

THE CHEMIST

THE COMMUNITY PHARMACY GROWTH KIT

SALES

The Compromise Effect: How Pricing Psychology Guides Customers To Your Best Option

CASHFLOW

Mid-Year Financial Health Check: Is Your Pharmacy On Track?

LEADERSHIP

The Eisenhower Matrix: Stop Being Busy, Start Growing

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Play. Learn. Care.





Products expiring on you?

You work hard to control your inventory, but sometimes products expire on your shelves. You wonder, if there's a way, you could prevent the headache of expiries.

Expired Stock = Additional Expenses

Expired medicine is additional discarding costs. The more products expire on your shelves, the more losses you incur. That's bad for business.

- ✓ We understand your struggle. Many pharmacies face the same problem.
- ✓ We have the solution. We've helped pharmacies get rid of slow moving stock—all while impacting their communities too!

Empty the Shelf, Impact Lives

- Post It – Post the products you want off your shelf.
- Search It – Check out the products needed for donations.
- Impact Lives – Impact lives, get rid of stress, and grow your pharmacy brand.

Act Now: Compound Your Impact Today!



Click for impact —before the items become a liability!

The Cost Of Waiting?

- ✗ You have expired items.
- ✗ You lose money.
- ✗ Your pharmacy suffers additional disposal costs.

What You Gain!

- ✓ You impact lives.
- ✓ You minimize losses.
- ✓ You grow your pharmacy brand & business.

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June is about taking stock — of your numbers, your priorities, and the strategies quietly shaping who wins in your market. In this issue, we explore how pricing psychology can guide customers to your best option, how to tell whether your pharmacy is truly on track at the halfway point of 2026, and the tools and frameworks that help you work smarter — not just harder — so you can close the year stronger than you started it.

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The Compromise Effect: How Pricing Psychology Guides Customers To Your Best Option

A pharmacy owner had a problem. His multivitamin supplements weren't moving. He had one product on the shelf — a solid mid-range option priced at KES 850. Customers would pick it up, look at the price, and put it back down. He dropped the price to KES 650. Sales improved slightly, but his margin suffered.

Then he tried something different. He didn't change the KES 850 product at all. He added a premium option beside it, priced at KES 1,500. Suddenly, the KES 850 supplement — the exact same product he had struggled to sell for months — became his best-seller.

He didn't fully understand why it worked. The answer is at the end of this article.



First, let's talk about why your pharmacy may be losing sales right now — not because of your products, but because of how you are presenting them.

The Silent Pricing Problem Many Pharmacies Don't See

Many pharmacy owners think about pricing as a numbers game. You calculate your cost price, add your margin, and arrive at a selling price. If customers buy, great. If they don't, you consider a discount.

But here is what that approach misses: customers don't make purchasing decisions in a vacuum. They compare. And when the comparison is between just two options — buy or don't buy — the decision feels binary and often risky.

Think about what happens in your pharmacy right now. A customer comes in for a cough syrup. You show them one option. They either buy it or ask for something cheaper. If you show them two options, the conversation becomes "this one or that one." The frame is still narrow.

SALES: THE COMPROMISE EFFECT: HOW PRICING PSYCHOLOGY GUIDES CUSTOMERS TO YOUR BEST OPTION



What very few pharmacies realise is that the number of options you present — and how they are arranged — quietly determines what your customer chooses. And right now, many pharmacies are leaving significant revenue on the table.

Here is how this shows up:

- A customer looks at a KES 1,200 supplement and hesitates — not because it is genuinely unaffordable, but because there is nothing more expensive beside it. It feels like "the expensive one."
- You discount a slow-moving product and see a small lift in sales — but you have cut your margin without solving the underlying problem.

- A customer buys your cheapest option when they would have happily paid more if they had seen a well-designed premium tier alongside it.
- Your consultation packages are offered at a flat rate — and customers either accept or walk away.

This is where the Compromise Effect comes in.

SALES: THE COMPROMISE EFFECT: HOW PRICING PSYCHOLOGY GUIDES CUSTOMERS TO YOUR BEST OPTION



What Changes When You Add a Third Option

Imagine a different scenario. Instead of presenting one supplement or two, you create a three-tier display. A basic option. A standard option. A premium option. Now your customer is not choosing between "buy or don't buy." They are choosing between three options — and research tells us exactly which one many people will pick.

When pharmacies apply the Compromise Effect correctly, the middle option becomes the best-seller — almost automatically. Margins improve. Customers feel confident in their choice. And you didn't have to discount a single thing.

The Compromise Effect: What It Is and How It Works

In 1992, researchers Itamar Simonson and Amos Tversky published a landmark study on how people choose between options. Their finding was straightforward but powerful: when people are given three choices, they tend to avoid the extremes and gravitate toward the middle option.

Why? Because choosing the cheapest makes us feel like we are compromising on quality. Choosing the priciest option feels like we might be overspending. The middle option feels safe, sensible, and easy to justify — to ourselves and to others.

SALES: THE COMPROMISE EFFECT: HOW PRICING PSYCHOLOGY GUIDES CUSTOMERS TO YOUR BEST OPTION



This is not rational economics. It is psychology. Here is a practical example:

And it happens in pharmacies every day —

whether you have designed for it or not.

Here are three ways to put it to work in your pharmacy.

- Basic: Multivitamin A — KES 350
- Standard: Multivitamin B — KES 850
- Premium: Multivitamin C — KES 1,500

Way 1: Build a Three-Tier Structure Where the Middle Is Your Target

The first step is intentional design. Identify a product category or service where you currently offer one or two options, and create a genuine three-tier structure.

The key principle: your middle tier should be the option you primarily want to sell. Price and package it accordingly.

If Multivitamin B is your target sale, you have designed it correctly. Multivitamin A feels like a basic starting point. Multivitamin C feels like a significant spend. Multivitamin B at KES 850 feels exactly right.

You can apply the same logic to:

- Cough and cold remedies — a basic, standard, and premium formulation side by side
- First aid kits — individual, family, and comprehensive bundles
- Chronic disease management products for hypertension or diabetes patients

SALES: THE COMPROMISE EFFECT: HOW PRICING PSYCHOLOGY GUIDES CUSTOMERS TO YOUR BEST OPTION



- Home delivery tiers — standard, priority, and same-day

Way 2: Add a Premium Tier That Nobody Buys — But Everyone Notices

This is the insight that surprises many pharmacy owners: you do not need to sell your top tier. You simply need it to exist.

The presence of a premium option does two things. First, it reframes everything below it. A KES 1,200 supplement placed beside a KES 2,500 option suddenly feels like the accessible, sensible choice — even though nothing about the KES 1,200 product has changed.

Second, it gives your standard option a powerful psychological anchor. Customers feel they are getting value by not choosing the premium.

When applying this in your pharmacy, your premium tier should be:

- Genuinely more premium — not just a higher price tag on the same offering
- Visible alongside your standard option — on the shelf, in your printed service menu, or on your WhatsApp consultation list
- Not the focus of your sales conversation — simply present and clearly priced

A few customers will choose it. Many won't. But its presence will lift sales of your standard option regardless.

SALES: THE COMPROMISE EFFECT: HOW PRICING PSYCHOLOGY GUIDES CUSTOMERS TO YOUR BEST OPTION



Way 3: Guide Customers to the Middle With Social Proof and Badges

Once your three-tier structure is in place, you can strengthen the Compromise Effect by signalling which option many customers choose. This is where social proof becomes a practical tool.

On your shelf display or printed service list, try labels like:

- "Most Popular"
- "Pharmacist's Choice"
- "Best Value"
- "Our Customers' Favourite"

In your WhatsApp consultation menu or at the counter, place "Most Popular" next to your standard tier. This creates what psychologists call a normative cue — the feeling that choosing the middle is what sensible, informed customers do.

In a pharmacy, the power of "Most Popular" cannot be overstated. Your customers trust their pharmacist deeply. When you signal that others consistently choose a particular option, you are giving a subtle recommendation — and that removes hesitation faster than any promotion.



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Two Mistakes to Avoid

Mistake 1: Making the price gaps too narrow

If your three tiers are priced at KES 800, KES 900, and KES 1,000, the Compromise Effect weakens significantly. The gaps feel meaningless and customers may simply choose the cheapest or feel confused by the similarity. Ensure your tiers are meaningfully distinct in both price and value. A rough guide: your premium tier should be at least 2x the price of your basic tier.

Mistake 2: Discounting your middle tier when it moves slowly

When the standard option isn't selling as expected, the instinct is to drop the price. This is usually the wrong move. Discounting undermines the positioning that makes the middle tier compelling in the first place. If your middle tier isn't moving, the fix is almost always in the framing — better shelf placement, a stronger "Most Popular" label, or repricing the premium tier to create a more meaningful contrast. Discounting a well-designed middle tier rarely solves the real problem.



SALES: THE COMPROMISE EFFECT: HOW PRICING PSYCHOLOGY GUIDES CUSTOMERS TO YOUR BEST OPTION

A Mindset Shift: Pricing Is Context, Not Just Calculation

Many pharmacy owners were trained to think about pricing in terms of cost plus margin. That is necessary — but it is not the whole picture. The Compromise Effect teaches us something important: the price of a product is not experienced in isolation. It is experienced in relation to what surrounds it.

