

Youth-Friendly Pharmacy Program Implementation Kit

Guidelines and tools for implementing a youth-friendly reproductive health pharmacy program.



path

Program for Appropriate Technology in Health

Foreword

Worldwide, recognition of the role that pharmacies can play in health service delivery is growing. In many countries, trained pharmacists and pharmacy counter staff—who often serve customers but do not have pharmacy training—serve as reliable sources of health information, services, and products. In the developing world, pharmacies can serve as particularly important additions to resource-limited public health systems. In these settings, pharmacy staff routinely prescribe and dispense medicines directly to clients and provide medical information and advice.

Pharmacies tend to be accessible and, because their revenue depends on satisfied customers, many have a client-centered service perspective. In addition, they offer greater potential for anonymity than more formal clinical service settings. For these reasons, pharmacies offer an excellent opportunity to provide reproductive health services. Pharmacies are particularly well-situated to respond to three critical needs arising from unprotected intercourse: emergency contraception (EC), prevention and management of sexually transmitted infections (STIs), and ongoing contraceptive care and counseling.

Over the past ten years, Program for Appropriate Technology in Health (PATH) has been working to increase access to health care services by strengthening the capacity of pharmacy staff. We have developed a program approach that has been used in a variety of settings. Our work in Cambodia, Kenya, Nicaragua, the Philippines, Thailand, and the United States has involved government health agencies, professional pharmacist associations, the informal drugstore sector, pharmacy schools, and partner nongovernmental organizations (NGOs). These efforts have demonstrated pharmacies' effectiveness as reproductive health care delivery sites.

Reaching adolescents and young adults with reproductive health care was a particular priority in many of these projects. Recognizing that pharmacies are an integral part of a comprehensive health care system, PATH has sought to strengthen and create linkages among pharmacy staff and other service providers who are important to the ongoing health care and well-being of adolescents.

In 2000, PATH initiated work to increase young adults' access to EC and other reproductive health services by building on the role that pharmacists and pharmacy counter staff can play in developing-country settings. The primary objective of this project was to develop a global model for effectively delivering these services in the pharmacy setting. The project focused on three reproductive health needs related to unprotected intercourse: EC, ongoing contraception, and management of STIs, including HIV/AIDS.

As a result of these efforts, we developed a sustainable model for effectively delivering youth-friendly reproductive health services through pharmacies. Many of the approaches and tools developed and refined through our work can be adapted and used in other settings by other organizations and groups. This Youth-Friendly Pharmacy Program Implementation Kit includes an overview of the PATH approach and prototype tools, such as a reproductive health curriculum, pharmacy staff job aids, and client materials. We hope that by sharing our experiences and tools we will help expand the effective use of pharmacies to meet critical reproductive health needs.

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Introduction: What Is the Youth-Friendly Pharmacy Program Implementation Kit?

The Youth-Friendly Pharmacy Program Implementation Kit provides guidelines, ideas, and prototype materials for designing and implementing a pharmacy capacity-strengthening project. This kit is intended to guide program managers in the development of a pharmacy training initiative and can be adapted as needed to ensure suitability in a variety of environments.

The kit is based on PATH's work with pharmacies in three countries. This work focused on reaching youth with reproductive health information related to unprotected intercourse—namely, pregnancy prevention with emergency contraception, sexually transmitted infection risk assessment and referral, and ongoing contraceptive method counseling and provision. While the kit contents reflect PATH's project objectives, the objective of the kit is to institute a sustainable mechanism for formalizing the role of pharmacies as reproductive health care providers for adolescents. PATH recognizes that the specific focus may vary, based on local priorities.

The kit consists of four main components:

- Guidelines for implementation of a youth-friendly reproductive health training program for pharmacy staff.
- Implementation tools, including a training curriculum.
- Prototype evaluation instruments.
- Samples of printed materials.

Guidelines for Implementation

The guidelines present the overall strategy for building pharmacies' capacity to provide reproductive health services and serve as the foundation of the Youth-Friendly Pharmacy Program Implementation Kit. The guidelines are divided into six sections:

Step 1: Pre-Project Assessment

Step 2: Engaging and Partnering With Local Stakeholders

Step 3: Strengthening the Capacity of Pharmacy Staff

Step 4: Outreach and Materials Development

Step 5: Monitoring and Evaluation

Step 6: Maintaining and Sustaining the Project

Each step includes goals and objectives as well as key processes for implementation. Each step also incorporates the tools used and lessons learned through implementation. Throughout the guidelines, references to PATH projects are used to provide concrete examples of the model. The authors refer to you, the reader, as the project team. Staff who serve clients but are not trained pharmacists are referred to as counter staff.

