# Enhancing Access to Medicines through Innovations in Working Capital Financing for Drug Shops 

FINAL REPORT

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#### Abstract

About WDI The William Davidson Institute (WDI) is a non-profit research and educational institute at the University of Michigan that promotes actionable business and public policy approaches to address the challenges and opportunities within emerging market economies. More specifically, the WDI Healthcare Research Initiative produces independent, multidisciplinary research and business knowledge to help increase access to essential medicines, vaccines and other health technologies in developing countries.


#### Abstract

About SDSI

The Sustainable Drug Seller Initiatives (SDSI) Program, funded by a grant to Management Sciences for Health (MSH) from the Bill \& Melinda Gates Foundation, works to improve access to essential medicines in the developing world by fostering partnerships between the public and private sectors.


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## ABBREVIATIONS \& ACRONYMS

| ADDO | Accredited Drug Dispensing Outlet |
| :--- | :--- |
| ADS | Accredited Drug Shop |
| MoH | Ministry of Health |
| MoHSW | Ministry of Health and Social Welfare |
| MSH | Management Sciences for Health |
| NDA | National Drug Authority |
| ODK | Open Data Kit |
| SDSI | Sustainable Drug Sellers Initiatives |
| TFDA | Tanzania Food and Drugs Authority |
| WDI | William Davidson Institute |

## EXECUTIVE SUMMARY

## Background

A healthy pharmaceutical market requires a well functioning credit provisioning system across the multiple entities in the pharmaceutical distribution network. To ensure sustainability of pharmaceutical retailers in low-income countries it is important to develop an in-depth understanding of the credit provisioning system in the pharmaceutical distribution system. The next phase of the accredited drug seller program includes ensuring the accredited drug shops are sustainable to a greater extent. This study assesses the need for working capital in rural drug shops, analyzes how working capital impacts the availability of medicines, and compares different mechanisms for providing capital to rural drug shops while ensuring efficient monitoring, debt collection, and overall sustainability.

Accredited Drug Dispensing Outlets (ADDOs) in Tanzania and Accredited Drug Shops (ADSs) in Uganda were interviewed in this study to determine how access to working capital impacts the availability, sufficiency and variety of medicines stocked. Findings from this study are intended to enhance the long-term sustainability of accredited drug seller initiatives and thereby increase the ability of drug shops to consistently stock the right quantity of pharmaceutical products based on changing community health needs. To identify current stock and cash management practices and potential working capital constraints, a cross-sectional study design was employed using a comprehensive survey instrument developed for the study population of ADDO and ADS owners. A random sample of ADDOs in Morogoro region, Tanzania, and ADSs and class C drug shops (by NDA standards that had not undergone accreditation through the ADS pilot program), within Kibale District, Uganda was obtained with the help of MSH based on the geographic presence and heterogeneity of drug shops within each country. Surveys were successfully administered in paper format (Tanzanian data collection) to 21 ADDOs and electronic format using tablet devices (Uganda data collection) to 12 ADSs and 3 class C drug shops. In addition to the completion of a survey questionnaire, full inventory was taken for a subset of the sample to capture specific brand, manufacture and price information for all products in stock and for sale on the day of the shop visit.

## Findings

## Sourcing Characteristics

A majority of the ADDOs (76.19\%) reported purchasing medicines from a primary supplier (either sub-wholesalers or wholesalers) located in Morogoro Town. 50\% of the ADSs surveyed reported purchasing medicines from a primary supplier located in Kampala, and 33\% reported purchasing their medicines from Kagadi, serving as the second most common supplier location. For the ADDOs, the average distance between ADDOs and their primary supplier was 2.45 hours by personal vehicle. Of the ADDOs surveyed, $76 \%$ cited more than one supply source for medicines. Of the ADS, $58 \%$ cited more than one supply source for medicines.

Most ADDOs ordered their medicines once every 2 weeks (48\%) or once per week (38\%). For ADSs, a third of owners order supplies once a week and another third sourced their medicines twice a month ( $n=4,33 \%$ ). Pick-up/delivery costs are on average $22 \%$ of the total operating costs of ADDOs that incurred pick-up/delivery expenses. For ADSs pickup/delivery costs were $17 \%$ of the overall operating costs. While higher frequency of ordering helps maintain lean inventory at the drug shops, it can increase the transport costs for the shop owner. There are multiple reasons shop owners stock more frequently of which customer demand fluctuations due to seasonality, familiarity to certain medicines and medicine expiry dates are a few. It is also likely that shops travel more often to replenish supplies due to limited working capital, which prevents them from making larger purchases, less often.

## Access to Capital and other shop constraints

81\% of ADDO owners and 58\% of ADS owners indicated that they did not have enough money to operate their business. $48 \%$ of ADDOs and 75\% of ADSs surveyed stated not having enough money to conduct business as their greatest challenge. Compared to this, $29 \%$ of ADDOs ( $25 \%$ of ADSs) said not having enough customers was their greatest challenge and $19 \%$ of ADDOs ( $16 \%$ of ADSs) said sensitization of patients to the medicines (i.e., the patients' relative familiarity to different medicines and treatment methods) was their biggest challenge. 43\% ADDOs and $42 \%$ of ADSs stated that not having enough capital was constraining them from stocking "enough" medicines, $52.4 \%$ of ADDOs (50\% of ADSs) stated that lack of capital was not allowing them to keep their shop in good condition.

## Assortment Planning Decisions

Community demand was cited as the main driver for medicines stocking behaviors, with $32 \%$ of ADDOs and $42 \%$ of ADSs stocking the medicines that their customers ask for. Product categories that were found to be in stock in 100\% of the ADDO and ADS shops included: anti-malarials, disinfectants/antiseptics, cold/flu preparations, antiworm, antibacterial/antibiotic, antifungal, antianaemia/vitamins \& minerals/supplements, and antacid/anti-flatulent/anti-peptic ulceration. Product categories that were available in less than 50\% of ADDO shops included: oxytocics, laxatives, anti-diarrheals (specifically loperamide), anti-convulsants, anti-epileptics and anesthetics. Categories such as oxytocics, loperamide are not stocked by ADDOs even though they are authorized to stock these medicines. For ADS, with consideration for the smaller sample size, dental products (i.e., toothpaste, toothbrushes) were available in less than $50 \%$ of shops despite the approval to stock such products.

## Sufficiency of Inventory Stocked

A detailed analysis by specific product types and subcategories including select antimalarials, antibiotics, anti-fungals, anthelmintic, ORS and bottled water was carried out. On an average (across all items) the shops stocked 1.5 months of stock and their average replenishment frequency was twice a month. Thus, on an average they seem to be stocking enough stock. However, there are significant variations both across shops and across specific products. There are shops that are not keeping enough stock of some medicines to satisfy overall demand. Findings suggest that shop owners struggle to
manage their stocking effectively, which might point to a lack of capital to carry sufficient stock of all medicines for which there is demand in the community, concerns related to expiration dates of medicines and/or the lack of ability to properly plan stocking.

Both a lack of inventory planning skills and a lack of capital to purchase more inventory seem to be factors in less than sufficient inventory.

## Cash Flow Analysis

Detailed cash flow analyses were run for a subset of ADDO and ADS shops for which complete survey and inventory data had been collected. Of the five ADDOs analyzed, cumulative net cash flow was positive for 3 of 5 shops. With the two ADSs analyzed, both shops revealed a cumulative net cash flow in the negative. There was some indication that the two ADDO shops with a negative net cash flow were over-stocking their medicines on a monthly basis based on the previous sufficiency of stock analysis. This finding may be a reflection of poor inventory management and business management training.

## What-if analysis from stocking additional products

An ABC classification and product assortment simulation was done to gain insights into the main products that drive their revenue and analyze the effect on overall profitability of adding new product lines or dropping some product lines. This analysis was used to identify the main revenue and profit drivers in ADDOs and ADSs and then estimate the impact on revenue and profitability when products that are currently not stocked by many ADDOs and ADSs are included in their stocking assortment. Using this analysis doxycycline and penicillin injections were identified as product categories that are not consistently stocked by all shops, but have good market potential in shops that are stocking them.

A what-if analysis was conducted to emulate the revenue and gross profit increase that would result when a shop starts stocking an item that it is currently not stocking. This analysis was completed for ADDO shops specifically, noting that insufficient price data for ADS and illegal status of penicillin injections were limiting factors for running this analysis for ADS. The average sales, retail price, and cost of purchase of the product were estimated from shops that are currently stocking and selling that product. This information was used to estimate the revenue and gross profit increase from stocking an additional product. Each of these products was added (if the shop was not already stocking) to the cash flow and the net cash flow was simulated accordingly. On average in the ADDOs, stocking doxycycline increased net profits by $8.26 \%$ and stocking penicillin injection increased net profits by $1.13 \%$. Given the limitations with sample size of this specific study, the cash flow impacts this specific analysis illustrates are narrow.

## Percentage Mark-Ups

Average percentage mark-up for all products was determined after additional review of product price data. The percentage mark-up ranges from $-7.69 \%$ to over $4000 \%$ across the product categories. The range in mark-ups suggests that some shops are making a loss on certain products because of poor pricing practices. This trend often occurred for bulk items that were split and sold at a value less than the purchase price for the entire bulk package (i.e., condoms). Negative mark-ups on certain products and
very high mark-ups on others could be leading to some type of cross subsidization. If properly designed, cross subsidization can help reduce the costs of medicines that are of highest public health benefit. However, cross subsidization also creates sustainability risks if the demand side market dynamics change. For this reason, cross subsidization is not recommended as a long-term strategy.

## Synthesis of Findings

Geographical reach of direct distribution/deliveries of most pharmaceutical wholesalers and distributors is limited to cities and large towns. As a result, owners of drug shops (ADDO and ADS) in smaller towns and villages either travel to larger cities to purchase medicines or to sub-wholesalers in nearby mid-sized towns. Pick-up sales are typically carried out on a cash basis. Larger shops that may be able to access credit with wholesalers and sub-wholesalers, still may not be able to access the same level or terms of credit as their urban retail pharmacy counterparts do. This could raise the cost of holding stock, increase overall operating costs and in some cases risk the sustainability of a drug shop.

In some cases retail drug shops may take a loan from a local finance institution to support the working capital needed to maintain their cash-to-cash cycle. With limited understanding of the functioning of the retail drug shop business, local banks are cautious in lending working capital credit to shops or offer it at high interest rates. As a result accredited drug shops may have trouble gaining access to sufficient working capital both from their wholesaler/sub-wholesaler and local finance institutions. 43\% ADDOs and $42 \%$ of ADSs stated that not having enough capital was constraining them from stocking "enough" medicines and $52.4 \%$ of ADDOs ( $50 \%$ of ADSs) stated that lack of capital was not allowing them to keep their shop in good condition.

## Recommendations

In combination, the aforementioned analyses provide insights into the business management practices of ADDOs and ADSs as well as some understanding of the role of capital in shop stocking behavior. The assortment breadth analysis and stock sufficiency analysis revealed that while the majority of shops were stocking essential medicine categories, these categories were not always stocked optimally.

The analysis of ADDO shops in Tanzania suggests that accredited drug shops would benefit from additional working capital to stock the optimal quantity of currently under stocked medicines. Likewise, strategic planning around additions to shops' current product assortment remains an important area of potential profit growth. Community sensitization to currently unstocked products remains an important component to understand, as increasing credit and the ability to purchase new medications may not be enough to incentivize shop owners to stock them if they feel there will be no or little demand. Finally, findings concerning overstocking of certain products and under stocking of others, suggests that inventory management is poorly practiced among shop owners. What-if analyses indicate that if product planning is conducted in a strategic way, with emphasis
on essential medicines and/or diverse range product offerings, shops may be able to improve their profitability incrementally overtime. It is recommended that training opportunities serve as a prerequisite for any working capital intervention targeted for the drug shops. Specifically, training should include applied exercises to develop routinestocking strategies as well as consistent cash flow management. Training opportunities might also provide support to shop owners to plan for credit provisions and completing funding applications.

## Access to Fixed Capital Resources

As noted earlier in this analysis, most drug sellers identified large challenges with maintaining the condition of their drug shops or renovating their shops to remain competitive within communities. A fixed capital provisioning method for drug shops needs to be designed by leveraging local banking institutions. A portion of the local banks risks from lending fixed capital to ADDOs or ADSs can be covered using collateral guarantees thereby making the case stronger for the banks to lend to drug shops and reducing the interest rates. Starting a fixed capital mechanism may automatically prime the system so that as banks begin to understand the drug shops business model better and can assess the credit worthiness of the drug shops, they might also start offering working capital credit lines to the drug shops.

## Working Capital Mechanism

This small-scale, in-depth analysis of access to working capital and its impact on the availability of medicines in remote areas reveals that working capital constraints are indeed an impediment to running a sustainable business. To address this specific challenge developing a working capital financing mechanism may provide an innovative solution for financing drug shops while also encouraging the appropriate use of funds by prioritizing use of funds on essential medicines and health products. As was simulated with the cash flow product addition analysis, identifying products that are of high value to communities (and are currently unstocked) will improve the cash-to-cash cycle of drug shops in a strategic fashion. Successful completion of supplemental business training for shop owners that focuses on inventory management, cash flow management should be a prerequisite for the provision of additional working capital.

One way to enhance working capital availability for drug shops would involve drug shops receiving both working capital and fixed capital loans through local banking institutions. Banking institutions would receive collateral guarantees and downside risk coverage from the capital financing mechanism. The banks will lend both forms of capital and manage the logistical aspects of lending money and receiving payment on balances.

The second working capital mechanism recommended involves a credit facility that is managed by a community of accredited retail shop owners. A group of accredited shop owners would be provided an initial investment of capital by an external funder (donor, investor, or mix of both types of funds) that can be utilized in a revolving fashion. Certain portions of the revolving credit facility will be loaned to shop owners who identify a need for additional capital and are approved to use by the regional accredited retail drug shop association. Accountability will stem from the group structure,
mirroring the commonly utilized microfinance model, which is also based on community accountability. However, this second model relies on the availability of an accredited shop owner association to manage the use of funds. This may place a burden on shop owners, especially for owners that already manage businesses in addition to their drug shop.

In addition, if credit to the national wholesalers becomes cheaper or their need for working capital decreases, wholesalers may be better positioned to lend working capital credit to the drug shop owners. Wholesalers' need for working capital might decrease as a result of their credit terms with the pharmaceutical manufacturer or due to the creation of pre-wholesaling operations by the manufacturer. More favorable cash to cash cycles for the wholesaler may lead to a "trickle-down" effect where wholesalers begin extending similar credit terms to drug shops as they do for urban and peri-urban pharmacies.

Regardless of the mechanism determined most fit to address the identified challenges, the role of technology should play a central role in the ongoing management of any financing approach.

## INTRODUCTION

A healthy pharmaceutical market requires a well functioning credit provisioning system across the multiple entities in the pharmaceutical distribution network. To ensure sustainability of pharmaceutical retailers in low-income countries it is important to develop an in-depth understanding of the credit provisioning system. The next phase of the accredited drug seller program includes ensuring the accredited drug shops are sustainable to a greater extent. This study assesses the need for working capital in rural drug shops, analyzes how working capital impacts the availability of medicines, and compares different mechanisms for providing capital to rural drug shops while ensuring efficient monitoring, debt collection, and overall sustainability.

Findings from this study will help to enhance the long-term sustainability of accredited drug seller initiatives and will increase the ability of drug shops to stock pharmaceutical products based on changing community health needs. This report outlines the approach used to first understand the cash-to-cash cycle of accredited drug dispensing outlets (ADDOs) in Tanzania and accredited drug shops (ADS) in Uganda, and provides a full analysis of findings for both countries.

## STUDY OBJECTIVES

In partnership with Management Sciences for Health, five primary objectives were developed to guide this exploratory research on working capital constraints. The following outlines the objectives of the current study:

1. To understand the cash-to-cash cycle of ADDO/ADS owners in Tanzania and Uganda.
2. To assess the need for working capital by ADDO/ADS owners in Tanzania and Uganda with specific emphasis on the following questions:
a. Where do ADDO/ADS owners currently obtain working capital (finance from business, loan from family etc.)?
b. What is the need and availability of credit for different size of ADDOs/ADS?
c. Do ADDO/ADS owners lose sales revenue because of working capital credit constraints?
3. To model the measurable impact of enhanced access to working capital for ADDO owners on the availability and prices of a list of drugs with significant public health benefit.
4. To understand the impact of working capital availability on the long-term sustainability of ADDOs/ADSs as well as the ability for ADDOs/ADSs to adapt stocking patterns according to changes in health needs of the communities they seek to serve.
5. To analyze the feasibility of different potential arrangements for enhancing working capital needs for ADDOs/ADSs, including (but not limited to) a working capital facility. Additionally, to model, project and compare the risks, benefits, sustainability of each proposed arrangement.

## PROJECT PARTNERS

The Tanzanian Food and Drug Authority (TFDA) and the National Drug Authority (NDA) in Uganda are responsible for the scale-up or piloting and overarching regulation of the ADDO and ADS programs in their respective countries. Both entities served as key government partners providing support to this research project.

Management Sciences for Health (MSH) - A US-based NGO serving as the lead technical and implementing partner for the ADDO/ADS programs in Tanzania and Uganda respectively, as well as the ongoing director for the Sustainable Drug Seller Initiatives (SDSI) work funded by the Bill \& Melinda Gates Foundation.

William Davidson Institute (WDI)- A non-profit educational and research institute, affiliated with the University of Michigan, lends its expertise in the areas of scalable and sustainable models for the delivery of goods and services in healthcare. The WDI Healthcare Research Institute's extensive knowledge base and ongoing research help identify interventions that improve the efficiency and function of healthcare supply chains.

## METHODOLOGY \& STUDY DESIGN

In order to address each of the aforementioned study objectives, a cross-sectional study design was employed using a comprehensive survey instrument developed for the study population of ADDO and ADS owners. Surveys were administered in paper format (Tanzanian data collection) and electronic format using tablet devices (Uganda data collection). The software utilized for electronic data collection was Open Data Kit (ODK), an open source platform that runs as an application on android-based devices. Survey forms were uploaded prior to and downloaded after data collection using Open Data Kit Aggregate. Further details on the topics included in the survey tool as well as the sampling methodology used in survey administration are included in the text that follows.

## Survey Tool

A survey tool was developed to elicit a greater understanding of the cash to cash cycle of accredited drug shops in Tanzania and Uganda. The tool captured key characteristics of the drug shop and the drug shop owner (see ANNEX 1):

## 1. Drug Shop owner questionnaire

- Contents:
- Drug shop owner characteristics (general demographics of owner's household, proxy measures for socio-economic status etc.)
- Drug shop characteristics (number of employees, distribution of labor, responsibilities included in the day to day shop management, patient volumes, days and hours of operation, etc.)
- Drug Shop's medicine supply (where are medicines sourced, how are orders placed, frequency of order placement, etc.)
- Access to capital and credit (has drug shop ever received a formal or informal loan, does supplier provide drug shop credit, what are the repayment periods and conditions for credit/loans, etc.)
- Non-current, current assets/liabilities
- Drug shop owner expenditures
- Format: Paper-based (Tanzania), Electronic tablet-based (Uganda)

2. Inventory sheet- The inventory captures everything that was in stock and for sale on the day of the shop visit

- The inventory tool captures the following:
- Brand Name
- Manufacturer
- Country of manufacture
- Expiry Date
- Number of units in stock
- Purchase price and retail price (when available)
- Whether each medication had been stocked out in the last 30 days
- Format: Paper-based (Tanzania and Uganda)

Region Selection in Tanzania
Data collection was conducted in Morogoro region within central Tanzania, which was selected based on the following criteria:

- Presence of Accredited Drug Dispensing Outlets- The Tanzania Food and Drugs Authority (TFDA) is in the process of scaling the ADDO program across Tanzania on a region-by-region basis. This study was conducted in a region (Morogoro region) in which ADDO conversion had already taken place.
- Heterogeneity of ADDOs (high vs. low volume shops)- The study team needed to assess the working capital constraints, as well as the need and availability of credit at ADDOs of varying sizes. MSH suggested that Morogoro would have the diversity of shops required to obtain a representative sample.


## Region Selection in Uganda

The study site in Uganda (Kibale District) was chosen based on the following criteria:

- Presence of Accredited Drug Shops- The ADS program was launched in 2009, and currently these accredited shops are only found in Kibale district as scale-up to other districts is forthcoming. As a result, Kibale district was chosen for the data collection conducted in Uganda.


## Participant Selection

This study targeted the drug shop owners as the primary survey respondents. However, in certain cases in which the drug shop owner was not available, the drug seller/dispenser was interviewed instead. Additionally, although the study targeted drug shop owners, as mentioned above, the survey instrument also captures basic information on all staff members and their roles and responsibilities in each drug shop.

## ADDO/ADS Selection

MSH provided WDI with a list of all known ADDOs in Morogoro region, Tanzania and ADS in Kibale District, Uganda. A representative sample of 21 ADDOs, stratified by year of ADDO training and volume of customers, was randomly selected from this master list. Due to the rains, difficult logistics, and time constraints, two districts in Morogoro region (Ulanga and Kilombero) were excluded from the study sample pool. The districts within Morogoro region where the 21 sampled ADDOs were surveyed included Morogoro Rural, Kilosa and Mvomero. In Uganda, 12 ADSs and 3 class C drug shops (class C by NDA standards with no accreditation through the ADS pilot program) were randomly selected from the ADS master list.

To note, as this research was exploratory in nature, the sample size determined was intended to provide an in-depth view of a small population of shops. The findings presented in this report may not be statistically generalizable to all accredited drug shops. In-depth survey instrumentation along with complete inventory of selected drug shops created resource constraints in the form of time limitations and budgetary limitations. As a result, findings should be taken with consideration for the sample size outlined above.

## Replacement Drug Shops

In addition to the sample of ADDOs and ADSs that were randomly selected, an additional 5 drug shops in each of the country's sample areas were also randomly selected to serve as replacements in the chance that the study team found the ADDO/ADS closed or in instances when the owner was not present.

## Drug Shop Owner Participation in the Study

All randomly selected ADDOs/ADSs in the target districts were approached and provided with an informed consent, during which time the study procedures and implications for participation were described, making it clear that the participant could refuse to participate or cease participation at any time. The study team only proceeded to interview drug shop owners (or drug sellers/dispensers in some instances) when witnessed verbal consent was provided. The University of Michigan Institutional Review Board (IRB) approved this study with exemption status as it was determined to be of minimal risk to the drug shop owners and dispensers. Under this approved application, the aforementioned verbal consent was outlined along with examples of survey instrumentation used.

Table 1: Project Timeline

| Activity | Time Period |
| :--- | :---: |
| Review literature, interview key informants and develop <br> questionnaire/framework to measure the needs and availability <br> working capital at ADDOs/ADSs | Oct-Nov 2011 |
| Conduct interviews with a stratified sample of ADDO/ADS owners in <br> Uganda and Tanzania | Dec 2011-Jan 2012 |
| Create a flow model to understand the impact of marginal increase <br> in working capital on different impact parameters (availability, <br> price, profitability, etc.) | Feb-Mar 2012 |
| Analyze the technical and long term economic feasibility of different <br> potential arrangements for enhancing working capital needs for <br> ADDOs/ADSs | Feb-Mar 2012 |
| Finalize technical report, discussion with external partners | April 2012 |

A random sample of ADDOs in Morogoro region, Tanzania, and ADSs and class C drug shops within Kibale District, Uganda was obtained with the help of MSH based on the geographic presence and heterogeneity of drug shops within each country. Surveys were successfully administered in paper format (Tanzanian data collection) to 21 ADDOs and electronic format using tablet devices (Uganda data collection) to 12 ADSs and 3 class C drug shops. In addition to the completion of a survey questionnaire, full inventory was taken for a subset of the sample to capture specific brand, manufacture and price information for all products in stock and for sale on the day of the shop visit.

To understand the impact of additional working capital credit, this study utilized direct responses from shop owners, sufficiency of stock analysis, and what-if analyses from stocking additional products. Each of these approaches provides unique information regarding the ways in which shop cash-to-cash cycles are managed, stock decision making practices and role of working capital credit in the accredited drug shop network.

## FINDINGS

## Shop Characteristics:

The majority of respondents interviewed in both Tanzania and Uganda ranged in age between 25 years and 64 years, with just over half of all respondents being male (ADDO: $67 \%, \mathrm{n}=21$; ADS: 53\%, n=12). Among ADDO owners ${ }^{1}$, the highest level of education reported was a Diploma ${ }^{2}(\mathrm{n}=22,18 \%)$ while the most common level of education received

[^0]by owners was secondary school, level 4 ( $n=9,41 \%$ ). The two most commonly reported levels of education for ADS owners were University degrees ( $\mathrm{n}=18,56 \%$ ) and diplomas ( $\mathrm{n}=18,17 \%$ ). Type/level of training varied widely across shops, however, nursing/midwifery training was the most frequently cited for owners by both ADDO ( $\mathrm{n}=23$, $35 \%$ ) and ADS owners ( $\mathrm{n}=18,28 \%$ ).

The majority of ADDOs interviewed had fewer than 150 customers per week, however, there was a range among shops sampled, anywhere between 36-1050 customers. ADSs interviewed had 78 customers per week on average; however, a similar range of customer population size extended from 13 to 500 customers per week. Customer information obtained was all based on self-reported weekly volume and so should be considered an approximation of actual customer volumes.

## Stocking Practices

The majority of ADDOs sampled ( $\mathrm{n}=21,76.19 \%$ ) reported purchasing medicines from a primary supplier (either sub-wholesalers or wholesalers) located in Morogoro Town (Table 2). Across the shops, the average approximate distance between ADDOs and their primary supplier was 2.15 hours (range $0.5-4$ hours SE: .243) by personal vehicle. ${ }^{3}$

[^1]Figure 1: Map of ADDO and Supplier Locations in Tanzania


Figure 2: Distance between ADDO Locations and Primary Suppliers in Tanzania


Of these ADDOs, 76\% ( $\mathrm{n}=16$ ) cited more than one supply source for medicines. The majority of the secondary sources (either sub-wholesalers or wholesalers) of medicine supply were also located in Morogoro region, with $63 \%$ ( $n=10$ ) reporting suppliers in Morogoro Town, and $13 \%(\mathrm{n}=3)$ reporting a supplier in Kilosa Town (Table 3).

| Table 2: Location of Primary Supplier for ADDOs |  |  |
| :---: | :---: | :---: |
| $\mathbf{n = 2 1}$ | Frequency | Percent |
| Own town/village | 2 | $9.52 \%$ |
| Morogoro Town | 16 | $76.19 \%$ |
| Dar es Salaam | 3 | $14.29 \%$ |


| Table 3: Location of Secondary Supplier for ADDOs |  |  |
| :---: | :---: | :---: |
| $\mathbf{n = 1 6}$ | Frequency | Percent |
| Morogoro Town | 10 | $63 \%$ |
| Kilosa Town | 3 | $19 \%$ |
| Dar es Salaam | 2 | $13 \%$ |
| Own town/village | 1 | $6 \%$ |

Half of the ADSs surveyed ( $\mathrm{n}=6,50 \%$ ) reported purchasing medicines from a primary supplier located in Kampala, with Kagadi serving as the second most common supplier location ( $n=4,33 \%$ ). Of the ADSs, $58 \%$ ( $n=7$ ) cited more than one supply source for medicines.

Figure 3 shows that most ADDOs ordered their medicines once every 2 weeks ( $\mathrm{n}=10,48 \%$ ) or once per week ( $\mathrm{n}=8,38 \%$ ). For ADSs, a third of owners order supplies once a week and another third sourced their medicines twice a month ( $n=4,33 \%$ ).

Figure 3: Frequency of Stock Replenishment


Frequency of Orders

Survey responses regarding monthly expenses revealed that 86\% ( $\mathrm{n}=18$ ) of all ADDOs surveyed and $92 \%$ ( $n=11$ ) of all ADSs reported a monthly pick-up/delivery cost for purchasing medicines from each shop's sub-wholesaler/wholesaler.

Figure 4: Shop Ordering Practices


Of the ADDOs that incur pick-up/delivery expenses, pick-up/delivery costs are on average $22 \%$ of total operating costs. For ADSs the pick-up/delivery costs are $17 \%$ of the total operating costs. When comparing pick-up/delivery costs relative to a shop's stocking pattern (i.e., the frequency at which they purchase supplies) it appears that as ADS shops stock more frequently, their pick-up/delivery related expenses increase. The results for ADDOs were less consistent, with one large expensive outlier for a shop stocking every two months. Figure 5 plots the mean pick-up/delivery expenses for each reported stocking pattern by shop type - ADDO or ADS. Information obtained regarding pick-up and delivery costs was self-reported and therefore subject to the survey respondent's interpretation of what costs are incurred related to "pick-up" and "delivery".


It is possible that shops that stock less frequently may be at a higher risk for product expiration than those who stock more regularly. However, as per TFDA regulations pharmaceutical products should have three-fourths of the product shelf life remaining at the time of import limiting the chances of product expiration when replenishment frequency changes from twice every month to once every two months. Shops that collect supplies more often may do so because they are operating with limited working capital, which prevents them from making larger purchases, less often. These findings may suggest that limited access to working capital may be impacting the cash flow of shops negatively as they are incurring greater pick-up/delivery costs, particularly for the ADS shops, associated with more frequent supplies ordering. Another study found that ADDOs in remote regions in Tanzania tend to order more frequently and lesser volumes as compared to ADDOs in less remote regions. This ordering behavior was attributed to a lack of working capital (Larson et al, 2012).

Of the ADDOs surveyed, $57 \%$ reported a stock-out of one or more medicines in the last thirty days. ADSs surveyed reported similarly with $50 \%$ of shops having a stock-out of medicines in the last thirty days.

| Table 4: Medicines Stocked Out in Last Month (Y/N) |  |  |  |
| :---: | :---: | :---: | :---: |
|  | ADDO (n=21) | ADS (n=12) | Class C (n=3) |
| Yes | $57 \%$ | $50 \%$ | $67 \%$ |
| No | $43 \%$ | $50 \%$ | $33 \%$ |

Stocking pattern also appears to impact the percentage of ADS shops that have a monthly stock-out. Figure 6 shows the relationship between frequency of stocking and the percent of shops with medicine stock-outs for ADS.


## Access to Capital and other shop constraints

69\% ( $\mathrm{n}=18$ ) of the ADDO owners and $67 \%(\mathrm{n}=12$ ) of ADS owners surveyed used their own personal savings to establish their drug shop.

| Table 5: Source(s) of Capital to Establish Business |  |  |  |
| :--- | :---: | :---: | :---: |
| *Multiple responses allowed | ADDO <br> (n=21) | ADS <br> $(\mathbf{n = 1 2 )}$ | Class C <br> (n=3) |
| Owner's personal savings | $69 \%$ | $67 \%$ | $33 \%$ |
| Borrowing from friends or family | $15 \%$ | $0 \%$ | $0 \%$ |
| Borrowing from SACCOs or small scale <br> community lending organizations | $0 \%$ | $25 \%$ | $0 \%$ |
| Borrowing from banks or other formal lending <br> institutions | $8 \%$ | $8 \%$ | $33 \%$ |
| Inheritance | $4 \%$ | $0 \%$ | $0 \%$ |
| Joining funds and a foreign grant | $0 \%$ | $0 \%$ | $33 \%$ |
| Don't know | $4 \%$ | $8 \%$ | $0 \%$ |

81\% ( $\mathrm{n}=17$ ) of ADDO owners and $58 \%(\mathrm{n}=9$ ) of ADS owners indicated that they did not have enough money to operate their business. This reported lack of funds does not indicate the business may no longer be in operation, but rather may be an indication of shops not having enough money to grow their business. It may be that some shop owners are crosssubsidizing their business with other sources of income in order to keep the shop in operation.


Specifically, 48\% of ADDOs and 75\% of ADSs stated not having enough money to conduct business as their greatest challenge. Comparatively, $29 \%$ of ADDOs ( $25 \%$ of ADSs) said not having enough customers was their greatest challenge and 19\% of ADDOs (16\% of ADSs) said sensitization of patients to the medicines (i.e., the patients' relative familiarity to a medicine(s)) was their biggest challenge. 43\% ADDOs and $42 \%$ of ADSs stated that not having enough capital was constraining them from stocking "enough" medicines, $52.4 \%$ of ADDOs ( $50 \%$ of ADSs) stated that lack of capital was not allowing them to keep their shop in good condition. ${ }^{4}$

| Table 6: Impact of Not Having Enough Capital for ADDOs |  |  |
| :--- | :---: | :---: |
| $\mathbf{n}=\mathbf{1 7}$ <br> ${ }^{*}$ Multiple responses allowed | Frequency | Percent |
| I cannot keep the shop in good condition | 11 | $41 \%$ |
| I cannot stock enough quantity of each medicine | 9 | $33 \%$ |

[^2]| Inability to sustain business (loss of business, loss of revenue) | 3 | $11 \%$ |
| :--- | :---: | :---: |
| Failure to meet customer expectations/loss of customers | 2 | $7 \%$ |
| I cannot stock some more expensive items | 1 | $4 \%$ |
| Difficulty paying staff salaries | 1 | $4 \%$ |

When shop owners were asked about access to credit from their medicines supplier, 48\% of ADDO owners and 25\% ADS owners reported their supplier offers no credit. 24\% of ADDO owners reported use of some form of credit from their supplier for most or all products. 58\% of ADS owners reported extension and use of credit from their supplier on most or all products. Of the ADSs that are offered credit by their supplier, $43 \%$ had no repayment period set with their supplier. As seen in Table 8 below, credit repayment periods to suppliers varied between both ADDOs and ADSs. There appears to be no set repayment schedule across shops, which may be an indication of the current informality of credit provisioning when available to shops.

| Table 7: Does Medicine Supplier Offer Credit to Your Drug Shop? (Y/N) |  |  |  |
| :--- | :---: | :---: | :---: |
|  | ADDO <br> (n=21) | ADS <br> (n=12) | Class C <br> (n=3) |
| No, the supplier never sells anything on <br> credit to me | $48 \%$ | $25 \%$ | $0 \%$ |
| Yes, credit is offered on most or all products | $24 \%$ | $58 \%$ | $67 \%$ |
| Don't know | $14 \%$ | $0 \%$ | $33 \%$ |
| Supplier offers credit, but the shop does not <br> accept it | $9 \%$ | $17 \%$ | $0 \%$ |
| Refused | $5 \%$ | $0 \%$ | $0 \%$ |
| Sometimes credit is offered on new or <br> promotional products | $0 \%$ | $0 \%$ | $0 \%$ |

Table 8: If Credit Offered by Medicine Supplier to Drug Shops, How is the Money Paid Back?

|  | ADD0 (n=5) | ADS (n=7) | Class C (n=2) |
| :--- | :---: | :---: | :---: |
| Next time I go to purchase drugs | $60 \%$ | $0 \%$ | $0 \%$ |
| Two to three weeks later | $20 \%$ | $0 \%$ | $0 \%$ |
| Make a deposit to supplier's bank account | $20 \%$ | $0 \%$ | $0 \%$ |
| No set repayment period | $0 \%$ | $43 \%$ | $0 \%$ |
| One week | $0 \%$ | $29 \%$ | $0 \%$ |
| Between two to four weeks | $0 \%$ | $14 \%$ | $0 \%$ |
| One month | $0 \%$ | $58 \%$ | $100 \%$ |

In addition to credit provisions from medicine suppliers, a smaller portion of both ADDOs and ADSs utilized credit from alternative sources. 5 ADDO owners ( $50 \%, \mathrm{n}=10$ ) and 1 ADS owner $(20 \%, n=4)$ reported use of a bank loan and 3 ADDO owners $(33 \%, n=10)$ and 3 ADS owners $(80 \%, n=4)$ reported financing through a community lending organization.

| Table 9: Other Sources of Credit Offered to Drug Shops <br> (Other than Medicine Supplier) (Y/N) |  |  |  |
| :---: | :---: | :---: | :---: |
|  | ADDO (n=21) | ADS (n=12) | Class C (n=3) |
| Yes | $48 \%$ | $33 \%$ | $0 \%$ |
| No | $19 \%$ | $58 \%$ | $100 \%$ |
| Don't know | $33 \%$ | $8 \%$ | $0 \%$ |

Figure 8: Other Sources of Credit for Accredited Drug Shops


In total, $57 \%$ of ADDOs and $58 \%$ of ADSs reported receiving credit from either their supplier or another source (i.e., bank, community lending organization, etc.). In turn, a greater number of shop owners extend credit to their customers to purchase medicines. $71 \%$ of ADDO owners and $83 \%$ of ADS owners offer credit to their customers. One third of ADS and ADDO owners reported that they had no set repayment date for any credit provided to customers. Informal credit provisioning to customers illustrates an additional variable of financial uncertainty and potential shop constraint for owners.

