharmaceutical technologist willing to admit, on record, that he once had no correct counseling and service provision skills. Willing to say that before OPC, he and his colleagues were “sellers of family planning drugs,” not providers of care. That kind of candour is rare, and it is exactly the raw material from which real success stories are built.

I have watched community perception shift in real time in Kisumu's Railway Ward. A pharmaceutical technologist once seen as a seller of HPTs is now greeted, half-jokingly and wholly sincerely, as “Dr. Job.” That single detail tells you everything about what accreditation, technical assistance, and structured referral pathways have done – not just for service delivery, but for dignity. For trust. For the quiet confidence of a woman walking into a pharmacy and knowing she will be heard, not just served.



Job's story is not unique in its themes – counselling gaps closed, referral systems built, waste management formalized, data valued – but it is unique in how honestly he tells it. That honesty is what makes this story worth publishing, and worth reading.

To Job Yogo and the entire team at Occipital Pharmacy: thank you for trusting us with your story, and for the everyday work of transforming what a community pharmacy can be for the people who walk through your door.

September 2026