Step 1 Pre-Project Assessment

Selecting a location for the project is a critical first step. Conducting a thorough pre-project assessment is essential in ensuring that the location (such as a city, country or region) is appropriate. This in turn will help ensure implementation success. The assessment will help to:

- Identify potential project hurdles.
- Identify environmental factors needed for this type of project—that is, the need for adolescent services, the existence of pharmacies, the willingness of pharmacy staff to participate.
- Create awareness among key stakeholders prior to project implementation.
- Aid in identifying critical partners.
- Highlight consistent issues across pharmacies and countries.
- Identify other ongoing efforts to increase youth access to reproductive health services.
- Identify target areas for project activities.

The assessment results, particularly data from in-depth interviews, focus group discussions, and surveys, should be well documented and recorded. This information will also help inform project focus areas and approaches, and, in the absence of a formal evaluation, can help document change over time.

Objective

Confirm need for and feasibility of project.

Primary Activity

- Identify settings in which there is local support for pharmacy-based initiatives.

Process

The assessment may be implemented through a variety of mechanisms, including desk research, in-depth interviews, focus group discussions, and mystery shopper (simulated client) surveys. The project team should take advantage of local partnerships and networking systems to access stakeholders and key informants. Following are some useful assessment elements.

1. Research local pharmacy regulation and practice.

Determine whether there is anything in the regulatory environment that would inhibit project objectives. Examine whether pharmacists and pharmacy counter staff currently provide reproductive health information and services, for example, contraception and sexually transmitted infection (STI) treatment. Is there a need for pharmacies to provide more accurate and appropriate information and services related to reproductive health?

2. Assess the reproductive health knowledge, attitudes, and practice of pharmacy staff.

Assess pharmacy staff knowledge, attitudes, and practices (KAP) with regard to:

- Emergency Contraception (EC)
- Contraception
- STIs
- Youth needs and services
- Communication and counseling skills

This information can be collected through use of focus group discussions, in-depth interviews, and mystery shopper (simulated client) visits. The prototype interview, focus group, and mystery shopper instruments referenced in Step 5: Monitoring and Evaluation may be adapted and used for the initial assessment. This information will also help determine key service delivery issues that need to be addressed in training.

3. Gather information from pharmacists and pharmacy counter staff about pharmacist training opportunities.

Are there organizations that could carry out pharmacist and pharmacy staff training on an ongoing basis? This information can be gathered through focus group discussions and interviews with pharmacists and counter staff. Discussions with local pharmacy associations may also provide further information on this topic.

4. Identify partners and collaborators.

Research the existence of pharmacy networks (such as regional or national professional associations) and speak with representatives of other key stakeholder and partner groups including ministries of health, pharmacy schools, and other nongovernmental organizations (NGOs). If religious issues influence reproductive health services in your country or region, contact key members of these groups.

5. Investigate community support for improving reproductive health information and services for young adults.

Is there interest in working to improve the reproductive health of young adults, particularly in the areas of raising awareness and promotion of pharmacy-based reproductive health services? Local youth-serving organizations are key informants. This research will also help ascertain opportunities to establish referral linkages between pharmacies and other youth-friendly health service providers and programs.

6. Determine the availability of emergency contraceptive pills (ECPs) locally.

Are ECPs accessible and is EC part of the national family planning norms and guidelines? If so, are they generally accepted, particularly among pharmacist organizations and public health institutions? What is the awareness of ECP use? Is there a dedicated ECP product available? This information can be collected in discussions with the groups mentioned above as well as through pharmacy visits.

7. Identify geographic areas and pharmacies.

Criteria for participation may include pharmacy registration with the Ministry of Health, the community's income level, areas with high youth concentration, number and concentration of pharmacies in the area, and demographic and health data about adolescent reproductive health.

8. Assess the reproductive health knowledge and health-seeking behavior of youth, specifically regarding awareness of contraceptive methods, EC, and STIs, in the project target areas.

