

**Rational Pharmaceutical Management Plus
Mapping of *Duka la Dawa Baridi* Services in Kilombero
District, Morogoro December 15 - 23, 2005.**

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About RPM Plus

The Rational Pharmaceutical Management Plus (RPM Plus) is a program within the Center for Pharmaceutical Management of Management Sciences for Health (MSH) that provides technical assistance in strengthening drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning. RPM Plus also promotes the appropriate use of health commodities in the public and private sectors. RPM plus is funded by the United States Agency for International Development under co-operative agreement Number HRN-A-00-00-00016-00.

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ACRONYMS

ADDO	Accredited Drug Dispensing Outlet
AIDS	Acquired Immune Deficiency Syndrome
CHMT	Council Health Management Team
DAC	District Aids Coordinator
DAS	District Administrative Secretary
DC	District Commissioner
DDTC	District Drug Technical Committee
DLDM	<i>Duka la Dawa Muhimu</i> (ADDO)
DLDB	<i>Duka la Dawa Baridi</i> (Part II Drug Shops)
DMO	District Medical Officer
HIV	Human Immuno Deficiency Virus
HBC	Home Base Care
RPM Plus	Rational Pharmaceutical Management Plus
TFDA	Tanzania Food and Drugs Administration
USAID	United States Agency for International Development
VEO	Village Executive Officer
WEO	Ward Executive Officer.

BACKGROUND

Duka la Dawa Baridi (DLDBs) were constituted by the Tanzania Food and Drugs Authority (TFDA) to provide non-prescription drugs in the private sector, as opposed to pharmacies that provide both prescription and non-prescription drugs. DLDBs constitute the largest network of licensed retail outlets for basic essential drugs in Tanzania. It is estimated that there are more than 4,600 DLDBs across all districts in the country; over 50% more than all public health facilities and 11% higher than all public, voluntary, and religious facilities combined.

Application Process

Application to open a *Duka la Dawa Baridi (DLDBs)* must receive approval from various levels of local government including the village government, the District Medical Officer (DMO), and the Regional Drug Advisory Committee chaired by the Regional Commissioner. The approved applicant pays a fee of TSH of 10,000 (approx. US\$ 10) before being issued with a permit by the TFDA. The application processing time can vary from a few months to one year.

Regulations require the DLDB owner to apply annually for TFDA permit (either at the beginning of January or July). The owners are also required to apply for a business license at the same period. The current business licensing procedures stipulates that owners with business gross income of less than TZS. 20 million (approx. US\$20,000) need to apply for a license once only.

The current system requires owners to travel to regional and district headquarters just to collect the TFDA permit and license respectively; which can be very expensive and may contribute to many shops operating without a permit & license on the premises.

Inspection

Inspection of the DLDB has been delegated by the TFDA to the Regional Drug Advisory Committee. According to the 1978 Pharmacy and Poisons Act no. 8, district authorities were not mandated to carry out inspection of pharmaceutical outlets, although administratively in some districts DMOs with their pharmacy staff do carry out some inspections. Nevertheless, the new TFDA Act of 2003 does give mandate to TFDA to appoint any person or a team of persons at any level to carry out inspectorate activity on behalf of TFDA.

Drug shops have mushroomed illegally since 2003 when TFDA issued a directive to all Regional Technical Drug Advisory Committees not to issue any new permits & licenses for establishing new drug shops. Many *duka la dawa baridi* have rarely been visited for inspection or supervision purposes.

PURPOSE OF THE MAPPING

Although they provide an essential service, evidence shows that DLDB shops are not operating as intended. Prescription drugs that are prohibited for sale by the TFDA are invariably available for sale, quality cannot be assured, and the majority of DLDBs dispensing staff lack basic qualification, training, and business skills.

As a result, the MOH/TFDA, in collaboration with MSH, has developed a process where Duka la Dawa Baridi (DLDBs) can gain accreditation and become Duka la Dawa Muhimu (DLDM) also known as Accredited Drug Dispensing Outlets (ADDOs). Accreditation involves a comprehensive approach combining education, incentives, and regulatory oversight while also affecting client demand/expectation of quality products and services. The project has been piloted in Ruvuma region and will be expanded to Morogoro region over a 30-month period beginning in July 2005.

The TFDA, with technical assistance from MSH, will provide program planning and regulatory oversight; the Mennonite Economic Development Associates (MEDA) will direct business development, training, and monitoring and evaluation. In addition to replicating the basic ADDO system, the program will further develop ADDOs to support HIV/AIDS care and treatment programs.

Mapping is one of the first activities in the accreditation process – carried out after regional and district level consultation and sensitization workshops have been conducted. The purpose of the mapping activity is to collect basic information on the existing *duka la dawa baridi* services in a district and has the following specific objectives:

1. To identify and locate all existing *duka la dawa baridi* in the district, and determine their registration status.
2. To assess services provided by *duka la dawa baridi*, including the determination of medicines dispensed and the price at which they are sold; the skills and training of dispensers; the infrastructure of the facility; population served and overall quality of care provided.
3. To determine the participation and involvement of local government authorities/officials (District, WEO and VEO) in the inspection, regulation, supervision monitoring and application process of DLDB.
4. To identify problems with *duka la dawa baridi* as perceived by local leaders (WEO, VEO) and to solicit recommendations for improved performance.
5. To assess general infrastructure in the district (roads network, communication and training facilities) and gather other relevant information that will likely help in delivering DLDB services and scaling up the ADDO accreditation process.

Mapping in Kilombero District was carried out October 12-23, 2005. Two teams using rapid assessment tools carried out the assessment in five divisions, namely Ifakara, Mangula, Kidatu, Mlimba, and Mngeta. Key informants included District Commissioner, District Administrative Secretary, District Planning Officer, Ward Executive officers (WEO), Village Executive Officers, DLDB owners and Dispensers

DISTRICT: KILOMBERO

Kilombero district is one of the six districts of Morogoro region and is located on to the south west of Morogoro region and forms border with the following districts/regions: to the north, Kilosa district and Morogoro Rural District, to the east, Lindi Region, to the south and south east, Ulanga District, south west and west, Iringa Region.

Like Ulanga, the district consists of mostly flat, fertile agricultural land. Its landscape is marked with many large and small rivers most of which do not dry up during the dry season. A substantial part of Kilombero District is occupied by Udzungwa Mountains National Park. Administratively the district has 5 divisions, 19 wards, 81 villages and 73,393 households.



Map of Morogoro Region

Kilombero has area of 14,918 sq. km (land area 13,577 sq km. water bodies 1,341 sq km) which is 20% of the Region area with a population of 339,777 (2002 census report).