Your KES 1,200 supplement is not inherently expensive or affordable. That perception depends entirely on what sits beside it. Next to a KES 2,500 option, it feels accessible. Presented alone, it feels like a risk,

This means that improving your pharmacy's revenue does not always require promotions, discounts, or new stock. Sometimes it simply requires rearranging what you already have — and adding one well-positioned tier above your current best option.

Back to the Pharmacy Owner

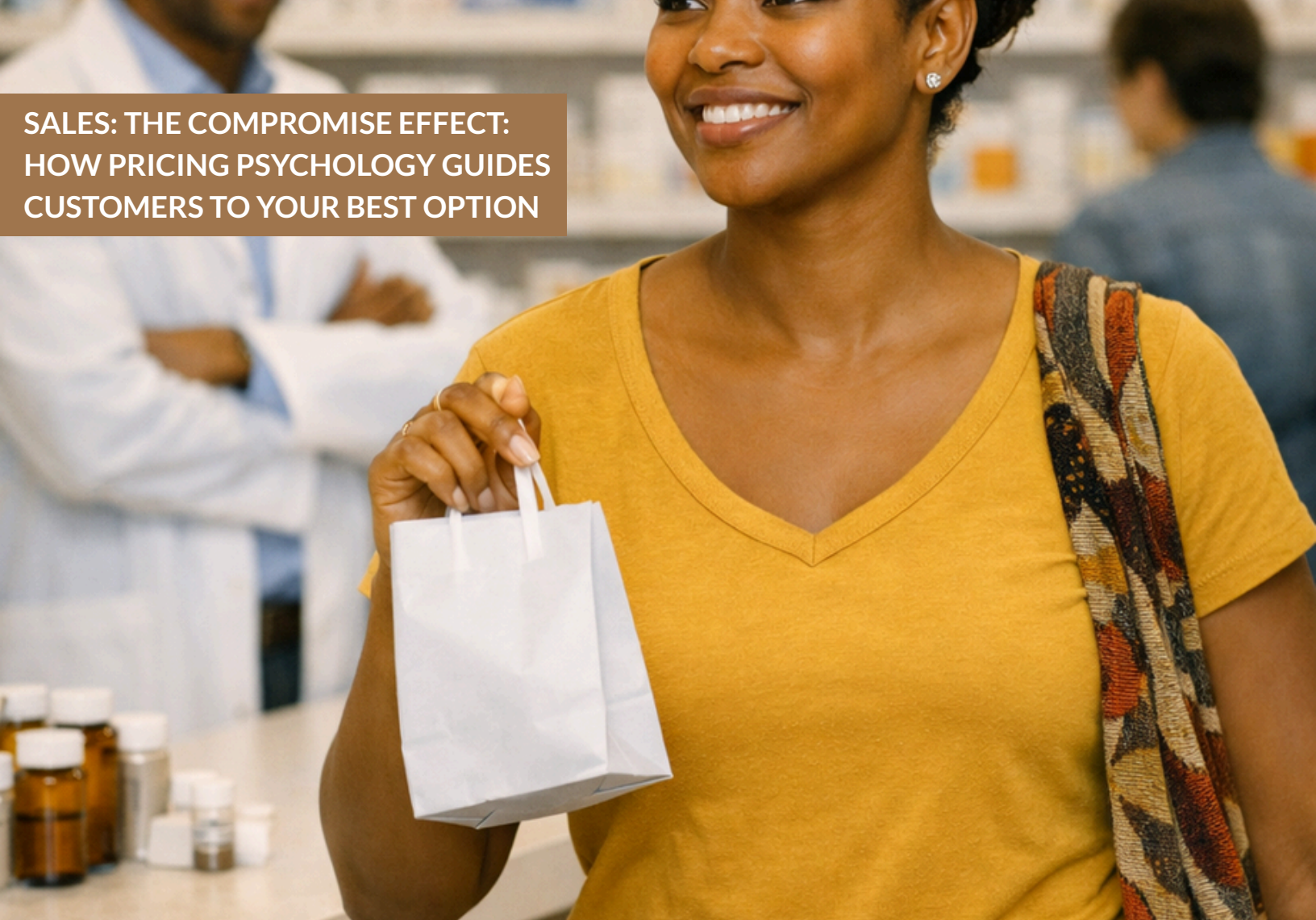
Remember the owner whose KES 850 supplement wasn't selling? Here is what happened when he added the KES 1,500 option beside it.

**SALES: THE COMPROMISE EFFECT:
HOW PRICING PSYCHOLOGY GUIDES
CUSTOMERS TO YOUR BEST OPTION**

Before the change, a customer would pick up the KES 850 supplement, have nothing to compare it to, and feel uncertain. Is this worth it? After the change, the same customer picked it up, noticed the KES 1,500 option beside it, and felt immediately reassured. This is the better value one. Sales of the KES 850 supplement increased significantly. Nothing about the product had changed. Only its context.

One Practical Action You Can Take This Week

Pick one product category in your pharmacy where you currently offer one or two options. Sketch out a three-tier version — basic, standard, and premium. Set your middle tier at the price point you primarily want to sell. Add a genuine premium tier above it. Place a "Most Popular" label on the standard option. Try it for 30 days and watch what happens to your sales mix. The shift may surprise you.



SALES: THE COMPROMISE EFFECT: HOW PRICING PSYCHOLOGY GUIDES CUSTOMERS TO YOUR BEST OPTION

Why This Matters for Your Pharmacy in 2026

The pharmacy market in Kenya is more competitive than it has ever been. New pharmacies are opening in malls, petrol stations, and residential estates across the country. Customers have more options — and they are increasingly price-aware.

In this environment, the pharmacies that win are not always the ones with the lowest prices. They are the ones that present their offerings in a way that makes customers feel confident and in control of their decision. The Compromise Effect is a low-cost, no-discount strategy that helps your pharmacy earn more from every customer interaction — without changing a single product on your shelves.

Pharmacies that grow their revenue aren't just stocking the right products. They are presenting them in the right context. And that starts with a simple three-tier structure you can build this week.

Share your pricing experiment results with us at info@thechemist.co.ke. What worked for you? We'd love to feature your insights in an upcoming issue of The Chemist's "From Our Readers" section.

DuoPharma

DUOPHARMA:
PLAY. LEARN. CARE



4
DAY STREAK



4360
POINTS



11%
31/282
COMPLETED

Play. Learn. Care

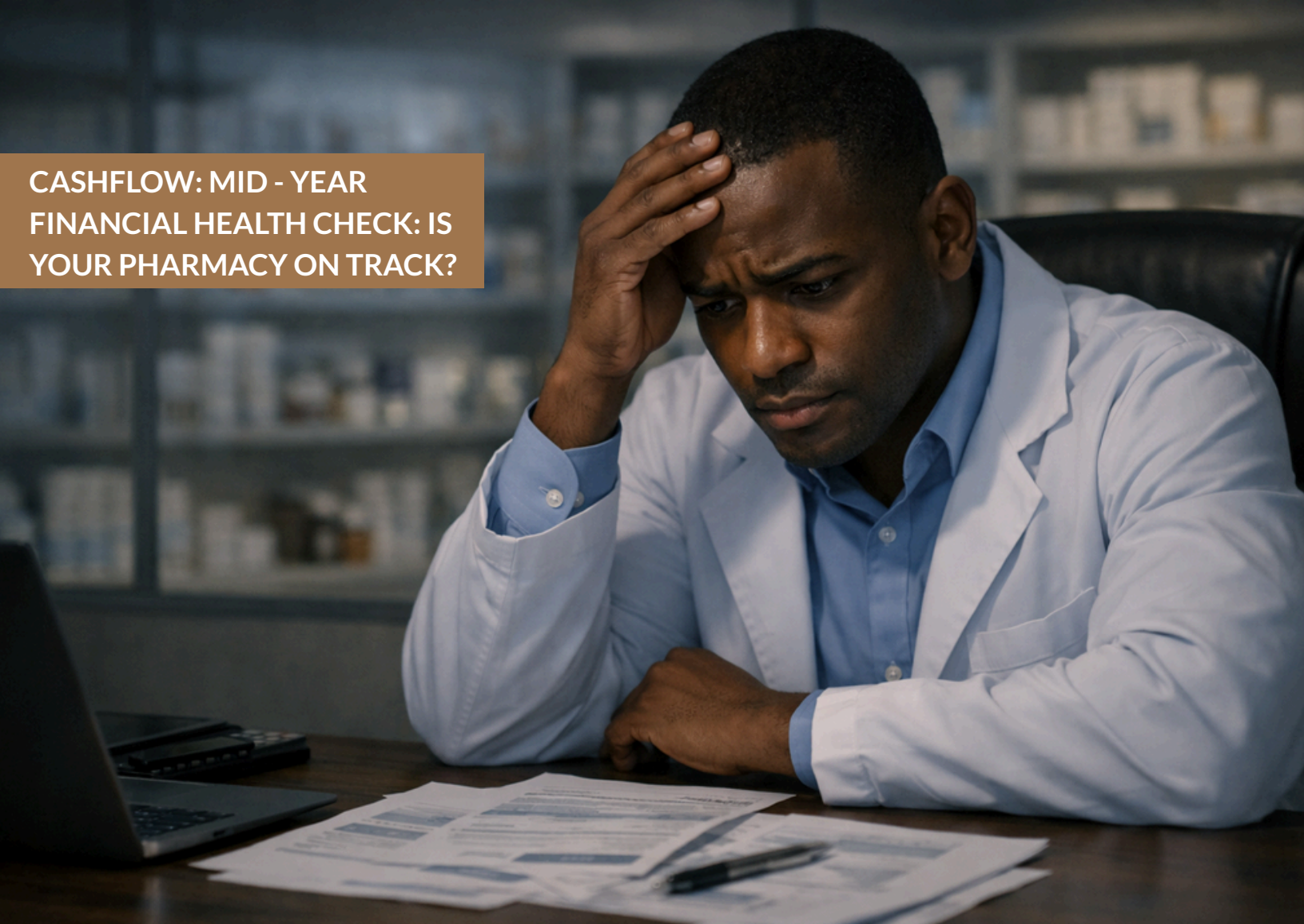
A

22 units



Abacavir





CASHFLOW: MID - YEAR
FINANCIAL HEALTH CHECK: IS
YOUR PHARMACY ON TRACK?