Youth surveys and focus group discussions, along with key informant interviews, can be used in the design and development of the pharmacist and counter staff training program and in the development of reproductive health outreach messages for use in the youth outreach programs. The assessment should address young peoples' perception of and comfort with pharmacy-based reproductive health services. Results may be shared with pharmacy staff during the training component of the project.

Tools/Methods

- Focus group discussions
- In-depth interviews
- Mystery shopper (simulated client) interviews
- Meetings with local institutions and organizations

Step 2

Engaging and Partnering With Local Stakeholders

An important factor in determining success is the close collaboration with and support of key local stakeholders, in both the public and private sectors. Identifying and actively engaging these groups will enhance prospects for sustainability and expansion. During the assessment phase, the project team will have identified key potential partners. The following activities will help solidify roles and responsibilities for project implementation.

Objective

Ensure successful implementation and long-term success by engaging stakeholders and collaborating with local partners.

Primary Activities

- Identify effective local partners to guide project efforts and assist with institutionalization.
- Develop mechanisms for regular and ongoing involvement of local partners in all aspects of project design and implementation.

Process

1. Provide information to key audiences and stakeholders.

An information packet designed to provide an overview of the pharmacy-based service model and respond to key stakeholders' concerns and questions can serve to clarify and advance project objectives. This packet should address technical as well as programmatic issues and should be oriented to local conditions.

2. Establish country-level Technical Advisory Group.

A key way to ensure the pharmacy-based approach meets and is consistent with local needs and realities is to establish a Technical Advisory Group (TAG). The role of the TAG is to guide project development, ensure that legal and ethical issues are addressed, and advocate for project acceptance. The TAG also identifies potential project obstacles, ensures buy-in of key organizations, and develops strategies for expanding and sustaining the project.

Identify the leading organizations within the pharmacy and medical communities (especially the public sector), as well as the NGOs working with young adults. Invite the leaders of these organizations to participate in the advisory group to provide guidance on how to ensure broad acceptance and support for the project. Institutions represented on a TAG can include professional associations (e.g., pharmacists, obstetricians/gynecologists), ministries of health and ministries of social services, university-level schools of pharmacy and medicine, national AIDS groups, and youth-serving organizations. For a program oriented at youth, representation of youth on the TAG also provides critical perspectives.

3. Identify implementing partners.

Identifying implementing partners is key to the project's success. These groups can help conduct outreach in the community, as well as serve as referral points for adolescents.

The project team and the TAG can help identify local youth-serving NGOs to aid in outreach efforts. Linking with groups that already have a youth reproductive health focus allows for mutually reinforcing efforts. Local youth-serving organizations can act as a major conduit for providing information about EC, STIs, and contraception, as well as information about youth-friendly reproductive health services in local pharmacies.

The project team should also establish partnerships with public and private service delivery systems that offer clinical services in order to initiate a two-way referral system between pharmacies and clinical services. The project team should facilitate the development and documentation of referral networks to encourage referrals from pharmacies to clinical and support services and from clinics and youth outreach programs to pharmacies.

Developing referral linkages

PATH's projects encouraged linkages between pharmacies and other youth-friendly reproductive health service providers through a referral system. Project staff at each site developed referral networks for pharmacies to facilitate referrals from pharmacies to clinical settings and from clinics and youth outreach programs to pharmacies. While each country devised a different approach, all included distribution of referral slips or coupons to young adults referring them from the pharmacy to other reproductive health services. Tracking of coupons submitted at the time of request for services enabled the project to determine the uptake of services.

Tools/Methods

- List of roles and responsibilities for TAG members
- Information packet for key stakeholders (Decision Maker's Packet)—example included in the Prototype Materials section of Kit

Step 3

Strengthening the Capacity of Pharmacy Staff

Pharmacy personnel routinely provide medical information to their clients and dispense medicines without prescriptions from physicians. However, pharmacy workers often do not have accurate or up-to-date information about appropriate treatment regimens, drugs, or dosages. (KAP survey results from Step 1 will help determine if this is the case in a specific setting.) The pharmacy staff who most frequently deal with customers often have not had formal training or orientation on reproductive or adolescent health, values clarification, and communication skills. Consequently, staff training is critical to establishing the pharmacy as a key reproductive health service site. The reproductive health training that focuses on pharmacists and staff should complement the professional continuing education efforts in many countries.