## Table 10: Does the drug shop offer credit to its customers? (Y/N)

|  | ADDO (n=21) | ADS (n=12) | Class C (n=3) |
| :---: | :---: | :---: | :---: |
| Yes | $71 \%$ | $83 \%$ | $100 \%$ |
| No | $29 \%$ | $17 \%$ | $0 \%$ |

In addition to outstanding credit utilized by customers and credit due to suppliers, many owners manage personal withdrawals of money from their business on a daily or monthly basis. 67\% of ADDO owners withdraw money from their business on a daily basis and 76\% withdraw on a monthly basis. 75\% of ADSs withdraw money from their business on a daily basis and nearly all, $92 \%$, of ADSs withdraw on a monthly basis. A large number of ADDO owners decide what amount to withdraw on an ad hoc basis ( $50 \%$ for daily withdrawals, $38 \%$ for monthly withdrawals). Similarly, ADS owners typically withdraw money based on their current needs ( $56 \%$ for daily withdrawals, $55 \%$ for monthly withdrawals). Both predominant decision-making methods may be variable and subject to other personal financial constraints the shop owners face.

Table 11: How Daily Withdrawal Amount is Determined by Shop Owner

| *Multiple responses allowed | ADDO <br> $(\mathbf{n}=14)$ | ADS <br> $(\mathbf{n}=9)$ | Class C <br> $(\mathbf{n}=\mathbf{3})$ |
| :--- | :---: | :---: | :---: |
| Owner draws on an ad hoc basis | $50 \%$ | $0 \%$ | $0 \%$ |
| Owner reconciles accounts at the end of the day and <br> determines an amount | $19 \%$ | $11 \%$ | $33 \%$ |
| Owner calculates how much he/she can draw | $13 \%$ | $22 \%$ | $0 \%$ |
| Owner draws according to his/her needs | $13 \%$ | $56 \%$ | $33 \%$ |
| Owner knows profit margin and draws accordingly | $6 \%$ | $11 \%$ | $33 \%$ |
| Owner draws when other businesses need to be <br> supported | $0 \%$ | $11 \%$ | $0 \%$ |
| Owner draws on a regular, weekly basis | $0 \%$ | $11 \%$ | $0 \%$ |

Table 12: How Monthly Withdrawal Amount is Determined by Shop Owner

| ${ }^{*}$ Multiple responses allowed | ADDO <br> $(\mathbf{n}=16)$ | ADS <br> $(\mathbf{n}=11)$ | Class C <br> $(\mathbf{n}=\mathbf{3})$ |
| :--- | :---: | :---: | :---: |
| Owner draws on an ad hoc basis | $38 \%$ | $0 \%$ | $0 \%$ |
| Owner calculates how much he/she can draw | $21 \%$ | $0 \%$ | $0 \%$ |
| Owner reconciles accounts at the end of the day and <br> determines an amount | $13 \%$ | $9 \%$ | $33 \%$ |
| Owner knows profit margin and draws accordingly | $13 \%$ | $9 \%$ | $0 \%$ |
| Owner draws according to his/her needs | $13 \%$ | $55 \%$ | $33 \%$ |


| Refused | $4 \%$ | $0 \%$ | $0 \%$ |
| :--- | :---: | :---: | :---: |
| I calculate how much I can draw at the end of the month | $0 \%$ | $36 \%$ | $0 \%$ |
| Business partners have agreed on a ceiling | $0 \%$ | $0 \%$ | $33 \%$ |

## Use of Additional Credit

To examine shop owner interest in additional credit resources, survey questions were framed using multiple hypothetical credit provisioning scenarios. An overwhelming majority of shop owners responded to these questions indicating they would use additional funds/credit, if available, to purchase more medications or new medications they are not currently stocking. When asked, "what would you do if additional credit (with interest) was provided to your business" approximately 71\% of ADDOs and 69\% of ADSs mentioned they would purchase more of the same medicines and $38 \%$ ADDOs and ADSs said they would start stocking new medicines which they currently don't stock.


While not specific to the type of supplies the owner would purchase (i.e., the same medications or new medications not previously stocked), 16 (76\%) and 11 (52\%) ADDO owners indicated they would buy more medicines if they were able to obtain larger sums of money such as 2 million TSH or 10 million TSH, respectively. Improving shop profitability by adding to or increasing current stock levels aligns well with the reported use of hypothetical, additional capital fund by shop owners.

## Assortment Planning Decisions

Survey respondents cited community demand as the main driver for medicines stocking behaviors, with $32 \%$ ( $\mathrm{n}=17$ ) of ADDOs and $42 \%$ ( $\mathrm{n}=5$ ) of ADSs stocking medicines that their customers ask for, and $25 \%(\mathrm{n}=13)$ of ADDOs and $42 \%(\mathrm{n}=5)$ of ADSs stock the medicines that treat diseases in the community (Table 13). While the number was small ( $\mathrm{n}=2,4 \%$ ), it was interesting to note that 2 ADDOs in close proximity to a hospital/health center were regularly checking on the availability of medicines in the public sector and were additionally stocking medicines that were out of stock at these health facilities. To note, customer demand at shops may have also reflected stock-outs of medicines in nearby health facilities as they were unable to get the treatments at the facility and so requested the same drugs at the ADDOs. Information regarding the number of customers that came to ADDOs or ADSs to purchase medicines because they were unable to obtain them at a public health facility was not collected as a part of this data set.

| Table 13: Determination of Medicines to Stock |  |  |  |
| :--- | :---: | :---: | :---: |
| *Multiple responses allowed | ADDO <br> (n=21) | ADS <br> $(\mathbf{n = 1 2 )}$ | Class C <br> (n=3) |
| Order what customers ask for | $32 \%$ | $42 \%$ | $33 \%$ |
| Order what treats diseases in the <br> community | $25 \%$ | $42 \%$ | $100 \%$ |
| Order products that sell quickly | $9 \%$ | $33 \%$ | - |
| Order products that are low in stock | $8 \%$ | $17 \%$ | $33 \%$ |
| Order products on the ADDO/ADS list ${ }^{5}$ | $6 \%$ | $17 \%$ | - |
| Order products that are out of stock | $4 \%$ | - | - |
| Order products that are out of stock at the <br> nearby hospital | - | $8 \%$ | - |
| Order products based on efficacy, quality <br> and price | - | $8 \%$ | - |
| Order depending on available resources |  |  |  |

Product categories that were found to be in stock in $100 \%$ of the ADDO and ADS shops (i.e., carrying one or more drug within that specific category) included: anti- malarials, disinfectants/antiseptics, cold/flu preparations, antiworm, antibacterial/antibiotic, antifungal, antianaemia/vitamins \& minerals/supplements, and antacid/anti-flatulent/anti-peptic ulceration. Product categories that were available in less than $50 \%$ of ADDO shops included: oxytocics, laxatives, anti-diarrheals (specifically loperamide), anticonvulsants, anti-epileptics and anesthetics. Categories such as oxytocics, loperamide are not stocked by ADDOs even though they are authorized to stock these medicines. For ADSs, with consideration for the smaller sample size, dental products (i.e., toothpaste, toothbrushes) were available in less than $50 \%$ of shops despite the approval to stock such products.

[^3]Stocking information across shops surveyed for the following, specific sub-categories, antimalarials, antibiotics and non-drugs, are provided below. Anti-malarials and antibiotics represent two frequently requested and recommended essential medicines for patients. Information included for anti-malarials and antibiotics is only listed for approved products for ADDOs or ADSs, however, it should be noted that many shops stocked a larger variety than just the approved listing for these product categories. Non-drugs represent a range of diverse product offerings which not stocked in large amounts, however, may present a potential area of revenue and profit growth (i.e., the US retail pharmacy model) ${ }^{6}$, for accredited drug shops.

| Table 14: Stocking of Antibiotic Sub- Categories ${ }^{7}$ |  |  |
| :--- | :---: | :---: |
| Antibiotic Product Sub- <br> Categories | \% of ADDO Stocking Sub- <br> Category (n=18) <br> Category (n=12) |  |
| Amoxicillin (Capsules, Syrup) | $94 \%$ | $100 \%$ |
| Benzyl penicillin (Injection) | $17 \%$ | - |
| Chloramphenicol (Tablets, Syrup, <br> Cream) | $44 \%$ | $8 \%$ |
| Ciprofloxacin (Tablets) | - | $75 \%$ |
| Co-trimoxazole (Tablets, Syrup) | $94 \%$ | $100 \%$ |
| Doxycycline (Capsules) | $61 \%$ | $75 \%$ |
| Erythromycin (Tablets, Syrup) | $94 \%$ | $100 \% 8$ |
| Metronidazole (Tablets, Syrup) | $100 \%$ | $100 \%$ |
| Nitrofurantoin (Tablets) | $39 \%$ | $33 \%$ |
| Oxytetracycline hydrochloride <br> (Cream) | $17 \%$ | - |
| Penicillin (Tablets, Syrup, <br> Injection) | $94 \%$ | $92 \%$ |

Table 15: Stocking of Antimalarial Sub-Categories

| Antimalarial Product Sub- <br> Categories | \% of ADDO Stocking Sub- <br> Category (n=18) | \% of ADS Stocking Sub-Category <br> (n=12) |
| :--- | :---: | :---: |
| WHO Prequalified ACT (Tablets) | $83 \%$ | $92 \%$ |
| Non-WHO Prequalified ACT <br> (Tablets) | $28 \%$ | $67 \%$ |
| SP (Tablets, Syrup) | $83 \%$ | - |
| Quinine (Tablets, Syrup, <br> Injection) | $94 \%$ | $100 \%$ |
| Amodiaquine (Tablets, Syrup) | $67 \%$ | - |

[^4]| Table 16: Stocking of Non-Drug Sub-Categories ${ }^{\mathbf{8}}$ |  |  |
| :--- | :---: | :---: |
| Non-Drug Product Sub- <br> Categories |  | \% ADDO Stocking Sub-Category <br> (n=18) |
| Baby powder | $17 \%$ | (n=12) |
| Body cream | $11 \%$ | $17 \%$ |
| Cleaning supplies/antiseptic | $67 \%$ | $25 \%$ |
| Diapers | $11 \%$ | $67 \%$ |
| Film | - | $17 \%$ |
| Food (prepackaged) | $6 \%$ | $8 \%$ |
| Glycerin | - | $17 \%$ |
| Hair Clipper Blade | - | $8 \%$ |
| Hair Product | - | $8 \%$ |
| Herbal Jelly | - | $17 \%$ |
| Lip Balm | - | $17 \%$ |
| Lubricant | $6 \%$ | $8 \%$ |
| Medicated oil/balm | $11 \%$ | - |
| Mosquito repellant | $28 \%$ | - |
| Mouthwash | $50 \%$ | $8 \%$ |
| Perfume | - | - |
| Petroleum Jelly | $6 \%$ | $17 \%$ |
| Sanitary pads | $39 \%$ | $8 \%$ |
| Shampoo | $6 \%$ | $58 \%$ |
| Soap | $67 \%$ | - |
| Stationary | $11 \%$ | $33 \%$ |
| Toilet paper | $22 \%$ | - |
| Toothbrush | $6 \%$ | $8 \%$ |
| Toothpaste/Balm | $33 \%$ | - |
| Bottled Water | $28 \%$ | $42 \%$ |
| Water treatment/disinfectant | $50 \%$ | - |
|  |  | $50 \%$ |

Of the aforementioned sub-categories, a sub-set of products was examined to determine their assortment across shops. Penicillin injections, a high value product for most shops, were stocked in $67 \%$ of the 21 ADDOs surveyed. Doxycycline, an essential antibiotic medication, was stocked in $61 \%$ of ADDOs. These products were used to conduct a what-if analysis, on a specific subset of shops (five ADDO shops total).

## Sufficiency of Inventory Stocked ${ }^{9}$

For each shop, the months of stock on-hand was estimated based on the units of stock on hand and the total units of stock sold in the last thirty days. Inventory data at specific shops, including physical counts of products in stock and self-reported sales information for the last 30 days provided at the time of inventorying, was utilized to conduct this analysis. A detailed analysis by specific product types and subcategories including select

[^5]anti-malarials, antibiotics, anti-fungals, anthelmintic, ORS and bottled water was carried out. On an average the shops stocked 1.5 months of stock of medicines and their average replenishment frequency was twice a month. For each shop the amount of inventory required to meet one cycle of demand and the buffer inventory to hedge against demand uncertainty was estimated based on average sales, replenishment frequency, and number of customers. This estimate was then compared against the inventory on-hand as obtained in the physical inventory count to assess sufficiency of stock

This analysis reveals that while on average shops seem to be stocking enough of each of the medicines they stock, there are significant variations across shops and across specific product categories and sub-categories. Findings revealed certain shops for which the inventory on hand was significantly less than what was estimated in the above analyses. Therefore, it is unclear if all shops are keeping sufficient stock of all essential medicines to satisfy overall demand. There are specific product categories such as certain antibiotics where the quantity stocked is much lower than the average monthly demand and may be insufficient to meet the demand with a high service level. Findings suggest that shop owners struggle to manage their stocking effectively, which might point to a lack of capital to carry sufficient stock of all medicines for which there is demand in the community and/or the need for additional training to address stocking challenges.

On average, shops with inventory data in this subset analysis of products stocked $58 \%$ of the products at less than sufficient levels. However, it should be noted that while several shops stocked all 29 products included in this sub-analysis at less than sufficient levels, there were some shops e.g. shop 12 , which was stocking only $5 \%$ of products in this subset at less than sufficient levels. The overarching conclusion from this analysis was that shops are stocking insufficient inventory for many items relative to the typical community demand for these items. A business stocks lower than sufficient inventory either due to lack of inventory planning skills or lack of capital to purchase more inventory. Both of these factors appear to be at play in this context.

## Cash Flow Analysis

Detailed cash flow analyses were run for a subset of ADDO and ADS shops for which complete survey and inventory data had been collected (see Appendix 3). Of the five ADDOs analyzed, cumulative net cash flow was positive for 3 of 5 shops. With the two ADS analyzed, both shops revealed a negative cumulative net cash flow. The two ADDOs with a negative net cash flow were also the two shops with the lowest percentage of medicines stocked in quantities less than sufficient to meet demand. This may be an indication that the two shops with a negative net cash flow were over-stocking their medicines on a monthly basis, which is consistent with the owner's reported stocking pattern (i.e., once a week and twice a month). This might be a reflection of poor inventory management and business management training.

## What-if analysis from stocking additional products ${ }^{10}$

Retail pharmacies in OECD countries routinely use categorical historical data for sales, price, cost, and replenishment frequency to make decisions surrounding assortment breadth and depth in order to maximize overall gross margins and minimize costs. A key component of such analysis is ABC classification and product assortment simulation to understand the net revenue and profit contribution of each product/category, and to make decisions about the category assortments. Such analysis helps retail pharmacies gain insights into the main products that drive their revenue and analyze the effect on overall profitability of adding new product lines or dropping some product lines. We have used similar analysis to first understand what products are the main revenue and profit drivers in ADDOs then estimate the impact on revenue and profitability when products that are currently not stocked by many ADDOs are included in their stocking assortment.

For each shop we first classify all items stocked into A, B and C categories based on the reported sales revenue from those products. We then estimate the percentage of shops in which the items would be categorized as "A", " B" or "C". This allows knowing the overall sales potential for each item (in the current market). Shops that are not stocking items that are classified as A items in a number of other shops may be losing potential revenue from stocking those products. Using this analysis doxycycline and penicillin injections were identified as product categories that are not consistently stocked by all ADDOs, but have good market potential in shops that are stocking them. A what-if analysis is conducted to emulate the revenue and gross profit increase that would result when a shop starts stocking an item that is currently not stocking. The average sales, retail price, and cost of purchase of the product are estimated from shops that are currently stocking and selling that product. This information is used to estimate the revenue and gross profit increase from stocking an additional product. This analysis is conducted for doxycycline and penicillin injections.

Each of these products was added (if the shop was not already stocking) to the cash flow and the net cash flow with the new product(s) was simulated. On average, cumulative net profits increased by $8.26 \%$ for doxycycline and $1.13 \%$ for penicillin injection. It is possible that stocking more of specific, high value, essential medicines and/or diverse products may increase the net cash flow of shops positively, however, the limitations of this analysis show only narrow changes in cash flow.

## Percentage Mark-Ups

Average percentage mark-up for all products was determined after additional review of product price data. The percentage mark-up ranges from $-7.69 \%$ to over $4000 \%$ across the product categories. The range in mark-ups suggests that some shops are making a loss on certain products because of poor pricing practices. This trend often occurred for bulk items that were split and sold at a value less than the purchase price for the entire bulk package (i.e., condoms). Negative mark-ups on certain products and very

[^6]high markups on others could be leading to some type of cross subsidization. If properly designed, cross subsidization can help reduce the costs of medicines that are of highest public health benefit. However, cross subsidization also creates sustainability risks if the demand side market dynamics change. For this reason, cross subsidization is not recommended as a long-term strategy.

## SYNTHESIS OF FINDINGS

Unlike OECD countries, the structure of the network of pharmaceutical distributors, wholesalers and sub-wholesalers supplying retail drug shops is organized in slightly different ways across low-income countries. I n almost all cases products flow from manufacturer (typically located outside the country) to independent retail pharmacies, private clinics, and small drug shops through a network of pharmaceutical distributors, wholesalers and sub- wholesalers. In urban and large peri-urban areas, where the points of access are mostly formal retail pharmacies, the wholesalers provide a distribution, stockholding, and credit- provisioning role in the supply network. This enables retail pharmacies in cities and large towns to carry minimal inventory on their books and their need for working capital is low. Typically, pharmaceutical wholesalers extend 30-45 days of credit to large pharmacies with good past credit standing. The urban pharmacies also receive deliveries from the wholesaler/distributor of the stock they order on a frequent basis. The high frequency of delivery and the lower need of working capital due to wholesaler credit allow large urban pharmacies to stock sufficient quantities of a wide assortment of pharmaceutical products.

Figure 10: Current structure of trade credit and distribution to rural vs. urban points of sales


However, the geographical reach of direct distribution/deliveries of most pharmaceutical wholesalers and distributors is limited to cities and large towns. ADDO/ADS face unique circumstances to maintain a profitable business.

To understand the impact of additional working capital credit, this study utilized direct responses from shop owners, sufficiency of stock analysis, and what-if analyses from stocking additional products. Each of these approaches provided unique information regarding the ways in which shop cash-to-cash cycles are managed, stock decision making is practiced and the role of working capital credit in the accredited drug shop network. In combination, the aforementioned analyses provide insights into the business management practices of ADDOs and ADSs as well as some understanding of the role of capital in shop stocking behavior. The assortment breadth analysis and stock sufficiency analysis revealed that while the majority of shops were stocking essential medicine categories, these categories were not always stocked optimally, with some shops overstocking product types and others at risk for stock outs. While stocking more frequently may improve the sufficiency of stock as well as prevent drug expiration and associated project loss, it may increase the costs associated with travel to or delivery from a sub-wholesaler or wholesaler. Pick-up/delivery costs among ADDOs represented approximately $22 \%$ of monthly operating costs. For ADSs this cost was approximately $17 \%$ of each shop's monthly operating costs.

The analysis of ADDO and ADS shops suggests that accredited drug shop owners generally feel they would benefit from additional working capital to stock the optimal quantity of currently under stocked medicines. In instances where medicine suppliers offer credit to drug shops, lending practices between shop owners and sub-wholesalers/wholesalers are based on informal terms and conditions. Repayment periods tend to vary across shops. Additionally, retail drug shops may take loans from local finance institutions to maintain their cash-to-cash cycle. Local banking institutions lend credit to drug shop owners only after they have guaranteed, as much as is possible, the borrower's reputation and credit worthiness. With limited understanding of the functioning of the retail drug shop business, local banks are cautious in lending working capital credit to shops or offer it at high interest rates.

Community sensitization to currently unstocked products remains an important component to understand, as increasing credit and the ability to purchase new medications may not be enough to incentivize shop owners to stock them if they feel there will be no or little demand. Finally, findings concerning overstocking of certain products and under stocking of others, suggests that inventory management is poorly practiced among shop owners.

## RECOMMENDATIONS

## Blueprint for Creating the Appropriate Financing Mechanism

Access to fixed and working capital are two amongst the many challenges facing accredited drug shop owners. Long-term strategies to improve sustainability as well as encourage
growth, should consider the multi-faceted constraints facing these small businesses and work to address them in an integrated fashion. However, the role of additional financing does appear to be a significant lever within this sample of accredited drug shops and will be the focus of the following recommendations. To create a financial enhancement that improves sustainability, by addressing sufficient stocking, new product offerings and inventory management, several strategies must be employed. Those recommendations are presented in the sections that follow.

As a prerequisite to any of recommendations, integrated training opportunities will supplement financial enhancements provided to shop owners. The assortment breadth and sufficiency analysis demonstrated that many drug sellers, despite their constraints with working capital, are not able to manage their medicine assortment and business profits and expenditures in the most efficient manner. Additionally, very few drug shop owners had recently (within the last 12 months) received health or business training. To address this challenge, a new form of ongoing training opportunities is proposed in combination with a new working capital mechanism.

It is recommended that these training opportunities serve as applied exercises to develop routine-stocking strategies as well as consistent cash flow management. Training will place specific emphasis on practical exercises for determining the use of funds as well as planning for their repayment overtime. Training opportunities might also provide support to shop owners to plan for credit provisions and completing funding applications.

## Access to Fixed Capital Resources

As noted earlier in this analysis, most drug sellers identified large challenges with maintaining the condition of their drug shops or renovating their shops to remain competitive within communities. Additionally, only a third of the ADDOs and ADSs applied for bank loans to receive access to fixed capital funds. Potentially linking accredited drug sellers to local credit sources to enable them to invest in their business' sustainability by upgrading their shop appearance and identifying new ways to maintain a competitive advantage within the local business context, etc. One particular area of investment might be in purchasing shop building/land in order to move away from ongoing lease payments.
$33 \%$ of ADDO owners and 58\% of ADS owners did not own their shop building and $43 \%$ of ADDOs and 75\% of ADSs did not own the land on which their building stood. This appears to be a specific area where fixed capital could prove beneficial.

A fixed capital provisioning method for drug shops needs to be envisaged leveraging local banking institutions. A portion of the local banks risks from lending fixed capital to ADDOs or ADSs can be covered using collateral guarantees thereby making the case stronger for the banks to lend to drug shops and reducing the interest rates. Starting a fixed capital mechanism may automatically prime the system so that as banks begin to understand the drug shops business model better and can assess the credit worthiness of the drug shops, they might also start offering working capital credit lines to the drug shops.

## Working Capital Mechanism

This small-scale, in-depth analysis of access to working capital and its impact on the availability of medicines in remote areas reveals that working capital constraints appear to be an impediment to running a sustainable business. To address this specific challenge designing a working capital fund may provide an innovative solution for financing drug shops while also encouraging the appropriate use of funds by prioritizing use of funds on essential medicines and health products. As was simulated with the cash flow product addition analysis, identifying products that are of high value to communities (and are currently unstocked or stocked insufficiently) will improve the cash to cash cycle of drug shops in a strategic fashion and also improve public health in the communities. The successful completion of supplemental business training for shop owners that focuses on inventory management and cash flow management should be a prerequisite for the provision of additional working capital.

Two potential scenarios are outlined for the working capital mechanism proposed. The first involves developing a credit facility through local banking institutions (as with the fixed capital funds) and the second involves developing a working capital facility through a shop owner community accountability model. The two different scenarios are depicted in diagram form in conjunction with their respective descriptions below.

## Local Banking Institution Credit Provision System

Figure 11: Local Banking Institution Credit Provision Model


In scenario one, accredited drug shops are receiving both working capital and fixed capital loans through local banking institutions. Banking institutions serve as on-the-ground partners that manage the logistical aspects of lending money and receiving payment on balances as was mentioned in the description of fixed capital funds. Banking institutions will receive collateral guarantees directly from the investment fund supporting both forms of capital and will report directly to fund managers regarding the ongoing use of such a guarantees pool. This type of collateral provides a certain level of risk assurance to banking
institutions to mitigate any hesitancy to lend to smaller business owners like the ADDO and ADS owners.

## Community Management Credit Provision System

Figure 12: Community Management Credit Provision System


The second working capital mechanism recommended involves a credit facility that is managed by a community of accredited retail shop owners. Shop owners from regional accredited drug shops will be provided an initial investment of capital by an external funder (donor, investor or mix of both types of funds) that can be utilized in a revolving fashion. Certain portions of the revolving credit facility will be loaned to shop owners who identify a need for additional capital and are approved to use by the regional accredited retail drug shop association. Accountability will stem from the group structure, mirroring the commonly utilized microfinance model, which is also based on community accountability. This type of financing will empower shop owners to not only manage the use of their own loans, but to also review the feasibility of proposed uses for the allocation of resources to other local shops.

Role of Technology in Credit Provision System
A final component to consider with each of the aforementioned credit facility models is the role of technology. In each scenario, technology is assumed to play an integral role in the transfer of information and funds. As with other technology-based finance models, particularly mobile banking, providing a credit provision whether through a bank directly to a retail shop, or through multiple stakeholders as with the pre-wholesaler model, will need assurances against misuse and theft. Providing funds in an electronic format improves the tracking of resource allocation to the shop owner as well as confirmation of how and when funds are spent.

Outside of reductions in transaction costs, using a technology-based transfer of funds may enable a system for introducing product-specific incentives. As shown by the what-if
analysis, adding specific products currently unstocked by shop owners may provide incremental increases in the net profit of that shop. However, despite access to working capital, shops owners may not chose to stock a new product, particularly if their perceived patient demand for the product is low. Incentivizing the shop owner, through a credit facility, to stock a product and then later promote its sale will help sensitize the community to new, effective treatments as well as other, less well known essential medicines. To encourage community sensitization, a technology-based system can efficiently provide vouchers for the purchase of specific sub-set of high value, profitable products. Such a technology-based voucher transfer may serve as powerful tools for encouraging appropriate stocking, treatment practices and changes in both of these things overtime.

## Additional credit to wholesalers and "trickle-down" effects

In addition to the mechanisms described above, if credit to the national wholesalers becomes cheaper or their need for working capital decreases, wholesalers may be better positioned to lend working capital credit to the drug shop owners. Wholesalers' need for working capital might decrease as a result of their credit terms with the pharmaceutical manufacturer or due to the creation of pre-wholesaling operations by the manufacturer. More favorable cash to cash cycles for the wholesaler may lead to a "trickle-down" effect where wholesalers begin extending similar credit terms to drug shops as they do for urban and peri-urban pharmacies.

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CASH RECONCILIATION:

| Cash Reconciliation Y/N |  |  |  |
| :---: | :---: | :---: | :---: |
|  | ADDO (n=21) | ADS (n=15) | Class C (n=3) |
| Yes | $71 \%$ | $100 \%$ | $33 \%$ |
| No | $29 \%$ | $0 \%$ | $67 \%$ |

## Cash Reconciliation Practices



Frequency of Cash Reconciliation
$\square$ ADDO (n=15) $\quad$ ADS (n=12)2 $\quad$ Class $C(n=1)$

RECORD KEEPING:

| Inventory Record Adjustment Y/N |  |  |  |
| :---: | :---: | :---: | :---: |
|  | ADDO (n=21) | ADS (n=12) | Class C (n=3) |
| Yes | $90 \%$ | $67 \%$ | $33 \%$ |
| No | $10 \%$ | $33 \%$ | $33 \%$ |
| Don't know | $0 \%$ | $0 \%$ | $33 \%$ |

## Inventory Adjustment Frequency



TRAININGS ATTENDED:

| Attended Health Training in the Last 12 Months Y/N |  |  |  |
| :---: | :---: | :---: | :---: |
|  | ADDO (n=21) | ADS (n=12) | Class C (n=3) |
| Yes | $24 \%$ | $67 \%$ | $67 \%$ |
| No | $76 \%$ | $33 \%$ | $33 \%$ |


| Attended Business Training in the Last 12 Months Y/N |  |  |  |
| :---: | :---: | :---: | :---: |
|  | ADDO (n=21) | ADS (n=12) | Class C (n=3) |
| Yes | $0 \%$ | $25 \%$ | $33 \%$ |
| No | $100 \%$ | $75 \%$ | $67 \%$ |

ORDERING SUPPLIES:

| ADDO Frequency of Medicine Orders |  |  |  |
| :---: | :---: | :---: | :---: |
|  | ADDO (n=21) | ADS (n=12) | Class C (n=3) |
| More than once per week | $0 \%$ | $8 \%$ | $0 \%$ |
| Once per week | $38 \%$ | $33 \%$ | $33 \%$ |


| Once every 2 weeks | $48 \%$ | $33 \%$ | $0 \%$ |
| :---: | :---: | :---: | :---: |
| Once every 3 weeks | $0 \%$ | $0 \%$ | $33 \%$ |
| Once every 3-4 weeks | $0 \%$ | $0 \%$ | $33 \%$ |
| Once per month | $10 \%$ | $25 \%$ | $0 \%$ |
| Once every 2 months | $5 \%$ | $0 \%$ | $0 \%$ |

ACCESS TO FINANCIAL SERVICES:

| Bank Account Open in Name of Business (Y/N) |  |  |  |
| :---: | :---: | :---: | :---: |
| $\mathbf{n = 2 1}$ | ADDO (n=21) | ADS (n=12) | Class C (n=3) |
| Yes | $10 \%$ | $50 \%$ | $67 \%$ |
| No | $86 \%$ | $50 \%$ | $33 \%$ |
| Don't Know | $5 \%$ | $0 \%$ | $0 \%$ |


| Bank Account Open in the Owner's Name (Y/N) |  |  |  |
| :---: | :---: | :---: | :---: |
| $\mathbf{n = 1 8}$ | ADDO (n=18) | ADS (n=12) | Class C (n=3) |
| Yes | $78 \%$ | $83 \%$ | $67 \%$ |
| No | $17 \%$ | $8 \%$ | $0 \%$ |
| Don't Know | $6 \%$ | $8 \%$ | $33 \%$ |

CREDIT PROVISION FOR CUSTOMERS:

*Specific NHIF and ADDO-related information was not collected as a part of this report, however, one ADDO owner reported NHIF in relation to customer credit offerings.