Mid - Year Financial Health Check: Is Your Pharmacy On Track?

BY THE CHEMIST

Imagine it is December. Your accountant puts a set of numbers in front of you and you realise that your pharmacy made far less than you expected this year. The busy months felt busy. The stock was moving. Customers kept coming. And yet the numbers tell a different story.

This scenario plays out in many pharmacies every single year. Not because the owners are careless. But because they never stopped to check — not in February, not in April, not in June. By December, it is too late to course-correct. The year is gone.

CASHFLOW: MID - YEAR FINANCIAL HEALTH CHECK: IS YOUR PHARMACY ON TRACK?



The good news is that you are reading this in June. The first half of 2026 is behind you. The second half is still ahead. And a mid-year financial health check — done properly and honestly — gives you something December never can: time to act.

Why Many Pharmacy Owners Skip the Mid-Year Review

The irony of running a pharmacy is that the busier you are, the less time you spend on the numbers that tell you whether the business is actually working.

Many pharmacy owners operate on gut feeling. Sales feel good because the counter is busy. Costs feel manageable because the bills are getting paid. Cash feels fine because the M-Pesa float is not empty. But feelings are not financial data — and the gap between what feels true and what is actually true can be significant.

Here is what that gap looks like in practice:

- Revenue is up but gross profit is flat — because the cost of goods rose quietly while selling prices stayed the same.
- Cash feels adequate but accounts receivable has ballooned — because credit extended to customers or institutions is not being collected.



- Expenses look controlled but the rent-to-revenue ratio has crept above a healthy threshold.
- January and February were slow and the pharmacy has been playing catch-up ever since — but without a target, no one knows whether the catch-up is working.

The mid-year check does not need to be complicated. It needs to be honest. And it needs to happen in June — not December.

What Changes When You Review at Mid-Year

When you review your numbers in June, you still have six months to act on what you find. That is six months to adjust your pricing, renegotiate a supplier agreement, hire ahead of your busy season, cut an expense that is not earning its place, or push harder on a product line that is outperforming.

December reviews are post-mortems. June reviews are strategies.



**CASHFLOW: MID - YEAR
FINANCIAL HEALTH CHECK: IS
YOUR PHARMACY ON TRACK?**

A pharmacy that conducts an honest mid-year check knows exactly where it stands and has enough runway to make meaningful changes. Here is the five-part mid-year financial health check every pharmacy owner should work through before the end of June.

**The Five-Part Mid-Year Financial
Health Check**

Check 1: Revenue — Are You On Track?

Start here. Revenue tells you the scale of your pharmacy's activity — how much you are selling across all categories and channels. The question to ask is not just "how much did we make?" but "how much did we plan to make — and are we on track?"

If you set a revenue target for 2026, take your total January to June revenue and compare it to 50% of your annual target. If you are ahead, consider revising your target upward. If you are behind, ask whether the shortfall is recoverable in the second half — and what would need to change to recover it.

If you did not set a target, compare January to June 2026 against January to June 2025. Is the pharmacy growing, flat, or declining? Even a simple year-on-year comparison gives you something to work with.

CASHFLOW: MID - YEAR
FINANCIAL HEALTH CHECK: IS
YOUR PHARMACY ON TRACK?



Where possible, look at revenue by category:

- Prescription dispensing
- OTC products
- Supplements and wellness products
- Consultation fees
- Any other revenue streams

Understanding which categories are growing and which are shrinking tells you far more than a single top-line number.

A pharmacy that sells KES 500,000 in products but pays KES 450,000 for that stock keeps only KES 50,000 – a 10% gross margin. A pharmacy that sells the same KES 500,000 but pays KES 300,000 for stock keeps KES 200,000 – a 40% gross margin. The revenue looks identical. The financial reality is completely different.

For the mid-year check, calculate your gross margin percentage for January to June:

Check 2: Gross Margin — Are You Making Enough on What You Sell?

$$\text{Gross Margin \%} = (\text{Revenue} - \text{Cost of Goods Sold}) \div \text{Revenue} \times 100$$

Revenue tells you how much is coming in. Gross margin tells you how much of it you are actually keeping after the cost of goods.

CASHFLOW: MID - YEAR FINANCIAL HEALTH CHECK: IS YOUR PHARMACY ON TRACK?



A healthy gross margin for a pharmacy typically falls between 25% and 40%, depending on your product mix. If yours is below this range, investigate:

- Are you buying at competitive prices? Have you compared your top 20 suppliers recently?
- Are your selling prices keeping pace with the cost increases you have absorbed?
- Are you over-relying on low-margin prescription drugs without enough high-margin OTC and wellness products in the mix?

Gross margin is one of the most actionable metrics in pharmacy. Small changes in buying prices or product mix can move it meaningfully.

Check 3: Expenses — Are Your Costs Under Control?

Once you know what you are keeping from sales, the next question is what you are spending it on.

Pull your January to June expenses and group them into categories:

- Staff costs — salaries, benefits, locum fees
- Rent and utilities
- Stock purchasing
- Marketing and promotions
- Professional fees and compliance costs
- Loan repayments
- Miscellaneous



Now look at each category as a percentage of your total revenue. A few useful benchmarks:

- **Rent:** Your monthly rent should not exceed the equivalent of 3 days of your average daily revenue. If it does, your pharmacy may be over-rented for its current sales volume.
- **Staff costs:** Many pharmacies spend between 15% and 25% of revenue on staff.
- **Marketing:** Even a small pharmacy should be allocating something — typically 3% to 5% of revenue — to customer acquisition and retention.

The goal is not to cut everything. It is to understand what each expense is contributing. An expense that is growing faster than revenue is worth scrutinising. An expense that stays flat while revenue grows is working efficiently.

Check 4: Cash Position — Do You Have Enough?

This is the check many pharmacy owners skip because they confuse cash with revenue. They are not the same.

Your cash position is what is actually sitting in your bank account and M-Pesa float right now — ready to pay next week's supplier invoices, next month's rent, and your next payroll.

CASHFLOW: MID - YEAR FINANCIAL HEALTH CHECK: IS YOUR PHARMACY ON TRACK?



The question is not just "do I have enough cash today?" but "will I have enough cash 30, 60, and 90 days from now?"

To answer this, build a simple cash projection:

- List every expected payment coming in over the next 90 days – customer sales, pending receivables, any other income
- List every expected payment going out – supplier invoices, rent, salaries, loan repayments, KRA obligations
- Subtract outflows from inflows, month by month

Check 5: Outstanding Receivables – What Is Owed to You?

Many pharmacies extend credit – to institutions, corporate clients, or regular customers. That credit has value. But only when it is collected.

List every outstanding receivable as of 30 June 2026:

- Who owes you money?
- How much?
- How long has it been outstanding?

CASHFLOW: MID - YEAR FINANCIAL HEALTH CHECK: IS YOUR PHARMACY ON TRACK?



Categorise by age: under 30 days, 30–60 days, 60–90 days, and over 90 days. Any receivable over 60 days needs a follow-up plan. Any receivable over 90 days needs an honest conversation about whether it will ever be collected.

Outstanding receivables are a hidden drain on cash flow. A pharmacy owed KES 200,000 in unpaid invoices has essentially given away KES 200,000 in stock — with no guarantee of getting it back. The mid-year check is the time to bring these numbers into the open and act on them.

Two Mistakes to Avoid

Mistake 1: Reviewing revenue alone and calling it done

Revenue is the easiest number to find — and the most misleading if read in isolation. A pharmacy can grow revenue while its gross margin collapses, expenses balloon, and the cash position deteriorates. The five checks above are designed to be read together, not in isolation. One number without context is rarely the full story.

**CASHFLOW: MID - YEAR
FINANCIAL HEALTH CHECK: IS
YOUR PHARMACY ON TRACK?**

Mistake 2: Doing the review but making no decisions

The mid-year check is only valuable if it leads to action. Before you close the spreadsheet, write down at least three decisions you are making for the second half of 2026 based on what you found. Post them somewhere visible. A review without a decision is just administration.