Agriculture is the main activity in the valleys where sugar cane plantations and rice production are the main cash crops. Kilombero 1 sugar estate and teak plantations, established by Kilombero Valley Teak Company (KVTC), attracts an influx of farm laborers. Fishing is another economic activity in Kilombero River. Keeping livestock is another major activity.

Kilombero District has only two private hospitals – St.Francis Hospital Ifakara and Ilovo Hospital. In addition to these there are four government Health centers (Mngeta, Mangula, Kibaoni and Mlimba) and 35 dispensaries of which 15 are government owned and 10 are owned by faith based organizations, and 10 are privately owned

HIV Prevalence and Services for People Living with HIV/AIDS

The district has the highest prevalence rates of HIV/AIDS in the region. For example, data obtained from the District AIDS Coordinator (DAC) shows that in the year 2004, Morogoro region had 7,467 patients of which about a half (3,117) were from the district. According to the DAC, the estimated prevalence rate in the district is 11.8%. Mlimba ward has the highest prevalence partly because it is located on a major town on the Tanzania Zambia Railway (TAZARA) and also in the early 1990's there was a construction of Kihansi Hydroelectric Power Project in this area attracting a lot of

workers from nearby areas. These two factors are thought to have contributed to increased HIV transmission in the area.

The district has established HIV/AIDS services such as PMCTC services. Up to the year 2005, 14205 mothers had been counseled of whom 13083 were tested. The district also has established fifteen (15) centers to offer Home Based Care (HBC) services and so far has trained 24 health volunteers. There are currently no Non Governmental Organization (NGO) offering HBC services in this district.

DUKA LA DAWA BARIDI IN KILOMBERO

Location

There were a total of 93 DLDB shops identified in all 5 divisions of Kilombero district. See Annex 1. However, DLDBs were not evenly distributed across all wards and villages, with most concentrated in the main trading centers. Only one ward, Uchindile (population 1998) had no DLDB. Incidentally, this ward is the one located far from main roads and is accessible periodically by train which runs twice a week.

The average population per DLDB in Kilombero District is about 17,000, however one ward, (Lumemo) which has only one DLDB shows a higher population per DLDB, being 18,500. Mlimba ward shows a lowest ratio of 2700 per DLDB. See Annex 3.

In addition to DLDB being concentrated in the main trading centers, most (81%) DLDBs in Kilombero district are clustered within 2 km of health facilities eg dispensaries or health centers. Only 9% of the shops are located more than 10 km of a health facility. As regards to proximity to other DLDBs, 34% of the mapped DLDBs were within 0.5 km of each other while 80% of the DLDBs were located within 1 km from the next DLDB. In this case, very few DLDBs were located in underserved areas, as 17% of all surveyed DLDBs were 5km or more from the next DLDB. (Annex 2). This is a clear indication that most of the public health facilities do very often run out of essential medicines, and DLDBs readily locate themselves as near as possible to these outlets to provide services to customers looking for drugs which are frequently out of stock in public facilities.

Although the regional pharmacist office provided the list of names of shops which were approved by the Regional Drug Advisory Committee and the permits issued, these have not been collected or sent to the respective applicants. Up to 51(54.3%) shops had TFDA permits issued in 2004/05, the rest were illegal. Respondents complained of the frequent travel trips required for follow up in the application process. Communication from the Regional or district office to the applicant informing the status of the application has rarely been the practice.

SERVICES PROVIDED AND QUALITY OF CARE

As part of the mapping survey, data was collected on various components important to assessing the kind of services and quality of care provided by DLDB shops. Information was gathered on the kinds of medicines dispensed, their cost, the qualification of owners

and dispensers, clients served per day and the overall physical condition of the DLDB shop. DLDB owners were also asked about the frequency of inspection visits.

1. Most commonly dispensed medicines and average prices

Highly demanded drugs and their average prices includes antimalaria drugs (Sulfadoxine Pyrimethamine (SP), Amodiaquine and quinine), the antibacterial drugs (metronidazole, amoxicillin ciprofloxacin, cotrimoxazole ampicillin and erythromycin) analgesic drugs (paracetamol and aspirin) and the antihelminthic drug mebendazole. This reflects the disease pattern of the area. See Annex

On the availability of these drugs the owners generally agreed that these were available most of the time although they expressed difficulty in obtaining the drugs as they had to travel long distances to Morogoro or even Dar es Salaam to source the drugs.

2. Other services provided by DLDBs

There was evidence of on-going clinical practices taking place within the shops e.g. injections and wound dressing. Treatments were performed under poor hygienic conditions, by Nurse Assistants or trained relatives working in the shops while the owners were away. One observation made by the mapping staff and worth mentioning is that DLDBs where the dispenser was also a clinical officer, there was high propensity to providing diagnostic and treatment services.

3. Qualifications of owners and dispensers

Most (57%) of the DLDBs owners in Kilombero district are health workers, being either clinical officers (65%) or nurses (35%). Few of the owners had primary school education while the majority (82%) have attained secondary education and above. On the average, a DLDB owner in Kilombero district is more likely to be a male (80% of all DLDBs), health professional working in a health facility in the district and having a secondary education. See Annex 2. There were few individuals who owned more than one DLDB in the District.

In contrast to the ownership, almost all of the dispensers (89%) in the DLDBs in Kilombero District were females majority of them (70%) being Nurse Assistants by qualification and about half of them (55%) had attained secondary education. Other carders who were dispensing included Nurse Midwives, Clinical officers, Assistant Clinical officers. Very few DLDBs had dispensers without elementary medical background. (Annex 2)

4. Average number of clients per day

The number of clients per DLDB range from 6 to 100 clients per day with the median number of clients per day being twenty (20). The reported sales per day per DLDB ranged from 3000 TSH (approx 3 USD) to 100,000 (100 USD). The most reported values of sales ranged from 20 to 30,000 TSH per day.

5. Physical state of premises, cleanliness, storage conditions

Majority of the DLDBs in the district were small (one room, with no separate storage space), with shelves on to which drug containers were stored but with no adequate ventilation See photos in Annex 4. However, some DLDB encountered in Kilombero district were of good standards that with slight improvement would meet the stipulated set by the TFDA. In general the shops were kept clean but the dispensers did not have uniforms only having casual dressing.

6. Frequency of inspections

Although the district authorities have some responsibility for monitoring the performance of DLDB through inspections, this was rarely done. When inspection was carried out, this was limited to the DLDBs along the main roads, shops in far remote villages have rarely been inspected by the district or regional or TFDA authority. Considering the distances involved, it would be very difficult to the TFDA to visit remotely located DLDBs in the district.

The local authority at ward and village level have not been involved in any way during such inspectorate activities nor did the inspectors share information with the authorities after carrying out inspections. In this case it has been difficult to enforce the compliance actions since as soon as the district authorities left the place, the owners could do business as usual. The reason for this is the long distances from the district headquarters to the DLDB location making follow ups difficult and limited human and financial resources within the district and TFDA.