Objective

Strengthen the reproductive health skills of pharmacy staff through participatory training.

Primary Activities

- Develop the skills of pharmacy personnel to communicate with and counsel youth.
- Provide pharmacy staff with current technical information on EC, contraceptive methods, and STIs.
- Sensitize pharmacy staff to the reproductive health needs of young adults.

Process

The major component of a skill-strengthening strategy is the development of an appropriate training approach and provision of training. Key elements include:

- A participatory training curriculum, reviewed by a TAG, reflective of the local situation, which includes activities such as role-play and group work.
- A training strategy designed specifically for pharmacists and staff with training venue and times built around pharmacy schedules.
- Local trainers selected and supported through training.

1. Adapt curriculum.

A prototype curriculum is included in the appendices of this kit and is designed so that youth-friendly country programs can adapt it to suit local situations. The core curriculum included in the Youth-Friendly Pharmacy Program Implementation Kit is composed of five modules: adolescent reproductive health, customer relations skills, EC, ongoing contraceptive management, and STIs.¹

¹ The STI approach focuses on STI risk assessment and referrals for treatment and not on syndromic management of STIs. This decision was based on the regulatory environment in the three pilot countries.

The curriculum is flexible enough to allow for different components to be expanded or contracted as needed, according to the knowledge level of the participants and time allotted. The content can also be adapted (such as level of technical detail), depending on the background of staff persons being trained. The training emphasis for academically trained pharmacists is technical, focusing on EC, STIs, and contraceptive management. The training content provides a technical update and helps pharmacists understand their important role as reproductive health care providers and the importance of creating a youth-friendly pharmacy environment. The training of counter staff emphasizes technical knowledge, as well as the development of effective counseling and interpersonal skills, especially when working with adolescents.

The included pharmacy personnel training curriculum is intended for a 15- to 20-hour training. The format and actual length of the training will be determined by the local situation. Training of pharmacists should precede the training of other pharmacy staff in order to ensure their support and understanding of the training content and objectives. All training participants should receive formal certificates of participation to document their professional development.

To ensure that the curriculum fits local needs, the project team should:

- Augment the core curriculum with local information.
- Use assessment findings to address country-specific situations or problems.
- Ensure review by relevant local stakeholders/technical resources such as the TAG.
- Revise the training approach and content based on training participant feedback.

2. Establish a core team of trainers.

Training sessions conducted by at least two trained facilitators allow for both effective training and technical legitimacy. Trainer selection is critical to success and includes an understanding of the kind of persons to whom pharmacists and counter staff will most favorably respond. Identify individuals with experience in leading training workshops and with ample facilitation skills, such as verbal and nonverbal communication techniques, rapport development, and participatory training approaches. TAG members also can help identify credible and respectable technical authorities. Trainers may be members of key stakeholder groups.²

3. Ensure involvement from pharmacy owners.

Involvement of and support from pharmacy owners is critical to ensuring attendance at training sessions. If there is one, the local pharmacy professional association is important in introducing the idea of training and getting owners' buy-in and commitment to allow staff members to attend training.

² Inclusion of physicians on the training team, either as trainers or resources, is useful in authoritatively addressing clinical issues. The project team may determine in their assessment that pharmacists feel more comfortable receiving training from other pharmacists or from physicians. If the training team does not have a member who is a physician—and who can address specific clinical questions that may arise—the team may decide to invite a physician to attend as a resource. Conversely, the counter staff may feel less comfortable receiving training from pharmacists because of potential power dynamics.

4. Arrange training logistics.

Planning and conducting the training of pharmacy personnel should include the following steps:

■ **Prepare a training schedule.**

The training schedule must accommodate the schedules and commitments of pharmacy staff. Representative pharmacists, counter staff, and TAG members can all contribute to the development of the training format.

■ **Arrange venue.**

The venue must be easily accessible to pharmacy staff.

■ **Invite pharmacy staff to the training.**

The ideal size of participatory training groups is 15 to 20 participants. If a lecture format is more appropriate, a larger number of participants may attend.

Endorsement of pharmacy training

In Cambodia, the Ministry of Health was responsible for issuing invitations to pharmacists, which helped facilitate attendance. Similarly, in Kenya, the Pharmaceutical Society (PSK) issued the invitations, signed by the PSK chairperson, so that officially it became a PSK training. In Nicaragua, project staff visited pharmacies in areas with a high volume of youth traffic to promote the project and then made follow-up visits to deliver the training invitation.