A Mindset Shift: Your Numbers Are Not a Report Card — They Are a Map

Many pharmacy owners approach financial reviews with anxiety. What if the numbers are bad? What if there is something in there they would rather not see?

Here is a reframe worth holding on to: your mid-year numbers are not a judgement of your effort or your ability. They are a map of where your pharmacy is right now. A map does not tell you that you are a bad navigator. It tells you where you are — so you can work out how to get where you want to go.

The pharmacy owners who build consistently profitable businesses are not the ones who started with perfect numbers. They are the ones who looked at their numbers honestly and made deliberate adjustments — quarter after quarter, year after year. The mid-year check is simply that: one honest look, followed by deliberate action.



One Practical Action You Can Take This Week

Block two hours before the end of June to sit with your pharmacy's January to June numbers. You do not need sophisticated accounting software. A notebook and your bank statements will get you started.

Work through the five checks in order: Revenue, Gross Margin, Expenses, Cash Position, Outstanding Receivables. At the end, write down your three biggest insights — and three decisions you are committing to for July to December as a result.

Once you have reviewed your numbers, reconnect what you found to your pharmacy's overall direction. The Chemist Growth tool (<https://thechemist.co.ke/growth/>) helps you map your vision into objectives and tasks — so your mid-year insights translate into a clear plan for the second half of the year.

Why This Matters for Your Pharmacy in 2026

The pharmacy market in Kenya is navigating a challenging environment in 2026 — rising supplier costs, shifting insurance dynamics, and growing competition from organised retail chains. In this environment, the pharmacies that survive and grow are not necessarily the biggest or the best-located. They are the ones that know their numbers and act on what they find. ©

CASHFLOW: MID - YEAR FINANCIAL HEALTH CHECK: IS YOUR PHARMACY ON TRACK?



A mid-year financial health check takes two hours. The decisions it enables can define the next six months of your pharmacy's performance. That is an exceptional return on an afternoon well spent.

The second half of 2026 has not happened yet. You still have time to shape it. Start with the numbers.

Share your mid-year review insights with us at info@thechemist.co.ke. What did you find — and what are you changing? We'd love to feature your story in an upcoming issue of The Chemist's "From Our Readers" section.



The Eisenhower Matrix: Stop Being Busy, Start Growing

BY THE CHEMIST

Sound Familiar?

You arrive at the pharmacy with a plan for the day. By 9 a.m., a staff member has called in late, a supplier is querying an invoice, two customers are waiting, and your phone has not stopped. The plan is gone. You are back in reactive mode. Again.

Now Imagine This Instead

Your mornings include protected time for the work that grows your pharmacy. Your team handles the daily operational flow without pulling you in at every turn. The tasks that move your business forward — the pricing review, the staff development session, the customer retention system — are getting done. Not someday. This week.

One Tool. Fifteen Minutes. A Different Week.

The difference between these two versions of your week is not discipline, luck, or how many staff you have. It is a simple decision-making framework called the Eisenhower Matrix. And it takes fifteen minutes to apply.

The Hidden Cost of a Reactive Pharmacy

Running a pharmacy teaches you to respond fast. A customer needs help. A supplier has a query. A stock discrepancy needs resolving. Speed is valued. Being available is valued. And over time, being available for everything becomes the default mode of operating.

The problem is that availability has a hidden cost — and it shows up not in your energy levels but in your pharmacy's growth rate.

Here is what a fully reactive week looks like in practice:

- You spend the day at the counter or on your phone because your team has not been trained to handle issues independently.
- You postpone reviewing your pricing, your margins, or your supplier agreements because there is always something more urgent.
- You have a general sense of where your pharmacy is going but no time to sit down and actually map it out.

LEADERSHIP: THE EISENHOWER MATRIX: STOP BEING BUSY, START GROWING



- You go home tired — and the most important tasks on your list are still undone.

The uncomfortable truth is that many pharmacies are stuck not because the owner is not working hard enough. They are stuck because the work that grows a business rarely feels urgent — and in a pharmacy, urgent tasks are always available to fill every hour of the day.

This is where the Eisenhower Matrix comes in.

What Becomes Possible With the Right Framework

Imagine a version of your week where you can distinguish — quickly and confidently — between the work that must be done now and the work that must be done well. Where your team handles the operational flow because they are trained and trusted to do so. Where you are spending at least a few hours each week on the work that builds your pharmacy's future rather than just keeping it running. That is not a fantasy. It is the outcome of applying a simple tool consistently. And it is available to you starting this week.

LEADERSHIP: THE EISENHOWER MATRIX: STOP BEING BUSY, START GROWING



The Eisenhower Matrix: What It Is and How It Works

The Eisenhower Matrix is a four-quadrant framework for categorising and prioritising tasks based on two questions:

- Is this task **important** — does it contribute meaningfully to my pharmacy's goals?
- Is this task **urgent** — does it require my attention right now?

Those two questions produce four quadrants, each with a different action:

- **Q1: Important + Urgent** → Do it now
- **Q2: Important + Not Urgent** → Schedule it
- **Q3: Urgent + Not Important** → Delegate it

- **Q4: Not Urgent + Not Important** → Eliminate it

Simple on paper. Transformative in practice. Here is what each quadrant looks like inside a pharmacy.

Q1: Important and Urgent — Do It Now

These are the genuine emergencies that only you can handle. A critical stock-out of a chronic disease medication that a patient needs today. A PPB inspection with short notice. A serious customer complaint that requires your professional judgement. A staff crisis on a busy morning.

Q1 tasks deserve your immediate attention — they are both important and time-sensitive. Handle them.

**LEADERSHIP: THE EISENHOWER
MATRIX: STOP BEING BUSY,
START GROWING**



The caution here is this: many tasks feel like Q1 but are not. A supplier following up on a routine invoice feels urgent. A staff member asking for guidance on something they have handled before feels urgent. The discipline of the matrix begins with asking honestly — is this genuinely important, or does it just feel urgent in the moment?

A pharmacy that is permanently operating in Q1 is a pharmacy in constant fire-fighting mode. It is exhausting for the owner and a signal that Q2 has been chronically neglected.

**Q2: Important but Not Urgent —
Schedule It**

This is the quadrant where your pharmacy grows. And it is the one that gets sacrificed first.

Q2 tasks are critically important to your pharmacy's long-term performance — but nobody is chasing you for them right now. They do not create immediate consequences when they are skipped today. Which means they are easy to defer. And defer again.



In a pharmacy, Q2 includes:

- Reviewing and adjusting your pricing structure
- Building your staff's capability so they can operate independently
- Developing your customer retention system
- Conducting your monthly or mid-year financial health check
- Planning your marketing activity for the coming quarter
- Creating the SOPs that make your pharmacy consistent and scalable
- Working on the strategic direction of your business

These are the tasks that determine whether your pharmacy will look different in 12 months — or exactly the same.

The fix for Q2 is not finding more time. It is protecting existing time. Block it in your calendar. Name it specifically. And treat it as non-negotiable. Even 90 minutes a week of focused Q2 work compounds into significant progress over months.

If you want a structured way to organize and track your Q2 priorities, The Chemist Growth tool (<https://thechemist.co.ke/growth/>) helps you connect your pharmacy's vision to specific objectives and weekly tasks — so your Q2 time is always pointed at something meaningful.



LEADERSHIP: THE EISENHOWER MATRIX: STOP BEING BUSY, START GROWING

Q3: Urgent but Not Important — Delegate It

Q3 is the great time thief in pharmacy ownership — and it disguises itself well. These are tasks that feel urgent because someone is asking or a deadline is near, but that do not actually require your personal involvement. They can — and should — be handled by a trained team member.

Common Q3 tasks in a pharmacy:

- Routine customer queries that your staff can handle without your input
- Standard supplier orders that follow an established process

- Minor scheduling adjustments within an existing rota
- Routine paperwork that does not require your professional sign-off
- Non-critical follow-ups with suppliers or service providers

Many pharmacy owners handle all of these personally — because it feels faster in the moment, and because they have not yet built the systems and training that would allow someone else to handle them reliably. But every Q3 task you handle yourself is a Q2 task you did not do.

LEADERSHIP: THE EISENHOWER MATRIX: STOP BEING BUSY, START GROWING



The solution is to identify your ten most common Q3 tasks and build clear systems around them — standard responses, trained procedures, documented processes. Your SOP Builder (<https://thechemist.co.ke/sop/>) is a practical tool for documenting these so your team can handle them consistently without pulling you in.

Q4: Not Urgent and Not Important — Eliminate It

These are the time-consumers with no real return. In a pharmacy, they often include:

- Extended time in WhatsApp group conversations that do not serve a clear business purpose

- Attending meetings or calls where your presence adds little value
- Over-supervising tasks that a trained team member is already handling competently
- Administrative tasks that have outlived their usefulness but have never been stopped

Q4 deserves an honest look. The goal is not to be busy. It is to be effective. Eliminating Q4 tasks does not make your day less productive — it makes room for Q2.