Respondents in Kilombero said that in November 2005, the district DMO office staff carried out inspections of the DLDBs in the district. Enquiries from the Council Health Management Team member (who accompanied the mapping teams) revealed that the inspection was only done in response to the District Commissioners directive following reports of malpractices in DLDBs in the district and not a routine inspection.

Some shops have not been inspected for more than two years; at least two inspections are required to be carried out per year for each DLDB. Lack of regular inspections could be the major reason for mushrooming unpermitted & unlicensed DLDB as well as sale of drugs not recommended under the DLDB regulations.

PARTICIPATION OF LOCAL GOVERNMENT AUTHORITIES AND OFFICIALS

Village executive officers and the Owners of DLDBS in the district indicated that village leaders are involved in the process of establishment of new DLDB in the respective village. The owner has to fill in forms which need to carry recommendations from the village government before being forwarded to the district and regional authorities for final approval. However, this has not been followed and there have been some instances where shops have been established without the recommendations of the village

government. In such situations, when owners are asked/questioned on who approved their application to establish the shop without involving the village the answers is simple-“we have been permitted by the authorities at the top”.

Other DLDB owners were operating the business without approval from district or regional authorities. Once they get approval from the village government to open DLDB, they proceed to open the shops. The reason advanced by the owners for this practice is that the distances from their localities to the district and regional headquarters’ is too far, the committees’ (district and regional) meetings are irregular and unknown to the public while the responsible personnel (the Regional Pharmacist /RMO /DMO) are very often out of office on other duties hence not accessible. In this case it would take a while to obtain approval for opening DLDB if one followed the outlined procedures

Similar to observations in Ulanga district, although the VEOs are somewhat involved in the establishment of DLDB at village level, they voiced lack of involvement in the control of the DLDB once it is established. One leader said; “these shops belong to people at the top, we are not allowed to oversee them in any way. Owners think we know nothing about drugs”. Even when inspectors from the region, district or TFDA come to the village for inspections and supervision, the leaders are not involved or even briefed on the performance of DLDB in their villages. The WEOs are not included in the regulation stream of the DLDBs (establishment or control and supervision) Some WEOs would like to be involved in the supervision and inspection of the DLDBS in their locality but voiced concern on the lack of adequate knowledge as they don’t know which type of drugs should be kept, what regulations should be enforced and what is the reporting structure in case of irregularities. They felt that if they have to be involved the owners should know the powers conferred to them. One WEO commented that it would be a good thing for them to get involved as the operations of all businesses in the ward falls on their scope of work.

The Kilombero district authorities especially the District Commissioner, and the District Planning officer were very positive for the introduction of ADDO program and they expressed their readiness to work with TFDA and MSH/RPM Plus and will provide the needed support.

PROBLEMS OF DLDB AS EXPRESSED BY LOCAL LEADERS

Problems associated with DLDB were identified by the VEO and WEO level authorities. These issues are as follows:

- Drugs are expensive especially when there is only one DLDB in the village and there is no competition. (However, as observed by the mapping staff, the average prices as reported by the owners and dispensers did not differ substantially between DLDB)
- Most of the dispensers working in the shops do not have adequate knowledge and skills; sometimes they give you the wrong drug or even dose. Also many of them

are not clean and have no uniforms. This was even reported by the District Commissioner who sited a case of a child given an overdose of Metakelfin[®] (antimalaria drug) tablets and had to be admitted.

Information was also solicited from the local authorities on how the shops could be improved. Incorporating these recommendations will be important in ensuring the future participation of local leaders in DLDM scale-up. The leaders had the following to say:

- Many commented that they live very near the shops and even get the services from the DLDB many times and suggested that local leaders should be fully involved in the establishment and control of the DLDB services. The WEOs were in the opinion that they could provide a sustainable enforcement possibility since they live nearby and know the shops.
- They should be trained as to obtain adequate knowledge for the inspection/supervision activities.
- Not everybody should be allowed to work in a drug shop because this can be very dangerous. Those working in the shops should be properly trained and monitored and inspected all the time so that they do the right thing. The owners should be trained as well because they are the ones who force these dispensers to sell expired drugs or do illegal things for money.
- The village/ward health committee should be involved in the process of establishing, supervision and control of the DLDBs in their locations as these serve the people in their villages. Local leaders should be given the mandate to inspect the shops regularly to ensure that the regulations are followed all the time.
- Many areas are not passable during the rain season and it is difficult to travel to the nearest health facility or sometimes the facility does not have the drugs at all. We suggest that these shops should be allowed to dispense legal prescription drugs to save lives.

INFRASTRUCTURE

The commonest means of transport through Kilombero district is by road and railway. All the roads are rough. Although the major roads, Ifakara to Mahenge, Ifakara to Morogoro and Ifakara to Mlimba can be accessible through out the year, they are very unreliable during the rain season (February-April) and some situations depending on the amount of rain received the Mlimba road can be temporally closed during these months. Similarly distant villages can be unreachable for several months after the rain season.

As Kilombero district has many small and medium size rivers, many of the temporary bridges are washed away during the rain season or floods. Repair of such bridges and

parts of the road may take a long time before the roads can be accessible. The district has a few air strips for small chartered planes, like the one in Ifakara.

The Tanzania Zambia Railway (TAZARA) snakes its way across the district and has several stations in this district (Annex 1). It is the most reliable means of transport in the district, however, the only setback being that the frequency of passenger train is limited to twice a week.

Only Ifakara is accessible by land line telephone. In Kilombero, health facilities even those in remotest areas are linked through radio calls network. Availability of mobile phone communication is also growing in Kilombero. Most of the WEOs and VEOs can be reached by Celtel Network and most of them in Ifakara, Mang'ula and Kidatu, Mlimba, divisions possess their own hand sets.