DRAWING PERSONAL EXPENSES FROM BUSINESS:

## Does owner draw money from their business for personal expenses?

(Y/N)

|  | ADDO (n=21) | ADS (n=12) | Class C (n=3) |
| :---: | :---: | :---: | :---: |
| Yes | $95 \%$ | $92 \%$ | $100 \%$ |
| No | $5 \%$ | $8 \%$ | $0 \%$ |

INVESTMENTS INTO BUSINESS:

| Investments into ADDO Business in the Last 12 Months |  |  |
| :--- | :---: | :---: |
| $\mathbf{n}=\mathbf{2 0}$ <br> ${ }^{*}$ Multiple responses allowed | Frequency | Percent |
| Stocking more medicines | 16 | $64 \%$ |
| Renovating shop | 4 | $16 \%$ |
| Couldn't make any additional investments | 3 | $12 \%$ |
| Attending health training | 1 | $4 \%$ |
| Expanding size of shop | 1 | $4 \%$ |


|  |  |  | Ave. Adjusted MOS on Hand |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{aligned} & \mathbf{S} \\ & \mathbf{H} \\ & \mathbf{0} \\ & \mathbf{P} \\ & \mathbf{I} \\ & \mathbf{D} \end{aligned}$ | Frequ ency of Stocki ng | Exp ecte d MoS | $\begin{gathered} \text { OR } \\ \text { S } 1 \\ \text { sac } \\ \text { het } \\ \text { (7 } \\ \text { obs } \\ \text { J } \end{gathered}$ | alb <br> end <br> azo <br> le <br> 10 <br> ml <br> (5 <br> obs <br> ) | alb end azo le 2 tab s (6 obs J | me <br> ben <br> daz <br> ole <br> 100 <br> 0 <br> tab <br> $s$ (2 <br> obs <br> ) |  | clot <br> rim <br> azo <br> le <br> 15 <br> gra <br> ms <br> (7 <br> obs <br> ) | clot <br> rim <br> azo <br> le <br> 6 <br> tab <br> s 6 <br> obs <br> ) | am <br> oxi <br> cill <br> in <br> 10 <br> 0 <br> ml <br> (10 <br> obs <br> ) | am <br> oxi <br> cill <br> in <br> 10 <br> tab <br> s <br> $\mathbf{1}$ <br> obs <br> ) | co- <br> tri <br> mo <br> xaz <br> ole <br> 10 <br> 0 <br> ml <br> (6 <br> obs <br> ) | $\begin{gathered} \text { co- } \\ \text { tri } \\ \text { mo } \\ \text { xaz } \\ \text { ole } \\ 10 \\ 0 \\ \text { tab } \\ \text { s (4 } \\ \text { obs } \\ \text { f } \end{gathered}$ | eryt <br> hro <br> myc <br> in <br> 100 <br> ml <br> (4 <br> obs <br> ) | eryt <br> hro <br> myc <br> in <br> 100 <br> tabs <br> (3 <br> obs <br> ) | met roni daz ole 100 ml (5 obs) | met roni daz ole 100 tabs ( obs) | $\begin{gathered} \text { pe } \\ \text { ni } \\ \text { cil } \\ \text { lin } \\ \text { 10 } \\ 0 \\ \text { ta } \\ \text { bs } \\ \text { (5 } \\ \text { ob } \\ \text { s) } \end{gathered}$ | pe <br> ni <br> cil <br> lin <br> inj <br> ect <br> io <br> n <br> ob <br> s) | $\begin{aligned} & \hline \mathbf{A} \\ & \mathrm{L} \\ & 2 \\ & 4 \\ & \mathbf{t} \\ & \mathrm{a} \\ & \mathrm{~b} \\ & \mathrm{~s} \\ & \mathbf{l} \\ & \mathbf{9} \\ & \mathrm{o} \\ & \mathrm{~b} \\ & \mathrm{~s} \\ & \mathrm{~J} \\ & \hline \end{aligned}$ |  | Am <br> odi <br> aqu <br> ine <br> 100 <br> 0 <br> tab <br> $s(2$ <br> obs <br> ) | Am <br> odi <br> aqu <br> ine <br> 60 <br> ml <br> (4 <br> obs <br> ) | $\begin{aligned} & \mathrm{s} \\ & \mathbf{P} \\ & \mathbf{2} \\ & \mathbf{t} \\ & \mathbf{a} \\ & \mathbf{b} \\ & \mathbf{s} \\ & \mathbf{c} \\ & \mathbf{4} \\ & \mathbf{o} \\ & \mathbf{b} \\ & \mathbf{s} \\ & \mathbf{~} \end{aligned}$ | $\begin{aligned} & \mathrm{s} \\ & \mathbf{p} \\ & 3 \\ & \mathbf{t} \\ & \mathbf{a} \\ & \mathbf{b} \\ & \mathbf{s} \\ & \mathbf{c} \\ & \mathbf{5} \\ & \mathbf{o} \\ & \mathbf{b} \\ & \mathbf{s} \\ & \mathrm{j} \end{aligned}$ | $\begin{aligned} & \hline \mathbf{s} \\ & \mathbf{P} \\ & 2 \\ & \mathbf{0} \\ & \mathbf{t} \\ & \mathbf{a} \\ & \mathbf{b} \\ & \mathbf{s} \\ & \mathbf{t} \\ & \mathbf{2} \\ & \mathbf{o} \\ & \mathbf{b} \\ & \mathbf{s} \\ & \hline \end{aligned}$ | $\begin{array}{l\|l\|} \hline \mathbf{s} \\ \mathbf{P} \\ \mathbf{9} \\ \mathbf{0} \\ \mathbf{t} \\ \mathbf{a} \\ \mathbf{b} \\ \mathbf{s} \\ \mathbf{l} \\ 2 \\ \mathbf{o} \\ \mathbf{b} \\ \mathbf{s} \\ \hline \end{array}$ |  |  | $\begin{gathered} \text { Q } \\ \text { ui } \\ \text { ni } \\ \text { ne } \\ \mathbf{1} \\ 0 \\ 0 \\ 0 \\ \text { ta } \\ \text { bs } \\ \text { (5 } \\ \text { o } \\ \text { bs } \\ \text { J } \end{gathered}$ | Qu <br> ini <br> ne <br> Inj <br> ec <br> tio <br> n <br> (4 <br> ob <br> s) |
| 1 | Once a Week | 0.5 | 6 | $\begin{gathered} 2.0 \\ 0 \end{gathered}$ | $\begin{gathered} 4.0 \\ 0 \end{gathered}$ |  |  | 0.2 | $\begin{gathered} 0.2 \\ 5 \end{gathered}$ | $\begin{aligned} & 0.0 \\ & 43 \end{aligned}$ | $\begin{aligned} & 0.0 \\ & 42 \end{aligned}$ | 1 | 1 | 0.25 | $\begin{gathered} 0.55 \\ 2 \end{gathered}$ | $\begin{gathered} 0.71 \\ 4 \end{gathered}$ | 1 | $\begin{aligned} & 1.7 \\ & 03 \end{aligned}$ | $\begin{aligned} & 9.3 \\ & 33 \end{aligned}$ | $\begin{aligned} & \hline 0 . \\ & 3 \\ & 9 \\ & 5 \\ & \hline \end{aligned}$ |  | $\begin{gathered} 1.77 \\ 8 \end{gathered}$ | 4 | 1. <br> 3 <br> 0 <br> 0 <br> 8 | 1 <br> 4. <br> 4 <br> 5 <br> 5 | $\begin{aligned} & 1 \\ & \dot{5} \end{aligned}$ |  | $\begin{aligned} & 1 \\ & 1 \end{aligned}$ | 1 | $\begin{gathered} 0 . \\ 48 \\ 1 \end{gathered}$ | 0. 61 3 |
| 2 | Once every 2 weeks | 0.75 | $\begin{aligned} & 0.6 \\ & 05 \end{aligned}$ |  | $\begin{gathered} 0.4 \\ 8 \end{gathered}$ | 0.48 |  |  |  |  |  | $\begin{aligned} & 0.1 \\ & 96 \end{aligned}$ |  | 0.18 6 |  | 0.29 5 | $\begin{gathered} 0.31 \\ 7 \end{gathered}$ |  | $\begin{aligned} & 0.1 \\ & 90 \end{aligned}$ |  |  |  |  | 0. 0 2 8 3 3 | $\begin{aligned} & \hline 0 . \\ & 2 \\ & 2 \\ & 3 \\ & \hline \end{aligned}$ |  |  |  | 0. 31 8 |  | 0. 18 4 |
| 4 | Once a Week | 0.5 | $\begin{gathered} 0.0 \\ 9 \end{gathered}$ | $\begin{gathered} 0.0 \\ 7 \end{gathered}$ | $\begin{gathered} 1.0 \\ 5 \end{gathered}$ | 5.00 |  | 0.6 | 0.8 | $\begin{aligned} & 2.3 \\ & 33 \end{aligned}$ | 6 |  |  | $\begin{gathered} 0.24 \\ 1 \end{gathered}$ |  | 0.1 | 3 | $\begin{gathered} 0.3 \\ 56 \end{gathered}$ | $\begin{gathered} 0.4 \\ 8 \end{gathered}$ | $\begin{aligned} & \hline 0 . \\ & 3 \\ & 0 \\ & 4 \\ & \hline \end{aligned}$ |  |  | 0.53 8 | 1. <br> 3 <br> 0 <br> 0 <br> 8 | $\begin{aligned} & \hline 0 . \\ & 4 \\ & 0 \\ & 8 \\ & \hline \end{aligned}$ |  |  | 1 | $\begin{gathered} 0 . \\ 5 \end{gathered}$ | $\begin{gathered} 0 . \\ 19 \end{gathered}$ |  |
| 5 | Once a Week | 0.5 | $\begin{gathered} 1.0 \\ 6 \end{gathered}$ |  | $\begin{gathered} 1.0 \\ 1 \end{gathered}$ | 0.01 | $\begin{aligned} & \hline 0 . \\ & 0 \\ & 6 \\ & 9 \\ & \hline \end{aligned}$ | 2.5 |  | $\begin{aligned} & 1.7 \\ & 86 \end{aligned}$ |  | $\begin{aligned} & 0.7 \\ & 56 \end{aligned}$ |  | $\begin{gathered} 0.36 \\ 7 \end{gathered}$ |  | $\begin{gathered} 1.04 \\ 8 \end{gathered}$ |  | 2.5 | 17 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | Once a Week | 0.5 | 1.9 |  |  |  |  |  |  | 0.7 |  | $\begin{aligned} & \hline 0.3 \\ & 53 \\ & \hline \end{aligned}$ |  | $\begin{gathered} 0.14 \\ 3 \end{gathered}$ |  | 2.5 | 0.45 |  | $\begin{aligned} & \hline 0.3 \\ & 33 \\ & \hline \end{aligned}$ |  |  |  |  |  |  |  |  |  | $\begin{gathered} \hline 0 . \\ 75 \end{gathered}$ | 1 |  |
| 7 | Once per month | 1.5 | $\begin{aligned} & 0.7 \\ & 78 \end{aligned}$ | $\begin{gathered} 1.2 \\ 9 \end{gathered}$ | $\begin{gathered} 1.2 \\ 3 \end{gathered}$ | 4.49 |  | $\begin{aligned} & 0.6 \\ & 69 \end{aligned}$ | $\begin{aligned} & 0.2 \\ & 27 \end{aligned}$ |  | $\begin{aligned} & 0.7 \\ & 92 \end{aligned}$ |  |  |  | $\begin{gathered} 0.39 \\ 3 \end{gathered}$ |  | $\begin{gathered} 0.27 \\ 2 \end{gathered}$ | $\begin{aligned} & 0.0 \\ & 11 \end{aligned}$ |  | $\begin{gathered} \hline 0 . \\ 0 \\ 4 \\ 2 \\ \hline \end{gathered}$ | $\begin{aligned} & \hline 0 . \\ & 1 \\ & 8 \\ & 6 \\ & \hline \end{aligned}$ |  | $\begin{gathered} 0.41 \\ 6 \end{gathered}$ | 0 1 1 2 1 1 | $\begin{aligned} & \hline 1 . \\ & 6 \\ & 3 \\ & 3 \\ & \hline \end{aligned}$ |  |  |  | 0. 68 1 | 1. 55 6 |  |
| 8 | Once every 2 weeks | 0.75 | $\begin{gathered} 0.7 \\ 5 \end{gathered}$ | $\begin{gathered} 0.7 \\ 0 \end{gathered}$ | $\begin{gathered} 1.1 \\ 4 \end{gathered}$ | 0.01 |  |  | $\begin{aligned} & 1.3 \\ & 33 \end{aligned}$ | 0.8 | $\begin{aligned} & 3.5 \\ & 71 \end{aligned}$ | $\begin{aligned} & 1.1 \\ & 67 \end{aligned}$ | $\begin{aligned} & 2.2 \\ & 35 \end{aligned}$ | 0.5 | $\begin{gathered} 0.01 \\ 7 \end{gathered}$ | $\begin{gathered} 0.33 \\ 3 \end{gathered}$ | 0.38 | $\begin{aligned} & 0.6 \\ & 67 \end{aligned}$ | $\begin{gathered} 1.7 \\ 5 \end{gathered}$ | $\begin{aligned} & \hline 1 . \\ & 7 \\ & 3 \\ & 3 \\ & \hline \end{aligned}$ | 4 |  |  | $\begin{aligned} & 1 . \\ & 3 \end{aligned}$ | $3 .$ |  |  |  | 0. 33 3 | $\begin{gathered} 0 . \\ 67 \end{gathered}$ | 0. 11 1 |
| 9 | Once every 2 weeks | 0.75 | 0 | $\begin{gathered} 0.1 \\ 0 \end{gathered}$ |  |  |  | 1.5 |  | 4 | 4 | $\begin{aligned} & 0.6 \\ & 67 \end{aligned}$ |  |  | 0 | $\begin{gathered} 0.11 \\ 1 \end{gathered}$ | $\begin{gathered} 0.33 \\ 3 \end{gathered}$ | $\begin{aligned} & 0.2 \\ & 42 \end{aligned}$ |  | $\begin{aligned} & \hline 1 . \\ & 8 \\ & 1 \\ & 8 \\ & \hline \end{aligned}$ |  | $\begin{gathered} 0.05 \\ 3 \end{gathered}$ | 1.5 |  |  |  |  |  | $\begin{gathered} 0 . \\ 66 \\ 7 \end{gathered}$ | $\begin{gathered} 0 . \\ 13 \\ 6 \end{gathered}$ | $\begin{gathered} 5 . \\ 66 \\ 7 \end{gathered}$ |
| 1 | Once every 2 weeks | 0.75 |  |  | $\begin{gathered} 2.1 \\ 4 \end{gathered}$ | 0.00 |  | 0.5 |  | $\begin{gathered} 0.3 \\ 5 \end{gathered}$ |  |  | 0 |  |  |  | 0 |  |  | 0 | 0 |  |  |  |  | 2 | 0 |  |  |  |  |


| 1 | Once every 2 weeks | 0.75 | $\begin{aligned} & 2.0 \\ & 17 \end{aligned}$ | $\begin{gathered} 5.4 \\ 6 \end{gathered}$ | $\begin{gathered} 3.9 \\ 9 \end{gathered}$ | 8.00 |  | $\begin{aligned} & 7.6 \\ & 66 \end{aligned}$ |  | $\begin{gathered} 2.6 \\ 19 \end{gathered}$ | $\begin{gathered} 13 . \\ 08 \\ 9 \end{gathered}$ | $\begin{aligned} & 3.0 \\ & 33 \end{aligned}$ | $\begin{aligned} & 6.9 \\ & 79 \end{aligned}$ | $\begin{gathered} 3.56 \\ 8 \end{gathered}$ | $\begin{gathered} 2.18 \\ 3 \end{gathered}$ | $\begin{gathered} 7.97 \\ 9 \end{gathered}$ | $\begin{gathered} 2.11 \\ 2 \end{gathered}$ |  | $\begin{aligned} & 2.9 \\ & 45 \end{aligned}$ |  | $\begin{aligned} & \hline 0 . \\ & 3 \\ & 6 \\ & 1 \\ & \hline \end{aligned}$ |  | 0.80 8 | $\begin{gathered} \hline 3 . \\ 5 \\ 3 \\ 4 \\ \hline \end{gathered}$ |  | $\begin{aligned} & \hline 6 . \\ & 8 \\ & 7 \\ & 5 \\ & \hline \end{aligned}$ | $\begin{gathered} 2 . \\ 64 \\ 7 \end{gathered}$ | $\begin{gathered} 18 \\ .1 \\ 5 \end{gathered}$ | $\begin{gathered} 9 . \\ 47 \\ 7 \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 4 | Once every 2 weeks | 0.75 |  | $\begin{gathered} 0.3 \\ 0 \end{gathered}$ |  |  | $\begin{aligned} & \hline 0 . \\ & 0 \\ & 2 \\ & 7 \\ & \hline \end{aligned}$ | $\begin{gathered} 0.2 \\ 16 \end{gathered}$ | $\begin{aligned} & 0.2 \\ & 27 \end{aligned}$ |  |  |  |  |  |  | $\begin{gathered} 0.33 \\ 3 \end{gathered}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 | Once every 2 weeks | 0.75 | $\begin{aligned} & 1.1 \\ & 25 \end{aligned}$ | $\begin{gathered} 2.0 \\ 0 \end{gathered}$ | $\begin{gathered} 1.0 \\ 0 \end{gathered}$ |  | $\begin{aligned} & \hline 0 . \\ & 4 \\ & 0 \\ & 9 \end{aligned}$ | 1 |  | 2.5 |  | 3.5 |  | 1.5 | 0 |  | 4 | $\begin{aligned} & 0.0 \\ & 06 \end{aligned}$ | $\begin{aligned} & 1.3 \\ & 33 \end{aligned}$ | $\begin{aligned} & 0 . \\ & 7 \end{aligned}$ |  |  |  | $\begin{gathered} 0 . \\ 6 \end{gathered}$ |  |  |  |  | $\begin{gathered} 1 . \\ 5 \end{gathered}$ |
| 1 | Once every 2 weeks | 0.75 | $\begin{aligned} & 0.1 \\ & 30 \end{aligned}$ | $\begin{gathered} 0.0 \\ 3 \end{gathered}$ |  |  |  | $\begin{aligned} & 0.1 \\ & 88 \end{aligned}$ |  | $\begin{aligned} & 0.0 \\ & 41 \end{aligned}$ | $\begin{aligned} & 0.1 \\ & 12 \end{aligned}$ | $\begin{gathered} 0.5 \\ 98 \end{gathered}$ |  | $\begin{gathered} 0.05 \\ 3 \end{gathered}$ | $\begin{gathered} 0.07 \\ 5 \end{gathered}$ | $\begin{gathered} 0.29 \\ 5 \end{gathered}$ | $\begin{gathered} 0.06 \\ 8 \end{gathered}$ | $\begin{aligned} & 0.3 \\ & 75 \end{aligned}$ |  |  |  |  | 0.11 1 | 0. <br> 3 <br> 3 <br> 3 | $\begin{gathered} 0 . \\ 0 \\ 9 \\ 5 \end{gathered}$ |  | 0. 17 0 | $\begin{gathered} 0 . \\ 83 \\ 0 \end{gathered}$ |  |
| $\begin{aligned} & 1 \\ & 7 \end{aligned}$ | Once a Week | 0.5 | $\begin{aligned} & 0.0 \\ & 88 \end{aligned}$ | $\begin{gathered} 0.1 \\ 5 \end{gathered}$ |  | 1.66 | $\begin{aligned} & \hline 0 . \\ & 3 \\ & 0 \\ & 7 \\ & \hline \end{aligned}$ |  |  | 0.2 |  | 3.4 |  | $\begin{gathered} 0.03 \\ 9 \end{gathered}$ |  | $\begin{gathered} 0.30 \\ 4 \end{gathered}$ | $\begin{gathered} 0.02 \\ 6 \end{gathered}$ |  |  | 0. <br> 0 <br> 8 <br> 1 | $\begin{aligned} & \hline 0 . \\ & 3 \\ & 5 \\ & 9 \\ & \hline \end{aligned}$ |  | $\begin{gathered} 0.04 \\ 0 \end{gathered}$ | $\begin{gathered} \hline 0 . \\ 1 \\ 7 \\ 5 \\ \hline \end{gathered}$ |  |  | 0. 37 0 |  | 0. 19 0 |
| $\begin{aligned} & \hline 1 \\ & 8 \\ & \hline \end{aligned}$ | Once a Week | 0.5 | $\begin{aligned} & 3.3 \\ & 33 \\ & \hline \end{aligned}$ | $\begin{gathered} 0.0 \\ 5 \\ \hline \end{gathered}$ | $\begin{gathered} 2.4 \\ 9 \\ \hline \end{gathered}$ | 5.20 |  | $\begin{aligned} & 0.5 \\ & 42 \\ & \hline \end{aligned}$ | $\begin{aligned} & 0.7 \\ & 95 \\ & \hline \end{aligned}$ | $\begin{aligned} & 0.0 \\ & 86 \\ & \hline \end{aligned}$ |  | $\begin{aligned} & 0.0 \\ & 98 \\ & \hline \end{aligned}$ | $\begin{aligned} & 1.5 \\ & 07 \\ & \hline \end{aligned}$ | $\begin{gathered} 0.27 \\ 9 \\ \hline \end{gathered}$ | $\begin{gathered} 0.47 \\ 1 \\ \hline \end{gathered}$ | $\begin{gathered} 0.38 \\ 3 \\ \hline \end{gathered}$ | $\begin{gathered} 0.38 \\ 0 \\ \hline \end{gathered}$ | $\begin{aligned} & \hline 0.2 \\ & 09 \\ & \hline \end{aligned}$ | 6 |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & \mathbf{1} \\ & \mathbf{9} \end{aligned}$ | Once per month | 1.5 | $\begin{gathered} \hline 5.1 \\ 856 \\ 513 \\ 53 \\ \hline \end{gathered}$ | $\begin{gathered} 0.2 \\ 7 \end{gathered}$ | $\begin{gathered} 0.0 \\ 7 \end{gathered}$ |  |  | $\begin{aligned} & 1.2 \\ & 67 \end{aligned}$ | $\begin{aligned} & 1.2 \\ & 49 \end{aligned}$ | $\begin{aligned} & 1.4 \\ & 69 \end{aligned}$ | $\begin{aligned} & 0.3 \\ & 96 \end{aligned}$ | $\begin{aligned} & 1.4 \\ & 40 \end{aligned}$ |  | $\begin{gathered} 0.16 \\ 0 \end{gathered}$ |  | $\begin{gathered} 0.50 \\ 5 \end{gathered}$ |  | 0.5 |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & 2 \\ & 0 \end{aligned}$ | Once every 2 weeks | 0.75 | $\begin{gathered} \hline 1.0 \\ 371 \\ 302 \\ 71 \\ \hline \end{gathered}$ | $\begin{gathered} 0.4 \\ 7 \end{gathered}$ | $\begin{gathered} 1.2 \\ 3 \end{gathered}$ | 3.70 |  | $\begin{aligned} & 0.8 \\ & 80 \end{aligned}$ | $\begin{aligned} & 0.5 \\ & 68 \end{aligned}$ | $\begin{aligned} & 1.4 \\ & 08 \end{aligned}$ | $\begin{aligned} & 0.1 \\ & 18 \end{aligned}$ | $\begin{gathered} 1.1 \\ 4 \end{gathered}$ | $\begin{aligned} & 0.1 \\ & 53 \end{aligned}$ |  | $\begin{gathered} 0.05 \\ 6 \end{gathered}$ | $\begin{gathered} 0.03 \\ 2 \end{gathered}$ | $\begin{gathered} 0.07 \\ 5 \end{gathered}$ | $\begin{aligned} & 0.0 \\ & 20 \end{aligned}$ | $\begin{gathered} 6.6 \\ 01 \end{gathered}$ | $\begin{aligned} & \hline 0 . \\ & 7 \\ & 9 \\ & 6 \end{aligned}$ | $\begin{aligned} & 1 . \\ & 2 \\ & 5 \\ & 4 \\ & \hline \end{aligned}$ | $\begin{gathered} 8.02 \\ 5 \end{gathered}$ | $\begin{gathered} 0.20 \\ 8 \end{gathered}$ | $\begin{aligned} & \hline 0 . \\ & 2 \\ & 1 \\ & 2 \\ & \hline \end{aligned}$ | $\begin{aligned} & \hline 0 . \\ & 5 \\ & 9 \\ & 6 \\ & \hline \end{aligned}$ |  | 0. 59 6 | 1. 24 5 |  |
| $\begin{aligned} & 2 \\ & 1 \end{aligned}$ | Once a Week | 0.5 | $\begin{aligned} & 0.7 \\ & 24 \end{aligned}$ |  | $\begin{gathered} 1.0 \\ 6 \end{gathered}$ |  | $\begin{aligned} & \hline 1 . \\ & 6 \\ & 8 \\ & 4 \\ & \hline \end{aligned}$ | $\begin{aligned} & 0.5 \\ & 60 \end{aligned}$ |  | $\begin{aligned} & 1.8 \\ & 91 \end{aligned}$ | $\begin{gathered} 0.4 \\ 08 \end{gathered}$ | $\begin{aligned} & 2.2 \\ & 24 \end{aligned}$ | $\begin{aligned} & 1.1 \\ & 09 \end{aligned}$ | $\begin{gathered} 0.57 \\ 5 \end{gathered}$ | $\begin{gathered} 0.23 \\ 1 \end{gathered}$ | $\begin{gathered} 0.52 \\ 0 \end{gathered}$ | $\begin{gathered} 1.25 \\ 8 \end{gathered}$ | $\begin{gathered} 0.2 \\ 31 \end{gathered}$ | $\begin{gathered} 0.7 \\ 99 \end{gathered}$ | $\begin{gathered} \hline 0 . \\ 6 \\ 0 \\ 4 \\ \hline \end{gathered}$ |  | $\begin{gathered} 0.13 \\ 8 \end{gathered}$ | $\begin{gathered} 1.19 \\ 8 \end{gathered}$ | 1. 0 2 9 9 | 6 0 8 1 9 |  | 0. 35 0 |  | 0. 71 |

## ANNEX 3: ADDO BREADTH ANALYSIS

| PRODUCT ASSORTMENT | SHOP ID |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | \% of <br> Shops <br> Stocking <br> Product <br> Category |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| PRODUCT CATEGORY | 1 | 2 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 12 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |  |
| Act | 2 | 1 | 1 | 10 |  | 10 | 2 | 2 | 2 | 4 | 1 | 4 | 3 | 6 | 2 | 1 | 3 | 2 | 94\% |
| Anesthetic | 1 | 1 |  |  |  |  | 1 |  |  |  | 1 |  |  |  |  |  | 1 |  | 28\% |
| Antacid/anti-flatulent/antipeptic ulcer | 2 | 3 | 3 | 9 | 4 | 7 | 4 | 3 | 3 | 3 | 5 | 4 | 6 | 7 | 5 | 2 | 1 | 6 | 100\% |
| Anti-allergy | 1 | 1 |  | 2 | 1 | 5 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |  | 1 |  | 4 | 83\% |
| Anti-anemia/vitamins \& minerals/supplement | 10 | 3 | 10 | 14 | 8 | 10 | 4 | 10 | 3 | 9 | 17 | 6 | 10 | 9 | 13 | 6 | 5 | 10 | 100\% |
| Anti-asthmatic | 3 | 2 | 1 | 2 | 3 | 5 | 3 | 4 |  | 1 | 3 | 2 | 2 | 3 | 2 |  | 3 | 2 | 89\% |
| Anti-convulsant | 1 |  |  | 1 | 1 | 1 |  | 1 |  |  |  | 4 |  | 1 |  |  |  | 1 | 44\% |
| Anti-diarrheal |  |  |  | 1 | 2 | 2 |  |  |  |  | 1 |  |  |  |  |  |  |  | 22\% |
| Anti-emetic | 2 | 2 |  | 1 | 1 | 2 | 1 | 1 |  | 1 | 2 | 3 | 1 |  | 2 | 1 | 2 | 1 | 83\% |
| Anti-epileptic |  |  |  |  |  | 2 |  | 1 |  |  |  | 1 | 1 | 2 |  |  | 1 | 1 | 39\% |
| Anti-fungal | 10 | 1 | 6 | 12 | 4 | 12 | 3 | 4 | 1 | 5 | 12 | 3 | 6 | 5 | 8 | 8 | 11 | 9 | 100\% |
| Anti-inflammatory/analgesic | 20 | 12 | 20 | 26 | 11 | 37 | 10 | 13 | 3 | 9 | 37 | 21 | 14 | 16 | 28 | 7 | 12 | 16 | 100\% |
| Anti-uric acid |  |  |  | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 6\% |
| Anti-viral |  |  |  |  | 1 | 1 |  |  |  | 2 |  |  |  |  |  |  | 1 |  | 22\% |
| Antibacterial/antibiotic | 14 | 8 | 11 | 29 | 10 | 15 | 18 | 16 | 4 | 17 | 25 | 12 | 15 | 13 | 16 | 12 | 12 | 15 | 100\% |
| Antidepressant |  |  |  | 1 | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  | 11\% |
| Anthelmintic | 3 | 3 | 4 | 8 | 4 | 12 | 3 | 2 | 3 | 6 | 9 | 3 | 4 | 6 | 10 | 5 | 5 | 4 | 100\% |
| Antihistamine | 2 | 1 | 2 | 1 | 2 | 2 | 1 |  |  |  | 3 |  | 1 |  | 2 |  |  |  | 56\% |
| Antispasmodics |  | 1 | 1 | 2 | 2 | 1 | 2 | 1 |  | 1 | 3 | 1 |  | 3 | 2 | 1 | 2 | 2 | 83\% |
| Cardiovascular | 1 | 1 |  | 2 | 3 | 3 |  | 1 | 1 | 1 | 1 | 1 |  |  |  |  | 1 | 1 | 67\% |


| Cold/cough/flu preparation | 9 | 8 | 9 | 12 | 5 | 25 | 8 | 6 | 1 | 3 | 24 | 5 | 9 | 15 | 20 | 11 | 6 | 17 | 100\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Cosmetics |  |  |  |  |  | 3 |  |  |  |  |  |  |  | 4 |  |  |  |  | 11\% |
| Dental/mouth preparation | 1 |  | 4 | 3 |  | 3 |  |  |  | 2 | 2 |  |  | 1 | 2 | 1 | 1 | 1 | 61\% |
| Dermatological | 5 | 1 | 7 | 10 | 6 | 16 | 4 | 8 |  | 13 | 8 | 8 | 5 | 9 | 7 | 9 | 6 | 10 | 94\% |
| Disinfectant/antiseptic | 10 | 4 | 6 | 10 | 2 | 18 | 6 | 4 | 2 | 10 | 8 | 4 | 3 | 7 | 11 | 8 | 6 | 1 | 100\% |
| Diuretic | 3 |  | 1 |  | 2 | 2 | 1 | 1 |  | 1 | 2 | 2 | 1 |  |  |  | 1 | 2 | 67\% |
| Eye/ear/nasal preparation | 2 |  | 3 | 14 | 8 | 13 |  | 1 |  | 2 | 6 | 3 | 5 | 1 | 3 | 1 | 2 | 2 | 83\% |
| Female condom |  |  |  |  |  | 1 |  | 1 |  |  |  | 1 |  |  |  |  |  |  | 17\% |
| Feminine hygiene | 1 |  |  |  |  | 1 |  |  |  |  |  | 1 |  | 1 | 2 | 2 | 1 |  | 39\% |
| Fluids and electrolytes | 4 | 4 | 4 | 1 | 1 |  | 3 |  |  | 1 | 7 | 2 |  | 2 | 7 | 4 | 1 | 5 | 78\% |
| Food |  |  |  |  |  |  |  |  |  |  | 1 |  |  |  |  |  |  |  | 6\% |
| Herbal remedy |  |  |  |  |  | 2 | 1 |  |  |  |  |  |  |  |  |  |  |  | 11\% |
| Laxative |  |  | 2 | 1 | 1 | 2 |  |  |  |  | 1 |  | 1 |  |  |  | 1 |  | 39\% |
| Male condom | 1 |  |  | 1 |  | 4 | 1 |  | 1 | 2 | 5 | 1 | 1 |  | 5 | 1 | 1 | 3 | 72\% |
| Medical/surgical supplies | 5 | 2 | 4 | 9 | 5 | 3 | 12 | 4 | 2 | 3 | 9 | 5 | 2 | 1 | 8 |  | 6 | 6 | 94\% |
| Non-act | 10 | 4 | 8 | 9 | 3 | 10 | 8 | 7 | 4 | 6 | 11 | 2 | 6 | 6 | 6 | 2 | 7 | 8 | 100\% |
| Non-drug | 1 |  | 1 | 3 | 1 | 5 |  |  |  | 3 | 3 | 2 | 1 | 7 | 2 | 2 | 2 | 2 | 78\% |
| Obstetrics/delivery |  |  |  | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 | 11\% |
| Oral contraceptive | 2 | 1 | 1 | 2 |  | 2 | 1 |  | 1 | 1 | 1 | 2 | 1 |  | 2 | 2 | 2 | 3 | 83\% |
| Ors | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 94\% |
| Oxytocic | 1 |  | 1 |  | 1 |  | 1 |  |  | 1 |  | 1 |  |  |  |  |  | 1 | 39\% |
| Plaster/gauze/cotton | 2 | 1 | 3 | 6 |  | 3 | 6 | 2 |  | 7 | 9 | 2 | 1 | 1 | 3 | 2 | 2 | 3 | 89\% |
| Zinc | 1 | 1 | 1 | 2 |  | 1 | 1 | 2 |  |  | 2 |  |  | 1 | 1 | 1 |  | 1 | 67\% |


| PRODUCT ASSORTMENT WIDTH ACROSS ADS | SHOP ID |  |  |  |  |  |  |  |  |  |  |  | \% of <br> Shops Stocking Product Category |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| PRODUCT CATEGORY | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 30 | 31 | 33 | 35 | 36 |  |
| Act | 2 | 3 | 4 | 2 | 4 | 2 | 1 | 1 | 4 | 1 | 9 | 1 | 100\% |
| Antacid/antiflatulent/anti-peptic ulcer | 5 | 12 | 8 | 9 | 8 | 5 | 7 | 7 | 3 | 5 | 6 | 3 | 100\% |
| Anti-allergy | 3 | 7 | 6 | 2 | 4 | 3 | 3 | 6 | 2 |  | 3 | 1 | 92\% |
| Anti-anemia/vitamins \& minerals/supplement | 16 | 13 | 16 | 12 | 9 | 4 | 5 | 13 | 8 | 8 | 20 | 8 | 100\% |
| Anti-asthmatic | 2 | 1 | 2 |  | 1 | 1 |  | 2 | 1 | 2 | 2 | 1 | 83\% |
| Anti-convulsant |  |  | 2 | 1 | 1 |  | 1 | 3 |  | 3 | 2 |  | 58\% |
| Anti-depressant |  |  |  |  |  |  |  | 1 |  |  |  |  | 8\% |
| Anti-diarrheal |  | 1 |  | 1 |  | 1 | 1 | 1 |  | 1 |  | 1 | 58\% |
| Anti-emetic |  | 1 | 2 | 1 |  |  |  |  |  |  |  |  | 25\% |
| Anti-epileptic |  |  |  |  |  |  |  | 1 |  |  |  |  | 8\% |
| Anti-fungal | 8 | 10 | 6 | 5 | 7 | 1 | 3 | 5 | 13 | 8 | 12 | 5 | 100\% |
| Anti-inflammatory/analgesic | 22 | 25 | 25 | 14 | 13 | 10 | 10 | 16 | 11 | 14 | 17 | 22 | 100\% |
| Anti-psychotic |  |  | 1 |  |  |  |  |  |  |  |  |  | 8\% |
| Anti-viral |  | 2 |  |  | 1 |  |  |  |  |  |  |  | 17\% |
| Antibiotic | 16 | 19 | 23 | 21 | 19 | 20 | 11 | 21 | 10 | 17 | 18 | 11 | 100\% |
| Antidote | 1 |  | 1 |  | 1 |  | 1 | 1 | 1 | 1 | 1 | 1 | 75\% |
| Anthelmintic | 6 | 6 | 6 | 3 | 2 | 1 | 3 | 4 | 5 | 6 | 4 | 3 | 100\% |
| Cardiovascular |  |  |  |  |  |  |  | 1 |  |  |  |  | 8\% |
| Cold/cough/flu preparation | 12 | 26 | 10 | 8 | 8 | 7 | 3 | 10 | 10 | 7 | 7 | 13 | 100\% |
| Condom |  | 2 | 2 | 2 | 1 | 1 | 1 | 1 |  | 2 | 3 | 1 | 83\% |
| Cosmetics |  | 2 |  |  | 39 |  |  |  |  |  | 20 |  | 25\% |
| Dental/mouth preparation |  | 2 |  |  | 1 |  |  | 1 |  |  | 3 | 1 | 42\% |
| Dermatological | 13 | 19 | 10 | 2 | 5 |  | 1 | 9 | 9 | 3 | 7 | 5 | 92\% |
| Disinfectant/antiseptic | 1 | 7 | 4 |  | 6 | 2 | 2 |  | 3 | 1 | 7 | 1 | 83\% |
| Diuretic |  |  | 1 |  |  |  |  | 1 |  | 1 |  |  | 25\% |
| Eye/ear/nasal preparation | 8 | 7 | 9 | 3 | 5 | 4 | 4 | 5 | 6 | 6 | 4 | 2 | 100\% |
| Feminine hygiene | 1 |  |  | 1 | 1 |  |  | 1 | 1 |  | 5 | 1 | 58\% |


| Food |  |  |  |  |  |  | 2 |  |  |  | 2 |  | 17\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Herbal remedy |  | 1 |  | 2 | 1 |  |  |  |  |  |  |  | 25\% |
| Injectable contraceptive |  |  |  | 1 |  |  |  |  |  |  |  |  | 8\% |
| Laxative |  | 2 |  |  |  |  | 1 |  |  | 1 |  |  | 25\% |
| Medical/surgical supplies | 1 | 3 | 2 | 1 | 1 |  | 1 |  | 1 | 3 | 2 |  | 75\% |
| Non-act | 3 | 5 | 6 | 3 | 4 | 1 | 2 | 5 | 4 | 2 | 4 | 2 | 100\% |
| Non-drug | 3 |  |  |  | 11 |  |  |  |  |  | 5 |  | 25\% |
| Oral contraceptive | 2 | 1 | 4 | 1 |  |  | 1 | 1 |  |  | 1 |  | 58\% |
| Ors | 1 |  | 2 | 1 | 1 |  |  | 1 | 1 | 1 | 1 |  | 67\% |
| Plaster/gauze/cotton | 2 | 7 | 4 | 1 |  |  | 2 |  | 1 |  | 4 |  | 58\% |
| Sexual dysfunction |  |  |  | 1 |  |  |  |  |  |  |  |  | 8\% |
| Zinc | 1 | 1 |  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 92\% |

Retail pharmacies in OECD countries routinely use categorical historical data for sales, price, cost, and replenishment frequency to decide on assortment breadth and depth in order to maximize overall gross margins and minimize costs. A key component of such analysis is ABC classification and product assortment simulation to understand the net revenue and profit contribution of each product/category, and to make decisions about the category assortments. Such analysis helps retail pharmacies gain insights into the main products that drive their revenue and analyze the effect on overall profitability of adding new product lines or dropping some product lines. We have used similar analysis to first understand which products are the main revenue and profit drivers in ADDOs and ADSs and then estimate the impact on revenue and profitability when products that are currently not stocked by many ADDOs and ADSs are included in their stocking assortment.