LEADERSHIP: THE EISENHOWER MATRIX: STOP BEING BUSY, START GROWING



Two Mistakes to Avoid

Mistake 1: Labelling everything Q1

When every task feels urgent and important, the matrix becomes useless. The discipline is in honest categorisation. Before placing something in Q1, ask: what actually happens if this is not handled in the next hour? If the honest answer is "not much", it belongs in Q2, Q3, or Q4.

Mistake 2: Blocking Q2 time and then allowing it to be taken over

Many pharmacy owners schedule Q2 time with good intentions — and then answer a Q3 request the moment it arrives because it feels urgent. Q2 time must be actively protected. Communicate to your team that certain hours are reserved for non-emergency work only. Let some things wait. The short-term discomfort of not being immediately available is far smaller than the long-term cost of never doing Q2 work.



LEADERSHIP: THE EISENHOWER MATRIX: STOP BEING BUSY, START GROWING

Busy Is Not the Same as Building

There is a version of pharmacy ownership that looks like success from the outside — always at the counter, always available, always handling something. It feels responsible. It feels like the right thing to do.

But a pharmacy that depends entirely on the owner's presence for every decision is not a growing business. It is a very demanding job. The Eisenhower Matrix invites you to measure your week differently. Not by how much you did — but by which quadrant you were working in. A week where you handled fifteen Q1 and Q3 tasks feels busy. A week where you completed two significant Q2 tasks feels quiet.

But only one of those weeks moved your pharmacy forward.

The pharmacy owners who build businesses that grow without consuming their entire lives are not the ones who work the longest hours. They are the ones who are ruthlessly honest about which hours matter most.

One Practical Action You Can Take This Week

Take a blank sheet of paper and draw a simple two-by-two grid. Label the four quadrants: Q1 (Do Now), Q2 (Schedule), Q3 (Delegate), Q4 (Eliminate). Write down everything you are currently carrying — every task, every obligation, every thing you know you should be doing. Sort each one into a quadrant.

LEADERSHIP: THE EISENHOWER
MATRIX: STOP BEING BUSY,
START GROWING



Then look at your Q2 list. Pick the single task that, if completed this week, would move your pharmacy forward. Block 90 minutes in your calendar before Friday — and protect that time.

Why This Matters for Your Pharmacy in 2026

The pharmacy market in Kenya is evolving quickly. New entrants are better organised. Costs are rising. Customers have more choices. In this environment, the pharmacy owners who are spending their time primarily in Q1 and Q3 are building businesses that depend entirely on them — and that cannot grow beyond what one person can manage alone.

The pharmacies that lead in the coming years are being built now, in Q2. In the training sessions developing capable teams. In the marketing systems attracting and retaining customers. In the financial reviews catching problems before they become crises. In the pricing strategies quietly improving margins every month.

You may not be able to change how many hours you have. But you can change which quadrant you are spending them in. That shift, sustained consistently, is the difference between a pharmacy that survives and one that grows.

Start with the matrix. Start this week.



LEADERSHIP: THE EISENHOWER
MATRIX: STOP BEING BUSY,
START GROWING

Share how the Eisenhower Matrix has changed how you work with us at info@thechemist.co.ke.
What moved to Q2 – and what did you finally eliminate? We'd love to feature your experience in an upcoming issue of The Chemist's "From Our Readers" section.



Audience Segmentation: The Art Of Reaching The Right Customer

BY THE CHEMIST

Every week, pharmacies across Kenya send the same WhatsApp broadcast to their entire customer list. One message. One offer. One tone. Sent to the chronic hypertension patient, the new mother buying baby vitamins, the young professional picking up a supplement, and the elderly customer collecting a monthly prescription — all at once.

The message lands in everyone's inbox. And it speaks to almost no one.

This is the most common marketing mistake in pharmacy. Not spending too little. Not being on the wrong platform. It is speaking to everyone as if they are the same person. Because when you talk to everyone, you end up reaching no one.



Audience segmentation is the practice of dividing your customers into meaningful groups based on what they need, what they buy, and how they behave — and then speaking to each group in a way that actually resonates. It is one of the simplest shifts a pharmacy can make. And it compounds significantly over time.

There are four levels of audience segmentation in pharmacy. Many pharmacies are at Level 1.

Why Speaking to Everyone Is Costing You

Before we walk through the levels, it is worth understanding what broad, undifferentiated marketing actually costs your pharmacy.

When you send the same message to everyone on your customer list, here is what typically happens:

- Chronic disease patients ignore promotions about acute care products that have nothing to do with their condition.
- Young mothers delete offers for supplements targeted at a completely different life stage.



- Your best customers — the ones who visit monthly and spend the most — receive the same message as someone who visited once six months ago.
- Open and response rates stay low. WhatsApp broadcasts get muted. The effort produces little result.

The pharmacy owner concludes that marketing doesn't work. But the problem is not marketing. It is the absence of targeting. When a message feels personal — when it speaks directly to a specific need, at the right moment, in the right tone — customers respond. Segmentation is what makes that possible.

What a Segmented Pharmacy Looks Like

Imagine your pharmacy with four clearly defined customer groups — each receiving communication that speaks directly to their situation. Your chronic disease patients receive timely refill reminders and relevant health tips. Your wellness customers receive new supplement arrivals and seasonal promotions. Your caregivers receive paediatric health content and family-focused offers. Your occasional visitors receive re-engagement messages designed to bring them back.

MARKETING: AUDIENCE SEGMENTATION: THE ART OF REACHING THE RIGHT CUSTOMER



Each group feels known. Each message lands. And your pharmacy builds a reputation for understanding its customers — not just selling to them.

This is what segmentation makes possible. Here is how to get there.

The Four Levels of Pharmacy Audience Segmentation

Level 1: No Segmentation — One Message for Everyone

This is where many pharmacies begin. The customer list is one group. Every broadcast goes to everyone. Messages are general — a promotion, a health tip, a reminder that the pharmacy is open.

There is nothing wrong with starting here. But it is a ceiling. The pharmacy that markets to everyone will always be outperformed by the pharmacy that markets to the right person. If your pharmacy is currently at Level 1, the goal is not to skip to Level 4 immediately. It is to take one step up.

Level 2: Basic Demographic Segmentation

Level 2 begins with a simple question: who are my customers, and how are they different from each other?

At this level, you divide your customer base into broad groups based on observable characteristics:



- **Age range:** Younger customers (18–35), middle-aged customers (35–55), senior customers (55+)
- **Gender:** Where relevant to the products or services you are promoting
- **Life stage:** Parents of young children, adults managing chronic conditions, health and wellness seekers
- **Visit frequency:** Regular customers (monthly or more), occasional customers (quarterly), lapsed customers (not visited in six months or more)

You do not need sophisticated software to do this. WhatsApp Business labels are enough to get started. Tag your regular customers, your chronic disease patients, and your occasional visitors — and begin sending different messages to each group.

One important practice when sending WhatsApp broadcasts: always give customers a simple way to opt out. A line at the end of your message such as *"Reply STOP if you prefer not to receive these updates"* respects your customers' choice and protects your pharmacy's reputation. Customers who choose to stay on your list are far more valuable than a large list of people who feel they cannot leave.

A practical starting point for Level 2:

- **Regular customers:** Loyalty-focused messages — early access to new stock, appreciation messages, refill reminders
- **Occasional customers:** Re-engagement messages — "We haven't seen you in a while. Here's what's new."

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- **Lapsed customers:** A reason to return — a specific offer, a health tip, a seasonal reminder

Even this simple division will improve your response rates and reduce the number of customers who mute your broadcasts.

Level 3: Behavioural and Condition-Based Segmentation

Level 3 goes deeper. Instead of grouping customers by who they are, you group them by what they do and what they need.

This level of segmentation is built around:

- **Purchase behaviour:** What does this customer typically buy? Prescription medications, OTC products, supplements, baby products?
- **Health condition:** Does this customer manage a chronic condition — diabetes, hypertension, asthma, arthritis?
- **Buying cycle:** How often do they need to restock? Monthly for chronic medications? Seasonally for cough and cold products?

At Level 3, your customer segments might look like this:

- **Chronic disease segment:** Patients managing diabetes, hypertension, or asthma. Communication focuses on refill reminders, disease management tips, and relevant product bundles.

A woman with her hair in braids, wearing a dark blue blazer over a white top, is sitting at a desk in a pharmacy. She is looking at a laptop screen with her hand resting on her chin, appearing thoughtful. In the background, shelves are stocked with various pharmaceutical products.

MARKETING: AUDIENCE SEGMENTATION: THE ART OF REACHING THE RIGHT CUSTOMER

- **Family and caregiver segment:** Customers buying for children or elderly relatives. Communication focuses on paediatric health, vitamins, and family care products.
- **Wellness segment:** Customers who buy supplements, vitamins, and health products. Communication focuses on new arrivals, seasonal health topics, and wellness bundles.
- **Acute care segment:** Customers who visit primarily when they are unwell. Communication focuses on seasonal reminders — cough and cold season, flu prevention — to bring them in before they need you.

Each segment receives messages that are directly relevant to their situation. The chronic disease patient does not hear about baby products. The wellness customer does not receive generic cough syrup promotions. Every message earns its place in their inbox.