**ANNEX 1: DISTRIBUTION OF DLDB BY DIVISION/WARD/VILLAGE AND
DISTANCE FROM HEALTH FACILITY**

Division	Ward	Village	DLDB Name	Nearest Distance to:				
				Disp/Hc	Next dldb	Hosp	Pharm	
Ifakara (26)	Idete	Kisegese	Kisegese	10 km	10 km	45 km	45 km	
		Namwawala	Kalenga	1 km	100 km	35 km	35 km	
			Edmund	0.5 km	200 km	40 km	40 km	
			Papango	0.5 km	200 km	40 km	40 km	
	Ifakara	Ifakara	Manyama	2 km	1.5 km	6 km	12 km	
			Lumeno	4 km	1 km	5 km	1 km	
			Kibaoni Happy	7 km	2 km	7 km	5 km	
			Watani	2 km	1.5 km	4 km	2 km	
			Ifakara	3 km		5 km		
			V & S	1 km	0.5 km	6 km	1 km	
			EMV	2 km	2 km	1 km	5 km	
			Tumaini	2 km	0.4 km	4 km		
			Happy	2 km	0.5 km	7 km	2 km	
			Hekima	2 km	0.6 km	5 km		
			Grace	7 km	2 km	7 km	5 km	
			Upendo	1.5 km	0.25 km	6 km	0.5 km	
			Mandia	3 km	0.25 km	50 km	50 km	
			Katate	1.5 km	0.7 km	5 km	1.5 km	
			Kipangalala	Betheli	3 km	4 km	8 km	4 km
			Mlabani	Msamaria Mwema	2.5 km	0.5 km	7 km	
	Kibaoni	Kibaoni	Tumaini	4 km	1 km	4 km	2 km	
			Mwaloni	0.5 km	5 km	36 km		
			M & J	0.5 km	1 km	8 km	8 km	
		Hala	10 km	5 km	10 km			
	Kikwawia	Christian vol. service	3.6 km	3 km	3.5 km	9 km		
	Lumeno	Ifakara	Faraja	2 km	1.5 km	6 km	12 km	
Kidatu (9)	Kidatu	Kidatu	J.J					
			Mkula Medics	6 km	0.5 km			
			Lulu	2 km	0.5 km	70 km		
		Mkamba	John Ng'wandu	0.5 km	0.5 km	73 km	73 km	
			Mkamba	2 km	1 km	72 km	72 km	
			Joy	3.5 km	2 km	75 km		
			Mwana	0.25 km	0.25 km	70 km		
	Mkula	Mkula	Mkula	1 km	0.5 km	35 km		
Sanje	Sanje	Sanje	3 km	1 km	35 km			

Mang'ula (19)	Kiberege	Signal	Chilla					
		Nkasu	Mbingu	1 km	40 km	25 km	25 km	
		Kiberege	Isele	2 km	30 km	30 km	30 km	
			Ngaukia	1 km	2 km	35 km		
			Massima	0.5 km	0.5 km	40 km		
	Kisawasawa	Kisawasawa	Kisawasawa	0.5 km	0.5 km	35 km		
	Mang'ula	Mang'ula	Kibo	4 km	3 km	60 km	60 km	
			Isomba Samaki	3 km	40 km	50 km	50 km	
		Mang'ula B	Mmanywa Lugusha	0.5 km		64 km	64 km	
		Mwaya	Kanyenja	Ng'wana Mkiwa	25 km		50 km	50 km
			Magoha	5 km	1 km	45 km	45 km	
			Mmanywa Lugusha	3 km		64 km	64 km	
			Makinda	5 km	300 km	30 km		
	Makinda afya		4-5 km		25 km			
	Mkasu	Kiberege	Mtenga tenga	2 km	2 km	40 km	4 km	
	Mkula	Katurukila	Shukrani	0.25 km	7 km	61 km		
		Misufini	Grace	6 km	3 km	75 km	7 km	
			Kisawasawa	0.5 km	0.5 km	35 km		
	Kiberege	Mang'ula	TV	1.5 km	0.5 km	40 km		
Mang'ula A (1)	Mang'ula	Mang'ula	Mang'ula (A)	10 km	3 km	57 km	57 km	
Mang'ula Mgudeni (1)	Mang'ula	Mang'ula	Mount meru	1.5 km	1 km	50 km	50 km	
Mlimba (20)	Chisano	Chisano	St.Cecilia	6 km	2 km	140 km	140 km	
	Chita	Chita	Rays	0.5 km	10 km	110 km	110 km	
			Chelele	0.5 km	10 km	110 km	110 km	
	Masagati	Taweta	Masagati	1 km	15 km	210 km	210 km	
	Mlimba	Kikero	Kalengakero		3 km	3 km	150 km	150 km
		Kamwene	Papango(2)		1.5 km	0.25 km	150 km	150 km
		Mlongu			1.5 km	0.25 km	150 km	150 km
		Kawengakero	Makirika	13 km	4 km	163 km	163 km	
		Matema	Yusuf Mwanjoka	6 km	6 km	156 km	156 km	
		Mlimba A		Chenelo	1.0 km	0.5 km	150 km	150 km
				Sils	1.0 km	0.5 km	150 km	150 km
				Mbena	1 km	0.01 km	150 km	150 km
				Papango(1)	0.3 km	0.05 km	150 km	150 km
				Mihambo	0.5 km	0.2 km	150 km	150 km
	Mlimba B		Kilimani	0.5 km	0.01 km	150 km	150 km	
			St. Cecilia	0.5 km	0.05 km	150 km	150 km	
			Makete	1 km	0.5 km	150 km	150 km	
Msolwa	Msolwa	9 km	4 km	160 km	160 km			
Viwanja 60	Awadh Mjenga	10 km	4 km	150 km	150 km			
Utengule	Ngalimila	Ngalimila	15 km	30 km	190 km	190 km		

Mngeta (17)	Mbingu	Mbingu	Londo	2 km	2 km	55 km	55 km
			Mhiche	15 km	12 km	67 km	67 km
		Mbingu Igima	Mbingu	1 km	1 km	55 km	55 km
			Hamenyimana	7 km	3 km	60 km	60 km
	Mchombe	Ikule	Ikule	5 km	0.2 km	100 km	100 km
			Donata	12 km	0.5 km	100 km	100 km
		Lukolongo	Njage	15 km	12 km	75 km	75 km
		Ikule	Laso Masima	20 km	0.5 km	100 km	100 km
		Mngeta	Good Health	2 km	0.1 km	70 km	70 km
		Mchombe	Huruma	1.5 km	250 km	80 km	80 km
			Masima	1 km	0.1 km	75 km	75 km
			Mngeta	2 km	1 km	80 km	80 km
		Mchombe B	Msamaria Mwema	0.5 km	2.5 km	80 km	80 km
			Bukumbi	9 km	8 km	88 km	88 km
	Mofu	Nganyanela	Tumaini	4 km	4 km	57 km	57 km
		Mofu	Manyama	2 km	2 km	53 km	53 km
		Myomboni	Myomboni	8 km	7.5 km	63 km	63 km