ABC Analysis is a method of classifying items involved in a decision situation based on their relative importance to revenue, profitability or other metrics. ABC Analysis allows inventory/purchasing managers to segregate and manage the overall inventory/suppliers by separating the critical few products from the trivial many. "A" Category items generally represent $15 \%-20 \%$ items, that represent approximately $80 \%$ of the \$ sales. "B" Category items represent $25 \%-35 \%$ items that represent $15 \%$ of the sales value. "C" Category items represent $50 \%$ or more items that contribute to approximately $5 \%$ of the sales revenue.

For each shop we first classify all items stocked into A, B and C categories based on the reported sales revenue from those products. We then estimate the percentage of shops in which the items would be categorized as "A", " B" or "C". This allows knowing the overall sales potential for each item (in the current market). Shops that are not stocking items that are classified as A items in a number of other shops may be losing potential revenue from stocking those products. Using this analysis doxycycline, penicillin injections and antiseptics were identified as product categories that are not consistently stocked by all shops but have good market potential in shops that are stocking them. A what-if analysis is conducted to emulate the revenue and gross profit increase that would result when a shop starts stocking an item that is currently not stocking. The average sales, retail price, and cost of purchase of the product are estimated from shops that are currently stocking and selling that product. This information is used to estimate the revenue and gross profit increase from stocking an additional product. This analysis is conducted for doxycycline, penicillin injections and antiseptics.

ABC Analysis for ADSs

| Item\# Product |  | Category (A, B, C) |  |
| ---: | :--- | :--- | :--- |
|  |  | Shop 23 | Shop 25 |
| 1 | SP | C | C |
| 2 | WHO PQ act | A | B |
| 3 | chloroquine | C | C |
| 4 | non-WHO PQ act | B | C |
| 5 | quinine | A | A |
| 6 | amoxicillin | A | A |
| 7 | ampicillin | C | B |
| 8 | ampicillin-cloxacillin | B | C |
| 9 | cefalexin | C | C |
| 10 | ceftriaxone | C | C |


| 11 | chloramphenicol | C | C |
| :---: | :---: | :---: | :---: |
| 12 | ciprofloxacin | C | B |
| 13 | cloxacillin | C | C |
| 14 | co-trimoxazole | A | B |
| 15 | doxycycline | C | A |
| 16 | erythromycin | B | A |
| 17 | metronidazole | B | A |
| 18 | nalidixic acid | C | C |
| 19 | nitrofurantoin | C | C |
| 20 | pefloxacin | C | C |
| 21 | pen-v | C | C |
| 22 | tetracycline | C | C |
| 23 | tinidazole | C | C |
| 24 | baby powder | C | C |
| 25 | body cream | C | C |
| 26 | cosmetic | C | C |
| 27 | diapers | C | C |
| 28 | film | C | C |
| 29 | food | C | C |
| 30 | glycerine | C | C |
| 31 | hair clipper blade | C | C |
| 32 | hair product | C | C |
| 33 | herbal jelly | C | C |
| 34 | lip balm | B | C |
| 35 | mosquito repellant | C | C |
| 36 | panty liner | C | C |
| 37 | perfume | C | C |
| 38 | petroleum jelly | C | C |
| 39 | sanitary pads | C | B |
| 40 | sim card | C | C |
| 41 | soap/antiseptic | C | C |
| 42 | toilet paper | C | C |
| 43 | tooth balm | C | C |
| 44 | toothpaste | C | C |
| 45 | water disinfectant | C | C |

ABC Analysis for ADDOs

| Item\# Product | Category (A, B, C) |  |  |  |  |  |
| :---: | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  | Shop 1 | Shop 4 | Shop 8 | Shop 9 | Shop 15 |
| 1 |  | A | A | A | C | A |
| 2 |  | A | B | B | B | A |
| 3 |  | B | B | B | A | C |
| 4 | chloroquine | C | C | C | C | C |
| 5 | mefloquine | C | C | C | C | C |


| 6 | non-WHO PQ act | C | C | C | C | C |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 7 | quinine | A | A | A | A | B |
| 8 | amoxicillin | A | B | A | A | B |
| 9 | amoxicillin + bromnexine | C | C | C | C | C |
| 10 | ampicillin | C | C | C | C | C |
| 11 | ampicillin cloxacillin | C | C | C | C | C |
| 12 | azithromycin | C | C | C | C | C |
| 13 | bacitracin, neomycin | C | C | C | C | C |
| 14 | benzyl penicillin | C | B | C | C | C |
| 15 | cefalexin | C | C | C | C | C |
| 16 | chloramphenicol | B | C | C | C | B |
| 17 | ciprofloxacin | C | C | C | B | C |
| 18 | cloxacillin | C | C | C | B | C |
| 19 | co-trimoxazole | B | C | A | B | B |
| 20 | doxycycline | B | C | C | A | C |
| 21 | doxycycline hyclate | C | C | C | C | C |
| 22 | erythromycin | A | A | B | B | B |
| 23 | gentamicin | C | C | C | C | C |
| 24 | lomefloxacin hydrochloride | C | C | C | C | C |
| 25 | metronidazole | A | A | A | A | A |
| 26 | nitrofurantoin | B | C | C | C | C |
| 27 | norfloxacin + tindazole | C | C | C | C | C |
| 28 | ofloxacin | C | C | C | C | B |
| 29 | oxytetracycline hydrochloride | C | B | C | C | C |
| 30 | penicillin | B | A | B | B | C |
| 31 | penicillin injection | B | B | B | C | A |
| 32 | secnidazole | C | C | C | C | C |
| 33 | tetracycline | C | C | C | C | C |
| 34 | tinidazole | C | B | C | C | C |
| 35 | baby powder | C | C | C | C | C |
| 36 | body cream | C | C | C | C | C |
| 37 | cleaning supplies/antiseptic | B | B | B | C | C |
| 38 | diapers | C | C | C | C | C |
| 39 | food | C | C | C | C | C |
| 40 | insecticide for nets | C | C | C | C | C |
| 41 | lubricant | C | C | C | C | C |
| 42 | medicated oil/balm | C | B | C | C | C |
| 43 | mosquito repellant | C | C | C | C | C |
| 44 | mouthwash | B | B | C | C | C |
| 45 | sanitary pads | B | C | C | C | A |
| 46 | shampoo | C | C | C | C | C |
| 47 | soap | B | C | C | C | C |
| 48 | stationary | C | C | C | C | C |


| 49 | toilet paper | B | C | C | C | C |
| :---: | :--- | :--- | :--- | :--- | :--- | :--- |
| 50 | toothbrush | C | C | C | C | C |
| 51 | toothpaste | C | A | C | C | C |
| 52 | vaseline | C | C | C | C | C |
| 53 | water | C | C | C | C | A |
| 54 | water treatment | B | B | C | C | C |

ABC Analysis: Summary Across All ADDOs

| Item\# | Product | Percentage of ADDOs that classify the product as |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  | A | B | C |
| 1 | SP | 80\% | 0\% | 20\% |
| 2 | WHO PQ act | 40\% | 60\% | 0\% |
| 3 | amodiaquine | 20\% | 60\% | 20\% |
| 4 | chloroquine | 0\% | 0\% | 100\% |
| 5 | mefloquine | 0\% | 0\% | 100\% |
| 6 | non-WHO PQ act | 0\% | 0\% | 100\% |
| 7 | quinine | 80\% | 20\% | 0\% |
| 8 | amoxicillin | 60\% | 40\% | 0\% |
| 9 | amoxicillin + bromnexine | 0\% | 0\% | 100\% |
| 10 | ampicillin | 0\% | 0\% | 100\% |
| 11 | ampicillin cloxacillin | 0\% | 0\% | 100\% |
| 12 | azithromycin | 0\% | 0\% | 100\% |
| 13 | bacitracin, neomycin | 0\% | 0\% | 100\% |
| 14 | benzyl penicillin | 0\% | 20\% | 80\% |
| 15 | cefalexin | 0\% | 0\% | 100\% |
| 16 | chloramphenicol | 0\% | 40\% | 60\% |
| 17 | ciprofloxacin | 0\% | 20\% | 80\% |
| 18 | cloxacillin | 0\% | 20\% | 80\% |
| 19 | co-trimoxazole | 20\% | 60\% | 20\% |
| 20 | doxycycline | 20\% | 20\% | 60\% |
| 21 | doxycycline hyclate | 0\% | 0\% | 100\% |
| 22 | erythromycin | 40\% | 60\% | 0\% |
| 23 | gentamicin | 0\% | 0\% | 100\% |
| 24 | lomefloxacin hydrochloride | 0\% | 0\% | 100\% |
| 25 | metronidazole | 100\% | 0\% | 0\% |
| 26 | nitrofurantoin | 0\% | 20\% | 80\% |
| 27 | norfloxacin + tindazole | 0\% | 0\% | 100\% |
| 28 | ofloxacin | 0\% | 20\% | 80\% |
| 29 | oxytetracycline hydrochloride | 0\% | 20\% | 80\% |
| 30 | penicillin | 20\% | 60\% | 20\% |


| 31 | penicillin injection | 20\% | 60\% | 20\% |
| :---: | :---: | :---: | :---: | :---: |
| 32 | secnidazole | 0\% | 0\% | 100\% |
| 33 | tetracycline | 0\% | 0\% | 100\% |
| 34 | tinidazole | 0\% | 20\% | 80\% |
| 35 | baby powder | 0\% | 0\% | 100\% |
| 36 | body cream | 0\% | 0\% | 100\% |
| 37 | cleaning supplies/antiseptic | 0\% | 60\% | 40\% |
| 38 | diapers | 0\% | 0\% | 100\% |
| 39 | food | 0\% | 0\% | 100\% |
| 40 | insecticide for nets | 0\% | 0\% | 100\% |
| 41 | lubricant | 0\% | 0\% | 100\% |
| 42 | medicated oil/balm | 0\% | 20\% | 80\% |
| 43 | mosquito repellant | 0\% | 0\% | 100\% |
| 44 | mouthwash | 0\% | 40\% | 60\% |
| 45 | sanitary pads | 20\% | 20\% | 60\% |
| 46 | shampoo | 0\% | 0\% | 100\% |
| 47 | soap | 0\% | 20\% | 80\% |
| 48 | stationary | 0\% | 0\% | 100\% |
| 49 | toilet paper | 0\% | 20\% | 80\% |
| 50 | toothbrush | 0\% | 0\% | 100\% |
| 51 | toothpaste | 20\% | 0\% | 80\% |
| 52 | Vaseline | 0\% | 0\% | 100\% |
| 53 | water | 20\% | 0\% | 80\% |
| 54 | water treatment | 0\% | 40\% | 60\% |


| ADDO Cash Flow Analysis |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| SHOP ID \# | 1 | 4 | 8 | 9 | 15 |
| Location | $\begin{gathered} \text { Morogoro } \\ \text { Rural } \\ \hline \end{gathered}$ | $\begin{gathered} \text { Morogoro } \\ \text { Rural } \\ \hline \end{gathered}$ | Kilosa | Kilosa | Mvomero |
| Owner's Year of Management Experience | 4 | 17 | 4 | 11 | 11 |
| Percentage Income from Drug Shop | 40\% | 70\% | 30\% | 40-45\% | 100\% |
| Average Customers | 49 | 50 | 60 | 45 | 70 |
| CASH INFLOW |  |  |  |  |  |
|  |  |  |  |  |  |
| BUSINESS REVENUE |  |  |  |  |  |
| Total Revenue from Products/Medicines (Monthly) | 1,286,000 | 2,912,010 | 978,180 | 935,919.9 | 293,118 |
|  |  |  |  |  |  |
| TOTAL MONTHLY CASH INFLOW | 1,286,000 | 2,912,010 | 978,180 | 935,919.9 | 293,118 |
|  |  |  |  |  |  |
| CASH EXPENDITURES |  |  |  |  |  |
|  |  |  |  |  |  |
| PERSONAL EXPENSES |  |  |  |  |  |
| Personal Expenses (Monthly) | 100,000 | - | 20,000 | 20,000 | 200,000 |
| Personal Expenses (Daily)* | 90,000 | 60,000 | - | 90,000 | - |
|  |  |  |  |  |  |
| NON-CURRENT ASSETS |  |  |  |  |  |
| Building Mortgage (Monthly) | - | - | - | - | - |
| Building Rent (Monthly) | - | 20,000 | 20,000 | 6,000 | - |
| Property Mortgage (Monthly) | - | - | - | - | - |
| Property Rent (Monthly) | - | - | - | - | - |
| Vehicle Rent/Payment (Monthly) | - | - | - | - | - |
|  |  |  |  |  |  |
| MONTHLY BUSINESS EXPENSES |  |  |  |  |  |
| Employee Salaries (Monthly) | - | 240,000 | 85,000 | - | - |
| Number of Employees | 2** | 2 | 2 | 1 | 1 |
|  |  |  |  |  |  |
| Electricity Payment (Monthly) | 40,000 | 30,000 | - | - | - |
| Fuel Payment (Monthly) | - | 30,000 | - | 10,500 | - |
| Distribution Costs (Monthly) | - | - | - | - | - |
| Delivery/Pick-up Costs (Monthly) | 30,000 | - | 40,000 | 25,000 | 20,000 |
| Communication Costs (Monthly) | - | 40,000 | 5,000 | - | 5,000 |
| Security Costs (Monthly) | - | - | - | - | - |
| Other Shop Expenses (Monthly) | 100,000 | 23,000 | 10,000 | 30,000 | - |
|  |  |  |  |  |  |
| INVENTORY |  |  |  |  |  |
| Total Expenses for Products/Medicines Purchased | 1,580,944 | 873,830 | 275,725 | 344,740 | 256,899 |


| (Monthly) |  |  |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| Frequency Ordering <br> Product/Medicines | Every <br> week | Every <br> week | Every <br> other <br> week | Every <br> other <br> week | Every <br> other <br> week |  |
|  |  |  |  |  |  |  |
| TOTAL MONTHLY CASH <br> EXPENDITURES | $1,940,944$ | $1,316,830$ | 455,725 | 526,240 | 481,899 |  |
|  |  |  |  |  |  |  |
| CUMULATIVE NET CASH FLOW | $-654,944$ | $1,595,180$ | 522,455 | 409,680 | $-188,781$ |  |
| Reported Access to Enough Money to <br> Operate Business? | Yes | No | No | No | No |  |

*Each value multiplied by 30 to represent the daily personal expenses withdrawn in a month.
**Husband and Wife own drug shop together and so all money goes back into the business.

## ANNEX 5: ADDO CASH FLOW ANALYSIS

| ADDO Cash Flow Analysis with Product Addition: Doxycycline |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| SHOP ID \# | 1 | 4 | 8 | 9 | 15 |
| Location | Morogoro Rural | Morogoro Rural | Kilosa | Kilosa | Mvomero |
| Owner's Year of Management Experience | 4 | 17 | 4 | 11 | 11 |
| Percentage Income from Drug Shop | 40\% | 70\% | 30\% | 40-45\% | 100\% |
| Average Customers | 49 | 50 | 60 | 45 | 70 |
| CASH INFLOW |  |  |  |  |  |
| BUSINESS REVENUE |  |  |  |  |  |
| Total Revenue from Products/Medicines (Monthly) | 1,286,000 | $2,912,01$ 0 | 978,180 | 935,919.9 | 293,118 |
| Average Additional Revenue from Doxycycline | Already Stocking | 38,298 | 45,957 | Already Stocking | 53,617 |
|  |  |  |  |  |  |
| TOTAL MONTHLY CASH INFLOW | 1,286,000 | $\begin{array}{r} \hline 2,950,30 \\ 8 \\ \hline \end{array}$ | 1,024,137 | 935,919.9 | 346,735 |
|  |  |  |  |  |  |
| CASH EXPENDITURES |  |  |  |  |  |
|  |  |  |  |  |  |
| PERSONAL EXPENSES |  |  |  |  |  |
| Personal Expenses (Monthly) | 100,000 | - | 20,000 | 20,000 | 200,000 |
| Personal Expenses (Daily)* | 90,000 | 60,000 | - | 90,000 | - |
|  |  |  |  |  |  |
| NON-CURRENT ASSETS |  |  |  |  |  |
| Building Mortgage (Monthly) | - | - | - | - | - |
| Building Rent (Monthly) | - | 20,000 | 20,000 | 6,000 | - |
| Property Mortgage (Monthly) | - | - | - | - | - |
| Property Rent (Monthly) | - | - | - | - | - |
| Vehicle Rent/Payment (Monthly) | - | - | - | - | - |
|  |  |  |  |  |  |
| MONTHLY BUSINESS EXPENSES |  |  |  |  |  |
| Employee Salaries (Monthly) | - | 240,000 | 85,000 | - | - |
| Number of Employees | 2** | 2 | 2 | 1 | 1 |
|  |  |  |  |  |  |
| Electricity Payment (Monthly) | 40,000 | 30,000 | - | - | - |
| Fuel Payment (Monthly) | - | 30,000 | - | 10,500 | - |
| Distribution Costs (Monthly) | - | - | - | - | - |
| Delivery/Pick-up Costs (Monthly) | 30,000 | - | 40,000 | 25,000 | 20,000 |
| Communication Costs (Monthly) | - | 40,000 | 5,000 | - | 5,000 |
| Security Costs (Monthly) | - | - | - | - | - |
| Other Shop Expenses (Monthly) | 100,000 | 23,000 | 10,000 | 30,000 | - |
| INVENTORY |  |  |  |  |  |


| Total Expenses for <br> Products/Medicines Purchased <br> (Monthly) | $1,580,944$ | 873,830 | 275,725 | 344,740 | 256,899 |
| :--- | :---: | :---: | :---: | :---: | :---: |
| Average Additional Expense from <br> Doxycycline | Already <br> Stocking | 14,323 | 17,188 | Already <br> Stocking | 20,053 |
| Frequency Ordering <br> Product/Medicines | Every <br> week | Every <br> week | Every <br> other <br> week | Every <br> other <br> week | Every <br> other <br> week |
|  |  |  |  |  |  |
| TOTAL MONTHLY CASH <br> EXPENDITURES | $1,940,944$ | $1,331,15$ <br> 3 | 472,913 | 526,240 | 501,952 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| CURRENT CUMULATIVE NET CASH <br> FLOW | $-654,944$ | $1,595,18$ <br> 0 | 522,455 | 409,680 | $-188,781$ |
| PROJECTED CUMULATIVE NET <br> CASH FLOW | $-654,944$ | $1,619,15$ <br> 5 | 551,224 | 409,680 | $-155,217$ |
| Absolute \% Profit Increase from <br> Stocking Doxycycline | - | $1.50 \%$ | $5.51 \%$ | - | $17.78 \%$ |
| Reported Access to Enough Money to <br> Operate Business? | Yes | No | No | No | No |

*Each value multiplied by 30 to represent the daily personal expenses withdrawn in a month.
**Husband and Wife own drug shop together and so all money goes back into the business.

## ANNEX 5: ADDO CASH FLOW ANALYSIS

| ADDO Cash Flow Analysis with Product Addition: Penicillin Injection |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| SHOP ID \# | 1 | 4 | 8 | 9 | 15 |
| Location | Morogoro Rural | Morogoro Rural | Kilosa | Kilosa | Mvomero |
| Owner's Year of Management Experience | 4 | 17 | 4 | 11 | 11 |
| Percentage Income from Drug Shop | 40\% | 70\% | 30\% | 40-45\% | 100\% |
| Average Customers | 49 | 50 | 60 | 45 | 70 |
| CASH INFLOW |  |  |  |  |  |
| BUSINESS REVENUE |  |  |  |  |  |
| Total Revenue from Products/Medicines (Monthly) | 1,286,000 | 2,912,010 | 978,180 | 935,919.9 | 293,118 |
| Average Additional Revenue from Penicillin Injection | Already Stocking | Already Stocking | Already Stocking | 7,664.0 | Already Stocking |
|  |  |  |  |  |  |
| TOTAL MONTHLY CASH INFLOW | 1,286,000 | 2,912,010 | 978,180 | 943,583.9 | 293,118 |
|  |  |  |  |  |  |
| CASH EXPENDITURES |  |  |  |  |  |
|  |  |  |  |  |  |
| PERSONAL EXPENSES |  |  |  |  |  |
| Personal Expenses (Monthly) | 100,000 | - | 20,000 | 20,000 | 200,000 |
| Personal Expenses (Daily)* | 90,000 | 60,000 | - | 90,000 | - |
|  |  |  |  |  |  |
| NON-CURRENT ASSETS |  |  |  |  |  |
| Building Mortgage (Monthly) | - | - | - | - | - |
| Building Rent (Monthly) | - | 20,000 | 20,000 | 6,000 | - |
| Property Mortgage (Monthly) | - | - | - | - | - |
| Property Rent (Monthly) | - | - | - | - | - |
| Vehicle Rent/Payment (Monthly) | - | - | - | - | - |
|  |  |  |  |  |  |
| MONTHLY BUSINESS EXPENSES |  |  |  |  |  |
| Employee Salaries (Monthly) | - | 240,000 | 85,000 | - | - |
| Number of Employees | 2** | 2 | 2 | 1 | 1 |
|  |  |  |  |  |  |
| Electricity Payment (Monthly) | 40,000 | 30,000 | - | - | - |
| Fuel Payment (Monthly) | - | 30,000 | - | 10,500 | - |
| Distribution Costs (Monthly) | - | - | - | - | - |
| Delivery/Pick-up Costs (Monthly) | 30,000 | - | 40,000 | 25,000 | 20,000 |
| Communication Costs (Monthly) | - | 40,000 | 5,000 | - | 5,000 |
| Security Costs (Monthly) | - | - | - | - | - |
| Other Shop Expenses (Monthly) | 100,000 | 23,000 | 10,000 | 30,000 | - |
|  |  |  |  |  |  |
| INVENTORY |  |  |  |  |  |
| Total Expenses for Products/Medicines Purchased | 1,580,944 | 873,830 | 275,725 | 344,740 | 256,899 |


| (Monthly) |  |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: |
| Average Additional Expense from <br> Penicillin Injection | Already <br> Stocking | Already <br> Stocking | Already <br> Stocking | 3,036 | Already <br> Stocking |
| Frequency Ordering <br> Product/Medicines | Every <br> week | Every <br> week | Every <br> other <br> week | Every <br> other <br> week | Every <br> other <br> week |
|  |  |  |  |  |  |
| TOTAL MONTHLY CASH <br> EXPENDITURES | $1,940,944$ | $1,316,830$ | 455,725 | 529,276 | 481,899 |
|  |  |  |  |  |  |
| CURRENT CUMULATIVE NET CASH <br> FLOW | $-654,944$ | $1,595,180$ | 522,455 | 409,680 | $-188,781$ |
| PROJECTED CUMULATIVE NET <br> CASH FLOW | $-654,944$ | $1,595,180$ | 522,455 | 414,308 | $-188,781$ |
| Absolute \% Profit Increase from <br> Stocking Penicillin Injection | - | - | - | $1.13 \%$ | - |
| Reported Access to Enough Money to <br> Operate Business? | Yes | No | No | No | No |

*Each value multiplied by 30 to represent the daily personal expenses withdrawn in a month. **Husband and Wife own drug shop together and so all money goes back into the business.

| ADDO Cash Flow Analysis with Total Product Package |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| SHOP ID \# | 1 | 4 | 8 | 9 | 15 |
| Location | Morogoro Rural | Morogoro Rural | Kilosa | Kilosa | Mvomero |
| Owner's Year of Management Experience | 4 | 17 | 4 | 11 | 11 |
| Percentage Income from Drug Shop | 40\% | 70\% | 30\% | 40-45\% | 100\% |
| Average Customers | 49 | 50 | 60 | 45 | 70 |
| CASH INFLOW |  |  |  |  |  |
| BUSINESS REVENUE |  |  |  |  |  |
| Total Revenue from Products/Medicines (Monthly) | 1,286,000 | 2,912,010 | 978,180 | 935,919.9 | 293,118 |
| Average Additional Revenue from Penicillin Injection | Already Stocking | Already Stocking | Already Stocking | 7,664 | Already Stocking |
| Average Additional Revenue from Doxycycline | Already Stocking | 38,298 | 45,957 | Already Stocking | 53,617 |
|  |  |  |  |  |  |
| TOTAL MONTHLY CASH INFLOW | 1,398,156 | 2,950,308 | 1,024,137 | 943,583.9 | 346,735 |
|  |  |  |  |  |  |
| CASH EXPENDITURES |  |  |  |  |  |
|  |  |  |  |  |  |
| PERSONAL EXPENSES |  |  |  |  |  |
| Personal Expenses (Monthly) | 100,000 | - | 20,000 | 20,000 | 200,000 |
| Personal Expenses (Daily)* | 90,000 | 60,000 | - | 90,000 | - |
|  |  |  |  |  |  |
| NON-CURRENT ASSETS |  |  |  |  |  |
| Building Mortgage (Monthly) | - | - | - | - | - |
| Building Rent (Monthly) | - | 20,000 | 20,000 | 6,000 | - |
| Property Mortgage (Monthly) | - | - | - | - | - |
| Property Rent (Monthly) | - | - | - | - | - |
| Vehicle Rent/Payment (Monthly) | - | - | - | - | - |
|  |  |  |  |  |  |
| MONTHLY BUSINESS EXPENSES |  |  |  |  |  |
| Employee Salaries (Monthly) | - | 240,000 | 85,000 | - | - |
| Number of Employees | 2** | 2 | 2 | 1 | 1 |
|  |  |  |  |  |  |
| Electricity Payment (Monthly) | 40,000 | 30,000 | - | - | - |
| Fuel Payment (Monthly) | - | 30,000 | - | 10,500 | - |
| Distribution Costs (Monthly) | - | - | - | - | - |
| Delivery/Pick-up Costs (Monthly) | 30,000 | - | 40,000 | 25,000 | 20,000 |
| Communication Costs (Monthly) | - | 40,000 | 5,000 | - | 5,000 |
| Security Costs (Monthly) | - | - | - | - | - |
| Other Shop Expenses (Monthly) | 100,000 | 23,000 | 10,000 | 30,000 | - |


*Each value multiplied by 30 to represent the daily personal expenses withdrawn in a month.
**Husband and Wife own drug shop together and so all money goes back into the business.

## Contextual Information for Five ADDO Cash Flow Shops

| SHOP 1 LEGEND |  |
| :--- | :--- |
| SHOP LOCATION | Ngerengere |
| Village | Ngerengere |
| Ward | Morogoro Rural |
| District | 1.5 hours |
| Distance from Morogoro Town | 49 |
| SHOP DESCRIPTORS | 1- good store, had electricity |
| Ave. Customer | Well organized, no medications <br> expired, both owner and dispenser <br> husband/wife were knowledgeable <br> about the pricing and business; <br> wouldn't accept a loan if it had <br> interest |
| Shop Building Type | Using retirement funds to support <br> funds; poor record keeping no <br> standardization--everything was <br> from memory |
| Other Comments | Marhaba Pharmacy |
| Challenges Noted | Morogoro Town |
| SUPPLY | Once a week |
| Name of supplier | None |
| Location of supplier |  |
| Frequency stocking | Self-reported product/medicine stock- <br> out(s) |


| SHOP 4 LEGEND |  |
| :--- | :--- |
| SHOP LOCATION | N/A/Mtamba |
| Village | Intamba/Kisemu |
| Ward | Morogoro Rural |
| District | 2 hours |
| Distance from Morogoro Town | 50 |
| SHOP DESCRIPTORS | 2- no electricity or generator |
| Ave. Customer | N/A |
| Shop Building Type | Dispenser did not provide patients <br> with information about drugs; poor <br> record keeping; NHIF owed him <br> 430,000 |
| Other Comments | White Gate Pharmacy |
| Challenges Noted | Morogoro Town |
| SUPPLY | Once a week |
| Name of supplier | None |
| Source of supply | Frequency stocking |
| Self-reported product/medicine stock- <br> out(s) |  |


| SHOP 8 LEGEND |  |
| :--- | :--- |
| SHOP LOCATION | N/A |
| Village | Kidodi |
| Ward | Kilosa |
| District | 3 hours |
| Distance from Morogoro Town | 60 |
| SHOP DESCRIPTORS | 2- no electricity |
| Ave. Customer | Great record keeping; dispenser does <br> record-keeping; good working <br> relationship and response between 2 <br> women owner and dispenser |
| Shop Building Type | Owner is a clinical officer working at <br> the hospital so doesn't spend much <br> time at the shop |
| Other Comments | Marhaba Pharmacy |
| Challenges Noted | Morogoro Town |
| SUPPLY | Twice a month |
| Name of supplier | Erythromycin (tabs) |
| Source of supply | Frequency stocking |


| SHOP 9 LEGEND |  |
| :--- | :--- |
| SHOP LOCATION | N/A/Mhenda |
| Village | Ulaya/Ulaya |
| Ward | Kilosa |
| District | 4 hours |
| Distance from Morogoro Town | 45 |
| SHOP DESCRIPTORS | 3- poor storage conditions, no <br> electricity or generator |
| Ave. Customer | Some of the drugs were expired, poor <br> record keeping; surrounding <br> community was very poor --mud <br> huts; dispenser did not provide <br> information to patients |
| Shop Building Type | Did not mention capital as a problem; <br> mentioned a lot of drugs that were <br> out of stock |
| Other Comments | Marhaba Pharmacy |
| Challenges Noted | Morogoro Town |
| SUPPLY | Twice a month |
| Name of supplier | Erythromycin, Safe Plan, MES Cough <br> Syrup |
| Source of supply |  |
| Frequency stocking | Self-reported product/medicine stock- <br> out(s) |


| SHOP 15 LEGEND |  |
| :--- | :--- |
| SHOP LOCATION | Vianzi |
| Village | Melela |
| Ward | Mvomero |
| District | 0.5 hour |
| Distance from Morogoro Town | 70 |
| SHOP DESCRIPTORS | 3 |
| Ave. Customer | Lots of expiry and low stock of drugs; <br> poor record keeping; supplier offers <br> credit but owner does not accept it; <br> kept expired drugs on shelf with <br> boxes x'd out just so it looked like <br> shop had more items |
| Shop Building Type | Still a lot of unregistered drug shops <br> that sell a lot of medicines and <br> provide competition to her drug <br> shop; access to low interest loans to <br> boost capital would be a good thing; <br> more trainings for continuing <br> education would be of benefit |
| Challenges Noted | Marhaba Pharmacy |
| SUPPLY | Morogoro Town |
| Name of supplier | Pen-V Tablets, Hedex Tablets, <br> Amoxicillin Tablets, plus others that <br> could not be recalled |
| Source of supply | Frequency stocking |