Level 4: Personalised Communication Per Segment

Level 4 is where segmentation becomes a competitive advantage.

MARKETING: AUDIENCE SEGMENTATION: THE ART OF REACHING THE RIGHT CUSTOMER



At this level, each segment has a tailored communication calendar — a planned schedule of messages designed to serve that segment's specific needs throughout the year. Messages are timed to match the buying cycle. Language is adjusted for the segment's age, condition, and context. Offers are built specifically for each group rather than applied broadly.

For example:

- Your chronic disease segment receives a refill reminder three days before their typical restock date, a brief health tip mid-month, and a seasonal alert when relevant.
- Your wellness segment receives a new product spotlight at the start of each month, a mid-month tip, and a promotional offer at month end.

- Your lapsed customer segment receives a three-message re-engagement sequence over thirty days — designed to bring them back without feeling pushy.

At Level 4, your marketing is no longer broadcasting. It is communicating. And the difference is felt by every customer on your list.

Two Mistakes to Avoid

Mistake 1: Creating too many segments too soon

It is tempting to build ten customer segments on day one. Resist this. Start with two or three clearly defined groups. Get comfortable sending different messages to different people. ©

A woman with her hair in a bun, wearing a dark blue blazer over a white top, is sitting at a desk in a pharmacy. She is writing in a spiral notebook with a pen. To her right is a laptop displaying a calendar or scheduling software. In the background, shelves are stocked with various pharmaceutical products.

MARKETING: AUDIENCE SEGMENTATION: THE ART OF REACHING THE RIGHT CUSTOMER

Then add more segments as your list grows and your understanding of your customers deepens. Complexity too early leads to inconsistency — and inconsistency is worse than no segmentation at all.

Mistake 2: Segmenting once and never updating

Customer segments are not permanent. A customer who was in the occasional visitors group last year may now be a chronic disease patient who visits monthly. A lapsed customer may have returned and re-engaged. Review and update your segments at least once a quarter — or whenever you notice a significant shift in a customer's behaviour.

Marketing Is Not Shouting — It Is Listening Made Visible

Many pharmacy owners think of marketing as something they send out. A broadcast. A promotion. A post. Something that goes from the pharmacy to the customer.

Segmentation reframes this entirely. Good marketing begins with understanding — who this customer is, what they need, and when they need it. The message is simply the visible expression of that understanding.



MARKETING: AUDIENCE SEGMENTATION: THE ART OF REACHING THE RIGHT CUSTOMER

When a chronic hypertension patient receives a refill reminder exactly when they need it, they do not think "this pharmacy is marketing to me." They think "this pharmacy knows me." That feeling — of being known and understood — is one of the most powerful drivers of customer loyalty in pharmacy.

Segmentation is not a marketing tactic. It is a customer understanding practice. The marketing is just how you show it.

One Practical Action You Can Take This Week

Open your WhatsApp Business account and look at your current contact list. Identify your ten most regular customers — the ones who visit monthly or more. Create a WhatsApp label called "Regular Customers" and tag them. Now write one message specifically for this group. Not a general promotion — a message that acknowledges their loyalty and offers something of specific value to them. Include a simple opt-out line at the end. Send it this week.

That is your first segment. Your first step up the staircase.



Why This Matters for Your Pharmacy in 2026

Customers are receiving more messages, more offers, and more promotions than ever before. Their attention is limited. Their tolerance for irrelevant communication is low. In this environment, the pharmacies that stand out are not the ones that shout the loudest. They are the ones that speak most relevantly.

Audience segmentation is not a luxury for large pharmacies with marketing teams. It is a practical, accessible strategy that any pharmacy can begin today with a WhatsApp Business account and a clear understanding of who their customers are.

The pharmacy that knows its customers and speaks to them accordingly will always outperform the one that treats them all the same.

Start with two segments. Build from there. The staircase is there — and every step up compounds.

Share your segmentation results with us at info@thechemist.co.ke. Which customer group responded best — and what did you learn? We'd love to feature your experience in an upcoming issue of The Chemist's "From Our Readers" section.

Notebook LM: The Free AI Tool That Trains Your Team For You

BY THE CHEMIST

Pharmacy training in many pharmacies happens informally. A new staff member shadows a colleague for a few days and then takes over. A team member with a drug query asks whoever is nearby and hopes the answer is correct. A pharmacist trying to stay current with clinical information reads what they can, when they can — which, given how demanding pharmacy work is, is rarely enough.

The result is a pharmacy where knowledge is inconsistent, training depends entirely on whoever is available, and the owner remains the only reliable source of answers. Every question comes back to you. Every new hire requires your personal time. Every training document has to be built from scratch.

There is a better way. And it is free.

OPERATIONS: NOTEBOOK LM: THE FREE AI TOOL THAT TRAINS YOUR TEAM FOR YOU



What NotebookLM Is — and Why It Matters for Your Pharmacy

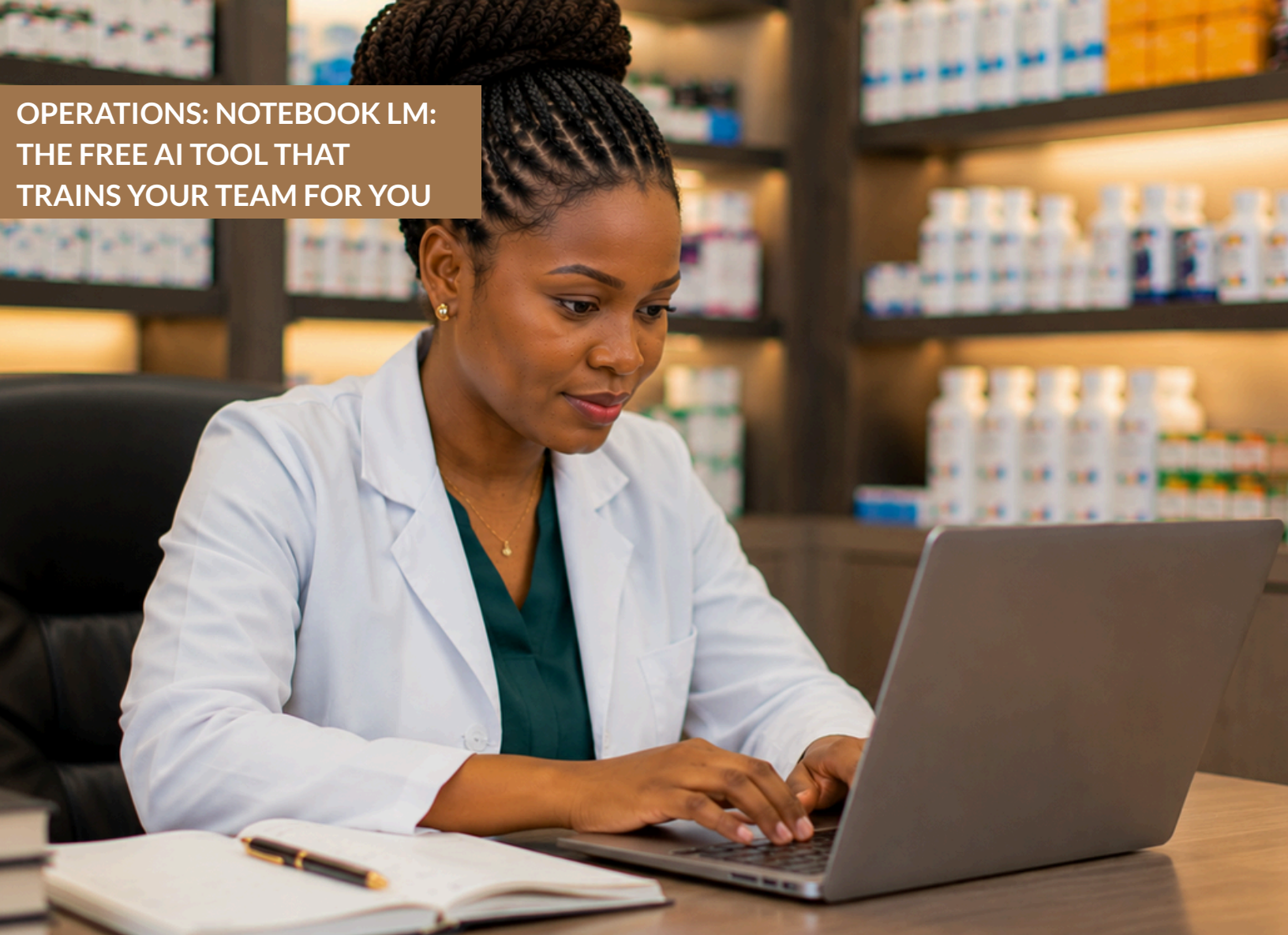
NotebookLM is an AI tool built by Google that allows you to upload your own documents — PDFs, text files, web links, YouTube videos, audio files — and then interact with that content intelligently. You can ask it questions, request summaries, generate study guides, create FAQs, and even produce audio overviews that sound like a two-person podcast discussing your material.

The key distinction between NotebookLM and other AI tools is this: it works exclusively from the content you provide. It does not pull in outside information or make things up from the internet.