■ **Conduct training and sign a Memorandum of Understanding (MOU).**

An MOU can be a helpful tool to establish commitment on the part of the pharmacist/owner to provide quality services to youth. The MOU:

- Formalizes the role of the pharmacy.
- Articulates expectations for trained pharmacy personnel.
- Underscores partnership commitment of both parties.
- Provides a basis for monitoring service quality.

(See the Prototype Materials section for a sample MOU.)

5. Plan for post-training activities.

While initial training provides the foundation for quality pharmacy-based reproductive health services, reinforcement of technical aspects of the training (particularly in the area of EC, which is still unfamiliar to many people worldwide) is critical.

A variety of mechanisms can be used to establish effective, ongoing post-training monitoring and reinforcement of pharmacy provision of reproductive health information and services. The following are two examples of mechanisms for doing this.

- **Refresher training for previously trained staff.**

Refresher training reinforces quality service and information provision to staff according to the needs identified during the project monitoring and evaluation. Refresher training should address information needs and encourage active participation, sharing of experiences, and joint problem-solving.

- **On-site (on-the-job) training visits to participating pharmacies.**

On-site training can be conducted during regular monitoring visits and represents a significant savings in time and resources needed to organize large-scale centralized training and pay for transport, per diem, and refreshments. It also can be more focused and tailored to the specific needs of the participants ensuring that each participant receives the information that they need.

Tailoring the training to local conditions

The duration and format of the training sessions for both the pharmacists and counter staff may vary, depending on the needs and availability of the trainees and the trainers. In general, the more time that is made available, the better the outcome. Additionally, participatory approaches serve to reinforce and contextualize major points, as well as engage participants.

In Nicaragua, for example, the TAG advised that training of pharmacists or counter staff should not exceed a one-day, eight-hour session because it would be difficult for staff to be allowed more time away from the pharmacy. Similarly, they advised that pharmacists expected a more formal, didactic, and less participatory format. However, during the final project evaluation, participants confirmed that more time—at least two full days—was needed for all staff. In addition, we found that both pharmacists and counter staff enjoyed role-play and other participatory exercises.

In Cambodia, pharmacists preferred a more formal, lecture-training format that lasted four to eight hours. The 20-hour training of counter staff in both Cambodia and Kenya made extensive use of role-plays, group work, and other participatory exercises. In Cambodia and Kenya, staff training was spread out over five, four-hour sessions.

Tools/Methods

- Training curriculum—included in the Pharmacy Personnel Training Curriculum section of Kit
- Training handouts—included in the Pharmacy Personnel Training Curriculum section of Kit
- Memorandum of Understanding—example included in the Prototype Materials section of Kit

Step 4 Outreach and Materials Development

Increasing adolescent access to reproductive health services through pharmacies can only be accomplished if pharmacists are well equipped to provide high-quality services and accurate information and youth are aware that these services exist. Similarly, to serve as effective resources for reproductive health information and services, pharmacies must be identifiable for pharmacists and counter staff, as well as for clients. High-quality service provision also necessitates on-site informational resources.

Objective

Increase youth awareness of reproductive health service options, focusing on pharmacies.

Primary Activities

- Inform youth of the pharmacy-based reproductive health service options available to them and reach youth with reproductive health messages by integrating them into existing organizations' youth outreach programs.
- Create youth-friendly pharmacy identity through the use of a logo.
- Support and supplement information given by pharmacy staff.
- Establish linkages among pharmacies and youth-serving organizations.

Process

1. Youth outreach.

Identify effective mechanisms for reaching youth with reproductive health messages and raising awareness of youth-friendly pharmacy services. Linking with existing youth outreach and education programs maximizes effective use of resources. To ensure effective outreach, youth educators should have a clear understanding of key messages about EC, STIs, and contraceptive methods—the same three subjects targeted in the pharmacist and pharmacy staff training—and should be prepared to respond to questions. Depending upon current level of knowledge, it may be necessary to upgrade youth outreach workers' technical skills in EC, STIs, and contraceptive methods through training and support materials. Youth outreach workers, especially peer educators, can act as a link between young adults who have reproductive health questions and needs and the services being provided by pharmacies with trained personnel.