## MINISTRY OF HEALTH AND SOCIAL WELFARE TANZANIA FOOD AND DRUGS AUTHORITY TFDA <br> Tanzania Food \& Drugs Authority

## HUMAN ADDO PRESCRIPTION MEDICINES

| S/N | Drug and Form | Strength |
| :---: | :---: | :---: |
|  | Anti-Asthmatics |  |
| 1. | Aminophylline injection (ampoules) | $25 \mathrm{mg} / \mathrm{mL}$ in 10 mL |
|  | Antibacterial / Antibiotics |  |
| 2. | Amoxycillin trihydrate capsules | 250 mg , 500 mg |
| 3. | Amoxycillin trihydrate oral suspension | $125 \mathrm{mg} / 5 \mathrm{ml}, 250 \mathrm{mg} / \mathrm{ml}$ |
| 4. | Benzyl Penicillin powder for injection | $3 \mathrm{gm}(500,000 \mathrm{IU})$ in vial |
| 5. | Co-trimoxazole suspension | $240 \mathrm{mg} / 5 \mathrm{ml}$ in 100 mL Bottle |
| 6. | Co-trimoxazole tablets | 480 mg |
| 7. | Doxycycline capsules/tablets | 100 mg |
| 8. | Erythromycin oral suspension | $125 \mathrm{mg} / 5 \mathrm{ml}, 250 \mathrm{mg} / 5 \mathrm{ml}$. |
| 9. | Erythromycin tablets | 250 mg , 500 mg |
| 10. | Metronidazole tablets | $200 \mathrm{mg}, 250 \mathrm{mg}, 400 \mathrm{mg}$, |
| 11. | Metronidazole suspension | $200 \mathrm{mg} / 5 \mathrm{ml}$ in 100 mL |
| 12. | Metronidazole injection |  |
| 13. | Nitrofurantoin tablets | 50mg, 100mg |
| 14. | Oxytetracycline Hydrochloride eye ointment | 5\% (w/v), 10\% (w/v) |
| 15. | Phenoxymethyl Penicillin suspension | $125 \mathrm{mg} / 5 \mathrm{ml}$, <br> $250 \mathrm{mg} / 5 \mathrm{ml}$ in 100 mL |
| 16. | Phenoxymethyl Penicillin tablets | 250 mg |
| 17. | Procaine Penicillin Fortified | 4g (400,000IU) - 4MU |
| 18. | Silver sulfadiazine cream | 10 mg |
| 19. | Chloramphenicol eye drops/ointment |  |
|  | Anti-Inflammatory/ Analgesics |  |
| 20. | Diclofenac sod. Tablets | 25 mg , 50 mg |
| 21. | Indomethacin capsules | 25 mg |
| 22. | Hydrocortisone ointment/cream | 1\%, 0.5\% |
| 23. | Annusol suppositories |  |
|  | Anaesthetics, local |  |
| 24. | Lignocaine injection | $1 \%$ in 10 ml vial, $2 \%$ in 30 ml vial |
|  | Anti-Fungal |  |
| 25. | Nystatin oral suspension | 100,000IU/ml in30mL Bottle |
| 26. | Nystatin pessaries | 100,000IU |
| 27. | Nystatin skin Ointment | 100,000IU/gm |
| 28. | Nystatin tablets | 500,000IU |
| 29. | Ketoconazole tablets |  |
|  | Anti Malarials |  |
| 30. | Quinine tablets (sulphate or bisulphate) | 300mg |
| 31. | Quinine injection (as dihydrochloride) | $300 \mathrm{mg} / \mathrm{ml}$ in 2 mL |
| 32. | Artemether + Lumefantrine tablets/ACT | Artemether 20 mg Lumefantrine 120 mg |
|  | Cardiovascular (Anti-arrhythmic drugs) |  |
| 33. | Propranolol tablets (Hydrochloride) | $10 \mathrm{mg}, 40 \mathrm{mg}$, 80 mg |
|  | Diuretics |  |
| 34. | Bendrofluazide tablets | 5 mg |
|  | Oxytocics |  |
| 35. | Ergometrine Injection (maleate) | $0.2 \mathrm{mg} / \mathrm{mL}$ in 1 mL ampoule, $0.5 \mathrm{mg} / \mathrm{mL}$ in 2 mL ampoule |


|  | Laxative |  |
| :--- | :--- | :--- |
| 36. | Bisacodyl tablets | 5 mg |
|  | Antihistamines |  |
| 37. | Cetirizine hydrochloride tablets | 10 mg |
| 38. | Cetirizine hydrochloride oral solution | $5 \mathrm{mg} / 5 \mathrm{ml}$ |
|  | antispasmodics | 10 mg |
| 39. | Hyoscine butylobromide tablets | $20 \mathrm{mg} / \mathrm{ml}$ |
| 40. | Hyoscine butylobromide injection |  |
|  | Oral Contraceptives |  |
| 41. | Ethinylestradiol (0.03mg) + Novethisterone $(0.3 \mathrm{mg})$ |  |
| 42. | Ethinylestradiol (0.03mg)+ Levonorgestrel $(0.15 \mathrm{mg})$ | 20 mg |
|  | Minerals/vitamins |  |
| 43. | Neurobion Forte | $25 \mathrm{mg} / \mathrm{ml}$ in 2 mL ampoule |
| 44. | Zinc sulfate tablets | $5 \%$ |
|  | Anti Emetic | $0.9 \%$ |
| 45. | Promethazine Hydrochloride Injection |  |
| 46. | Fluids and Electrolytes | Dextrose |
| 47. | Normal Saline Injection | $50 \mathrm{mg}, 100 \mathrm{mg}$ |
| 48. | Water for Injection |  |
|  | Anti-Epileptic |  |
| 49. | Phenytoin tablets/capsules (Sodium salt) |  |

HUMAN NON-PRESCRIPTION MEDICINES

| S/N | Drug and form | Strength |
| :--- | :--- | :--- |
|  | Analgesics; antipyretics | $120 \mathrm{mg} / 5 \mathrm{ml}$ |
| 1. | Paracetamol liquid | 500 mg |
| 2. | Paracetamol tablets | 300 mg |
| 3. | Acetylsalicylic Acid tablets | $100 \mathrm{mg} / 5 \mathrm{ml}$ |
| 4. | Ibuprofen syrup | $200 \mathrm{mg} ; 400 \mathrm{mg}$ |
| 5. | Ibuprofen tablets | Various |
| 6. | various generics and brands of paracetamol in <br> immediate release formulation (up to 500 mg per unit) | $0.5 \% ; 1.16 \%$ |
| 7. | Diclofenac gel | $10 \% \mathrm{w} / \mathrm{w}$ |
| 8. | Etofenamate gel | 25 mg |
| 9. | Indomethacin capsules | 250 |
| 10. | Mefenamic Acid tablets | 7.5 mg |
| 11. | Meloxicam tablets | $22.06 \% \mathrm{w} / \mathrm{w}$ |
| 12. | Methyl Salicylate liquid | 20 mg |
| 13. | Piroxicam capsules | 5 mg |
| 14. | Linments and muscle rubs gel | 216 mg |
|  | Antacids, antiflatulents and anti-peptic ulceration | various |
| 15. | Aluminium Hydroxide tablets |  |
| 16. | various generics and brands containing Aluminium <br> Hydroxide and Magnesium <br> trisilicate/Dimethicone/Simethicone |  |
| 17. | Gripe water liquid | 750 mg |
| 18 | Calcium Carbonate tablets |  |
| 19. | Citric Acid + Sodium Bicarbonate + Tartaric Acid <br> effeverscent granules |  |
| 20. | Magnesium Hydroxide suspension, tablets |  |
| 21. | Magnesium Sulphate + Sodium Bicarbonate (Andrews <br> Liver Salts Regular) powder |  |
| 22. | Sodium Bicarbonate granules |  |
| 23. | Sodium Bicarbonate liquid |  |


|  | Antihelmintics |  |
| :---: | :---: | :---: |
| 24. | Albendazole suspension | 200mg/5ml |
| 25. | Albendazole tablets | 200 mg ; 400mg |
| 26. | Levamisole syrup | $40 \mathrm{mg} / 5 \mathrm{ml}$ |
| 27. | Levamisole tablets | 40, 50, 150 mg |
| 28. | Mebendazole suspension | $100 \mathrm{mg} / 5 \mathrm{ml}$ |
| 29. | Mebendazole tablets | 100 mg ; 500 mg |
| 30. | Praziquantel tablets | 600 mg |
| 31. | Niclosamide tablets | 500 mg |
|  | Antianaemic preparations |  |
| 32. | Ferrous Fumarate + Folic Acid tablets |  |
| 33. | Ferrous Hydroxide + Folic Acid chewable tablets |  |
| 34. | Ferrous Hydroxide + Folic Acid drops | 50mg/5ml |
| 35. | Ferrous Hydroxide + Folic Acid syrup | $50 \mathrm{mg} / 5 \mathrm{ml}$ |
| 36. | Ferrous Sulphate + Folic Acid capsules, tablets |  |
| 37. | Folic Acid tablets | 5mg |
|  | Anti-asthmatics |  |
| 38. | Aminophylline tablets | 100 mg |
| 39. | Ephedrine + Theophylline expectorant |  |
| 40. | Guaiphenesin + Theophylline syrup |  |
| 41. | Salbutamol suspension | $2 \mathrm{mg} / 5 \mathrm{ml} ; 4 \mathrm{mg} / 5 \mathrm{ml}$ |
| 42. | Salbutamol tablets | 2mg ; 4mg |
| 43. | Salbutamol + Guaiphenesin suspension |  |
|  | Dermatologicals |  |
| 44. | Chlorhexidine + Silver Sulfasalazine cream | NA |
| 45. | Sodium Fusidate cream/ointment | 2\%w/w |
| 46. | Benzoic Acid + Salicylic Acid ointment | 3\% + 6\% |
| 47. | Benzoic Acid + Salicylic Acid +Sulphur lotion/lotion/oitment |  |
| 48. | Benzoyl Peroxide gel | 2.5\% ; 5\% |
| 49. | Benzoyl Peroxide lotion | 5\%; 10\% |
| 50. | Bifonazole gel | 150 mg |
| 51. | Bifonazole solution | $1 \mathrm{gm} / 15 \mathrm{ml}$ |
| 52. | Bifonazole solution | $10 \mathrm{mg} / 10 \mathrm{ml}$ |
| 53. | Clotrimazole cream; dusting | 1\%, 2\%,10\% |
| 54. | Clotrimazole mouth paint | 1\%w/w |
| 55. | Clotrimazole powder | 1\%w/w |
| 56. | Clotrimazole solution | $0.01 \mathrm{gm} ; 0.01 \mathrm{gm} / \mathrm{ml}$ |
| 57. | Gentian Violet liquid | 0.50\% |
| 58. | Miconazole cream | 20mg/gm |
| 59. | Miconazole cream | 2\%w/w |
| 60. | Miconazole oral gel | $20 \mathrm{mg} / \mathrm{g}$ |
| 61. | Miconazole powder | 20 mg |
| 62. | Ketoconazole cream, shampoo, powder, solution |  |
| 63. | Tetracycline skin ointment ointment |  |
| 64. | Salicylic Acid + Benzoic Acid lotion, cream |  |
| 65. | Tioconazole cream | 1\% |
| 66. | Undecenoic Acid cream |  |
| 67. | Undecenoic Acid powder |  |
| 68. | Benzyl Benzoate emulsion | 25\% |
| 69. | Lindane lotion | 1\%w/w |
| 70. | Bismuth Subgallate ointment | $10 \mathrm{mg} / \mathrm{g}$ |
| 71. | Cod Liver Oil + White Petrolatum ointment |  |
| 72. | Camphor + Eucalyptus + Levomenthol ointment |  |
| 73. | Salicylates cream |  |
| 74. | Salicylates | 0.56\%w/w |
|  | Methyl Salicylate + Oleoresin Capsicum liniment |  |
| 75. | Tolnaftate solution | 10mg/ml |
| 76. | Methylated spirit solution |  |
| 77. | Undecenoic Acid cream |  |
| 78. | Antidundruff ointment, shampoo |  |
| 79. | medicated shamphoos shampoo |  |
| 80. | Fresh wound plasters |  |
|  | Antidiarrhoea |  |
| 81. | ORS powder |  |


|  | Anti-allergies |  |
| :---: | :---: | :---: |
| 82. | Chlorpheniramine syrup | $2 \mathrm{mg} / 5 \mathrm{ml}$ |
| 83. | Chlorpheniramine tablets | 4 mg |
|  | Antimalarial |  |
| 84. | Amodiaquine oral suspension | 50mg/5ml |
| 85. | Amodiaquine tablets | 200mg |
| 86. | Pyrimethamine + Sulafmethopyrazine tablets | 525 mg |
| 87. | Pyrimethamine + Sulfadoxine tablets | 525 mg |
|  | Antipruritics, incl. antihistamines, anaesthetics |  |
| 88. | Mepyramine cream | 2\%w/w |
| 89. | Promethazine tablets | 25 mg |
| 90. | Pseudoephedrine + Triprolidine tablets |  |
|  | Antiseptic and disinfectants |  |
| 91. | Boric Acid + Chlorinated Lime solution |  |
| 92. | Calamine + Zinc Oxide lotion |  |
| 93. | Cetrimide cream | 0.5\%w/w |
| 94. | Cetrimide + Chlorhexidine solution | 1.5\% + 1.0\% |
| 95. | Hydrogen Peroxide solution | 6\% |
| 96. | Povidone Iodine solution | 10\%w/v |
| 97. | Povidone Iodine gargle | 1\%w/v |
| 98. | Povidone Iodine solution | 10\% |
| 99. | Allantoin cream |  |
| 100. | Allantoin solution | 5\%w/w |
|  | Cough and cold preparations |  |
| 101. | Cough preparations con taining ammonium chloride, Mist Expectorant Sed (Morphine should not exceed $0.2 \%$ ), tripolidine, diphenhydramine, dextromethorphan, ipecacuanha, guaiphenesin, bromhexine, |  |
| 102. | Eucalyptus Oil + Levomenthol lozenges |  |
| 103. | Amyl m cresol + Dichlorobenzyl Alcohol lozenges and tablets |  |
| 104. | Carbocisteine syrup | 2\% ; 5\% |
| 105. | Glycyrrhiza + Volatile Oil tablets \& syrup |  |
| 106. | menthol products |  |
|  | Laxative |  |
| 108. | Glycerine liquid | 100\%v/v |
| 109. | Liquid Paraffin liquid | 100\%v/v |
| 110. | Sena tablets | 6 mg |
|  | Ear drops |  |
| 111. | Boric Acid ear drops |  |
| 112. | Arachis Oil + Chlorbutanol + Paradichlorobenzene ear drops |  |
|  | Nasal preparations |  |
| 113. | Dimethidene + Phenylephrine drops |  |
| 114. | Ephedrine nasal drops | $5 \mathrm{mg} / \mathrm{ml}$ |
| 115. | Oxymethazoline nasal spray | $7.5 \mathrm{mg} / 15 \mathrm{ml}$ |
| 116. | Xylometazoline nasal drops | $0.5 \mathrm{mg} / \mathrm{ml}$ |
| 117. | Xylometazoline spray | 1\% |
|  | Stomatologicals, mouth preparations |  |
| 118. | Sensodyne Daily Fluoride mouthrinse liquid | 0.05\%w/w |


| 119. | Arachis oil preparations liquid |  |
| :---: | :--- | :--- |
| 120. | Mouthwashes liquid | 100 mg |
| 121. | Vitamins, minerals |  |
| 122. | Cod liver Oil emulsion |  |
| 123. | Vitamin B Complex tablets | Various |
| 125. | Tocopherol capsules <br> 5,000 i.e. per capsule o r 5ml |  |
| 126. | Calcium capsules | Various |
| 127. | Multivitamin syrup |  |

## VETERINARY ADDO PRESCRIPTION MEDICINES

| S/N | Drug and form | Strength |
| :---: | :---: | :---: |
|  | Anti- bacterial/ antibiotics |  |
| 1. | Oxtetracycline injectable solutions | 10\% |
| 2. | Oxtetracycline injectable solutions | 20\% LA |
| 3. | Sulfadimidine injectable solutions | 33\%w/v, 33.3\% |
| 4. | Gentamycin injectable solutions | 10\% |
| 5. | Pen streptomycin injectable solutions | 20\% |
|  |  |  |
|  | Anti-helminthic drugs |  |
| 6. | Levamisole hydrochloride injections | 7.5\%w/v, 10\%w/v |
| 7 | Nitroxynil Eglumine injection | 34\% |
|  | Endectins |  |
| 8. | Ivermectin injectable solutions | 10mg/ml |
|  | Anti- mycoplasmal drugs |  |
| 9. | Tylosin injectable solutions | 200mg/ml |
|  | Anti-protozoal drugs |  |
| 10. | Imidocarb Dipropionate injectable solutins | $121.5 \mathrm{mg} / \mathrm{ml}$ |
| 11. | Buparvaquone injectable solutions | $50 \mathrm{mg} / \mathrm{ml}$ |
| 12. | Parvaquone injectable solutions | $50 \mathrm{mg} / \mathrm{ml}$ |
| 13 | Sulfadimidine injectable solutions | 33.3\% |
|  | Anti-trypanosomiasis |  |
| 14. | Homidium chloride tablets | 250mg |
| 15. | Isometamidium chloride injectable soluble powders | 1 g |
| 16. | Diminazene aceturate injectable soluble granules | $445 \mathrm{mg} / \mathrm{gm}$ |
| 17. | Diminazene Diaceturate injectable soluble granules | $7 \mathrm{gm} / 100 \mathrm{ml}$ |
|  | Local anesthetic agent |  |
| 18. | Lignocaine injection | 20\%w/v |
|  | Vitamins/Minerals |  |
| 19. | Multivitamin injectable solutions | Various |
| 20. | Iron dextran inject able solutions | 100mg/ml |


| 21. | Calcium Borogluconate solutions | Calcium Gluconate $249 \mathrm{mg} / \mathrm{ml}$, Caffeine $0.915 \mathrm{mg} / \mathrm{ml}$ <br> Boric Acid $51 \mathrm{mg} / \mathrm{ml}$ |
| :---: | :---: | :---: |
|  | Anti-inflammatory |  |
| 22 | Dexamethasone solutions | 0.2\%w/v |
|  | Vaccines | NA |
| 23 | Newcastle virus | NA |
| 24 | Gumboro IBD,GEB-Strains Cu IM,1/65PV strain | NA |
| VETERINARY ADDO GENERAL SALES MEDICINES |  |  |
| S/N | Drug and form | Strength |
|  | Anti- bacterial/ antibiotics |  |
| 25 | Chlortetracycline powder | CTC 20 |
| 26 | Ox tetracycline + Vitamins powder | NA |
| 27 | Tylosin Suspension | NA |
| 28 | Sulfadiazine + Trimethoprim powder | NA |
| 29 | Chlortetracycline spray | $3.21 \mathrm{gm} / 270 \mathrm{ml}$ |
| 30 | Sulfaquinoxaline + Trimethoprim powder | NA |
| 31 | Ox tetracycline powder | 20 |
| 32 | Amprolium powder | 20 |
| 33 | Toltrazuril solution | 2.5\%w/v |
| 34 | Dressings powder | NA |
| 35 | Oxtetracycline aerosol spray | 2\%w/v |
| 36 | Flumequine powder | $100 \mathrm{mg} / \mathrm{ml}$ |
| 37 | Norfloxacin | 10\% |
| 38 | Sulfaclozine powder | NA |
|  | Anti-helminthic drugs |  |
| 39 | Albendazole tablets | 2500mg, 1500 mg , |
| 40 | Albendazole suspensions | $2.5 \% \mathrm{w} / \mathrm{v}, 10 \% \mathrm{w} / \mathrm{v}, 100 \mathrm{mg} / \mathrm{ml}$ |
| 41 | Piperazine citrate tablets | 275 mg |
| 42 | Piperazine citrate soluble powders |  |
| 4 | Levamisole + Oxyclozanide suspension | NA |
| 44 | Levamisole + Oxyclozanide bolus | NA |
| 45 | Ivermectin liquid | 0.5\%w/v,0.08\%w/v |
| 46 | Levamisole drench | NA,7.5\%w/v, $1.5 \mathrm{mg} / \mathrm{ml}$ |
| 47 | Fenbendazole suspension | 5\%w/v |
| 48 | Mebendazole suspension | NA |
| 49 | Praziquantel + Pyrantel Pamoate tablets | NA |
|  | Vitamins/Minerals |  |
| 50. | Multivitamin soluble powders | Various |
| 51. | Multivitamin + Minerals powders | Various |
|  | Intrammamary infusion drugs/Topical applications |  |
| 52. | Mastitis intramammary (Benzyl penicillin) infusion, ointments | 300,000IU |
| 53 | Mastitis intramammary (Neomycin Sulphate) infusion, ointments | 500,000IU |


| 54. | Dichlorophen cream | $0.55 \% \mathrm{w} / \mathrm{v}$ |
| :--- | :--- | :--- |
|  | Ophthalmologic drug |  |
| 55. | Opticlox 21.37 \% w/w, eye ointment | $21.37 \% \mathrm{w} / \mathrm{v}$ |

## ANNEX 7: NDA ADS PRESCRIPTION MEDICINE LIST

The list has been drawn up taking into consideration the prescribing levels in line with the national Standard Treatment Guidelines. A consideration has also been made to ensure that the public receives reasonable access to the most essential (key) drugs needed to treat the common diseases found in the community.

| DRUG AND FORM | INTENDED AILMENTS |
| :---: | :---: |
| Anti-Asthmatics \& Cough Preparations |  |
| Aminophylline tablet 100 mg | Wheezing and bronchitis |
| Salbutamol tablet 4mg | Wheezing and bronchitis |
| Non-narcotic cough preparations (e.g. cough linctus, s, expectorants and herbal) | Symptomatic relief of dry and chesty cough |
| Anti-Bacterials/Antibiotics |  |
| Amoxicillin capsules/tablets 250 mg \& 500mg | Upper respiratory tract infections (URTIs), urinary tract infections (UTIs) |
| Amoxicillin oral suspension $125 \mathrm{mg} / 5 \mathrm{ml}$ \& $250 \mathrm{mg} / 5 \mathrm{ml}$ | URTIs, UTIs, skin infections |
| Co-trimoxazole suspension $240 \mathrm{mg} / 5 \mathrm{ml}$ | URTIs |
| Co-trimoxazole tablets 480 mg and 960 mg | URTIs |
| Doxycycline capsules/tablets 100 mg | UTIs |
| Erythromycin oral suspension $125 \mathrm{mg} / 5 \mathrm{ml}$ | URTIs, UTIs, |
| Erythromycin tablets 250mg | URTIs, UTIs |
| Metronidazole tablets 200mg | Amoebiasis, trichomoniasis |
| Metronidazole suspension $200 \mathrm{mg} / 5 \mathrm{ml}$ \& $125 \mathrm{mg} / 5 \mathrm{ml}$ | Amoebiasis |
| Nitrofurantoin tablets 100 mg | UTIs |
| Phenoxymethyl Penicillin suspension $125 \mathrm{mg} / 5 \mathrm{ml}$ | URTIs |
| Phenoxymethyl Penicillin tablets 250 mg | URTIs |
| Ciprofloxacin 250 mg \& 500mg tablet | Gonorrhoea and other UTIs |
| Dermatological Products |  |
| Silver sulfadiazine cream $1 \% \mathrm{w} / \mathrm{w}$ | Wounds and burns |
| Iodine tincture $2 \%$ | Wounds |
| Calamine lotion 15\% | Anti-inflammatory and Pruritus |
| Benzyl benzoate lotion 25\% | Scabies |
| Malathion lotion aqueous 0.5\% | Pediculosis |
| Hydrocortisone cream 1\% |  |
| Anti-Helminthics |  |
| Mebendazole tablet 100mg | Intestinal worms |
| Mebendazole suspension $100 \mathrm{mg} / 5 \mathrm{ml}$ | Intestinal worms |
| Albendazole tablets 200 mg \& 400mg | Intestinal worms |
| Albendazole suspension $100 \mathrm{mg} / 5 \mathrm{ml}$ \& $200 \mathrm{mg} / 5 \mathrm{ml}$ | Intestinal worms |


| Anti-Inflammatory/Analgesics |  |
| :---: | :---: |
| Diclofenac sod. tablets 50 mg \& 100mg | Musculo-skeletal pain and fever |
| Ibuprofen tablet 200 mg \& 400mg | Musculo-skeletal pain and fever |
| Ibuprofen syrup $100 \mathrm{mg} / 5 \mathrm{ml}$ | Musculo-skeletal pain and fever |
| Acetylsalicylic acid tablet 300mg | Musculo-skeletal pain and fever |
| Paracetamol tablet 500mg | Musculo-skeletal pain and fever |
| Paracetamol suspenson $120 \mathrm{mg} / 5 \mathrm{ml}$ | Musculo-skeletal pain and fever |
| Anti-Allergic |  |
| Chlorpheniramine tablet 4mg | Pruritus and allergy |
| Chlorpheniramine syrup $2 \mathrm{mg} / 5 \mathrm{ml}$ | Pruritus and allergy |
| Promethazine tablet 25 mg | Pruritus and vomiting |
| Promethazine syrup $5 \mathrm{mg} / 5 \mathrm{ml}$ | Pruritus and vomiting |
| Cetrizine tablet 10 mg | Pruritus and allergy |
| Cetrizine syrup 5mg/5ml | Pruritus and allergy |
| Anti-Fungal |  |
| Nystatin oral suspension 100,000 IU/5ml \& 100,000 IU/ml | Oral candidiasis |
| Nystatin tablets 100,000 IU \& 500,000 IU | Oral candidiasis |
| Nystatin lozenges 100,000 IU | Oral candidiasis |
| Nystatin pessaries 100,000 IU | Vaginal candidiasis |
| Clotrimazole pessaries 100mg | Vaginal candidiasis |
| Clotrimazole cream 1\% | Skin infections (e.g., ringworm) |
| Sulphur ointment 10\% | Skin infections (e.g., ringworm) |
| Benzoic acid + salicylic acid ointment 6\% + 3\% | Skin infections (e.g., ringworm) |
| Anti-Malarial Medicines |  |
| Artemether /Lumefantrine Tablet 20/120 mg \& 40/240mg | Uncomplicated malaria |
| Artesunate/Amodiaquine tablet 50/200 mg and other ACTs | Uncomplicated malaria |
| Quinine tablet 300 mg |  |
| Quinine suspension $100 \mathrm{mg} / 5 \mathrm{ml}$ |  |
| Disinfectants \& Antiseptics |  |
| Cetrimide + chlorhexidine solution 0.5\% + 0.05\% | Skin wounds antiseptic |
| Chlorhexidine gluconate solution 20\% | Skin wounds |
| Hydrogen peroxide solution 6\% | Skin wounds and mouth gargle |
| Calcium or sodium hypochlorite solution 5\% | Disinfectant |
| Oral Contraceptives |  |
| Ethinylestradiol + Norethisterone | Combined contraceptive |
| Ethinylestradiol + Levonorgestrel | Combined contraceptive |


| Anti-Diarrhoea |  |
| :--- | :--- |
| Zinc Sulphate tablets | Diarrhoea in children |
| ORS | Diarrhoea in children |
| Anti-Convulsant | Convulsions in children |
| Diazepam rectal tube 2mg/mL | Food poisoning |
| Antidotes | Eye infections |
| Charcoal activated tablet 250mg | Eye infections |
| Eye/Ear/Nasal Preparations | Eye infections |
| Chloramphenicol eye ointment 1\% | Eye infections |
| Chloramphenicol eye/ear drops 0.5\% | Anaemia |
| Tetracycline eye ointment 1\% | Anaemia |
| Combined antibiotic plus steroid eye/ear/nasal drops | Anaemia |
| Anti-Anaemia Medicines, Vitamins \& Minerals | Appetite |
| Ferrous salt tablet 60mg |  |
| Folic acid tablet 5mg |  |
| Ferrous/Folic acid 200mg/0.5mg \& 100mg/0.5mg |  |
| Multivitamin tablets and suspensions | Vitamin A capsules |
| Vitamin C tablets 100mg |  |

ANNEX 8: TANZANIA SURVEY TOOL

| INTERVIEWER NAME |  |
| :---: | :---: |
| DATE: /Tarehe |  |
| INTERVIEW START TIME:/Muda wakuanza mahojiano | INTERVIEW END TIME: /Muda wa kumaliza mahojiano |
| SECTION 1. CONTACT INFO | RESPONSE |
| Shop ID |  |
| District/Wilaya | 1. $\square$ Kilombero <br> 2. $\square$ Kilosa <br> 3. $\square$ Morogoro Municipal <br> 4. $\square$ Morogoro Rural <br> 5. - Mvomero <br> 6. $\square$ Ulanga |
| Ward/Kata | (write name) |
| Village/Kijiji | (write name) |

## SECTION 2. FOMU YA RIDHAA

Habari,
Jina langu ni (Jina la anayehoji) nafanya kazi katika taasisi ya Kitafiti ya WDI -the William Davidson Institute, ya Chuo kikuu cha Michigan. Kwa kushilikiana na Management Sciences for Health, shirika lisilo la kiserikari (NGO) tunafanya utafiti ili kupata ufahamu wa sababu zinazochangia upatikanaji wa dawa kwenye maduka ya dawa muhimu nchini. Matokeo ya utafiti huu yatatumika kubuni mpango mkakati wa kuboresha upatikanaji wa dawa katika maduka ya dawa muhimu kama hili lako. Nitauliza maswali kadhaa kuhusu mahesabu ya mali (dawa) na hali ya kifedha kwasasa. Napenda kukuhakikishia ya kwamba taarifa yako itakua ya siri na haitahusisha ushirikishwaji wa Taasisi ya serikari kwa namna yoyote ile. Taarifa itakayopatikana hapa haitasambazwa kwa mtu mwingine yoyote zaidi ya wahusika wa utafiti huu tu. Taarifa zote zitawekewa namba za siri kuzuia wasiohusika na utafiti huu kulitambua duka lako. Dodoso hili litachukua kwa makadilio kiasi cha saa mja hivi kukamilika. Tutakua tukisimamisha mahojiano ili uwahudumie wateja wako pindi wanapohitaji huduma hapa dukani. Kumbuka ushiriki katika utafiti huu ni wa hiari na unaweza kuamua kutokujibu swali lolote au kutoridhia kushiliki katika utafiti pia. Lakini ni matumaini yangu utatoa ushirikiano katika utafiti huu kwani maoni yako ni muhimu sana. Je, mpaka wakati huu kuna swali lolote unalotaka kuuliza kuhusiana na utafiti huu? Kwa maswali yoyote hapo baadae unaweza kuwasiliana nasi kupitia mfamasia wa wilaya na kumbuka hakuna jibu sahihi wala lisilosahihi. Tafadhari uwe huru kutupa habari za ukweli ili kufanikisha usanifu wa matokeo ya utafiti huu.

May I begin the interview now?/ Je, naweza
kuanza mahojiano sasa?

1. $\square$ YES/ NDIO
2. $\square$ NO/ HAPANA

## SECTION 3. ADDO CHARACTERISTICS/DRUG SHOP MANAGEMENT

PROMPT: I would like to ask you some questions about your drug shop/ Ningependa kuuliza maswali kuhusu duka lako la dawa muhimu

Are you the owner of this outlet?/ Je, wewe ni mmiliki wa sehemu hii ya huduma (duka la dawa)?

If no, what is your position in this drug shop?/
Kama hapana, kazi yako ni nini katika duka hili?