When you ask it a question, it answers based only on what you have uploaded. For a pharmacy, that is a significant advantage — because it means your knowledge base is specific, accurate, and relevant to your context.

NotebookLM can take the documents you already have — drug information sheets, Pharmacy and Poisons Board guidelines, clinical protocols, supplier manuals, your own staff handbooks — and transform them into an interactive, queryable resource your entire team can learn from.

Here are five ways to put it to work in your pharmacy.



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Use 1: Staff Training That Does Not Depend on You

One of the most time-consuming responsibilities of a pharmacy owner is training new and existing staff. When the training material only exists in your head — or in a folder no one looks at — every new hire requires your personal attention to get up to speed.

NotebookLM changes this. Upload your staff handbook, your dispensing protocols, your customer service standards, and any other training documents into a notebook.

Your staff can then query the notebook directly — asking questions like "what is our procedure for handling a prescription without a date?" or "what should I do if a customer asks for a refund?" — and receive accurate, document-based answers immediately.

This does not replace human training. But it gives your team a resource they can consult independently — reducing the number of questions that come back to you and accelerating how quickly new staff become confident and capable.

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Use 2: SOP Creation and Documentation

Many pharmacies have SOPs — but they exist in someone's memory rather than on paper. When that person is absent, the process breaks down.

NotebookLM can help you build and document SOPs more efficiently. Upload your existing processes — even rough notes or voice recordings transcribed into text — and ask NotebookLM to help you structure them into clear, step-by-step procedures. You can ask it to identify gaps, suggest improvements, or reformat a procedure for different audiences — dispensing staff versus front-of-house staff, for example.

Once your SOPs are documented, upload the final versions into NotebookLM so your team can search them, ask questions about specific steps, and access procedures without needing to page through a physical file.

For pharmacies building PPB-aligned documentation, The Chemist SOP Builder (<https://thechemist.co.ke/sop/>) is a strong companion to this process — providing pre-built SOP frameworks that you can then upload into NotebookLM for your team to learn from.

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Use 3: Drug Information and Quick Clinical Reference

Clinical questions arise in pharmacy every day. A patient asks about an interaction between two medications. A staff member is unsure about a dosage for a paediatric patient. A customer wants to understand the difference between two similar products.

Upload your key reference documents into NotebookLM — drug monographs, clinical guidelines, formularies, therapeutic protocols — and your team gains a fast, searchable clinical reference they can query in real time.

Instead of reaching for a physical reference manual or waiting for the owner to be available, a staff member can ask the notebook directly and get a referenced, document-based answer within seconds.

This is particularly valuable for less experienced staff who need support building their clinical confidence — and for pharmacists who want a fast second reference during a busy dispensing session.

Use 4: Professional Development

Staying current in pharmacy requires ongoing learning. But finding structured time for professional development is difficult when the pharmacy is busy and the owner is stretched.

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NotebookLM makes self-directed learning more accessible. Upload your study materials, clinical updates, or journal articles into a notebook. NotebookLM can generate a study guide, create a set of quiz questions, or produce a summary of the key learning points — giving you a structured starting point for self-study that would otherwise take hours to create manually.

You can also use the audio overview feature — NotebookLM's ability to generate a podcast-style discussion of your uploaded content — to listen to a summary of your study material during your commute, at lunch, or before opening the pharmacy. This makes learning genuinely flexible in a way that traditional formats rarely are.

For pharmacy staff looking to reinforce their drug knowledge through an engaging format, DuoPharma World

(<https://thechemist.co.ke/duopharmaworld/>) pairs well with NotebookLM — one builds and tests knowledge through games, while the other deepens understanding through your pharmacy's own reference materials.

Use 5: Content and Script Creation From Your Own Material

For pharmacy owners who create content — whether for a WhatsApp broadcast, a social media post, or a YouTube video — NotebookLM significantly reduces the time it takes to go from source material to publishable content.



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Upload a clinical guideline, a magazine article, or a research paper, and ask NotebookLM to produce a plain-language summary suitable for patient education. Ask it to generate five key points from a document that you can turn into a WhatsApp tip series. Or use its audio overview feature to generate a script-ready conversation about a clinical topic that you can adapt for your pharmacy's YouTube channel.

Getting Started: Your First NotebookLM Notebook

NotebookLM is available free at notebooklm.google.com. All you need is a Google account.

To get started:

- Visit notebooklm.google.com and sign in with your Google account
- Create a new notebook and give it a name — for example, "Pharmacy Training"
- Upload two or three documents — your staff handbook, a key clinical reference, or your dispensing SOP
- Start querying. Ask "summarise this document in five points." Ask "what does this say about storage requirements?" Ask "create a quiz from this content."

Explore what it produces.

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Then add more documents, create more notebooks for different purposes — one for training, one for clinical reference, one for professional development — and build your pharmacy's own knowledge system over time.

Mistakes to Avoid

Mistake 1: Uploading poor quality documents

NotebookLM works from what you give it. If your uploaded documents are incomplete, outdated, or poorly structured, the outputs will reflect that. Before uploading, review your source documents for accuracy. The tool is only as reliable as the material it is working from.

Mistake 2: Using it once and not building on it

Many pharmacy owners try a new tool once and then return to old habits when the novelty fades. NotebookLM's value compounds as you add more documents and build out more notebooks. Treat it as a system to build over time — not a one-time experiment. Add a new document every week. Create a new notebook for each new use case. Let it grow alongside your pharmacy.



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**Your Pharmacy Already Has More
Knowledge Than It Is Using**

The average pharmacy contains a significant amount of valuable information — in reference manuals, clinical guidelines, supplier documents, staff handbooks, and the experience of the people who work there. Much of it is underused because it is hard to access quickly.

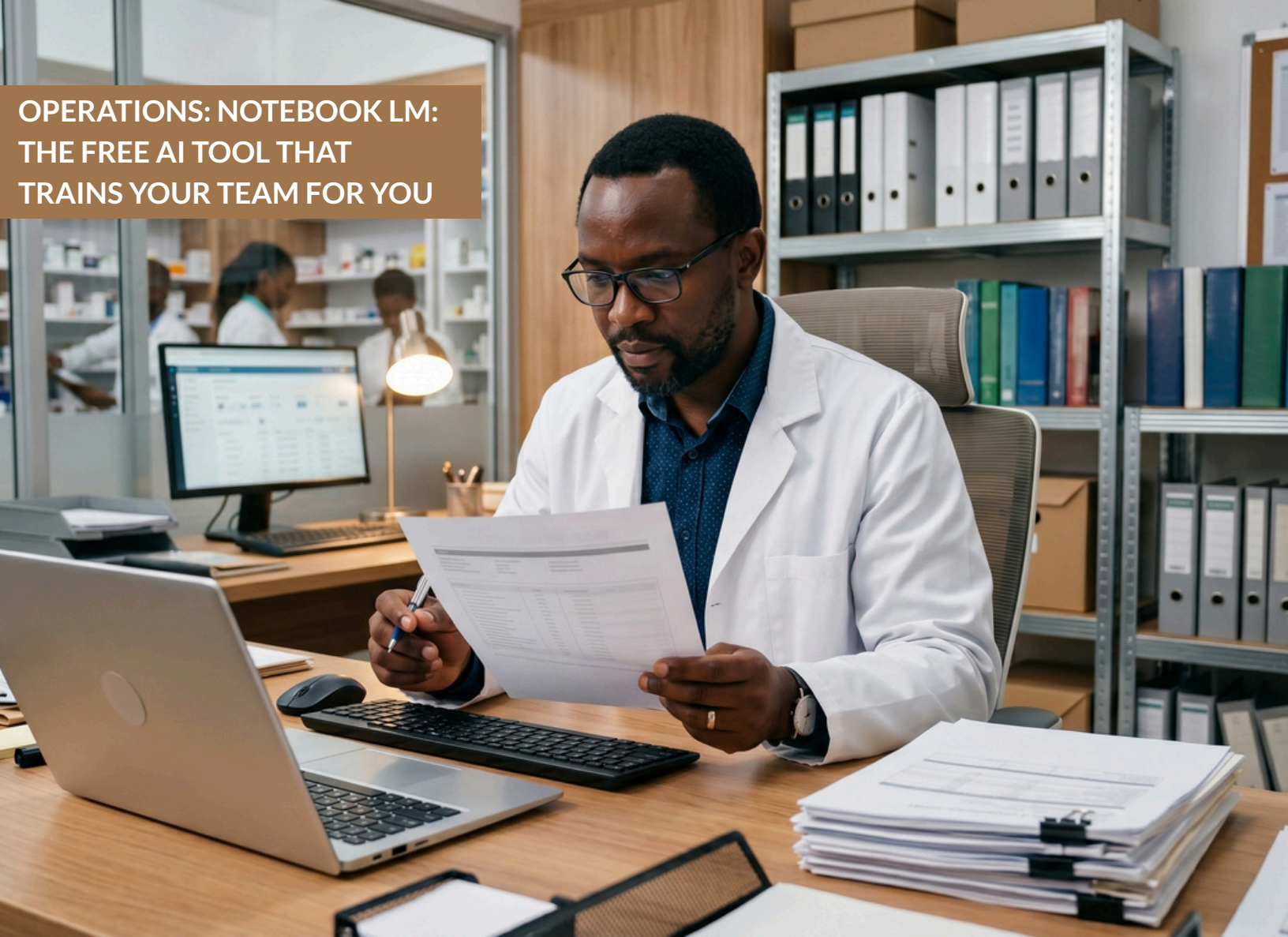
NotebookLM does not add new knowledge to your pharmacy. It unlocks the knowledge you already have — making it searchable, interactive, and available to your entire team rather than sitting in a filing cabinet or in one person's memory.