ANNEX 2: DUKA LA DAWA BARIDI OWNERS AND DISPENSERS

DLDB Name	Licence status.	Owner's Name and Qualification				Dispenser's Name and Qualification			
		Name	Sex	Educ.	Profession	Name	Sex	Educ.	Profession
Awadh Mjenga	I	Awadh Mjenga	M	Sec.	Clinical Officer	1.Vertasia A.Matimbwi	F	Sec.	NA
Betheli	I	Nolaskus Kilamsa	M	Sec.	Business	1.Genoroza Mbiezi	F	Pr.	PN
Bukumbi	L	Benedict Nungwana	M	Sec.	NA	1.Eliza Kamtanda	F	Pr.	NA
Chelele	L	Beno Chelele	M	Coll.	Business	1.Tabasham mbaki	F	Sec.	NA
Chenelo	L	Raphaela Mjengwa	F	Sec.	Nurse	1.Bernadeta Matimbwi	F	Pr.	NA
						2.Raphaela Mjengwa	F	Sec.	Nurse
Chilla	L	Mariam Njeama	F	Sec.	Nurse	1.Lina Njomango	F	Sec.	PHN B
						2.Dafrosa Mfalanyombo	F	Pr.	Nurse
Christian vol. service	L	George Lyanga	M	Sec.	Pastor	1.Macrina Mwarabu	M	Pr.	NA
Donata	I	Dornata Msola	F	Pr.	Dispenser	1.Donata M. Msoka	F	Pr.	Nurse
Edmund	I	Fausine Gabriel	M	Coll.	Clinical Officer	1.Rosina Kaganga	F	Pr.	NA
EMV	I	Victor Myovela	M	Coll.	Clinical Officer	1.Tingo Myovela	M	Pr.	NA
Faraja	I	Kelvin Benard	M	Sec.	Business	1.Lydia Ifunda	F	Pr.	NA
						2.Robert Magazi	M	Sec.	A.C.O
Good Health	I	Abraham Sajile	M	Sec.	Business	1.Angelina Tagamba	F	Sec..	NA
Grace	I	Dr.Marco Mbatta	M	Coll.	A.M.O	1.Margreth Yengela	F	Pr.	NA
Grace	L	Grace Y. Kayema	F	Coll.	Clinical Officer	1.Anjela Yoas Kayema	F	Pr.	NA
Hala		Sixmund L. Hala	M	Pr.	NA	1.Sixmund Hala	M	Pr.	NA
Hamenyimana	I	Gabriel Fubusa	M	Sec.	Dispenser	1.Gabriel H.Fubusa	M	Sec.	Disp
Happy	L	Marco Mbatta	M	Coll.	A.M.O	1.Joyce Nyachi	F	Pr.	NA
Hekima	L	Richard P. Malete	M	Sec.	Business	1.Benard Magazi	M	Coll.	CO
						2.Betola Malongo	M	Coll.	CO
						3.Neema Kyelula	F	Pr.	NA
Huruma	L	Antony Magoda	M	Coll.	AMOr	1.Happy Andrew	F	Sec.	NA
Ifakara	L	Richard Jiday Eugen Shirima	M	Coll.	Clinical Officer	1..Tabitha Kifanyi	F	Sec.	Nurse
						2..Alex Augustino	M	Sec.	Nurse
						3.Katyetye Marwa	M	Coll..	CO
						4.Charles Leuteri	M	Coll.	CO
Ikule	L	Dominika Uhwelo	F	Coll.	Nurse	1.Dominika Uhwelo	F	Sec.	Nurse
Isele	L	Okong'o Makweta	M	Coll.	Clinical Officer	1.Zuhura King'eng'eno	F	Pr.	NA
Isomba Samaki	I	Francis Nzaya	M	Pr.	Farmer	1.Anselimina Ngowo	F	Pr.	NA
						2.Rose A.	F	Pr.	NA
J.J		Joyce W. Ongati	F			1.Jane Nashoni	F	Pr.	NA
John Ng'wandu	L	John Ngwandu	M	Sec.	Business	1.Veronica Mgaka	F	Sec.	Nurse
						2..Pancrasia Clarence	F	Pr	NA
Joy	L	Joyce L. Magesa				1.Joyce L. Magesa	F	Pr .	NA
Kalenga	I	Shabani Kalenga	M	Sec.	Business	1.Shabani Kalenga	M	Sec.	NA
Kalengakero	I	David Mpendael	M	Sec..	Peasant	1.Agatha Cosmas	F	Sec.	NA
Katate	I	Marietha Mnazi	F	Sec.	Trained NurseN	1.Helena Mwaruka	F	Pr.	NA
						2..Paskali Kuziwa	M	Pr.	NA