1. $\square$ YES/ NDIO
2. $\square$ NO/ HAPANA
3. $\square$ Refused/ Amekataa kujibu
4. $\square$ Medicine dispenser/ Mtoa dawa
5. $\square$ Shop manager/ Meneja wa duka
6. $\square$ Shop attendant/ Mhudumu wa duka
7. $\square$ Other (specify)/ Mengine (eleza)
8. $\square$ Refused/ Amekataa kujibu

| What month/year was the business established/purchased/acquired by the current owner(s)?/Mwezi/Mwaka gani biashara hii ilianzishwa na mmiliki wa sasa? | 1. $\qquad$ (mm) $\qquad$ (year) 98. $\square$ Refused/ Amekataa kujibu 99. $\square$ Don't know/ Sijui |
| :---: | :---: |
| How many people own this shop?/ Je, ni watu wangapi wanamiliki duka hili? | 1. $\qquad$ 98. $\square$ Refused/ Amekataa kujibu 99. - Don't know/ Sijui |
| How many people are responsible for the day to day management of this shop (dispensing medicines, managing inventory, ordering supplies, bookeeping)? Je, ni watu wangapi wanashughulikia usimamizi wa kila siku wa duka (Kutoa dawa, kusimamia mahesabu ya mali, kumbukumbu za fedha n.k) | 1. $\qquad$ 98. $\square$ Refused/ Amekataa kujibu 99. $\square$ Don't know/ Sijui |
| Including yourself (and the owner), how many people work at this outlet (all staff)?/ Ukijijumuisha wewe (pamoja na mmiliki) kwa ujumla ni watu wangapi wanaofanya kazi hapa (wafanyakazi wote)? | 1. $\qquad$ 98. $\square$ Refused/Amekataa kujibu 99. $\square$ Don't know/ Sijui |
| *Note for each employee listed in the question above, fill in the name, highest level of education attained, and health training and qualification |  |
| a. Employee 1(name) | b. Employee 1: Highest Level of Education Attained <br> 0. $\qquad$ No formal education/ Hajasoma kabisa <br> 1. $\qquad$ <br> 2. __P2 <br> 3. __P3 <br> 4._P4 <br> 5. __P5 <br> 6. __P6 <br> 7. __P7 <br> 8. __S1 <br> 9. __S2 <br> 10.__S3 <br> 11.__S4 <br> 12. __S 5 <br> 13. __S6 <br> 14.__P <br> 15. $\qquad$ Diploma / Stashahada $\qquad$ University degree / Shahada <br> 17. $\qquad$ Masters / Shahada ya udhamivu <br> 18. $\qquad$ PhD / Shahada ya udaktari wa falsafa <br> 99. $\qquad$ Don't know/ Sijui |

c. Employee 1 Health Training/Qualification/ ana Ujuzi kwenye taaluma ya afya
0. __Does not have any health training or qualification/ Hana ujuzi wowote wa taaluma ya afya

1. _ Pharmacist / mfamasia
2.Pharmacy Technician/ fundi dawa sanifu
3.Pharmacy Assistant/ msaidizi wa famasia
4.Medical Doctor/ daktari
2. ___Nurse/Midwife/ Nesi
3. ___Clinical Officer/ Afisa mganga msaidizi
4. Other (Specify)
1
5. ___Other (Specify)

2 $\qquad$
d. Employee 1: Position in this Drug Shop

1. Owner
2. ADDO Dispenser
3. Shop manager
4. Other (specify)
5. Refused
6. Don't know

Employee 2(name) $\qquad$
b. Employee 2: Highest Level of Education Attained
0. ___No formal education/ Hajasoma kabisa

1. __P1
2. __P2
3. __P3
4. __P4
5. __P5
6. __P6
7. __P7
8. __S1
9. __S2
10. S3
11. _-S4
12.__S5
12. __S6
13. __Post primary specialized training certificate/ cheti cha ufundi
14. __Diploma / Stashahada
15. __University degree / Shahada
16. __Masters / Shahada ya udhamivu
17. __PhD / Shahada ya udaktari wa falsafa
18. __Don't know

| c. Employee 2 Health Training/Qualification <br> 0. $\qquad$ Does not have any health training or qualification <br> 1. $\qquad$ Pharmacist / mfamasia <br> 2. $\qquad$ Pharmacy Technician/ fundi dawa sanifu <br> 3. $\qquad$ Pharmacy Assistant/ msaidizi wa famasia <br> 4. $\qquad$ Medical Doctor/ daktari <br> 5. $\qquad$ Nurse/Midwife/ Nesi <br> 6. $\qquad$ Clinical Officer/ Afisa mganga msaidizi <br> 7. $\qquad$ Other1 (specify) <br> 8. $\qquad$ Other (Specify) <br> 2 | d. Employee 3: Position in this Drug Shop <br> 1. Owner <br> 2. ADDO Dispenser <br> 3. Shop manager <br> 96. Other (specify) <br> 98. Refused <br> 99. Don't know |
| :---: | :---: |
| Employee 3 Health Training/Qualification <br> 0. $\qquad$ Does not have any health training or qualification <br> 1. $\qquad$ Pharmacist / mfamasia <br> 2. $\qquad$ Pharmacy Technician/ fundi dawa sanifu <br> 3. $\qquad$ Pharmacy Assistant/ msaidizi wa famasia <br> 4. $\qquad$ Medical Doctor/ daktari <br> 5. $\qquad$ Nurse/Midwife/ Nesi <br> 6. $\qquad$ Clinical Officer/ Afisa mganga msaidizi <br> 7. $\qquad$ Other (Specify) 1 $\qquad$ <br> 8. $\qquad$ Other (Specify) 2 $\qquad$ | d. Employee 3: Position in this Drug Shop <br> 1. Owner <br> 2. ADDO Dispenser <br> 3. Shop manager <br> 96. Other (specify) <br> 98. Refused <br> 99. Don't know |
| a. Employee 3(name) | Employee 3: Highest Level of Education Attained <br> 0. $\qquad$ No formal education/ Hajasoma kabisa <br> 1. $\qquad$ <br> 2. __P2 <br> 3. __P3 <br> 4. __P4 <br> 5. __P5 <br> 6. __P6 <br> 7. __P7 <br> 8. __S1 <br> 9. __S2 <br> 10.__S3 <br> 11.__S4 <br> 12. __S 5 <br> 13. __S6 <br> 14. __Post primary specialized training certificate/ cheti cha ufundi $\qquad$ <br> 15. Diploma / Stashahada <br> 16. __ _University degree / Shahada <br> 17. _M Masters / Shahada ya udhamivu <br> 18. $\qquad$ PhD / Shahada ya udaktari wa falsafa <br> 99. _Don't know |


| a. Employee 4 (name) | b. Employee 4: Highest Level of Education Attained <br> 0. $\qquad$ No formal education/ Hajasoma kabisa <br> 1. __P1 <br> 2. __P2 <br> 3.__P3 <br> 4. __P4 <br> 5. __P5 <br> 6. __P6 <br> 7. __P7 <br> 8. __S1 <br> 9. __S2 <br> 10. __S3 <br> 11. _-S4 <br> 12.__S5 <br> 13. __S6 <br> 14. __P Post primary specialized training certificate/ cheti cha ufundi <br> 15. $\qquad$ Diploma / Stashahada <br> 16. $\qquad$ University degree / Shahada <br> 17. $\qquad$ Masters / Shahada ya udhamivu <br> 18. $\qquad$ PhD / Shahada ya udaktari wa falsafa <br> 99. $\qquad$ Don't know |
| :---: | :---: |
| c. Employee 4 Health Training/Qualification <br> 0. $\qquad$ Does not have any health training or qualification <br> 1. $\qquad$ Pharmacist / mfamasia <br> 2. $\qquad$ Pharmacy Technician/ fundi dawa sanifu <br> 3. $\qquad$ Pharmacy Assistant/ msaidizi wa famasia <br> 4. $\qquad$ Medical Doctor/ daktari <br> 5. $\qquad$ Nurse/Midwife/ Nesi <br> 6. $\qquad$ Clinical Officer/ Afisa mganga msaidizi <br> 7. $\qquad$ Other (Specify) <br> 1 $\qquad$ <br> 8. $\qquad$ Other (Specify) <br> 2 | d. Employee 4: Position in this Drug Shop <br> 1. Owner <br> 2. ADDO Dispenser <br> 3. Shop manager <br> 96. Other (specify) <br> 98. Refused <br> 99. Don't know |
| In this shop, who is responsible for dispensing medicines?/ Katika duka hili nani anashughulika na kutoa dawa? | 1. $\square$ Drug Shop owner/ Mwenye duka <br> 2. ADDO dispenser/ Mtoa dawa aliyepitia mafunzo maalum <br> 3. $\square$ Other (specify)/ mengine <br> eleza $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. - Don't know/ Sijui |


| In this shop, who is responsible for bookkeeping?/ Katika duka hili ni nani anashughulika na utuzaji wa kumbukumbu za taarifa za fedha? | 1. $\square$ Drug Shop owner/ Mwenye duka <br> 2. ADDO dispenser/ Mtoa dawa aliyepitia mafunzo maalum <br> 3. $\square$ Other (specify)/ mengine <br> eleza $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| :---: | :---: |
| In this shop, who is responsible for day to day financial management?/ Katika duka hili ni nani anayewajibika na kusimamia matumizi ya fedha? | 1. $\square$ Drug Shop owner/ Mwenye duka <br> 2. ADDO dispenser/ Mtoa dawa aliyepitia mafunzo maalum <br> 3. $\square$ Other (specify)/ mengine <br> eleza $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| Does this person reconcile the cash?/ Je, ni muhusika huyu anayeoanisha mahesabu ya fedha na mali (dawa) hapa dukani? | 1. $\square$ YES/ Ndio <br> 2. $\square$ NO/ Hapana <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. - Don't know/ Sijui |
| How often does this person reconcile cash?/ Je ni mara ngapi mahesabu ya pesa yanaoanishwa na mali(dawa) iliyopo dukani? | 1. $\square$ Every day/ Kila siku <br> 2. $\square$ Once per week/ mara moja kwa wiki <br> 3. $\square$ Once every 2 weeks/ Kila baada ya wiki mbili <br> 4. $\square$ Once a month/ mara moja kwa mwezi <br> 5. $\square$ Other (specify)/ mengine (eleza) $\qquad$ |
| DO NOT SAY OUT LOUD: *enumerator to verify frequency of cash reconciliation; Does the drug shop reconcile cash at the frequency they have answered in the question above?/ Usisome kwa sauti: Hakikisha ni mara ngapi mahesabu ya pesa yanaoanishwa na mali (dawa) yaliyopo dukani? | 1. $\square$ Yes/ Ndio <br> 2. $\quad$ No/ hapana <br> 3. $\square$ Cannot tell / Haiwezekani kuelezea |
| In this shop, who is responsible for inventory management?/ Katika duka hili ni nani anayewajibika na usimamizi wa hesabu ya mali (dawa)? | 1. $\square$ Drug Shop owner/ Mwenye duka <br> 2. ADDO dispenser/ Mtoa dawa aliyepitia mafunzo maalum <br> 3. $\square$ Other (specify)/ mengine <br> eleza $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| Does this person (who manages inventory) adjust the drug shop's records to show the amount of each product currently in stock at the drug shop?/ Je, muhusika huyu ndiye anaefanya marekebisho ya kumbukumbu ya kiasi cha mali (dawa) kilichopo dukani? | ```1. \(\square\) YES/ Ndio 2. \(\square\) NO/ Hapana 98. \(\square\) Refused/ Amekataa kujibu 99. \(\square\) Don't know/ Sijui``` |


| How often does someone adjust the drug shop's records to show the amount of inventory currently in stock? Ni mara ngapi kunafanyika marekebisho ya kumbukumbu kuendana na kiasi cha mali (dawa) kilichopo dukani? | 1. $\square$ Every day / kila siku <br> 2. $\square$ Once per week/ Mara moja kwa wiki <br> 3. $\square$ Once every 2 weeks/ Mara moja kila baada ya wiki mbili <br> 4. $\square$ Once a month/ mara moja kwa mwezi <br> 5. Never done <br> 96. $\square$ Other (specify) /mengineyo (eleza) $\qquad$ <br> 98. Refused <br> 99. Don't know |
| :---: | :---: |
| Can we see your inventory records (books/ files etc)? / Je, tunaweza kuona kitabu cha kutunzia kumbukumbu za mali (dawa) | ```1. \(\square\) YES/ Ndio 2. \(\square\) NO/ Hapana 98. \(\square\) Refused/ Amekataa kujibu 99. \(\square\) Don't know/ Sijui``` |
| DO NOT SAY OUT LOUD: *Enumerator to verify if inventory records are kept | 1. $\square$ Yes records are kept/ Ndio <br> 2. $\square$ No records are not kept/ hapana <br> 3. $\square$ Cannot tell / Haiwezekani kuelezea |
| In this shop, who is responsible for preparing the list of medicines to order? Katika duka hili ni nani anayewajibika kuandaa orodha ya dawa za kuagiza? | 1. $\square$ Drug Shop owner/ Mwenye duka <br> 2. ADDO dispenser/ Mtoa dawa aliyepitia mafunzo maalum <br> 96. $\square$ Other (specify)/ mengine eleza $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| Has anyone at this outlet received any kind of health related training during the last 12 months? (Include pre-service and stand-alone workshops)/ Je, katika kipindi miezi 12 iliyopita kuna yeyote anayefanyakazi katika duka hili aliyepata mafunzo yoyote (ya muda mfupi au mrefu) juu ya afya/tiba? | ```1. \(\square\) YES/ Ndio 2. \(\square\) NO/ Hapana 98. \(\square\) Refused/ Amekataa kujibu 99. - Don't know/ Sijui``` |
| If yes, what did the training cover specifically?/ Kama ndiyo, mafunzo yalihusisha masuala gani zaidi? | 1. ADDO dispenser training <br> 2. IMCI training <br> 3. ACT use training <br> 96. Other (specify) mengine eleza_ <br> 98. Refused <br> 99. Don't know |
| Has anyone at this outlet received any kind of business management related training during the last 12 months?/ Je, katika miezi 12 iliyopita kuna yeyote katika duka hili aliyepata mafunzo juu ya usimamizi wa biashara? | ```1. \(\square\) YES/ Ndio 2. \(\square\) NO/ Hapana 98. \(\square\) Refused/ Amekataa kujibu 99. \(\square\) Don't know/ Sijui``` |
| If yes, what did the training cover specifically?/ Kama ndiyo, mafunzo yalihusisha masuala gani zaidi? | 1. General ADDO training <br> 2. Accounting <br> 96. Other (specify) mengine eleza <br> 98. Refused <br> 99. Don't know |


| OBSERVE (do not say aloud): Is an ADDO <br> Certificate Visible on the drug shop wall? <br> Tazama kama kuna cheti cha ADDO. | 1. $\square$ YES/ Ndio <br> 2. $\square$ NO/ Hapana |
| :--- | :--- |
| What is the legal status of this drug shop?/ Je, <br> duka limesajiliwa kufanya biashara ya dawa? | 1. $\square$ DLDM <br> 2. $\square$ DLDB <br> $96 . \square$ Other (specify) mengine eleza_- <br> $98 . \square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| Does this drug shop use a computer for any <br> business purposes?/ Je, hili duka la dawa <br> hutumia kompyuta kwa ajili ya matumizi ya <br> kibiashara yoyote? | 1. $\square$ YES/ Ndio <br> 2. $\square$ NO/ Hapana <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| Does the drug shop use a computer to perform <br> any of the following tasks (select all that <br> apply):/ Duka linatumia kompyuta kufanya kazi <br> zifuatazo: (Chagua) | 1. $\square$ Online banking/ Huduma za benki kwa mtandao <br> 2. $\square$ Manage inventory/ Kusimamia hesabu ya mali (dawa) <br> 3. $\square$ Email <br> 4. $\square$ Place orders / kuagiza dawa <br> $5 . \square$ Manage accounts/ kusimamia masuala ya fedha <br> 6. $\square$ Book-keeping/ Kutunza kumbukumbu ya fadha <br> 96. $\square$ Other (Specify)/ mengine eleza |

PROMPT: I would like to now ask a few questions about the owners of this drug shop. Can you please provide me with the following information about the owner who owns the largest percentage of this drug shop/ Tafadhali ningependa kufahamu taarifa kuhusu mwenye asilimia kubwa ya umiliki wa duka hili

Does the owner(s) of this drug shop own other drug shops? Je, mmliki wa duka hili anamiliki maduka mengine ya dawa?

1. $\square$ YES/ Ndio
2. $\square$ NO/ Hapana
3. $\square$ Refused/ Amekataa kujibu
4. $\square$ Don't know/ Sijui
5. $\square$ YES/ Ndio
6. $\square$ NO/ Hapana
7. $\square$ Refused/ Amekataa kujibu
8.     - Don't know/ Sijui

| If yes, what type of businesses (other than drug shops) does this drug shop owner own, manage or derive other income from? (enumerator to select all that apply)/ Kama jibu ni ndio ni aina gani ya biashara au shughuri gani aliyo nayo inayomwingizia kipato? (chagua yanayohusu) | 1. $\square$ Farming/Agriculture/ Mkulima <br> 2. $\square$ Livestock husbandry/ Mfugaji <br> 3. $\square$ Small Shop/ Duka dogo <br> 4. $\square$ Trucking/ Biashara ya malori <br> 5. $\square$ Construction/ Ujenzi <br> 6. $\square$ Working at Government Health Facility/ Mtumishi katika kituo cha afya cha serikali <br> 7. $\square$ Working at Private health facility/ Mtumishi wa kituo cha afya cha binafsi <br> 8. $\square$ Working at Faith-based/NGO run Health Facility/ mtumishi wa kituo cha afya cha kidini <br> 9. $\square$ Mining/ Mfanyakazi wa migodini <br> 10. $\square$ Other 1 (specify) mengine eleza $\qquad$ <br> 11. Other 2 (specify) mengine eleza $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. - Don't know/ Sijui |
| :---: | :---: |
| Of this drug shop owner's total personal income last year, what percentage was derived from this drug shop? Je ni asilimia ngapi kutoka kwenye duka la dawa imechangia kipato cha mmiliki wa duka kwa mwaka uliopita? | 1. - 10\% <br> 2. $\square 25 \%$ <br> 3. $\square 50 \%$ <br> 4. 뭉 <br> 5. $\square 100 \%$ <br> 6. $\quad$ Other (specify) mengine eleza $\qquad$ <br> 98. $\square$ Refused/ amekataa kujibu <br> 99. $\square$ Don't know/ sijui |
| How many years of experience does this owner have managing a business? Je mmiliki ana uzoefu wa miaka mingapi ya usimamizi wa biashara? | 1. $\qquad$ <br> 98. $\square$ Refused/ amekataa kujibu <br> 99. - Don't know/ sijui |
| Age/ Umri | 1. $\qquad$ <br> 98. $\square$ Refused/ amekataa kujibu <br> 99. - Don't know/ sijui |
| Gender/Jinsia | 1. $\square$ MALE/ Kiume <br> 2. $\square$ FEMALE/ Kike |
| Marital Status/ Hali ya ndoa | 1. $\square$ Married - monogamous/ Ameoa/ameolewa (ndoa ya mke mmoja) <br> 2. $\square$ Married - polygamous/ Ameoa/ameolewa (ndoa ya wake wengi) <br> 3. $\square$ Widowed/ mjane <br> 4. $\square$ Divorced / Separated/ ametalikiana or wametengengana <br> 5. $\square$ Cohabitating/ anaishi na mpenzi <br> 6. $\square$ Never married and not cohabitating (Single)/ we <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. - Don't know/ Sijui |
| How many people usually sleep at your home? / Je, kwa kawaida ni watu wangapi hulala kwenye kaya yako? | 1. $\qquad$ <br> 98. - Refused/ Amekataa kujibu <br> 99. - Don't know/ Sijui |


| How much land in acres does your household own? (In acres, including the land the house sits on)/ Je, ni ekari ngapi za ardhi kaya yako inamiliki kwa ujumla? | 1. $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| :---: | :---: |
| Do you have a title deed for this land?/ Je, mnayo hati miliki ya ardhi hii? | ```1. \(\square\) YES/ Ndio 2. \(\square\) NO/ Hapana 98. \(\square\) Refused/ Amekataa kujibu 99. \(\square\) Don't know/ Sijui``` |
| What is the main source of water for drinking in your household? PROMPT/ Je, kipi ni chanzo kikuu cha maji ya kunywa kwenye kaya yako? | 1. $\square$ Piped into dwelling/ bomba ndani ya makazi <br> 2. $\square$ Piped into plot/yard/ bomba katika yadi <br> 3. $\square$ Public tap water/maji ya bomba kwa jumuiya <br> 4. $\square$ Borehole or well/ kisima cha muda mfupi <br> 5. $\square$ Protedted well (concrete top)/ kisima cha kudumu <br> 6. $\square$ Unprotected du well (no concrete on top)/Spring/ chemichemi <br> 7. $\square$ Rain water/ maji ya mvua <br> 8. $\square$ Surface water (stream, river, pond, lake, dam)/ maji ya mto, bwawa au ziwani <br> 9. $\square$ Brought-in (jerry can, tanker truck)/ maji ya kununua kwenye madumu <br> 10. $\square$ Kaveera Water/ maji ya viroba <br> 11. $\square$ Bottled Water/ maji ya chupa <br> 96. $\square$ Other (specify) mengine eleza $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| What is the main type of fuel used by your household for cooking? Is it...? PROMPT/ Je,nini ni chanzo kikubwa cha nishati kitumikacho kwa mapishi kwenye kaya yako? | 1. $\square$ Electricity/ Umeme <br> 2. $\square$ Natural gas / Liquid petroleum gas/ gesi <br> 3. $\square$ Kerosene / Paraffin/ mafuta ya taa <br> 4. $\square$ Charcoal/ Mkaa <br> 5. $\square$ Firewood collected/ kuni za kuokota <br> 6. $\square$ Firewood Purchased/ kuni za kununua <br> 7. $\square$ Straw / shrubs / grass/ majani <br> 8. $\square$ Dung/ vinyesi vya ng'ombe au wanyama wengine <br> 9. $\square \mathrm{Coal} /$ makaa ya mawe <br> 10. $\square$ Solar/ nguvu ya jua <br> 11. $\square$ Crop Residuals/ makapi ya mazao <br> 12. $\square$ No food cooked in the household/ hakuna mapishi yafanyikayo nyumbani <br> 96. $\square$ Other (specify)/ mengine eleza $\qquad$ |


| What is the main kind of toilet facility that your household uses?/ Je, ni aina gani ya choo inatumiwa na kaya yako? | 1. $\square$ Flush Toilet owned/ choo cha kuvuta (Cha binafsi) <br> 2. $\square$ Flush Toilet Shared/ Choo cha kuvuta (Cha kuchangia) <br> 3. $\square$ Pit latrine owned/ Choo cha shimo (Cha binafsi) <br> 4. $\square$ Pit latrine shared/ Choo cha shimo (Cha kuchangia) <br> 5. $\square$ Ventilated improved pit latrine owned/ choo cha shimo <br> kilichoboreshwa kwa hewa (cha binafsi) <br> 6. $\square$ Ventilated improved pit latrine shared/ choo cha shimo <br> kilichoboreshwa kwa hewa (cha kuchangia) <br> 7. $\square$ Bush / field / forest/ Kujisaidia vichakani <br> 8. Composting toilet/ Kujisaidia kwenye mashimo ya muda (choo mbolea) <br> 9. - Bucket/ Ndoo <br> 96. $\square$ Other (specify) mengine eleza $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. - Don't know/ Sijui |
| :---: | :---: |
| In your household, is there electricity?/ Je, kwenye kaya yako kuna umeme? | 1. $\square$ Yes, main grid/ Ndio umeme wa gridi kuu ya taifa <br> 2. $\square$ Yes, generators/ Ndio umeme wa jenereta <br> 3. Yes, solar panels/ Ndio umeme wa nguvu za jua <br> 4. $\quad$ No/ Hapana <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. - Don't know/ Sijui |
| What type of walls are there in the house? Je, ni aina gani ya kuta zipo kwenye kaya yako? | 1. $\square$ Stone/ mawe <br> 2. $\square$ Baked bricks/ matofali ya kuchoma <br> 3. $\square$ Concrete/Cement/ matofali ya udingo ulaya (simenti) <br> 4. $\square$ Sundried bricks/mud/ Matofali ya matope/ udongo <br> 5. $\square$ Poles and mud/ tope <br> 6. $\square$ Wood/ fimbo <br> 7. $\square$ Iron sheets/ nondo <br> 8. $\square$ Palm / bamboo / thatch / straw/ matawi ya miti/mianazi <br> 9. $\square$ Cardboard/Timber/mbao <br> 10. $\square$ No walls/ hakuna kuta <br> 96. $\square$ Other (specify)/ mengine (eleza) <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. - Don't know/ Sijui |
| What type of flooring is there in the house? Je, ni aina gani ya sakafu iliyopo kwenye kaya yako? | 1. $\square$ Finished floor: cement, tiles, linoleum, carpet, polished wood or stones/ Sakafu iliyotengenezwa kwa simenti (udongo ulaya, kapeti n.k) 2. $\square$ Rudimentary floor: wooden planks, palm or bamboo/ Sakafu iliyotengenezwa kwa mbao <br> 3. $\square$ Natural Floor: earth, sand, dung or clay/ sakafu asilia <br> 4. $\quad$ Iron sheets/ Nondo <br> 96. $\square$ Other (specify)/ mengine <br> (eleza) $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |


| What type of roof does the house have? Je, ni aina gani ya paa iliyopo kwenye kaya yako? | 1. $\square$ Tiles/ malumalu <br> 2. $\square$ Iron sheets / Tin/ Nondo <br> 3. $\square$ Grass or thatch/ Vioo <br> 4. $\square$ Wood/ Mbao <br> 5. $\square$ Shingles <br> 6. $\square$ Cement/ Udongo ulaya <br> 7. $\square$ Mud/ Tope <br> 8. $\square$ No roof/ hakuna paa <br> 96. $\square$ Other (specify)/ mengine <br> (eleza) $\qquad$ <br> 98. $\square$ Refused/ amekataa kujibu <br> 99. - Don't know/ sijui |
| :---: | :---: |
| READ OUT: In your household, how many of the following are there? |  |
| Radio/cassette/CDPlayer/ Radio/Kaseti/ CD pleya |  |
| Electric/charcoal iron/ Pasi umeme/mkaa |  |
| Refridgerator/ Friji/Jokofu |  |
| Bicycle/ Baiskeli ya mtu mzima |  |
| Motorcycle or scooter/ Pikipiki |  |
| Large livestock (like cows, oxen)/ Mifugo kubwa |  |
| Bank account/ Akaunti ya benki |  |
| Mobile Phone/ Simu za mkononi |  |
| Television |  |
| Computer/ Kompyuta |  |
| Car/ Gari |  |
| Others |  |
| Does your household have access to a mobile bank account (ie. M-Pesa, Z-Pesa)? Je, kaya yako inatumia simu kufanya shughuri za kibenki (Mpesa, Tigo pesa, NMB mobile)? | 1. $\square$ YES/ Ndio <br> 2. $\square$ NO/ Hapana <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| PROMPT: I would now like to ask some questions about this drug shops inventory and source of medicine supply/ Ningependa kuuliza maswali kadhaa kuhusu hesabu ya dawa na chanzo kikuu cha kusambazia dawa hapa dukani. |  |
| Where does this drug shop purchase most of its medicines from?/ Je, ni wapi duka hili hufanya manunuzi ya dawa? | 1. $\square$ Own town/village <br> 2. $\square$ Morogoro town <br> 3. - Dar es Salaam <br> 96. $\square$ Other location (specify) mengine eleza $\qquad$ <br> 98. $\square$ Refused /Amekataa kujibu <br> 99. - Don't know/ Sijui |


| What is the name of this drug shop's main medicine supplier?/ Jina la wasambazaji ya dawa ni nani? | 1. $\quad$ Marhaba Pharmacy <br> 2. $\square$ Morogoro Medical Stores <br> 3. $\square$ Morogoro Pharmacy <br> 4. Bahari Pharmacy <br> 5. $\square$ Salama Pharmacy <br> 6. $\square$ Astra Pharma <br> 7. $\square$ Pyramid Pharma <br> 96. - Other (specify) mengine eleza $\qquad$ <br> 98. $\square$ Refused /Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| :---: | :---: |
| Does the drug shop purchase medicines from other medicine suppliers? Je, kuna manunuzi mengine ya dawa yanafanyika kutoka kwa msambazaji mwengine zaidi ya waliotajwa hapo juu? | ```1. \(\square\) YES/ Ndio 2. \(\square\) NO/ Hapana 98. \(\square\) Refused/ Amekataa kujibu 99. - Don't know/ Sijui``` |
| If yes, why? (select all that apply)/ Kama jibu ndio, Unaweza kueleza ni kwanini? | 1. My main supplier does not have all of the products I need for my shop/ Chanzo kikuu cha dawa hakikua na mahitaji yangu yote <br> 2. I go to the suppliers that sell the cheapest medicines/ Naenda kwa msambazaji mwenye unafuu wa bei <br> 3. Other (specify)/ mengine (eleza) $\qquad$ <br> 98. Refused <br> 99. Don't know |
| Where is the drug shop's other medicine supplier located? / Je, ni mahali gani msambazaji wa dawa huyu anapofanyia biashara zake? | 1. $\square$ Own town/village <br> 2. $\quad$ Morogoro town <br> 3. - Dar es Salaam <br> 96. Other location (specify) mengine eleza $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| What is the name of this drug shop's other medicine supplier?/ Unaweza kunitajia jina la duka linawasambazia dawa hapa dukani? | 1. $\square$ Marhaba Pharmacy <br> 2. $\square$ Morogoro Medical Stores <br> 3. $\square$ Morogoro Pharmacy <br> 4. Bahari Pharmacy <br> 5. $\square$ Salama Pharmacy <br> 6. $\square$ Astra Pharma <br> 7. $\square$ Pyramid Pharma <br> 96. $\square$ Other (specify) mengine eleza $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| How often does this person responsible for ordering medicines, place orders for medicines for your shop? Ni mara ngapi muhusika anaagiza dawa kwa matumizi ya dukani? | 1. $\quad$ More than once a week/ Zaidi ya mara moja kwa wiki <br> 2. $\quad$ Once a week/ mara moja kwa wiki <br> 3. $\square$ Once every 2 weeks/ Mara mbili kwa wiki <br> 4. $\square$ Once per month/ mara moja kwa mwezi <br> 5. Once every 2 months/ mara moja kila baada ya miezi miwili <br> 96. $\square$ Other (specify) mengine eleza $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. Don't know/ Sijui |


| When the drug shop needs more medicines which one of the following do you do most often/ Pindi dawa zaid yanapohitajika ni kitu gani hufanyika mara nyingi zaidi kati ya vifuatavyo? | 1. $\square$ Someone from the shop goes to the supplier / muhusika mmoja huenda kwa msambazaji wa dawa <br> 2. $\square$ Place order by phone, and supplier delivers product directly to the shop/ Kuagizia dawa kwa kutumia simu na msambazaji huleta dawa moja kwa moja dukani <br> 3. $\square$ Place order by phone, and supplier sends product to another location and someone from the shop goes to pick it up/ Kuagiza dawa kwa simu kwa msambazaji amaye hutuma dawa sehemu ambayo muhusika wa dukani huzufuata <br> 96. $\square$ Other (specify)/ mengine <br> (elezea) $\qquad$ <br> 98. $\square$ Refused/ Amekaa kujibu <br> 99. - Don't know/ Sijui |
| :---: | :---: |
| How long after placing the order does the supplier usually deliver the order? Je Inachukua muda gani kupokea dawa kutoka kwa msambazaji dawa tokea kuagizwa kwa dawa hizo? | 1. $\square 24$ hours (1 day) later/ Ndani ya masaa 24 <br> 2. $\square$ 2-3 days later/ kati ya siku 2 mpaka 3 <br> 3. $\square 4-5$ days later/ kati ya siku 4 mpaka 5 <br> 4. $\square 1$ week later/ Baada ya wiki 1 <br> 5. $\square 2$ weeks later/ Baada ya wiki 2 <br> 6. - 1 month later/ Baada ya mwezi 1 <br> 96. $\square$ Other (specify)/ mengine eleza_ $\qquad$ <br> 98. $\square$ Refused/ Amekaa kujibu <br> 99. Don't know/ Sijui |
| How frequently do you go to the supplier to pick up the drug supplies? Je, ni mara ngapi unakwenda kwa msambazaji dawa kufuata mzigo wa dawa? | 1. Once per week <br> 2. Once every 2 weeks <br> 3. Once per month <br> 4. Other (specify) mengine eleza $\qquad$ <br> 98. Refused <br> 99. Don't know |
| How do you decide which products to stock (select all that apply)? Je ni kwa namna gani unamua aina ya bidhaa (dawa) ya kuhifadhi dukani kwa ajili ya mauzo? | 1. $\square$ Stocks same products as last month/ Salio la bidhaa la mwezi uliotangulia <br> 2. $\square$ Order what products that are low in stock/ Kuagiza salio pungufu zaidi dukani <br> 3. $\square$ Order products that are out of stock/ dawa zinazokosekana dukani <br> 4. $\square$ Order what customers ask for/ dawa yanayo uliziwa na wateja <br> 5. $\square$ Order products that treat diseases in this community/ dawa ya kutibu magonjwa yasumbuayo jamii ya eneo hili <br> 6. $\square$ Order products that sell quickly/ Dawa zinazonunulika kwa haraka <br> 7. Stock what is on the ADDO medicine list/ Kutunza dawa zilizopo kwenye orodha ya dawa za duka muhimu la dawa <br> 96. $\square$ Other (specify)/ mengine eleza $\qquad$ <br> 98. $\square$ Refused /Amekataa kujibu <br> 99. - Don't know/ Sijui |


| How do you decide what quantities of the products to order/buy? Je ni kwa namna gani unamua kiasi cha bidhaa (dawa) cha kununua? | 1. $\square$ Orders same quantities as last month/ Kiasi kilichoagizwa mara ya mwisho <br> 2. $\square$ Looks at sales of the products in previous month and forecast my needs for the period I'm buying for/ Kupitia mauzo ya dawa ya mwezi uliopita na kufanya makadilio ya mahitaji y kipindi chote nachofanyia manunuzi <br> 3. $\square$ Buys based on money available/ Kufanya manunuzi kulingana na kiasi cha fedha kilichopo <br> 96. $\square$ Other (specify)/ Mengine <br> (Elezea) $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| :---: | :---: |
| Are there any products that were in stock in the last month that are not in stock today? Je, kuna dawa ambayo kwa kawaida unahifadhi dukani kwa ajili ya mauzo ambayo leo haipo? | $\begin{aligned} & \hline \text { 1. } \square \text { YES/ Ndio } \\ & \text { 2. } \square \text { NO/ Hapana } \\ & \text { 98. } \square \text { Refused/ Amekataa kujibu } \\ & \text { 99. } \square \text { Don't know/ Sijui } \end{aligned}$ |
| If yes, which products/type are out of stock?/ Kama jibu ni ndio unaweza kunitajia ni dawa zinazokosekana? | 1. Other 1 (specify) $\qquad$ <br> 2. Other 2 (specify) $\qquad$ <br> 3. Other 3 (specify) $\qquad$ <br> 98. Refused /Amekataa kujibu <br> 99. Don't know/ Sijui |
| What is the reason why the products are not in stock? Je, unaweza nielezea sababu ya kukosekana kwa dawa dukani kwako? | 1. $\square$ Didn't have enough money to buy amount required to meet demand/ Kukosa fadha ya kutosha kununulia dawa kadri ya mahitaji 2. $\square$ Demand was higher than expected and I have not been able to place another order yet/ Mahitaji yamezidi makisio na kukosa muda wa kuagiza dawa <br> 3. $\square$ My supplier did not have the product in stock/ Msambasaji dawa hana dawa kwenye hifadhi <br> 4. $\square$ Slow moving products and decided not to reorder/ Dawa isiyonunulika kwa haraka nikaamua kuacha kuiagiza <br> 5. $\square$ Special order for specific customer/ Ni agizo maalum la mteja 96. $\square$ Other (specify)/ mengine (eleza) <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| SECTION 6. ACCESS TO FINANCIAL SERVICES \& LINES OF CREDIT/ FURSA KWENYE HUDUMA ZA KIFEDHA NA MIKOPO |  |
| PROMPT: I would now like to ask you a few questions about your access to financial services and credit to operate your business/ Ningependa kupata taarifa kuhusu fursa ulizonazo kwenye huduma za kifedha na mikopo |  |
| Is there a bank account open in the name of the drug shop/business (not the owner's name?)/ Kuna akaunti ya benki ambayo ina jina la duka hili (na siyo jina la mmiliki)? | 1. $\square$ <br> YES/ Ndio <br> 2. $\square$ NO/ Hapana <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. - Don't know/ Sijui |