The pharmacy that systematically builds and maintains a knowledge base will develop a team that is more capable, more confident, and less dependent on the owner for every clinical and operational question. That is a compounding advantage — and it starts with uploading your first document.

**One Practical Action You Can Take This
Week**

Create your first NotebookLM notebook this week. Start with one document — your dispensing SOP, your staff handbook, or a clinical reference you use regularly. Upload it. Ask three questions. See what it produces. You do not need to build the whole system in one sitting.

OPERATIONS: NOTEBOOK LM: THE FREE AI TOOL THAT TRAINS YOUR TEAM FOR YOU



The goal this week is simply to experience what becomes possible when your documents can answer questions.

Why This Matters for Your Pharmacy in 2026

AI tools are changing how pharmacies can operate — not by replacing pharmacists, but by making the knowledge and processes that drive good pharmacy practice more accessible, more consistent, and more scalable.

NotebookLM is one of the most practical AI tools available to pharmacy owners right now. It requires no technical expertise, no subscription fee, and no specialist setup.

It works with documents you already have. And it immediately reduces the time you spend answering questions, training staff, and searching for clinical information.

The pharmacies that build strong internal knowledge systems in 2026 will have a meaningful advantage in the years ahead — not because of what they know, but because of how well they make that knowledge available to everyone in their team.

Your first notebook is waiting. Upload your first document this week.

OPERATIONS: NOTEBOOK LM:
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Share how NotebookLM has changed how your pharmacy learns and trains with us at info@thechemist.co.ke. What did you upload first — and what surprised you? We'd love to feature your experience in an upcoming issue of The Chemist's "From Our Readers" section.



The Home Nebulizer

BY THE CHEMIST

Overview

A home nebulizer is a medical device that converts liquid medication into a fine mist that patients inhale directly into the lungs. It delivers respiratory medication faster and more effectively than a standard inhaler for patients with moderate to severe respiratory conditions.

June marks the beginning of Kenya's cooler, drier season — and with it, a predictable increase in respiratory presentations across pharmacies. Asthma exacerbations rise. Parents bring in children with bronchiolitis and recurrent coughs. Elderly patients with chronic respiratory conditions need more frequent support. Many of these patients are already coming into your pharmacy for their respiratory medications. The home nebulizer is the logical next step — and a high-margin product that many pharmacies are not yet actively stocking or promoting.

A home nebulizer fits naturally alongside your existing respiratory inventory. It does not require a new customer. It serves the patients you already have — and keeps them coming back for accessories and medication refills for months and years to come.

PRODUCT: INNOVATIVE PRODUCT SPOTLIGHT: THE HOME NEBULIZER



Target Customer Profile

Demographics:

- Adults aged 35 and above managing asthma, COPD, or chronic bronchitis
- Parents of children aged 0–12 with recurrent respiratory conditions
- Elderly patients aged 60 and above with chronic respiratory illness
- Caregivers managing a household member with a respiratory condition
- They value reliability and ease of use — they want a device that works without technical complexity
- They are already spending on respiratory medications monthly — they are primed to invest in a device that improves how those medications are delivered
- They respond well to a pharmacist recommendation because they trust clinical guidance over a general retail purchase

Psychographics:

- They are tired of hospital visits for nebulization and want the convenience of managing treatment at home

PRODUCT: INNOVATIVE PRODUCT SPOTLIGHT: THE HOME NEBULIZER



Value to Customers

Short-term: The customer gains immediate access to professional-grade nebulization at home — without the cost, time, and inconvenience of a clinic or hospital visit every time they or a family member needs a treatment. For parents managing a child with asthma or bronchiolitis, this is a significant relief.

Long-term: A home nebulizer supports consistent medication adherence for chronic respiratory patients. Patients who nebulize regularly at home experience fewer acute exacerbations, fewer emergency visits, and better overall respiratory control.

For an elderly patient or a child with recurrent asthma, this device is not a one-time purchase — it is a long-term health management tool that anchors them to your pharmacy for accessories and medication refills for years.

What's Included and Optional Add-Ons

Standard kit:

- Compressor unit
- Nebulizer cup or chamber
- Tubing
- Adult mouthpiece or mask
- Carry case or bag

PRODUCT: INNOVATIVE PRODUCT SPOTLIGHT: THE HOME NEBULIZER



Optional add-ons to stock alongside:

- Paediatric mask — for customers buying for a child
- Replacement tubing — recommended every 3 to 6 months
- Replacement nebulizer cups — recommended every 3 months
- Sterile nebulization solution — for regular airway clearance
- Short-acting bronchodilator solution — for fast-acting respiratory relief
- Inhaled corticosteroid suspension — for maintenance therapy

The add-ons are where the long-term revenue lives. Every nebulizer sold creates a recurring customer who returns monthly for medication and quarterly for accessories.

Sales Projections

Recommended Retail Pricing:

- Home nebulizer unit: KES 6,000 – KES 9,000
- Paediatric mask: KES 300 – KES 500
- Replacement tubing: KES 200 – KES 400
- Replacement nebulizer cup: KES 300 – KES 500
- Sterile nebulization solution (box of 20): KES 400 – KES 700

PRODUCT: INNOVATIVE
PRODUCT SPOTLIGHT: THE HOME
NEBULIZER



Cost to Pharmacy (estimate):

- Home nebulizer unit: KES 3,000 – KES 5,000 per unit depending on supplier and specification

Estimated Profit Per Unit:

- KES 2,000 – KES 4,000 per nebulizer unit sold
- KES 100 – KES 200 per accessory item sold

Monthly Revenue Example:

Units Sold	Revenue	Estimated Profit
5 units/month	KES 37,500	KES 12,500
10 units/month	KES 75,000	KES 25,000

Based on average retail price of KES 7,500 per unit and estimated margin of 33%.

Hidden Revenue Opportunity:

A customer who purchases a home nebulizer typically returns monthly for respiratory medication solutions and quarterly for replacement accessories.

PRODUCT: INNOVATIVE
PRODUCT SPOTLIGHT: THE HOME
NEBULIZER



A single nebulizer customer can generate KES 1,500 – KES 3,000 in recurring monthly purchases from medication refills alone — meaning one device sale can unlock KES 18,000 – KES 36,000 in annual medication revenue per patient.

This is a product that does not just sell once. It anchors a patient to your pharmacy for the long term.

Before placing your initial order, check The Chemist Pharma Deals board (<https://thechemist.co.ke/deals/>) for current supplier promotions — stocking ahead of the cold season may qualify for distributor deals that improve your initial margin.

Selling Strategies

1. Position it visibly near your respiratory medications

Place the nebulizer unit on or near your counter, alongside your respiratory medications and nebulization supplies. Customers collecting respiratory prescriptions are your warmest prospects — they are already managing the conditions a nebulizer addresses.

**PRODUCT: INNOVATIVE
PRODUCT SPOTLIGHT: THE HOME
NEBULIZER**



2. Lead with the convenience story

When recommending the device, the most compelling message is convenience: *"Instead of coming in for a nebulization session every time your child has an episode, you can do it at home in minutes."* For parents and caregivers, this removes a significant burden.

3. Send a targeted WhatsApp message to your respiratory patients

Identify customers who regularly collect respiratory medication prescriptions. Send a brief WhatsApp message this week: *"It is the cold season — is your family managing respiratory conditions at home?"*

Ask us about home nebulizers. Available now at [pharmacy name]." Do not broadcast this to your full list — send it specifically to the relevant segment.

4. Train your staff to introduce it naturally

When a customer collects a respiratory medication, staff should be comfortable saying: *"Are you or your family managing this at home? We have a home nebulizer in stock that makes treatment much easier."* A confident, brief recommendation at the counter converts well for a product like this.

PRODUCT: INNOVATIVE PRODUCT SPOTLIGHT: THE HOME NEBULIZER



5. Bundle the starter kit

Offer a starter bundle at the point of purchase — nebulizer unit plus sterile nebulization solution plus one replacement mask — at a slight discount. This increases the initial transaction value, introduces the customer to the accessories they will need, and sets the pattern for repeat purchases.

Recommended Pharmacy Actions

- This week: Contact your medical device supplier and request pricing and lead time for home nebulizer units. Aim to have initial stock in by the end of June.
- On arrival: Position one unit visibly at or near the dispensing counter. Brief your staff with the two-sentence recommendation script.
- Week two: Send a targeted WhatsApp message to customers already collecting respiratory medications.
- Monthly: Review sales and replenish accessories — saline nebulization cups move faster than the device itself.
- Quarterly: Review your nebulizer customer list and send a WhatsApp reminder about replacement accessories to those who purchased three or more months ago.

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