DLDB Name	Licence status.	Owner's Name and Qualification				Dispenser's Name and Qualification			
Kibaoni Happy	L	Dr.Marco Mbatta	M	Coll.	A.M.O	1. Benjamin Makumba	F	Pr.	NA
						2. Mary Ngatoluwa	F	Sec.	Nurse
Kibo	L	EllyJ.Okeleki	M	Sec.	Nurse	1. EllyJ.Okeleki	M	Sec.	Nurse
Kilimani	L	Micky A.E Mtili	M	Sec.	CO	1. Hilariana Mbinda	F	Pr.	NA
Kisawasawa	L	Simon Kazimbaya	M	Coll.	CO	1. Silvanus Mwakimata	M		
						2. Faustine G.Kisinde	M		
Kisegese	I	Martha Kisweka		Sec. .	Nurse	1. Theresia Livangala	F	Pr.	NA
Laso Masima	I	Laso Masima	M	Pr.	Comm.Dev.	1. Goodluck Mwangota	M	Pr.	ACO
Londo	L	John Mgomahengo	M	Sec.	C/O	1. Kalista F. Mpakati	F	Sec..	NA
						2. Renfrida Bahanzika	F	Sec.	NA
Lulu		Aron I.Mushi	M	Sec.	Business	1. Tumaini Mushi	M	Pr .	NA
Lumeno	I	Martha Chagula	F	Pr.	HW	1. Mwanja Said	F	Pr.	NA
M & J	L	Dr.John Mkony	M	Coll.	A.M.O	1. Salama Omary Liuka	F	Pr.	NA
Magoha	I	Castor Magoha	M	Coll.	CO	1. Mariam Ngombo	F	Pr.	NA
Makete	L	Stephene Kunjumo	M	Sec.	C/O	1. Florah Napeleo	F	Sec.	NA
Makinda	L	RamadhaniJ.Mbaga	M	Coll.	CO	1. Donatha Joseph	F	Pr.	NA
Makinda afya	L	Mary Godson	F	Sec.	Nurse	1. Suzana Lwena	F	Pr.	NA
Makirika	I	Raphaela Mjengwa	F	Coll.	Nurse	1. Michael Midalula	M	Sec.	NA
Mandia	L	Stephen Mandia	M	Coll.	CO	1. Stella Gwaka	F	Pr.	NA
						2. Joyce Gerald	F	Pr.	NA
Mang'ula (A)	I	Evelyn J. Mhilu	F	Pr.	HW	1. Ernester Mpalazi	F	Pr.	NA
Manyama	L	Mjaki Manyama	M	Sec.	Peasant	1. Hekima Obed	M	Pr.	NA
Manyama	L	Elias H. Kapilima	M	Coll.	A.M.O	1. Paulina Kasanga	F	Pr.	NA
Masagati	L	Arstides Mkumba	M	Sec.	R.M.A	1. Arstides Mkumba	M	Sec.	ACO
Masima (Kiberege)	I	Hillary Masima	M	Sec.	Business	1. Linus Leo Chikoma	M	Sec..	NA
Massima (Mchombe)		H.Massima	M	Sec.	Business	1. Lucretia Mbanile		Pr .	NA
Mbena	L	Jilaoneka Kisukulu	M	Coll.	Business	1. Jilaoneka Kisukulu	M	Sec.	A.C.O
Mbingu	L	John Mgomahengo	M	Sec.	CO	1. Anamary T Lukas	F	Sec.	NA
						2. Augustino Maguchi	M	Sec.	NA
Mbingu	L	Baraka Kiangi	M	Sec.	Business	1. Veneranda Nyoni	F	Pr.	NA
Mhiche	I	Wolfram Mhiche	M	Sec.	Ward Ex.off.	1. SigrindaTangalahela	F	Sec.	NA
Mihambo	L	Castor Mihambo	M	Sec.	ACO/RMA	1. Victoria Arananga	F	Sec.	A.C.O
Mkamba	L	David Luhambo	M	Coll.	CO	1. Lucy Timoth	F	Pr	NA
Mkula	L	Lucia Chaula	F			1. Habiba Mohamed	F	Pr.	NA
Mkula Medics		Francis J. Magoha	M	Sec.	Mech.Techn.	1. Martin Kumwenda	M	Sec.	Nurse
Mlongu	I	Avelynus Kaweza	M			1. Subira Njitango	F	Sec.	NA
Mmanywa Lugusha (Mwaya)	I	Mmanywa Lugusha	M	Coll.	A.M.O	1. Mary Kayega	F	Pr.	NA
Mmanywa Lugusha (Mang'ula B)	L	Mmanywa Lugusha	M	Coll.	A.M.O	1. Roda Isaya Kivambe	F	Pr.	NA
Mngeta	I	Michael Tesha	M	Coll.	CO	1. Farida E.Ngusi	F	Sec..	NA
						2. Elina S. Mbowela	F	Pr.	NA
Mount meru	L	Ndekusira Nasari	F	Sec.	Nurse	1. Grace M. Mharanji	F	Pr.	NA
Msamaria Mwema (Mchombe B)	L	Adelina Mloti	F	Sec.	Nurse	1. Monica H.Masima	F	Pr.	NA
Msamaria Mwema (Mlabani)	I	Leonard Hala	M	Sec.	Business	1. Fatuma Makole	F	Pr.	NA
Msolwa	L	Raphaela Mjengwa	F	Coll.	Nurse	1. Modesta Mbangungu	F		NA
Mtenga tenga	L	Ramdhani Kiwanga	M	Pr.	Farmer	1. R.M Kiwanga	M	Pr.	Farmer

DLDB Name	Licence status.	Owner's Name and Qualification				Dispenser's Name and Qualification			
Mwaloni	L	Kangole Constantin	M	Coll.	Engineer	1. Joseph Matende	M	Sec.	Nurse
						2. Hidaya Mahangila	F	Pr.	NA
Mwana		Martin Kumwenda	M	Sec.	Nurse	1. Mwanaisha Abasi	F	Pr.	NA
Myomboni	L	Leonard Hala	M	Sec.	Clinical Officer	1. Christina Urrio	F	Sec.	NA
Ngalimila	I	Simila Danstan		Sec.	Business	1. Nicodema Ngayungwa	M	Pr.	NA
Ngaukia		Hamis R. Ngaukia	M	Coll.	Clinical Officer	1. Bahati Mgonigani	F	Pr.	NA
Ng'wana Mkiwa	I	Maximilian Mandia	M	Sec.	Business	1. Veronika Kasele	F	Pr.	NA
Njage	I	Omary Ngalambela	M	Pr.	Assistant Clinical Officer	1. Yolanda Kinanda	F	Pr.	NA
						1. Salome Mkumba	F	Sec.	NA
Papango (Namwawala)	L	Kadoda	M	Sec.	Business	2. Piensia Msongamwanja	F	Sec.	NA
Papango(1) (MlimbaA)	L	Pacific Mtwango	M	Sec.	Business	1. Eleplata Ngwenuke	F	Sec.	NA
Papango(2) (Kamwene)	L	Pacific Mtwango	M	Sec.	Business	1. Beatrice Mahundi	F	Sec.	NA
Rays	L	Humphrey Lukio	M	Sec.	CO	1. Esha Omary Mbinji	F	Sec.	NA
Sanje	L	Mary Godson	F	Sec.	Nurse	1. Anna David Mwita	F	Pr.	NA
Shukrani	I	France Magoha	M	Sec.	Mech.Tech.	1. Christina Danda	F	Pr.	NA
Sils	L	Reinfrida Chileula	F	Sec.	Nurse	1. Joyce J.Licheula	F	Sec.	NA
St. Cecilia (MlimbaB)	I	Daniel D.Mabula	M	Sec.	Clinical Officer	1. Anna Nachenga	F	Sec.	NA
St. Cecilia (Chisano)	I	Daniel D.Mabula	M	Sec.	Clinical Officer	1. Veronica Chilala	F	Sec.	NA
Tumaini (Nganyanela)	I	Wolfgangi Lishela	M	Pr.	Public Nurse	1. Mariam T.Mtindo	F	Pr.	NA
Tumaini (Viwanji 60A)	L	Dafrosa Chahali	F	Sec.	Nurse	1. Mwadawa Malenda	F	Pr.	NA
Tumaini (Ifakara)	L	Inocent Lyimo	M	Sec.	Business	1. Dominica Cosmas	M	Sec.	Nurse
TV	L	Thimotheo Ibrah	M	Coll.	Physiotherapy.	1. Matilda Msaga	F	Sec.	Nurse
						2. Mwajuma A.	F	Pr.	NA
Upendo	L	Manase Nsunza	M	Sec.	Lab Tech.	1. Beatrice Lyambo	F	Pr.	NA
						2. Mariam Katumba	F	Sec.	M.A.H
V & S	I	Severin Chamkago	M	Coll.	Economist	1. Charles Leuteri	M	Coll.	CO
						2. Evodia Mitungu	M	Sec.	PN
						3. Rozina Mfanyakazi	F	Sec.	PN
Watani	I	Fredrick Moshi	M	Coll.	Clinical Officer	1. Stela Minja	F	Pr.	NA
Yusuf Mwanjoka	I	Yusuph Mwanjoka	M			1. Teresia Mapunda	F		PN
TOTALS									
DLDB: 93	I = 36 L = 50 NA = 7	OWNERS = 93	F=18 M= 72 NA = 3	Pr = 10 Sec = 48 Col = 28 NA = 7		DISPENSERS = 96	F = 72 M = 22 NA = 2	Pr = 55 Sec = 35 Coll = 2 NA = 4	

License status: L=licensed, I= Illegal, Education: Pr=Primary school, Sec=Secondary school, Coll=College, NA=Nurse Assistant, PN=Public Nurse, CO=Clinical Officer, ACO=Assistant Clinical Officer, AMO=Assistant Medical Officer.