| If no, is there a bank account open in the name of the owner?/ Kama jibu ni hapana, je kuna akaunti ya benki ambayo ina jina la mmiliki? | ```1. \(\square\) YES/ Ndio 2. \(\square\) NO/ Hapana 98. \(\square\) Refused/ Amekataa kujibu 99. \(\square\) Don't know/ Sijui``` |
| :---: | :---: |
| Where did the owner get the capital to establish this drug shop? Je, mmiliki alipata wapi mtaji wa kufungua duka la dawa? Ni wapi kama mmiliki umepata mtaji wa kuanzisha duka la dawa? | 1. $\square$ From owner's own savings/ Kutokana na akiba ya mmiliki <br> 2. $\square$ Borrowings from friends or family/ Kuazimwa na rafiki au ndugu <br> 3. $\quad$ Borrowings from other duka owners/ kuazima kutoka kwenye mwenye duka lingine <br> 4. $\square$ Borrowings from Banks or other formal lending institutions/ Kuazimishwa na benki au taasisi nyingine za kukopesha <br> 5. $\square$ SACCOs or Community small scale lending organizations / SAACOs or jumuiya dogodogo za kukopesha <br> 96. $\square$ Other (specify)/ mengine <br> (eleza) $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. ■ Don't know/ Sijui |
| When you need more capital to stock more supplies who do you turn to?/ Unapohitaji mtaji zaidi ili kuongeza dawa kwa kawaida unatafuta msaada kwa nani? | 1. $\square$ Friends or family/ Rafiki au ndugu <br> 2. $\square$ Other duka owners/ wenye maduka mengine <br> 3. $\square$ Banks or other formal lending institutions/ benki au taasisi <br> nyingine za kukopesha <br> 4. $\square$ Community small scale lending organizations / Jumuiya dogodogo za kukopesha <br> 5. $\square$ Your own other sources of income/ Chanzo binafsi cha mapato 96. $\square$ Other (specify)/ mengine <br> (eleza) $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. - Don't know/ Sijui |
| Has this drug shop ever applied for a bank loan?/ Hili duka la dawa limewahi kuomba mkopo benki? | $\begin{aligned} & \text { 1. } \square \text { YES/ Ndio } \\ & \text { 2. } \square \text { NO/ Hapana } \\ & \text { 98. } \square \text { Refused/ Amekataa kujibu } \\ & \text { 99. } \square \text { Don't know/ Sijui } \end{aligned}$ |
| How much was the loan request? (in TSH)/ Je, uliombea mkopo wa kiasi cha shilingi ngapi? | 1. $\qquad$ 98. $\square$ Refused/ Amekataa kujibu 99. - Don't know/ Sijui |
| Was the loan approved or denied?/ Je ombi la mkopo huo ulikubaliwa au ulikataliwa? | 1. $\square$ APPROVED/ IMEKUBALIWA <br> 2. $\square$ DENIED/ IMEKATALIWA <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| Did the drug shop accept the loan?/ Duka la dawa walikubali huo mkopo? | 1. $\square$ Yes/ Ndio <br> 2. $\square$ No, I chose not to accept the loan because the terms were unfavorable/ Hapana, nilikataa mkopo kwa sababu masharti yalikua magumu <br> 3. $\square$ No, other (specify) / Hapana, mengine (eleza) <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. - Don't know/ Sijui |


| What was the duration of the bank loan?/ Je, ni muda gani wa mkopo wa benki unatakiwa kuwa umerudishwa? | 1. $\square 1$ month/ mwezi mmoja <br> 2. $\square 3$ months/miezi mitatu <br> 3 ■ 1 year/ mwaka mmoja <br> 4. $\square$ More than 1 year/ zaidi ya mwaka mmoja <br> 96. $\square$ Other (specify)/ mengine (eleza) $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. - Don't know/ Sijui |
| :---: | :---: |
| What was the frequency of of return payments?/ Je ni kila baada ya muda gani unatakiwa kurudisha mkopo? | 1. $\square$ Every month/ Kila mwezi <br> 2. $\square$ Every 3 months/ Kila baada ya miezi mitatu <br> 3. $\square$ Every 6 months/ Kila baada ya miezi sita <br> 4. $\square$ One time lump sum retrun of loan amount/ kurudisha mkopo wote kwa mara moja <br> 96. $\square$ Other (specify)/ mengine (eleza) $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. - Don't know/ Sijui |
| If the loan was denied, what reason was cited for the denial of the loan?/ Kama mkopo ulikataliwa, je sababu za kukataliwa kwa mkopo ulifanikiwa kuzifahamu? | 1. $\square$ Bank does not consider my business credit worthy/ Benki haiamini biashara yangu inakizi vigezo kupata mkopo <br> 2. $\square$ Bank needs collateral/Benki ilihitaji dhamana <br> 3. $\square$ Too much other paperwork that I could not furnish/ Mlolongo mrefu mpaka kupata mkopo ulinishinda kuukamilisha <br> 4. $\square$ They didn't give a reason/ Hawakutoa sababu <br> 96. $\square$ Other (specify)/ mengine <br> (eleza) $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ sijui |
| Does your supplier offer you any credit?/ Je, msambazaji wa dawa anatoa mikopo ya dawa? | 1. $\square$ Yes, my wholesaler sells most products on credit to me / Ndio, muuza dawa wa jumla unikopesha mara kwa mara <br> 2 . $\square$ Sometimes the wholeslaer sells new products or promotional items on credit/ Muuza dawa wa jumla anatoa mkopo ili kukuza dawa mpya sokoni <br> 3. $\square$ No, the wholesaler nevers sells anything on credit to me / Hapana, Muuza dawa wa jumla hakopeshi <br> 98. $\square$ Refused/ amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| If yes, what is the maximum amount of credit offered to you by your supplier?/ kama ni ndio, unaweza kukopeshwa kiasi gani cha juu zaidi? | 1. Amount (TZS) $\qquad$ <br> 98. Refused/ Amekataa kujibu <br> 99. Don't know/ Sijui |
| If the answer to the above is yes, how do you pay your supplier back?/ kama jibu ni ndio, Je ni kwa namna gani unamlipa msambazaji madai lake? | 1. $\square$ Next time when I go to purchase drugs/ Nitakapo kwenda nunua dawa kwa mara nyingine <br> 2. $\square$ Supplier sends someone to collect the amount due/ Msambazaji huagizia wakala wake kuja kukusanya malipo <br> 96. $\square$ Other (specify)/ mengine <br> (eleza) $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. - Don't know/ Sijui |


| Does ([FIRM]) have any lines of credit from | 1. $\square$ YES |
| :--- | :--- |
| places like banks, SACCOs, microfinance | 2. $\square$ NO |
| institutions and/or relationships with vendors | 98. $\square$ Refused/ Amekataa kujibu |
| \& businesses where my drug shop incurs |  |
| expenses?/ Je biashara ya duka ina nafasi ya | 99. $\square$ Don't know/ Sijui |
| kupata mkopo wowote wa kibiashara? |  |
|  |  |
|  |  |


| If the drug shop building is owned, are there any oustanding payments due (i.e. a mortgage?)/ Kama jengo na mali zilizomo ndani ya duka ni mali ya mmiliki wa duka kuna malipo ambayo bado hayajakamilishwa? | $1 . \square$ $\square$ YES/ Ndio <br> 2. $\square$ NO/ Hapana <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. - Don't know/ Sijui |
| :---: | :---: |
| If yes, how much are the monthly payments? Kama jibu ni ndio ni kiasi gani cha malipo kinachofanyika kila mwezi? | 1. $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| Is the property on which this drug shop exists owned or leased by the owners of the drug shop?/ Je, ardhi ambayo jengo la duka lipo inamilikiwa na mmiliki wa duka au imekodishwa | 1. $\square$ OWNED/ Nalimiliki <br> 2. LEASED/ Nimekodishwa 3. Not applicable/ Haihusiki <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| If the property is owned, are there any outstanding payments due (i.e. a mortgage)?/ Je, kama unamiliki ardhi kuna malipo yoyote ambayo hayajakamilika? | ```1. \(\square\) YES/ Ndio 2. \(\square\) NO/ Hapana 98. \(\square\) Refused/ Amekataa kujibu 99. \(\square\) Don't know/ Sijui``` |
| If yes, how much are the monthly payments? Kama jibu ni ndio ni kiasi gani cha malipo kinachofanyika kila mwezi? | 1. $\qquad$ 98. $\square$ Refused/ Amekataa kujibu 99. - Don't know/ Sijui |
| If the building is leased, how much are the monthly payments?/ Kama jengo na mali zilizomo dukani ni za kukodisha, kodi ya kila mwezi ni kiasi gani? | 1. $\qquad$ 98. $\square$ Refused/ Amekataa kujibu 99. $\square$ Don't know/ Sijui |
| If the property is leased, how much are the monthly payments? Kama ardhi ni ya kukodisha, je ni kiasi gani unalipia kwa mwezi? | 1. $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| Does the drug shop, as a business entity, own or lease any vehicles? (i.e. cars, trucks, motorbikes)?/ Je, biashara ya duka la dawa yenyewe ina mali yoyote inayomiliki (Kama Magari, Pikipiki, n.k)? | 1. $\square$ YES/ Ndio <br> 2. $\square$ NO/ Hapana <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| If yes, how many? Kama jibu ni ndio, mangapi? | 1. $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| Are the vehicles owned or leased?/ Je, magari ni mali ya mmiliki wa duka au yamekodishwa? | 1. $\square$ OWNED/ Nalimiliki <br> 2. LEASED/ Nimekodishwa <br> 3.ם Not applicable <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |


| If the drug shop's vehicles are owned, are there any oustanding payments due? Kama magari ni mali ya mmiliki wa duka, je kuna malipo ambayo bado hayajakamilishwa? | ```1. \(\square\) YES/ Ndio 2. \(\square\) NO/ Hapana 98. \(\square\) Refused/ Amekataa kujibu 99. \(\square\) Don't know/ Sijui``` |
| :---: | :---: |
| If yes, how much are the monthly payments? Kama jibu ni ndio ni kiasi gani cha malipo kinachofanyika kila mwezi? | 1. $\qquad$ 98. $\square$ Refused/ Amekataa kujibu 99. $\square$ Don't know/ Sijui |
| If the vehicles are leased, how much are the monthly payments?/ kama magari ni ya kukodi je, ni kiasi gani cha kodi kinalipwa kila mwezi? | 1. $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. - Don't know/ Sijui |
| What is the total amount spent each month on employee salaries?/ Je, ni kiasi gani kwa ujumla kinatumika kulipia mishahara ya wafanyakazi kwa mwezi? | 1. $\qquad$ <br> 2. $\square$ This is not an expense incurred by this drug shop/ Mshahara hautokani na mapato ya duka la dawa <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| What is the total amount spent each month on electricity?/ Je ni kiasi gani kwa ujumla kinatumika kila mwezi kwa kulipia umeme? | 1. $\qquad$ <br> 2. $\square$ This is not an expense incurred by this drug shop/ malipo ya umeme hayafanyiki kutokana na mapato ya duka <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. - Don't know/ Sijui |
| What is the total amount spent each month on Fuel for company vehicles/generator? / Ni kiasi gani kwa ujumla kinatumika kila mwezi kununulia mafuta kwa matumizi ya genereta au magari? | 1. $\qquad$ <br> 2. $\square$ This is not an expense incurred by this drug shop/ manunuzi ya mafuta hayatokani na mapato ya dukani <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. - Don't know/ Sijui |
| What is the total amount spent each month on distribution costs to customers?/ Je, kwa ujumla inakugharimu kiasi gani kwa mwezi kusambazia wateja wako mahitaji yao? | 1. $\qquad$ <br> 2. $\square$ This is not an expense incurred by this drug shop <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. - Don't know/ Sijui |
| What is the total amount spent each month on cost of picking up/arranging delivery for inventory from supplier?/ Je, kwa ujumla inakugharimu kiasi gani kwa mwezi kupanga na kuchukua dawa (mahitaji) kutoka kwa msambazaji? | 1. $\qquad$ <br> 2. $\square$ This is not an expense incurred by this drug shop/ Matumizi hayatokani na mapato ya dukani <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. - Don't know/ Sijui |


| What is the total amount spent each month on communication (i.e. phone credit)? Je, Kwa ujumla unatumia kiasi gani kwa mwezi kwa mawasiliano (mfano ya simu)? | 1. $\qquad$ <br> 2. $\square$ This is not an expense incurred by this drug shop/ matumizi ya mawasiliano hayatokani na mapato ya dukani <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| :---: | :---: |
| How much is spent each month on other drug shop expenses? / Je ni kwa ujumla kila mwezi unatumia unagharamia kiasi gani kwa ajili ya matumizi mengine ya duka la dawa? | 1.(Specify Expense1/Amount1) $\qquad$ <br> 2. Specify (Expense 2/Amount2) $\qquad$ <br> 3. $\square$ This drug shop does not have any other monthly expenses/ Duka la dawa halina matumizi mengine ya ziada kwa mwezi <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. - Don't know/ Sijui |
| SECTION 8. DRUG SHOP ACCOUNTS RECEIVABLES |  |
| Do you offer credit to any of your customers? Je una utaratibu wa kutoa mikopo kwa wateja wako? | ```1. \(\square\) YES/ Ndio 2. \(\square\) NO/ Hapana 98. \(\square\) Refused/ Amekataa kujibu 99. - Don't know/ Sijui``` |
| What is the maximum amount of credit you offer to any customer? Je ni kiasi gani cha juu kabisa unachoweza kukopesha wateja wako? | 1. $\square$ Less than 10,000 TSH/ Chini ya shilingi elfu kumi <br> 2. $\square$ Between 10,000 TSH- 20,000 TSH/ kati ya elfu kumi na elfu ishirini <br> 3. $\square$ Between $20,000 \mathrm{TSH}-30,000 \mathrm{TSH} /$ kati ya elfu ishirini na elfu thelathini <br> 96. $\square$ Other (specify range)/ mengine (eleza <br> kiwango0 $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| What are the repayment terms for the loans to customers? / Je wateja waliokopa wanatakiwa kulipa madeni baada ya muda gani? | 1. $\square 2$ weeks/ wiki mbili <br> 2. $\square 1$ month/ mwezi mmoja <br> 3. $\square$ The next time they come to purchase something from my shop/ <br> Wakirudi mara nyingine kufuata mahitaji dukani <br> 4. $\square$ No set repayment date/ Hakuna tarehe ya kurudisha malipo <br> 96. $\square$ Other (specify)/ mengine (eleza) $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| As of today, how much money is currently owed to this drug shop (TSH)?/ Mpaka hivi sasa ni kiasi gani cha fedha unachodai hapa dukani? | 1. $\qquad$ <br> 2. $\square$ No money is owed to this drug shop/ Hakuna fedha inayodaiwa dukani <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |

When you extend credit to your customers, how often do they default on their loans?/ Je, unapoongeza mkopo kwa wateja wako, ni mara ngapi wameshindwa kulipa?

1. $\square$ Always/ Kila mara
2. $\square$ Sometimes/ mara moja moja
3. $\square$ Rarely/ mara chache
4. $\square$ Never/ Hata mara moja
5. $\square$ Refused/ Amekataa kujibu
6.     - Don't know/ Sijui

INVENTORY

* ENUMERATOR to record inventory on separate sheet


## SECTION 9. DRUG SHOP/OWNER EXPENDITURES

| Do you draw money for personal expenses from the revenues of this drug shop?/ Je, mmiliki anatumia fedha kutokana na mapato ya duka la dawa kwa ajili ya matumizi binafsi? | 1. $\square$ YES/ Ndio <br> 2. $\square$ NO/ Hapana <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| :---: | :---: |
| How much money do you draw from your business for personal expenses each day? Je, ni kiasi gani cha fedha anachotoa kwa matumizi binafsi kwa siku? | 1. Amount (TZS) $\qquad$ <br> 98. Refused <br> 99. Don't know |
| How do you decide how much money to take for personal expenses on a daily basis?/ Je ni kwa namna gai unaamua kiasi cha fedha cha kutoa kwa ajili ya matumizi binafsi? | 1. $\square$ I reconcicle accounts at end of the day and figure it out <br> 2. $\square$ I draw on an ad hoc basis / Ninatoa fedha bila utaratibu <br> 3. $\square$ I know my profit margin so I draw accordingly/ Nafahamu faida nipatayo hivyo natoa hiyo tu <br> 4. I calculate how much I can draw at the end of each month/ Napiga mahesabu ya kiasi gani cha kutoa <br> 5. $\square$ I draw according to my daily/monthly needs/ Natoa kufuatana na matumizi ya kila siku <br> 96. $\square$ Other (specify)/ Mengine <br> (eleza) $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. - Don't know/ Sijui |
| How much money do you draw from your business for personal expenses per month? Je, ni kiasi gani cha fedha kutoka kwenye biashara ya | 1. Amount (TZS) $\qquad$ <br> 98. Refused <br> 99. Don't know |


| How do you decide how much money to take for personal expenses each month? | 1. $\square$ I reconcicle accounts at end of the month and figure it out/ Naoanisha mahesabu ya fedha na mali kila mwisho wa mwezi <br> 2. $\square$ I draw on an ad hoc basis / Ninatoa fedha bila utaratibu <br> 3. $\square$ I know my profit margin so I draw accordingly/ Nafahamu faida nipatayo hivyo natoa hiyo tu <br> 4. $\square$ I calculate how much I can draw at the end of each month/ Napiga mahesabu ya kiasi gani cha kutoa <br> 5. $\square$ I draw according to my daily/monthly needs/ Natoa kufuatana na matumizi ya kila siku <br> 96. $\square$ Other (specify)/ Mengine <br> (eleza) $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| :---: | :---: |
| In order to grow your business in the last year, have you spent money on the following: (select all that apply)/ Je, katika jitihada za kuendeleza biashara ya dawa mwaka uliopita ulitumia fedha kwenye mambo yafuatayo? | 1. $\square$ Stocking more medicines / Kuongeza dawa za kutunza <br> 2. $\square$ Purchasing/leasing a vehicle / Kununua au kukodisha gari <br> 3. $\square$ Hiring more employees/ Kuajili wafanyakazi zaidi <br> 4. $\square$ Attending health training/ Kuhudhuria mafunzo <br> 5. $\square$ Attending business management training/ Kuhudhuria mafunzo ya usimamizi wa biashara <br> 6. $\square$ Renovating shop/ kulifanyia duka ukarabati <br> 7. ■ Expanding size of shop/ Kuongeza ukubwa wa duka <br> 8. $\square$ Couldn't do do anything to expand my business/ Kutofanya chochote <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| If you won 500,000 TSH today with no restrictions, how would you spend it? Ukijishindia kiasi cha shilingi laki tano leo, bila masharti yoyote utazitumiaje? | 1. $\square$ Buy more of the same drugs I usually stock/ kununua dawa zilezile nazotunza siku zote <br> 2. $\square$ Stock drugs that I do not currently stock/ kununua dawa zinzokosekana dukani <br> 3. $\square$ Pay rent/ Kulipia kodi <br> 4. $\square$ Pay employee salaries/ kulipa wafanyakazi mshahara <br> 5. $\square$ Give myself a bonus/ kujilipa mwenyewe <br> 6. $\square$ Pay my suppliers/ kununua vifaa vya dukani <br> 7. $\square$ Renovate my shop/ kukarabati duka <br> 8. $\square$ Save it/ kutunza <br> 96. $\quad$ Other (specify)/ mengine (eleza) $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |

If you were given 500,000 TSH today to use for your drug shop without interest, how would you spend it? (select all that apply)/ Je kama ukipata mkopo wa shilingi laki tano usiokuwa na riba kwa matumizi ya duka la dawa, utazitumiaje?

1. $\square$ Buy more of the same drugs I usually stock/ kununua dawa zilezile nazotunza siku zote
2. $\square$ Stock drugs that I do not currently stock/ kununua dawa zinzokosekana dukani
3. $\square$ Pay rent/ Kulipia kodi
4. $\square$ Pay employee salaries/ kulipa wafanyakazi mshahara
5. $\square$ Give myself a bonus/ kujilipa mwenyewe
6. $\square$ Pay my suppliers/ kununua vifaa vya dukani
7. $\square$ Renovate my shop/ kukarabati duka
8. $\square$ Save it/ kutunza
9. $\square$ Other (specify)/ mengine (eleza)
10. $\square$ Refused/ Amekataa kujibu
11.     - Don't know/ Sijui
12. $\square$ Buy more of the same drugs I usually stock/ kununua dawa zilezile nazotunza siku zote
13. $\square$ Stock drugs that I do not currently stock/ kununua dawa zinzokosekana dukani
14. $\square$ Pay rent/ Kulipia kodi
15. $\square$ Pay employee salaries/ kulipa wafanyakazi mshahara
16. $\square$ Give myself a bonus/ kujilipa mwenyewe
17. $\square$ Pay my suppliers/ kununua vifaa vya dukani
18. $\square$ Renovate my shop/ kukarabati duka
19. $\square$ Save it/ kutunza
20. $\square$ Other (specify)/ mengine
(eleza)
21. $\square$ Refused/ Amekataa kujibu
22. $\square$ Don't know/ Sijui
23. $\square$ Pay bills/ kulipa kodi
24. $\square$ Re-invest in drug shop/ kuwekeza kwenye duka la dawa
25. $\square$ Re-invest in other business/ Kuwekeza kwenye biashara nyingine
26. $\square$ Save/ kutunza
27. $\square$ Other (specify)/mengine
(eleza)
28. $\square$ Refused/ Amekataa kujibu
29.     - Don't know/ Sijui
30. $\square$ Buy food/ Kununua chakula
31. $\square$ Pay bills/ Kulipa kodi
32. $\square$ Both / kulipa kodi na kununua chakula)
33. $\square$ Refused/ Amekataa kujibu
34.     - Don't know/ Sijui

| What months of the year are you most capital constrained (select all that apply)? Ni mwezi gani katika mwaka ambapo mtaji wako kibiashara unakua mgumu? | 1. $\square$ January <br> 2. $\square$ February <br> 3. $\square$ March <br> 4. April <br> 5. $\square$ May <br> 6. - June <br> 7. - July <br> 8. $\square$ August <br> 9. $\square$ September <br> 10. $\square$ October <br> 11. $\square$ November <br> 12. $\square$ December <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| :---: | :---: |
| If you could obtain 2 million TSH for your business what would you do with it? (select up to 2 responses) ? / Kama utapata kiasi cha shilingi millioni mbili za biashara utazifanyia nini? | 1. $\square$ Buy more medicines each month/ kununua dawa zaidi kila mwezi <br> 2. $\square$ Buy furniture/shop accessories/ kununua funicha na vifaa vingine vya dukani <br> 3. $\square$ Painting/construction work on the shop/ kukarabati duka <br> 4. $\square$ Take more days off/ close shop early/ kufunga duka mapema <br> 5. $\square$ Buy a vehicle/ kununua gari <br> 6. $\square$ Hire more employees/ Kuajiri wafanyakazi zaidi <br> 7. $\square$ Attend a training/short course $\qquad$ <br> 96. $\square$ Other (specify)/ mengine (eleza) $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| If you could obtain 10 million TSH for your business what would you do with it? (select up to 2 responses) ? / Kama utapata kiasi cha shilingi millioni kumi za biashara utazifanyia nini? | 1. $\square$ Buy more medicines each month/ kununua dawa zaidi kila mwezi <br> 2. $\square$ Buy furniture/shop accessories/ kununua funicha na vifaa vingine vya dukani <br> 3. $\square$ Painting/construction work on the shop/ kukarabati duka <br> 4. $\square$ Take more days off/ close shop early/ kufunga duka mapema <br> 5. $\square$ Buy a vehicle/ kununua gari <br> 6. $\square$ Hire more employees/ Kuajiri wafanyakazi zaidi <br> 7. $\square$ Attend a training/short course $\qquad$ <br> 96. $\square$ Other (specify)/ mengine (eleza) $\qquad$ <br> 98. $\square$ Refused/ Amekataa kujibu <br> 99. $\square$ Don't know/ Sijui |
| ADDITIONAL INTERVIEWER COMMENTS:/MAONI YA ZIADA |  |
| THANK RESPONDENT AND END INTERVIEW |  |

ANNEX 8: UGANDA SURVEY TOOL

| INTERVIEWER NAME: |  |  |
| :---: | :---: | :---: |
| DATE: |  |  |
| INTERVIEW START TIME: |  |  |
| SECTION 1. CONTACT INFO |  | RESPONSE |
| 1.1 | Shop ID |  |
| 1.2 | County | 1. $\square$ Buyaga <br> 2. $\square$ Bugangaizi <br> 3. $\square$ Buyanja <br> 96. $\square$ Other (specify) |
| 1.3 | Sub-county | (write name) |
| 1.4 | Parish | (write name) |
| 1.5 | Village | (write name) |
| 2.1 | SECTION 2. CONSENT PROMPT <br> Hello, <br> My name is (Interviewer Name) and I am workin institute at the University of Michigan. Together based NGO to better understand factors influenc be used to design interventions to improve the a a variety of questions including some about your you that this information will NOT be shared with strictly confidential. Specific information shared team. All of the identifying information will be cod your shop. This survey will take approximately 1 complete inventory of the products you are stock take pauses when you have customers to serve a Participation in this survey is voluntary and you questions. However, we hope that you will partic do you want to ask me anything about the survey? <br> Even if you have any questions later on, you can | DI -the William Davidson Institute, a US based research e working with Management Sciences for Health, a US availability of medicines in ADS. The results of this will lity of medicines in drug shops like yours. I will be asking t inventory and financial position. I want you to assure government related authority or agency and will be kept me today, will not be shared with anyone beyond the study no one outside of the study team will be able to identify o complete. Additionally, we would like to conduct a your store. Due to the length of this interview, we will stay out of your way until they have been served. oose not to answer any individual question or all of the in this survey since your views are important. At this time, <br> contact us through the District Pharmacist. |
| 2.1 | May I begin the interview now? | $\begin{aligned} & \text { 1. } \square \mathrm{YES} \\ & \text { 2. } \square \mathrm{NO} \end{aligned}$ |
| SECTION 3. ADS CHARACTERISTICS/DRUG SHOP MANAGEMENT |  |  |
| PROMPT: I would like to ask you some questions about your drug shop |  |  |
| 3.1 | Are you the owner of this outlet? | $\begin{aligned} & \text { 1. } \square \text { YES } \\ & \text { 2. } \square \text { NO } \\ & \text { 98. } \square \text { Refused } \end{aligned}$ |
| 3.2 | If no, what is your position in this drug shop? | 1. $\square$ Drug seller <br> 2. $\square$ Shop manager <br> 3. $\square$ Shop attendant <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused |
| 3.3 | What month/year was the business established/purchased/acquired by the current owner(s)? | 1. $\qquad$ (mm) $\qquad$ (year) <br> 98. $\square$ Refused <br> 99. - Don't know |


| 3.3a | What are the days of operations of this drug shop? | 1. Monday <br> 2. $\square$ Tuesday <br> 3. $\square$ Wednesday <br> 4. $\square$ Thursday <br> 5. $\square$ Friday <br> 6. $\square$ Saturday <br> 7. $\square$ Sunday <br> 96. $\square$ Other (Specify) Describe any variation in the days of operation <br> 98. $\square$ Refused <br> 99. - Don't know |
| :---: | :---: | :---: |
| 3.3b | What are the hours of operation of this drug shop | 1. $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 3.4 | How many people own this shop? | 1. $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |

PROMPT: I would like to now ask a few questions about the owners of this drug shop. Can you please provide me with the following information about the owner who owns the largest percentage of this drug shop

| 3.5 | Does the owner(s) of this drug shop own other drug shops? | $\begin{aligned} & \hline \text { 1. } \square \text { YES } \\ & \text { 2. } \square \text { NO } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| :---: | :---: | :---: |
| 3.6 | Other than this drug shop(s), does this owner own or manage any other businesses or have any other sources of income? | ```1. \(\square\) YES \\ 2. \(\square\) NO \\ 98. \(\square\) Refused \\ 99. - Don't know``` |
| 3.7 | If yes, what type of businesses (other than drug shops) does this drug shop owner own, manage or derive other income from? (Enumerator to select all that apply) | 1. $\square$ Farming/Agriculture <br> 2. $\square$ Livestock husbandry <br> 3. $\square$ Small Shop <br> 4. $\square$ Trucking <br> 5. $\square$ Construction <br> 6. $\square$ Working at Government Health Facility <br> 7. $\square$ Working at Private health facility <br> 8. $\square$ Working at Faith-based/NGO run Health Facility <br> 9. $\square$ Mining <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 3.8 | Of this drug shop owner's total personal income last year, what percentage was derived from this drug shop? | 1. $10 \%$ <br> 2. $\square 25 \%$ <br> 3. $\quad 50 \%$ <br> 4. $75 \%$ <br> 5. $\square 100 \%$ <br> 6. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 3.9 | How many years of experience does this owner have managing a business? | 1. $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 3.10 | Age | 1. $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |


| 3.11 | Gender | 1. $\square$ Male <br> 2. $\square$ Female |
| :---: | :---: | :---: |
| 3.12 | Marital Status | 1. $\square$ Married - monogamous <br> 2. $\square$ Married - polygamous <br> 3. $\square$ Widowed <br> 4. $\square$ Divorced / Separated <br> 5. $\square$ Cohabitating <br> 6. $\square$ Never married and not cohabitating (Single) <br> 98. $\square$ Refused <br> 99. - Don't know |
| 3.13 | How many people usually sleep at your home? | 1. $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 3.14 | How much land in acres does your household own? (In acres, including the land the house sits on) | 1. $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 3.15 | Do you have a title deed for all of this land? (Clarify that "this land" refers to the land where your household is, not where the drug shop is located.) | 1. $\square$ YES, I have a title deed for all of the land <br> 2. $\square$ NO, I have a title deed for only a portion of this land <br> 3. $\square$ NO, I don't have a title deed <br> 96. $\square$ Other <br> 98. $\square$ Refused <br> 99. $\square$ Don't know |
| 3.16 | What is the MAIN source of water for drinking in your household? PROMPT | 1. $\square$ Piped into dwelling <br> 2. $\square$ Piped into plot/yard <br> 3. $\square$ Public tap water <br> 4. $\square$ Borehole or well <br> 5. $\square$ Protedted well (concrete top) <br> 6. $\square$ Unprotected du well (no concrete on top)/Spring <br> 7. $\square$ Rain water <br> 8. $\square$ Surface water (stream, river, pond, lake, dam) <br> 9. $\square$ Brought-in (jerry can, tanker truck) <br> 10. $\square$ Kaveera Water <br> 11. $\square$ Bottled Water <br> 96. $\square$ Other (specify) <br> 98. $\square$ Refused <br> 99. - Don't know |
| 3.17 | What is the MAIN type of fuel used by your household for cooking? Is it...? PROMPT | 1. $\square$ Electricity <br> 2. $\square$ Natural gas / Liquid petroleum gas <br> 3. $\square$ Kerosene / Paraffin <br> 4. $\square$ Charcoal <br> 5. $\square$ Firewood collected <br> 6. $\square$ Firewood Purchased <br> 7. $\square$ Straw / shrubs / grass <br> 8. $\square$ Dung <br> 9. $\square$ Coal <br> 10. $\square$ Solar <br> 11. $\square$ Crop Residuals <br> 12. $\square$ No food cooked in the household <br> 96. $\square$ Other (specify) <br> 98. $\square$ Refused <br> 99. - Don't know |


| 3.18 | What is the MAIN kind of toilet facility that your household uses? | 1. $\square$ Flush Toilet owned <br> 2. $\square$ Flush Toilet Shared <br> 3. $\square$ Pit latrine owned <br> 4. $\square$ Pit latrine shared <br> 5. $\square$ Ventilated improved pit latrine owned <br> 6. $\square$ Ventilated improved pit latrine shared <br> 7. $\square$ Bush / field / forest <br> 8. $\square$ Composting toilet <br> 9. $\square$ Bucket <br> 96. $\square$ Other (specify) <br> 98. $\square$ Refused <br> 99. - Don't know |
| :---: | :---: | :---: |
| 3.19 | In your household, is there electricity? | 1. $\square$ Yes, main grid <br> 2. $\square$ Yes, generators <br> 3. $\square$ Yes, solar panels <br> 4. $\square$ No <br> 98. $\square$ Refused <br> 99. - Don't know |
| 3.20 | What type of walls are there in the house? | 1. $\square$ Stone <br> 2. $\square$ Baked bricks <br> 3. $\square$ Concrete/Cement <br> 4. $\square$ Sundried bricks/mud <br> 5. Poles and mud <br> 6. $\square$ Wood <br> 7. $\square$ Iron sheets <br> 8. $\square$ Palm / bamboo / thatch / straw <br> 9. $\square$ Cardboard/Timber <br> 10. $\square$ No walls <br> 96. $\square$ Other (specify) <br> 98. $\square$ Refused <br> 99. $\square$ Don't know |
| 3.21 | What type of flooring is there in the house? | 1. $\square$ Finished floor: cement, tiles, linoleum, carpet, polished wood or stones <br> 2. $\square$ Rudimentary floor: wooden planks, palm or bamboo <br> 3. $\square$ Natural Floor: earth, sand, dung or clay <br> 4. $\square$ Iron sheets <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. $\square$ Don't know |
| 3.22 | What type of roof does the house have? | 1. $\square$ Tiles <br> 2. $\square$ Iron sheets / Tin <br> 3. $\square$ Grass or thatch <br> 4. $\square$ Wood <br> 5. $\square$ Shingles <br> 6. $\square$ Cement <br> 7. $\square$ Mud <br> 8. $\square$ No roof <br> 96. $\square$ Other (specify) <br> 98. $\square$ Refused <br> 99. $\square$ Don't know |
| READ OUT: In your household, how many of the following are there? |  |  |
| 3.23 | Radio/cassette/CDPlayer/ Radio |  |
| 3.24 | Electric/charcoal iron |  |
| 3.25 | Refridgerator |  |
| 3.26 | Bicycle |  |


| 3.27 | Motorcycle or scooter |  |
| :---: | :---: | :---: |
| 3.28 | Large livestock (like cows, oxen) |  |
| 3.29 | Bank account |  |
| 3.30 | Mobile Phone |  |
| 3.31 | Television |  |
| 3.32 | Computer |  |
| 3.33 | Car |  |
| 3.34 | Does your household have access to a mobile bank account (ie. MTN Mobile money, Warid Pesa, Airtel money)? | $\begin{aligned} & \text { 1. } \square \text { YES } \\ & \text { 2. } \square \text { NO } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| SECTION 4 |  |  |
| 4.1 | How many people are responsible for the day to day management of this shop (dispensing medicines, managing inventory, ordering supplies, bookeeping)? | 1. $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 4.2 | Including yourself (and the owner), how many people work at this outlet (all staff)? | 1. <br> 98. $\square$ Refused <br> 99. - Don't know |
| *Note for each employee listed in the question above, fill in the name, highest level of education attained, and health training and qualification |  |  |
|  | 4.3.1 Employee 1(name) ___ | 4.3.2 Employee 1: Highest Level of Education Attained <br> 0. $\qquad$ No formal education <br> 1. __P1 <br> 2. __P2 <br> 3. __P3 <br> 4. __P4 <br> 5. __P5 <br> 6. __P6 <br> 7. __P7 <br> 8. __S1 <br> 9. __S2 <br> 10. __S3 <br> 11. __S4 <br> 12. _-S5 <br> 13. __S6 <br> 14. __Post primary specialized training certificate <br> 15. __Diploma <br> 16. __University degree <br> 17. __Masters <br> 18. __PhD <br> 99. __Don't know |
|  | 4.3.3 Employee 1 Health Training/Qualification <br> 0. $\qquad$ Does not have any health training or qualification <br> 1. $\qquad$ Pharmacist <br> 2. $\qquad$ Pharmacy Technician <br> 3. $\qquad$ Medical Doctor <br> 4. $\qquad$ Nurse/Midwife <br> 5. $\qquad$ Nurse assistant <br> 6. $\qquad$ Clinical Officer | 4.3.4 Employee 1: Position in this Drug Shop <br> 1. Owner <br> 2. Drug Seller <br> 3. Shop manager <br> 96. Other (specify) <br> 98. Refused <br> 99. Don't know |