Facilitating communication between the pharmacy staff and youth

In Nicaragua, PATH linked with the United States Agency for International Development (USAID)-funded PRIME II project to establish mechanisms for ongoing dialogue on youth-friendly service between youth and pharmacies. The project also worked to provide outreach to youth about contraceptive methods, including EC, and STIs, and provide them with information about pharmacy-based services. Because adolescents need to be aware of their ability to seek these services from pharmacies and serve as partners in determining how they would like services to be delivered, this project also developed a viable, on-going mechanism for communication between the pharmacists and youth. Pharmacists, pharmacy counter staff, and peer promoters have been invited to participate in joint meetings to facilitate the synchronization of project messages, as well as to develop rapport between the groups.

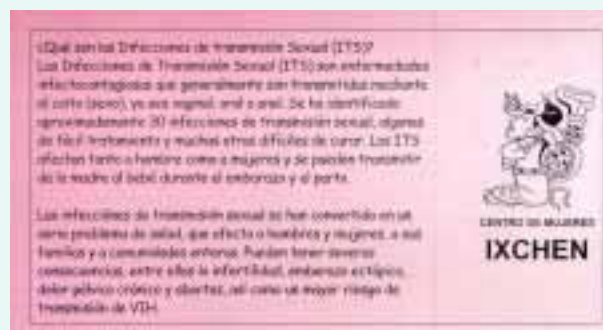
Similarly, in Cambodia, the partner groups organized a forum in which youth and counter staff discussed the reproductive health concerns and needs of young people, their expectations, and their feelings about how services can be improved to better serve youth. Counter staff were able to explain the difficulties they felt trying to meet adolescent clients' needs. The exchange resulted in more realistic expectations and a better understanding of challenges faced by youth and pharmacy staff.

2. Develop youth-oriented materials for pharmacy sites.

Youth-oriented materials available at pharmacies help strengthen service quality. All materials used should be acceptable to pharmacy staff and youth clients and should be pretested with target groups in the design phase. Materials for youth should be accessible in such a way that they attract attention and encourage youth to pick them up.

Referral cards

The referral card used by IXCHEN in Nicaragua served a dual purpose. On one side it offered the holder a 50-percent discount at IXCHEN (PATH's on-the-ground NGO partner) clinics that provide reproductive health services for youth. On the other side it provided a list of questions to enable the holder to assess his or her risk of STIs.



As appropriate, existing client materials on EC, STIs, and contraception should be used or adapted and new materials developed only when needed. Use of existing materials helps ensure consistent information and messages and further serves to link pharmacies with youth-serving organizations.

3. Advertise participating pharmacies as being youth friendly.

A project logo that is hung in participating pharmacies will designate the pharmacy as a youth-friendly site. The logo can take different forms. For example, pharmacies can display a poster with the logo and an informational message. Similarly, a sticker with the logo on it can be placed on the pharmacy window or door. Another option is to have trained staff wear a pin displaying the logo, identifying them as youth-friendly service providers. The logo should be culturally appropriate and appealing, and it should project a positive message. To develop a youth-friendly logo, work with collaborating partners to design a few sample logos and hold a minimum of three focus group discussions with the target audience (in this case, young adults). One or two focus group discussions also should be held with pharmacists and pharmacy staff to ensure their acceptance of the logo, as they will be responsible for displaying it in their pharmacies.



The embracing couple logo was used in pharmacies in Nicaragua and in Cambodia.

4. Develop in-store reference materials and job aids.

Reference materials or “job aids” on STIs, EC, and contraceptives should be distributed to trained pharmacy personnel. A job aid needs to be designed so that it can be easily accessed in “real time” (e.g., in the middle of a client consultation) on the job. Pharmacy job aids are designed to reduce guesswork and should make it easier for pharmacy staff to provide correct reproductive health information. A job aid can be developed by modeling how a star performer performs a task. They are intended to be kept in the pharmacy so they will be available when needed. Examples of EC and customer service job aids are included in this Youth-Friendly Pharmacy Program Implementation Kit in the Samples of Printed Materials Section.



Kenya “Y” Logo.

5. Develop in-store informational and display materials.

Client information materials about reproductive health targeting youth should be made available at the pharmacies and through NGO outreach.