ANNEX 3. NUMBER OF PEOPLE SERVED BY DLDB IN A WARD

S/N.	Ward	Population (as per 2002 census)	Number of DLDB in the Ward	Population per DLDB
1	Mlimba	32875	15	2192
2	Mchombe	27345	10	2735
3	Mbingu	13610	4	3403
4	Mofu	4902	3	1634
5	Masagati	5833	1	5833
6	Etengule	6237	1	6237
7	Chita	16856	2	8428
8	Idete	14936	4	3734
9	Chisano	3117	1	3117
10	Uchindile	1998	0	0
11	Lumemo	18392	1	18392
12	Ifakara	45684	18	2538
13	Kibaoni	21029	4	5257
14	Kiberege	18535	7	2648
15	Kisawasawa	9099	1	9099
16	Mang'ula	28886	11	2626
17	Mkula	8417	2	4209
18	Sanje	9735	1	9735
19	Kidatu	35293	7	5042
	Totals	322,779	94	18,392

ANNEX 4: PHOTOS OF DLDB IN KILOMBERO



Well stocked, spaced DLDB



DLDB with small inadequate space



ANNEX 5: MAPPING TOOLS

QUESTIONNAIRE/MAPPING TOOL FOR LOCAL OFFICIALS

<i>This questionnaire aims at collecting important information which will be used by the Tanzania Ministry of Health to improve access to quality of medicine and other services provided by duka la dawa baridi./ Dodoso hili linalenga kupata takwimu muhimu zitakazotumika katika mpango wa Wizara ya Afya ya serikali ya Tanzania katika kurekebisha na kuboresha upatikanaji wa dawa na huduma zinazotelewa na maduka ya dawa baridi nchini</i>			
1. Ward/Kata		2. Division/Tarafa	3. District/Wilaya
4. Name of the WEO/Jina la Katibu Kata			
5. The number of duka la dawa baridi present in the ward./ Idadi ya maduka ya dawa katika wadi yako na mahali lilipo			
6. Village/Kijiji	7. Population size/Idadi ya watu	8. Name of the VEO/ Jina la Katibu mtendaji wa Mtaa/Kijiji	9. Name of the shop / Jina la Duka
1.			
2.			
3.			
4.			
5.			
6.			
7.			

8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
REGISTRATION, SUPERVISION AND INSPECTION/USAJILI,USIMAMIZI NA UKAGUZI			
10. Who is responsible to supervise and/or inspect duka la dawa baridi (DLDB)?/Je nani anawajibika kusimamia na/au ukaguzi			
11. How often are inspections done? Are all DLDB inspected? If no, why not?/Je ni mara ngapi ukaguzi wa duka la dawa baridi umefanyika? Je ni maduka yote ya dawa baridi umefanyika? Je ni maduka yote ya baridi yalikaguliwa? Kama hapana, tafadhali elea kwa nini.			
12. Describe the involvement of Ward authority (WEO) in <u>the application and licensing of duka la dawa baridi</u>/Eleza jinsi uongozi wa kata unavyoshiriki katika kuruhusu uanzishaji wa duka la dawa baridi.		13. Describe the involvement of Ward (WEO) authority in <u>supervision and inspection of duka la dawa baridi</u>/Eleza jinsi uongozi wa kata unavyoshiriki katika usimamizi na ukaguzi wa duka la dawa baridi.	
14. Describe the involvement of Village authority (VEO) in <u>the application and licensing of duka la dawa baridi</u>/ Eleza jinsi uongozi wa kata unavyoshiriki katika kuruhusu uanzishaji wa duka la dawa baridi.		15. Describe the involvement of Village authority (VEO) in <u>supervision and inspection of duka la dawa baridi</u>/ Eleza jinsi uongozi wa kata unavyoshiriki katika usimamizi na ukaguzi wa duka la dawa baridi.	

<p>16. What are problems associated with duka la dawa baridi as identified by local officials?/Je kwa maoni yako, ni matatizo gani yapo katika huduma za duka la dawa baridi?</p>	
<p>17. What are recommendations for improvement?/Tupatie maoni yako ni jinsi ya kuboresha huduma za duka la dawa baridi.</p>	

QUESTIONNAIRE/MAPPING TOOL FOR DUKA LA DAWA BARIDI

Introduction /Utangulizi				
<p><i>This questionnaire aims at collecting important information which will be used by the Tanzania Ministry of Health to improve access to quality medicine and other services provided by duka la dawa baridi./ Dodoso hili linalenga kupata takwimu muhimu zitakazotumika katika mpango wa Wizara ya Afya ya serikali ya Tanzania katika kurekebisha na kuboresha upatikanaji wa dawa na huduma zinazotelewa na maduka ya dawa baridi nchini</i></p>				
1. Name of the duka la dawa baridi/Jina la duka	2. Village/Kijiji	3. Ward/Kata	4. Division/Tarafa	5. District/Wilaya
1. SHOP OWNER AND DISPENSERS/MWENYE DUKA NA WAUZAJI				
6. Name/Jina	7. Postal Address/Anwani: SLP		8. Education level or Qualification/Kiwango cha Elimu/ujuzi	
9. Sex/Jinsia <input type="checkbox"/> <i>Female</i> / Mke <input type="checkbox"/> <i>Male</i> /Mme	10. Employment/Kazi unayofanya			
<p>11. How many dispesnsers/employees do you have?/Una wafanyakazi wangapi katika duka lako</p> <p>_____</p> <p><i>For each dispenser, provide name and their education/qualifications/Kwa kila mfanyakazi au muuzaji wa wako wa duka taja jina na ujuzi wake</i></p>	12. Name/Jina		13. Sex/Jinsia	14. Education level or Qualification/Kiwango cha Elimu/ujuzi
	1.		<input type="checkbox"/> <i>Female</i> / Mke <input type="checkbox"/> <i>Male</i> /Mme	
	2.		<input type="checkbox"/> <i>Female</i> / Mke <input type="checkbox"/> <i>Male</i> /Mme	
	3.		<input type="checkbox"/> <i>Female</i> / Mke <input type="checkbox"/> <i>Male</i> /Mme	
	4.		<input type="checkbox"/> <i>Female</i> / Mke <input type="checkbox"/> <i>Male</i> /Mme	