| 4.3.1 Employee 3(name) | 4.3.2 Employee 3: Highest Level of Education Attained <br> 0. $\qquad$ No formal education <br> 1. __P1 <br> 2. __P2 <br> 3. __P3 <br> 4. __P4 <br> 5. __P5 <br> 6. __P6 <br> 7. __P7 <br> 8. __S1 <br> 9. __S2 <br> 10. __S3 <br> 11.__S4 <br> 12. __S5 <br> 13. __S6 <br> 14. __Post primary specialized training certificate <br> 15. __Diploma <br> 16. __University degree <br> 17. __Masters <br> 18. __PhD <br> 99. __Don't know |
| :---: | :---: |
| 4.3.3 Employee 3 Health Training/Qualification <br> 0. $\qquad$ Does not have any health training or qualification <br> 1. $\qquad$ Pharmacist <br> 2. $\qquad$ Pharmacy Technician <br> 3. $\qquad$ Medical Doctor <br> 4. $\qquad$ Nurse/Midwife <br> 5. $\qquad$ Nurse assistant <br> 6. $\qquad$ Clinical Officer <br> 96. $\qquad$ Other (Specify) $\qquad$ | 4.3.4 Employee 3: Position in this Drug Shop <br> 1. Owner <br> 2. Drug Seller <br> 3. Shop manager <br> 96. Other (specify) <br> 98. Refused <br> 99. Don't know |
| 4.3.1 Employee 4 (name) | 4.3.2 Employee 4: Highest Level of Education Attained <br> 0. $\qquad$ No formal education <br> 1. __P1 <br> 2. __P2 <br> 3. __P3 <br> 4. __P4 <br> 5. __P5 <br> 6. __P6 <br> 7. __P7 <br> 8. __S1 <br> 9. __S2 <br> 10. __S3 <br> 11. _-S4 <br> 12. __S 5 <br> 13. _-S6 <br> 14. __Post primary specialized training certificate <br> 15. __Diploma <br> 16. __University degree <br> 17. __Masters <br> 18. __PhD <br> 99. __Don't know |


|  | 4.3.3 Employee 4 Health Training/Qualification <br> 0. $\qquad$ Does not have any health training or qualification <br> 1. $\qquad$ Pharmacist <br> 2. $\qquad$ Pharmacy Technician <br> 3. $\qquad$ Medical Doctor <br> 4. $\qquad$ Nurse/Midwife <br> 5. $\qquad$ Nurse assistant <br> 6. $\qquad$ Clinical Officer <br> 96. $\qquad$ Other (Specify) $\qquad$ | 4.3.4 Employee 4: Position in this Drug Shop <br> 1. Owner <br> 2. Drug Seller <br> 3. Shop manager <br> 96. Other (specify) <br> 98. Refused <br> 99. Don't know |
| :---: | :---: | :---: |
| 4.4 | In this shop, who is responsible for dispensing medicines? | 1. $\square$ Drug Shop owner <br> 2. $\square$ Drug Seller <br> 96. $\square$ Other (specify) <br> 98. $\square$ Refused <br> 99. - Don't know |
| 4.5 | In this shop, who is responsible for bookkeeping? | 1. $\square$ Drug Shop owner <br> 2. $\square$ Drug Seller <br> 96. $\square$ Other (specify) <br> 98. $\square$ Refused <br> 99. $\square$ Don't know |
| 4.6 | In this shop, who is responsible for day to day financial management? | 1. <br> $\square$ Drug Shop owner <br> 2. $\square$ Drug Seller <br> 3. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 4.7 | Does this person reconcile the cash? | $\begin{aligned} & \hline \text { 1. } \square \text { YES } \\ & \text { 2. } \square \text { NO } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| 4.8 | How often does this person reconcile cash? | 1. $\square$ Every day <br> 2. $\square$ Once per week <br> 3. $\square$ Once every 2 weeks <br> 4. $\square$ Once a month <br> 96. $\square$ Other (specify) $\qquad$ |
| 4.9 | DO NOT SAY OUT LOUD: *enumerator to verify frequency of cash reconciliation; Does the drug shop reconcile cash at the frequency they have answered in the question above? | 1. $\square$ Yes <br> 2. $\square$ No <br> 3. $\square$ Cannot tell |
| 4.10 | In this shop, who is responsible for inventory management? | 1. $\square$ Drug Shop owner <br> 2. $\square$ Drug Seller <br> 3. $\square$ Other (specify) <br> 98. $\square$ Refused <br> 99. $\square$ Don't know |
| 4.11 | Does this person (who manages inventory) adjust the drug shop's records to show the amount of each product currently in stock at the drug shop? | $\begin{aligned} & \hline \text { 1. } \square \text { YES } \\ & \text { 2. } \square \text { NO } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |


| 4.12 | How often does someone adjust the drug shop's records to show the amount of inventory currently in stock? | 1. $\square$ Every day <br> 2. $\square$ Once per week <br> 3. $\square$ Once every 2 weeks <br> 4. $\square$ Once a month <br> 6. $\square$ Never done <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| :---: | :---: | :---: |
| 4.13 | Can we see your inventory records (books/ files etc)? | $\begin{aligned} & \hline \text { 1. } \square \text { YES } \\ & \text { 2. } \square \text { NO } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| 4.14 | DO NOT SAY OUT LOUD: *enumerator to verify if inventory records are kept | 1. $\square$ Yes records are kept and updated regularly <br> 2. $\square$ Yes, records are kept but not updated regularly <br> 3. $\square$ No records are not kept <br> 4. $\square$ Cannot tell |
| 4.15 | In this shop, who is responsible for preparing the list of medicines to order? | 1. $\square$ Drug Shop owner <br> 2. Drug Seller <br> 3. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 4.16 | Has anyone at this outlet received any kind of health related training during the last 12 months including pre-service and stand-alone workshops or seminars? | $\begin{aligned} & \hline \text { 1. } \square \text { YES } \\ & \text { 2. } \square \text { NO } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| 4.17 | If yes, what did the training cover specifically? | 1. $\square$ Drug Seller training <br> 2. $\square$ IMCI training <br> 3. $\square$ ACT use training <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. $\square$ Don't know |
| 4.18 | Has anyone at this outlet received any kind of business management related training during the last 12 months including stand-alone workshops or seminars? | $\begin{aligned} & \hline \text { 1. } \square \text { YES } \\ & \text { 2. } \square \text { NO } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| 4.19 | If yes, what did the training cover specifically? | 1. $\square$ General ADS training <br> 2. $\square$ Accounting <br> 3. $\square$ Inventory management <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 4.20 | OBSERVE (do not say aloud): Is an ADS Certificate Visible on the drug shop wall? | $\begin{aligned} & \text { 1. } \square \mathrm{YES} \\ & \text { 2. } \square \text { NO } \end{aligned}$ |
| 4.21 | OBSERVE (do not say aloud): Is a license visible on the drug shop wall? | $\begin{aligned} & \text { 1. } \square \text { YES } \\ & \text { 2. } \square \text { NO } \end{aligned}$ |
| 4.22 | What is the legal status of this drug shop? | 1. $\square$ Accredited Drug Shop <br> 2. $\square$ Class C Drug Shop <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 4.23 | Does this drug shop use a computer for any business purposes? | $\begin{aligned} & \hline \text { 1. } \square \text { YES } \\ & \text { 2. } \square \text { NO } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |


| 4.24 | Does the drug shop use a computer to perform any of the following tasks (select all that apply): | 1. $\square$ Online banking <br> 2. $\square$ Manage inventory <br> 3. $\square$ Email <br> 4. $\square$ Place orders <br> 5. $\square$ Manage accounts <br> 6. $\square$ Book-keeping <br> 96. $\square$ Other (Specify) <br> 98. $\square$ Refused <br> 99. - Don't know |
| :---: | :---: | :---: |
| 4.25 | What is the average number of customers at this drug shop per week? | $\begin{aligned} & \text { 1. } \square \text { (specify) } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |

## SECTION 5. DRUG SHOP'S MEDICINE SUPPLY

PROMPT: I would now like to ask some questions about this drug shops inventory and source of medicine supply

| 5.1 | Where does this drug shop purchase most of its medicines from? | 1. $\square$ Own town/village <br> 2. $\square$ Kibale Town <br> 3. $\square$ Kagadi Town <br> 4. $\square$ Hoima Town <br> 5. $\square$ Mubende Town <br> 6. Kampala <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| :---: | :---: | :---: |
| 5.2 | What is the name of this drug shop's MAIN medicine supplier? | 1. $\square$ SA \& EM Pharmacy <br> 2. $\square$ Community Pharmacy <br> 3. $\square$ Tumwebaze Pharmacy <br> 4. $\square$ Bugolo Pharmacy <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused /Amekataa kujibu <br> 99. - Don't know |
| 5.3 | Does this supplier deliver drugs directly to your store? | $\begin{aligned} & \hline \text { 1. } \square \text { YES } \\ & \text { 2. } \square \text { NO } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| 5.3a | Does the drug shop purchase medicines from other medicine suppliers? | $\begin{aligned} & \text { 1. } \square \text { YES } \\ & \text { 2. } \square \text { NO } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| 5.4 | If yes, why? (select all that apply) | 1. $\square$ My main supplier does not have all of the products I need for my shop <br> 2. $\square$ I go to the suppliers that sell the cheapest medicines <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. Don't know |


| 5.5 | Where is the drug shop's other medicine supplier located? | 1. $\square$ Own town/village <br> 2. $\square$ Kibale Town <br> 3. $\square$ Kagadi Town <br> 4. $\square$ Hoima Town <br> 5. $\square$ Mubende Town <br> 6. $\square$ Kampala <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| :---: | :---: | :---: |
| 5.6 | What is the name of this drug shop's other medicine supplier? | 1. $\square$ SA \& EM Pharmacy <br> 2. $\square$ Community Pharmacy <br> 3. $\square$ Tumwebaze Pharmacy <br> 4. $\square$ Bugolo Pharmacy <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused /Amekataa kujibu <br> 99. - Don't know |
| 5.6b | Does this supplier deliver drugs directly to your store? | $\begin{aligned} & \text { 1. } \square \text { YES } \\ & \text { 2. } \square \text { NO } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| 5.7 | How often does this person responsible for ordering medicines, place orders for medicines for your shop? | 1. $\square$ More than once a week <br> 2. $\square$ Once a week <br> 3. $\square$ Once every 2 weeks <br> 4. - Once per month <br> 5. $\square$ Once every 2 months <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. Don't know |
| 5.8 | When the drug shop needs more medicines which one of the following do you do most often: | 1. $\square$ Someone from the shop goes to the supplier <br> 2 . $\square$ Place order by phone, and supplier delivers product directly to the shop <br> 3. $\square$ Place order by phone, and supplier sends product to another location and someone from the shop goes to pick it up <br> 96. $\square$ Other (specify) <br> 98. $\square$ Refused <br> 99. - Don't know |
| 5.9 | How long after placing the order does the supplier usually deliver the order? | 1. $\square 24$ hours (1 day) later <br> 2. $\square$ 2-3 days later <br> 3. $\square 4-5$ days later <br> 4. $\square 1$ week later <br> 5. $\square 2$ weeks later <br> 6. - 1 month later <br> 96. - Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. Don't know |
| 5.10 | How frequently do you go to the supplier to pick up the drug supplies? | 1. $\square$ Once per week <br> 2. $\square$ Once every 2 weeks <br> 3. $\square$ Once per month <br> 4. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |


| 5.11 | How do you decide which products to stock (select all that apply)? | 1. $\square$ Stocks same products as last month <br> 2. $\square$ Order what products that are low in stock <br> 3. $\square$ Order products that are out of stock <br> 4. $\square$ Order what customers ask for <br> 5. $\square$ Order products that treat diseases in this community <br> 6. $\square$ Order products that sell quickly <br> 7. Stock what is on the ADS medicine list <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\quad$ Refused <br> 99. - Don't know |
| :---: | :---: | :---: |
| 5.12 | How do you decide what quantities of the products to order/buy? | 1. $\square$ Order same quantities as last month/ Kiasi kilichoagizwa mara ya mwisho <br> 2. $\square$ Look at sales of the products in previous month and forecast my needs for the period I'm buying for <br> 3. $\square$ Purchase based on money available <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 5.13 | Are there any products that were in stock in the last month that are not in stock today? | 1. $\square$ YES 2. $\square$ NO 98. $\square$ Refused 99. $\square$ Don't know |
| 5.14 | If yes, which products/type are out of stock? | 1. $\square$ Other 1(specify) $\qquad$ <br> 2. $\square$ Other 2 (specify) $\qquad$ <br> 3. $\square$ Other 3 (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 5.15 | What is the reason why the products are not in stock? | 1. $\square$ Didn't have enough money to buy amount required to meet demand <br> 2. $\square$ Demand was higher than expected and I have not been able to place another order yet <br> 3. $\square$ My supplier did not have the product in stock <br> 4. $\square$ Slow moving products and decided not to reorder <br> 5. $\square$ Special order for specific customer <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. $\square$ Don't know |
| SECTION 6. ACCESS TO FINANCIAL SERVICES \& LINES OF CREDIT |  |  |
| PROMPT: I would now like to ask you a few questions about your access to financial services and credit to operate your business |  |  |
| 6.1 | Is there a bank account open in the name of the drug shop/business (not the owner's name?) | 1. $\square$ YES 2. $\square$ NO 98. $\square$ Refused 99. $\square$ Don't know |
| 6.2 | If no, is there a bank account open in the name of the owner? | $\begin{aligned} & \hline \text { 1. } \square \text { YES } \\ & \text { 2. } \square \text { NO } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |


| 6.3 | Where did the owner get the capital to establish this drug shop? | 1. $\square$ From owner's own savings <br> 2. $\square$ Borrowings from friends or family <br> 3. $\square$ Borrowings from other drug shop owners/ADS <br> 4. $\square$ Borrowings from Banks or other formal lending institutions <br> 5. $\square$ SACCOs or Community small scale lending organizations <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| :---: | :---: | :---: |
| 6.4 | When you need more capital to stock more supplies who do you turn to? | 1. $\square$ Friends or family <br> 2. $\square$ Other drug shop owners/ADS <br> 3. $\square$ Banks or other formal lending institutions <br> 4. $\square$ Community small scale lending organizations <br> 5. $\square$ Your own other sources of income <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. $\square$ Don't know |
| 6.5 | Has this drug shop ever applied for a bank loan? | $\begin{aligned} & \text { 1. } \square \text { YES } \\ & \text { 2. } \square \text { NO } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| 6.6 | How much was the loan request? | $\begin{aligned} & \text { 1.ם } \square \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| 6.7 | Was the full amount of the loan request approved or denied? | 1. $\square$ Full amount APPROVED <br> 2. - Lesser amount APPROVED <br> 3. $\square$ DENIED <br> 98. $\square$ Refused <br> 99. - Don't know |
| 6.7a | What was the loan amount that was approved? | 1. $\qquad$ <br> 98. $\square$ Refused <br> 99. $\square$ Don't know |
| 6.8 | Did the drug shop accept the loan? | 1. $\square$ Yes <br> 2. $\square$ No, I chose not to accept the loan because the terms were unfavorable <br> 3. $\square$ No, other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 6.9 | What was the duration of the bank loan? | 1. $\square 1$ month <br> 2. $\square 3$ months <br> 3 - 1 year <br> 4. $\square$ More than 1 year <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 6.9b | What was the interest rate on the loan? | $\begin{aligned} & \text { 1.ם } \square \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| 6.10 | What was the frequency of of return payments? | 1. $\square$ Every month <br> 2. $\square$ Every 3 months <br> 3. $\square$ Every 6 months <br> 4. $\square$ One time lump sum retrun of loan amount <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |


| 6.11 | If the loan was denied, what reason was cited for the denial of the loan? | 1. $\square$ Bank does not consider my business credit worthy <br> 2. $\square$ Bank needs collateral <br> 3. $\square$ Too much other paperwork that I could not furnish <br> 4. $\square$ They didn't give a reason <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| :---: | :---: | :---: |
| 6.12 | Does your medicine supplier offer you to make purchases on credit? | 1. $\square$ Yes, my wholesaler sells most products on credit to me <br> 2. $\square$ Yes, my wholesaler has offered me credit, but I do not accept it <br> 3. $\square$ Sometimes the wholeslaer sells new products or promotional items on credit <br> 4. $\square$ No, the wholesaler nevers sells anything on credit to me <br> 98. $\square$ Refused <br> 99. - Don't know |
| 6.13 | Why don't you accept the credit offered to you by your wholesaler? | ```1. \(\square\) I don't need credit from my wholesaler 96. \(\square\) Other (specify)``` $\qquad$ ```\[ \text { 98. } \square \text { Refused } \] 99. - Don't know``` |
| 6.14 | What is the maximum amount of credit offered to you by your supplier? | ```1. \(\square\) Amount (UG Shs) \(\longrightarrow\) 98. \(\square\) Refused 99. - Don't know``` |
| 6.15 | What is the repayment period for credit extended to your by your supplier | 1. $\square$ One Week <br> 2. $\square$ Two Weeks <br> 3. $\square 1$ month <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 6.15b | If you purchase medicines on credit from your supplier, how do you pay your supplier back? | 1. $\square$ Next time when I go to purchase drugs <br> 2. $\square$ Supplier sends someone to collect the amount due <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 6.15c | How much (if any) do you currently owe to your supplier? | 1. $\square$ Amount (UG Shs) $\qquad$ <br> 98. $\square$ Refused <br> 99. $\square$ Don't know |
| 6.16 | Does ([FIRM]) have any lines of credit from places like banks, SACCOs, microfinance institutions and/or relationships with vendors \& businesses where your drug shop incurs expenses? | 1. $\square$ YES 2. $\square$ NO 98. $\square$ Refused 99. $\square$ Don't know |
| 6.17 | If yes, where does the drug shop have lines of credit? | ```1.\squareVendor 2.\squareSACCOs/community lending organizations 3.\squareBank 96.\squareOther (specify)``` $\qquad$ ```\[ \text { 98. } \square \text { Refused } \] \[ \text { 99. } \square \text { Don't know } \]``` |
| 6.18 | What is the credit limit at the place mentioned? | $\begin{aligned} & \text { 1. } \square \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |


| 6.19 | What are the challenges you face operating your business (select all that apply)? | 1. $\square$ Not enough money <br> 2. $\square$ Not enough customers <br> 3. $\square$ Heavy taxes <br> 4. $\square$ Regulatory challenges (with NDA, etc) <br> 5. $\square$ Difficult to find trained staff (i.e. drug sellers) <br> 96. $\square$ Other $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| :---: | :---: | :---: |
| 6.20 | Of the challenges you have mentioned above, which is your biggest challenge (select only one)? | 1. $\square$ Not enough money <br> 2. $\square$ Not enough customers <br> 3. $\square$ Heavy taxes <br> 4. $\square$ Regulatory challenges (with NDA, etc) <br> 5. $\square$ Difficult to find trained staff (i.e. drug sellers) <br> 96. $\square$ Other $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 6.21 | Do you have enough access to money to operate your business as you would like to? | $\begin{aligned} & \text { 1. } \square \text { YES } \\ & \text { 2. } \square \text { NO } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| 6.22 | What is the impact of not having enough money to operate your business? | 1. $\square$ I cannot stock enough quantity of each medicine <br> 2. $\square \mathrm{I}$ cannot stock some more expensive items <br> 3. $\square$ I cannot keep the shop in good condition <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. $\square$ Don't know |
| SECTION 7. DRUG SHOP NON-CURRENT ASSETS |  |  |
| 7.1 | Is the building in which this drug shop exists owned or leased by the owners of the drug shop? | $\begin{aligned} & \text { 1. } \square \text { OWNED } \\ & \text { 2. } \square \text { LEASED } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| 7.2 | If the drug shop building is owned, are there any oustanding payments due (i.e. a mortgage?) | $\begin{aligned} & \hline \text { 1. } \square \text { YES } \\ & \text { 2. } \square \text { NO } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| 7.3 | If yes, how much are the monthly payments? | $\begin{aligned} & \text { 1.ם } \square \text { Refused } \\ & \text { 98. } \square \text { Don't know } \end{aligned}$ |
| 7.4 | Is the property on which this drug shop exists owned or leased by the owners of the drug shop? | $\begin{aligned} & \text { 1. } \square \text { OWNED } \\ & \text { 2. } \square \text { LEASED } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| 7.5 | If the property is owned, are there any outstanding payments due (i.e. a mortgage)? | $\begin{aligned} & \hline \text { 1. } \square \text { YES } \\ & \text { 2. } \square \text { NO } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| 7.6 | If yes, how much are the monthly payments? | 1. $\square$ $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 7.7 | If the building is leased, how much are the monthly payments? | $\begin{aligned} & \text { 1. } \square \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| 7.8 | If the property is leased, how much are the monthly payments? | 1. $\square$ $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |


| 7.9 | Does the drug shop, as a business entity, own or lease any vehicles? (i.e. cars, trucks, motorbikes)? | $\begin{aligned} & \text { 1. } \square \text { YES } \\ & \text { 2. } \square \text { NO } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| :---: | :---: | :---: |
| 7.10 | If yes, how many? | $\begin{aligned} & \text { 1. } \square \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| 7.11 | Are the vehicles owned or leased? | 1. $\square$ OWNED <br> 2. LEASED <br> 3. $\quad$ Not applicable <br> 98. $\square$ Refused <br> 99. - Don't know |
| 7.12 | If the drug shop's vehicles are owned, are there any oustanding payments due? | $\begin{aligned} & \hline \text { 1. } \square \text { YES } \\ & \text { 2. } \square \text { NO } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| 7.13 | If yes, how much are the monthly payments? | $\begin{aligned} & \text { 1.ם } \square \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| 7.14 | If the vehicles are leased, how much are the monthly payments? | $\begin{aligned} & \text { 1.ם } \square \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| 7.15 | What is the estimated total amount spent each month on inventory for this drug shop? | 1.ם $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 7.16 | What is the total amount spent each month on employee salaries? | 1. $\qquad$ <br> 2. $\square$ This is not an expense incurred by this drug shop <br> 98. $\square$ Refused <br> 99. - Don't know |
| 7.17 | What is the total amount spent each month on electricity? | 1. $\square$ $\qquad$ <br> 2. $\square$ This is not an expense incurred by this drug shop <br> 98. $\square$ Refused <br> 99. - Don't know |
| 7.18 | What is the total amount spent each month on Fuel for company vehicles/generator? | 1.. $\qquad$ <br> 2. $\square$ This is not an expense incurred by this drug shop <br> 98. $\square$ Refused <br> 99. - Don't know |
| 7.19 | What is the total amount spent each month on distribution costs to customers? | 1. $\qquad$ <br> 2. $\square$ This is not an expense incurred by this drug shop <br> 98. $\square$ Refused <br> 99. - Don't know |
| 7.20 | What is the total amount spent each month on cost of picking up/arranging delivery for inventory from supplier? | 1. $\qquad$ <br> 2. $\square$ This is not an expense incurred by this drug shop <br> 98. - Refused <br> 99. - Don't know |
| 7.21 | What is the total amount spent each month on communication (i.e. phone credit)? | 1. $\qquad$ <br> 2. $\square$ This is not an expense incurred by this drug shop <br> 98. $\square$ Refused <br> 99. - Don't know |


| 7.22 | What is the total amount spent each month on security for this drug shop? | 1. $\qquad$ <br> 2. $\square$ This is not an expense incurred by this drug shop <br> 98. $\square$ Refused <br> 99. - Don't know |
| :---: | :---: | :---: |
| 7.23 | How much is spent each month on other drug shop expenses? | 1. $\square$ (Specify Expense1/Amount1) $\qquad$ <br> 2. $\square$ Specify (Expense 2/Amount2) $\qquad$ <br> 3. $\square$ This drug shop does not have any other monthly expenses <br> 98. $\square$ Refused <br> 99. - Don't know |

SECTION 8. DRUG SHOP ACCOUNTS RECEIVABLES

| 8.1 | Do you offer credit to any of your customers? | $\begin{aligned} & \text { 1. } \square \text { YES } \\ & \text { 2. } \square \text { NO } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| :---: | :---: | :---: |
| 8.2 | What is the maximum amount of credit you offer to any customer? | 1. $\square$ Less than 15,000 UGX <br> 2. $\square$ Between 15,000 UGX- 30,000 UGX <br> 3. $\square$ Between 30,000 UGX-45,000 UGX <br> 96. $\square$ Other (specify range) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 8.3 | What are the repayment terms for the loans to customers? | 1. $\square 2$ weeks <br> 2. $\square 1$ month <br> 3. $\square$ The next time they come to purchase something from my shop <br> 4. $\square$ No set repayment date <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 8.4 | As of today, how much money is currently owed to this drug shop (UGX)? | 1.ם $\qquad$ <br> 2. $\square$ No money is owed to this drug shop <br> 98. $\square$ Refused <br> 99. - Don't know |
| 8.5 | When you extend credit to your customers, how often do they default on their loans? | 1. $\square$ Always <br> 2. $\square$ Sometimes <br> 3. $\square$ Rarely <br> 4. $\square$ Never <br> 98. $\square$ Refused <br> 99. - Don't know |
| 8.6 | INVENTORY <br> * ENUMERATOR to record inventory on separate sheet |  |
| SECTION 9. DRUG SHOP/OWNER EXPENDITURES |  |  |
| 9.1 | Do you draw money for personal expenses from the revenues of this drug shop? | $\begin{aligned} & \text { 1. } \square \text { YES } \\ & \text { 2. } \square \text { NO } \\ & \text { 98. } \square \text { Refused } \\ & \text { 99. } \square \text { Don't know } \end{aligned}$ |
| 9.2 | How much money do you draw from your business for personal expenses each day? | 1. $\square$ Amount (UG Shs) $\qquad$ <br> 98. Refused <br> 99. - Don't know |


| 9.3 | How do you decide how much money to take for personal expenses on a daily basis? | 1. $\square$ I reconcicle accounts at the end of the day and figure it out <br> 2. $\square$ I draw on an ad hoc basis <br> 3. $\square$ I know my profit margin so I draw accordingly <br> 4. I I calculate how much I can draw at the end of each month <br> 5. $\square$ I draw according to my daily/monthly needs <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| :---: | :---: | :---: |
| 9.4 | How much money do you draw from your business for personal expenses per month? | 1. $\square$ Amount (UG Shs) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 9.5 | How do you decide how much money to take for personal expenses each month? | 1. $\square$ I reconcicle accounts at end of the month and figure it out <br> 2. $\square$ I draw on an ad hoc basis <br> 3. $\square$ I know my profit margin so I draw accordingly <br> 4. I I calculate how much I can draw at the end of each month <br> 5. $\square$ I draw according to my daily/monthly needs <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 9.6 | In order to grow your business in the last year, have you spent money on the following: (select all that apply) | 1. $\square$ Stocking more medicines <br> 2. $\square$ Purchasing/leasing a vehicle <br> 3. $\square$ Hiring more employees <br> 4. $\square$ Attending health training <br> 5. $\square$ Attending business management training <br> 6. $\square$ Renovating shop <br> 7. $\square$ Expanding size of shop <br> 8. $\square$ Couldn't do do anything to expand my business <br> 96. $\square$ Other (Specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 9.7 | If you won 750,000 UGX today with no restrictions, how would you spend it? | 1. $\square$ Buy more of the same drugs I usually stock <br> 2. $\square$ Stock drugs that I do not currently stock <br> 3. $\square$ Pay rent <br> 4. $\square$ Pay employee salaries <br> 5. $\square$ Give myself a bonus <br> 6. $\square$ Pay my suppliers <br> 7. $\square$ Renovate my shop <br> 8. $\square$ Save it <br> 96. - Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |


| 9.8 | If you were given 750,000 UGX today to use for your drug shop without interest, how would you spend it? (select all that apply) | 1. $\square$ Buy more of the same drugs I usually stock <br> 2. $\square$ Stock drugs that I do not currently stock <br> 3. $\square$ Pay rent <br> 4. $\square$ Pay employee salaries <br> 5. $\square$ Give myself a bonus <br> 6. $\square$ Pay my suppliers <br> 7. $\square$ Renovate my shop <br> 8. $\square$ Save it <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| :---: | :---: | :---: |
| 9.9 | If you were given 750,000 UGX today to use for your drug shop with minimal interest, how would you spend it? (select all that apply) | 1. $\square$ Buy more of the same drugs I usually stock <br> 2. $\square$ Stock drugs that I do not currently stock <br> 3. $\square$ Pay rent <br> 4. $\square$ Pay employee salaries <br> 5. $\square$ Give myself a bonus <br> 6. $\square$ Pay my suppliers <br> 7. $\square$ Renovate my shop <br> 8. $\square$ Save it <br> 96. - Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 9.10 | What do you do with the profits and income from your business (select all that apply)? | 1. $\square$ Pay bills <br> 2. $\square$ Re-invest in drug shop <br> 3. $\square$ Re-invest in other business <br> 4. $\quad$ Save <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| 9.11 | If you were given 30,000 UGX would you buy food or "pay bills"? | 1. $\square$ Buy food <br> 2. $\square$ Pay bills <br> 3. $\square$ Both <br> 98. $\square$ Refused <br> 99. - Don't know |
| 9.12 | What months of the year are you most capital constrained (select all that apply)? | 1. $\square$ January <br> 2. $\square$ February <br> 3. $\square$ March <br> 4. $\square$ April <br> 5. $\square$ May <br> 6. - June <br> 7. - July <br> 8. $\square$ August <br> 9. $\square$ September <br> 10. $\square$ October <br> 11. $\square$ November <br> 12. $\square$ December <br> 98. $\square$ Refused <br> 99. - Don't know |


| 9.13 | If you could obtain 3 million UGX for your business what would you do with it? (select up to 2 responses) ? | 1. $\square$ Buy more medicines each month <br> 2. $\square$ Buy furniture/shop accessories <br> 3. $\square$ Painting/construction work on the shop <br> 4. $\square$ Take more days off/ close shop early <br> 5. $\square$ Buy a vehicle <br> 6. $\square$ Hire more employees <br> 7. $\square$ Attend a training/short course $\qquad$ <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |
| :---: | :---: | :---: |
| 9.14 | If you could obtain 15 million UGX for your business what would you do with it? (select up to 2 responses)? | 1. $\square$ Buy more medicines each month <br> 2. $\square$ Buy furniture/shop accessories <br> 3. $\square$ Painting/construction work on the shop <br> 4. $\square$ Take more days off/ close shop early <br> 5. $\square$ Buy a vehicle <br> 6. $\square$ Hire more employees <br> 7. $\square$ Attend a training/short course $\qquad$ <br> 96. $\square$ Other (specify) $\qquad$ <br> 98. $\square$ Refused <br> 99. - Don't know |

## INTERVIEW END TIME:

## ADDITIONAL INTERVIEWER COMMENTS:/MAONI YA ZIADA

1. Driving Distance from Kampala
2. Rate condition of shop 1 (best) 2 (ok) 3 (poor)
3. Comments on challenges seen but not mentioned by shop owner

THANK RESPONDENT AND END INTERVIEW

## ANNEX 8: TANZANIA \& UGANDA INVENTORY TOOL

INVENTORY
SHEET

| Drug Category | Brand Name | Manufacturer Name | Country of Manufacture | Expiry Month | Expiry Year | Pack Size Unit <br> 1. Box <br> 2. Bottle <br> 3. Jar/Tin <br> 4. Vial/Ampoule <br> 5. Tube <br> 6. Syringe | ```Pack Size # of tablets\m\\mg\g ranule packs\supposito ries in each package (bottle, box, jar, vials)``` | $\begin{aligned} & \text { Stock on } \\ & \text { Hand } \\ & \text { (\# of units) } \end{aligned}$ | Purchase <br> Price Per <br> Pack Size <br> Unit (TSH) | Purchase Unit Pack Size (specify pack size if different from pack size counted in the inventory) | Units Purchased in Last 30 Days | Retail Price Per Unit | Retail Unit Pack Size (specify pack size if different from pack size counted in the inventory) | Units <br> Sold in <br> Last 30 Days | Stock Out Y/N |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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[^0]:    ${ }^{1}$ Note that ADDOs/ADSs may have more than one owner and therefore data on owner traits may reflect a larger sample, than the sample of respondents (one per shop) interviewed at each shop.
    ${ }^{2}$ A diploma is achieved after spending generally 2 years undertaking specialized coursework or training. Diplomas are issued in the Technical, Vocational Training, and University sectors. In the technical and vocational training sectors, a person holding an ordinary diploma would have at least an advanced vocational certificate or a technician certificate. In the University sector, a person holding an ordinary diploma would have a bachelor's degree. Standardized rankings and equivalences across the aforementioned sectors do not exist. However, where the same qualifications are issued in more than one sector (i.e. Diploma) they are equivalent but sector-differentiated.

[^1]:    3 Many shop owners may utilize public transport (i.e., bus) to reach their supplier, which may equate to longer time-
    distance calculations. This is not reflected in this report as personal vehicle was used to measure this time and distance between shops and suppliers.

[^2]:    ${ }^{4}$ Specific information was not obtained regarding the magnitude of this problem and/or what risks shop owners face due to this stated challenge. However, future research could collect information on outcomes of challenges as it relates to continued licensure and accreditation.

[^3]:    ${ }^{5}$ Category indicates that shop owners may use the ADDO/ADS lists to guide their purchasing and stocking decisions.

[^4]:    ${ }^{6}$ The US retail pharmacy model refers to pharmacies like Walgreen's, CVS or Rite Aid, which are sources of essential prescription and over-the-counter medications, as well as general merchandise including batteries, toothpaste, etc. 7 Items with no percent or a "-" represent products that are not authorized for stocking according to the respective country's accredited medicines list. A " $0 \%$ " indicates the product was allowed to be stocked, however, no shops are stocking this product.

[^5]:    ${ }^{8}$ In this report we assume that ADDOs and ADSs can stock general sales items as long as they do not include items such as insecticide, pesticide and unpackaged food, which may present risks when stored together with pharmaceuticals, general medicines and medical devices.
    ${ }^{9}$ The sufficiency of inventory stocked pertains only to the ADDOs as the sample size for ADS was not sufficient to conduct this analysis.

[^6]:    10 The what-if analysis pertains only to the ADDOs as the sample size for ADSs was not sufficient to conduct a meaningful analysis. Additionally, it should be noted that penicillin injection are not included on the list of approved medicines for ADSs.