In addition to in-store materials, the project team may want to develop other tools to increase awareness about the availability of reproductive health services for youth in pharmacies. Examples of client information materials are included in this Youth-Friendly Pharmacy Program Implementation Kit in the Samples of Printed Materials Section.

Developing innovative materials

In Cambodia, client materials were stocked in a locally produced fabric wall hanging display bearing the project logo (see photo below).



Pharmacy display in Phnom Penh, Cambodia. Project logo poster on left hand side of photo; fabric wall hanging in center with informational brochures for youth.

Raising awareness

Look for ways to develop innovative awareness-raising tools or special events to highlight the pharmacies services for youth. The PATH project in Nicaragua created an effective awareness-raising tool: in the districts with participating pharmacies, hand-painted banners with the project logo were strategically placed across streets, encouraging young people to visit their local pharmacies (see photos below). In Kenya, small brochures and posters were also developed. These materials were distributed during outreach efforts by collaborating youth organizations.



Banner reads: Young women and men! Do you want more information about emergency contraception? Ask at your nearest pharmacy.

Step 5

Monitoring and Evaluation

The evaluation should be aimed toward measuring the effect of the project efforts on enhancing the capacity of pharmacies to provide quality reproductive health services to youth. The monitoring and evaluation system must be established before the project begins and continually assessed for appropriateness. The development of a strategy to assess accomplishments and areas for improvement as well as provide feedback on the project activities and tools is critical to ensuring the ongoing success of pharmacy-based reproductive health services for youth.

Objective

Gather information to improve, enhance, and sustain the systems created for youth-friendly pharmacy services.

Primary Activities

- Assess the availability of youth-friendly services at pharmacies.
- Evaluate accuracy of information about EC, STIs, and contraceptive methods given in participating pharmacies.
- Assess the use of referrals.
- Assess ongoing support to participating pharmacies.
- Integrate findings into future activities and use information to improve ongoing activities.

Process

There are a variety of quantitative measures that reflect outputs of the effort including the number of:

- Pharmacies with staff trained.
- Pharmacists and counter staff trained.
- Pharmacies displaying logo.
- Client and reference materials distributed at each pharmacy.

The other key areas of evaluation focus are listed below with suggestions for a range of tools for assessing each.

1. Immediate training effect.

Administer pre- and post-training questionnaires to all training participants to assess the effect of the training on their level of knowledge concerning EC, STIs, and contraceptive methods. Pre- and post-training questionnaires are included with the Pharmacy Personnel Training Curriculum.

2. Quality of pharmacy services.

The quality of pharmacy services can be assessed by:

- In-depth interviews with a representative sample of counter staff. See the Prototype Materials section for a sample interview instrument.

- Focus group discussions with a representative sample of pharmacists to qualitatively evaluate pharmacists' experience with and impressions of youth-friendly reproductive health services. See Prototype Materials section for a sample focus group discussion guide.
- Mystery shopper (simulated client) visits in a random selection of representative pharmacies.¹ Pharmacies may be evaluated at more than one point in time to measure any degradation in quality of information or services. See Prototype Materials section for a sample mystery shopper interview instrument.
- A feedback mechanism to inform pharmacy personnel of the results of the evaluation and discuss areas of strength and areas needing improvement is an important way to continually improve services. Monitoring and evaluation findings may be communicated through a range of mechanisms including refresher training workshops, focus group discussions with pharmacy staff, on-site visits to pharmacies, or newsletters for participating pharmacies.

3. Tracking of pharmacy sales.

To evaluate the extent to which pharmacies are providing more (and more effective) information, counseling, and products related to reproductive health, the project team may decide to track sales of a particular product (for instance ECPs). To do this, the project team may:

- Contact local distributors and ask them to provide EC (or other product) sales data for the periods before and after the training and outreach activities. In the case of EC, this is more difficult where a dedicated product does not exist.
- Establish a pharmacy service registry that will enable tracking of product sales at the pharmacy level in a number of sentinel sites. Consistently keeping these records will involve agreement and effort on the part of pharmacy staff and will require regular visits on the part of project staff to collect the data.

A secondary effect of the project is increased knowledge and awareness of pharmacy-based services among young adults. Youth outreach may be evaluated through a follow-up assessment. The survey of young adults described in Step 1 should then be conducted again at the close of the project with the same sampling methods and target areas to evaluate changes in knowledge and behavior.