2. REGISTRATION, LICENSURE AND INSPECTION OF DUKA LA DAWA BARIDI/ UPATIKANAJI WA LESENI, KIBALI NA UKAGUZI WA DUKA LA DAWA BARIDI		
<p>15. Is there a TFDA Registration license in the shop? <input type="checkbox"/> YES/Ndiyo <input type="checkbox"/> NO/Hapana Je unacho kibali na leseni toka Mamlaka ya Chakula na Dawa katika duka lako?</p>		<p>16. Year of license?/Mwaka kibali kilitolewa _____</p>
<p>17. Please provide the license and registration numbers from regional authority and TFDA for this and last years/Utuandikie nambari za leseni na kibali cha Mkoa/Mamlaka ya Chakula na Dawa cha mwaka jana na mwaka huu</p>	<p>17.1 License No/Nambari ya leseni</p>	<p>17.2 Registration No/Nambari ya Kibali</p>
<p>18. If no license is present, please give the reason (our aim is to collect data for planning purpose and not for tax revenue or legal purposes)/Kama huna, unaweza kutoa sababu za kutokuwa nazo.(nia yetu ni kukusanya takwimu tu hatuhusiki na mambo ya kodi au sheria)</p>		
<p>19. Please explain the process and procedure followed to obtain registration and license of your shop/Tafadhali elezea utaratibu wote uliofuata hadi kuruhusiwa kufungua duka hili na kupata leseni ya biashara kwa mara ya kwanza?</p> <p><i>How long did it take? /Ilichukua muda gani? _____</i></p>		
<p>20. Please explain the procedure followed for renewal of your registration and license? /Tafadhali elezea utaratibu unao ufuata unapotaka kupata Kibali na liseni ya kuendelea na biashara hii kila mwaka?</p> <p><i>How long did it take? /Ilichukua muda gani? _____</i></p>		
<p>21. Please mention the problems/difficulties encountered/Unaweza kuyataja matatizo hayo?</p>		
<p>22. Has your drug shop ever been inspected?/Je duka lako limewahi kukaguliwa na mamlaka yoyote?</p> <p><input type="checkbox"/> YES/Ndiyo <input type="checkbox"/> NO/Hapana</p>	<p>23. When was the last time your shop was inspected? (Provide the month and year)/Je mara ya mwisho kukaguliwa ilikuwa lini? (taja mwezi na mwaka)</p> <p>Date/Tarehe: _____</p>	<p>24. Which authority carried out the inspection?/Kama ndiyo, ni mamlaka ipi iliyofanya ukaguzi?</p> <p><input type="checkbox"/> Village/ <input type="checkbox"/> Ward/Kata <input type="checkbox"/> District/Wilaya <input type="checkbox"/> Region/Mkoa <input type="checkbox"/> TFDA/Mamlaka ya Chakula na Dawa</p>

<p>25. In your opinion, was the inspection useful?/Kwa maoni yako ukaguzi ulikuwa na manufaa yoyote? <input type="checkbox"/> YES/Ndiyo <input type="checkbox"/> NO/Hapana <i>Please explain/give reasons for your answer/Toa sababu ya jibu lako.</i></p>			
<p>3. AVAILABILITY OF ESSENTIAL MEDICINES/UPATIKANAJI WA MADAWA MUHIMU</p>			
<p>26. Please provide the price for a full dose of the following drugs in your area. Andika bei ya dozi moja ya dawa zifutazo zinavyo uzwa katika sehemu hii, hata kama wewe mwenyewe huuzi.</p>	<p>26.1 Name of the drug/Jina la dawa</p>	<p>26.2 Price when sold?</p>	<p>26.3 Are these drugs available all the time?/Je dawa hizi muhimu zinapatikana wakati wote?</p>
	1. Amoxicillin		<input type="checkbox"/> YES/Ndiyo <input type="checkbox"/> NO/Hapana
	2. Cotrimoxazole		<input type="checkbox"/> YES/Ndiyo <input type="checkbox"/> NO/Hapana
	3. Mebendazole		<input type="checkbox"/> YES/Ndiyo <input type="checkbox"/> NO/Hapana
	4. Fansidar (SP)		<input type="checkbox"/> YES/Ndiyo <input type="checkbox"/> NO/Hapana
	5. Ampicillin		<input type="checkbox"/> YES/Ndiyo <input type="checkbox"/> NO/Hapana
	6. Metronidazole		<input type="checkbox"/> YES/Ndiyo <input type="checkbox"/> NO/Hapana
	7. Erythromycin		<input type="checkbox"/> YES/Ndiyo <input type="checkbox"/> NO/Hapana
	8. Doxycyclin		<input type="checkbox"/> YES/Ndiyo <input type="checkbox"/> NO/Hapana
9. Tetracycline		<input type="checkbox"/> YES/Ndiyo <input type="checkbox"/> NO/Hapana	
<p>27. Do you provide other services apart from dispensing drugs? Je katika duka lako unatoa huduma nyingine zaidi ya kutoa dawa? <input type="checkbox"/> YES/Ndiyo <input type="checkbox"/> NO/Hapana <i>If yes, please mention the services provided/Kama ndiyo tafadhali zitaje.</i></p>			
<p>28. How far is your shop from the nearest duka la dawa baridi?/Je kuna umbali gani kati ya duka lako na Duka la Dawa Baridi lililoko karibu kabisa</p> <p>Km. -----</p>	<p>29. How far is your shop from the nearest dispensary or health center?/Je kuna umbali gani kati ya duka lako na zahanati/kituo cha afya kilichopo karibu zaidi</p> <p>Km. -----</p>	<p>30. How far is your shop from the nearest pharmacy?/Je kuna umbali gani kati ya duka lako na pharmacy iliyo karibu zaidi</p> <p>Km. -----</p>	

31. On average, how many clients/patients do you serve per day? /Kwa wastani, unahudumia wateja wangapi kwa siku?		
32. On average, how much do you sell per day? Kwa wastani, mauzo yako kwa siku ni kiasi gani?		
33. Where do you get/procure your medical supplies?/Unapata wapi dawa zako?	34. What problems do you encounter when procuring your medical supplies?Ni matatizo gani unayapata katika ununuzi na upatikanaji wa dawa ?	
DATA COLLECTOR OBSERVATION OF DLDB PREMISES/MKUSANYA TAKWIMU ANGALIA JENGO LA DUKA LA DAWA BARIDI		
35. Please comment on the physical state of the DLDB shop. The ceiling, the roof, storage space, temperature, overall cleanliness, etc. Tafadhali to maoni yako kuhusu ukubwa wa chumba, paa, sehemu ya kutunza dawa, usafi wa duka na wauzaji etc katika duka la dawa baridi.		
THANK YOU!		