Tools/Methods

- Focus group discussions—example guide included in the Prototype Materials section of Kit
- Pharmacy staff interviews—example interview questionnaire included in the Prototype Materials section of Kit
- Mystery shopper (simulated client) interviews—example guidelines included in the Prototype Materials section of Kit
- Surveys
- Pre- and post-training questionnaires for participants—included in Pharmacy Personnel Training Curriculum section of Kit

¹ The use of mystery shoppers (simulated clients) is useful, but can be challenging and must be used carefully and ethically.

Step 6

Maintaining and Sustaining the Project

Information sharing and capacity development are critical to the success and ultimate sustainability of high-quality pharmacy-based services.

Objective

Ensure ongoing project success and sustainability.

Primary Activities

- Keep TAG members involved and informed of project activities.
- Inform project participants of lessons learned from project evaluation activities.
- Institutionalize reproductive health training for pharmacists and staff.

Process:

1. Ongoing communication with the TAG.

As mentioned in Step 2, the TAG is critical in ensuring broad acceptance and support for the project. The TAG can be particularly helpful in identifying potential obstacles to the project and ensuring continued support of key organizations. Additionally, TAG membership will be instrumental in developing strategies for expanding and sustaining the gains made in the project efforts. As such, continued contact with the members of the TAG is important in order to keep them apprised of project activities and development, as well as to seek their advice about any potential project obstacles. While the level of involvement may differ depending on the local situation, regularly scheduled meetings (e.g., quarterly) may be appropriate.

2. Incorporate monitoring and evaluation data into program.

Ongoing monitoring of the pharmacy-based services is critical to the project's success. Establishing mechanisms to communicate monitoring and evaluation results is desirable. This could be done via newsletters, regular meetings, or refresher training workshops with trained pharmacy staff. Regular updates and refresher training workshops help lessen the impact of staff turnover.

3. Maintain, update, and expand referral systems.

To serve youth reproductive health needs comprehensively, pharmacies must be linked with other health service facilities. Two-way referrals between pharmacies and clinic-based health care providers help to develop and strengthen this network.

Strengthening organizational partnerships

In addition to the assistance provided by TAG members in strategic planning and project implementation, another benefit may be the development and/or strengthening of institutional relationships among member organizations. Development of strong, longstanding partnerships between organizations on the TAG will not only facilitate the implementation of the current efforts but also can help ensure long-term sustainability of high-quality pharmacy reproductive health services. In Cambodia, where PATH has worked with pharmacists for almost a decade, the TAG members have solidified strong working relationships developed through earlier collaborations, which have facilitated the institutionalization of pharmacy training initiatives (see **Institutionalizing the curriculum** below for more information).

In Nicaragua, the TAG took a very active role in problem solving as well as project implementation. In addition to having frequent meetings, the majority of the TAG members participated in the training of trainers, and many became project trainers themselves. The TAG members also contributed to the project evaluation activities. To further enhance a sense of partnership and professionalism, the Nicaraguan team also developed project business cards for each of the TAG members to help promote the project locally. The strength of the relationships established by participating on the TAG was demonstrated when the National Autonomous University of Nicaragua (a TAG member) offered a 50 percent tuition waiver for a master's degree in sexual and reproductive health to a staff member of another TAG member organization (IXCHEN).

4. Institutionalize the role of pharmacy staff

In the long term, local academic and training institutions and professional associations must equip pharmacy staff with the skills necessary to ensure high-quality reproductive health services are available at the pharmacy. To achieve this, reproductive health components should be included in the curricula of the pharmacy schools and continuing education programs. Begin the process of institutionalization early in the project.

Institutionalizing the curriculum

As a result of PATH's successful advocacy and the dedication of the local partners, institutionalization of the EC curriculum in the training of pharmacists in Cambodia is complete. Both the Pharmacist Association of Cambodia (PAC) and the University of Health and Science formally agreed to include the EC curriculum in their ongoing pharmacist training and undergraduate pharmacy courses, respectively.

The first EC training for final-year pharmacy students took place in November 2002 and the PAC is planning to introduce the EC curriculum into their ongoing training for members. The PAC will fund the training themselves from membership fees. Organizing and funding this training for members represents a significant milestone in capacity building for the PAC and is a tribute to the ongoing, successful collaboration between PATH, the PAC, and other key groups in Cambodia.