

**Supervisory Visit
Report:
Accredited Drug
Dispensing
Outlets, Ruvuma
Region, Tanzania**

*February to March
2007*

Management Sciences for Health
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ACRONYMS

| | |
|----------|--|
| ACT | Artemisinin-based Combination Therapy |
| ADDO | Accredited Drug Dispensing Outlet or <i>Duka la Dawa Muhimu</i> in Swahili |
| ARI | Acute Respiratory Infection |
| CHMT | Council Health Management Teams |
| DAS | District Administrative Secretary |
| DDFC | District Drug and Food Committee |
| DED | District Executive Director |
| DLDB | <i>Duka la Dawa Baridi</i> |
| IEC | Information, Education and Communication |
| IMCI | Integrated Management of Childhood Illnesses |
| MFI | Micro-financing institutions |
| MOH | Ministry of Health |
| MSH | Management Sciences for Health |
| RALG | Regional Administrative Local Government |
| RPM Plus | Rational Pharmaceutical Management Plus Program |
| TFDA | Tanzania Food and Drugs Authority |
| WDFC | Ward Drug And Food Committee |

EXECUTIVE SUMMARY

Supervision has always been an essential element for sustainability of the Accredited Drug Dispensing Outlet (ADDO) program. This report highlights what was observed during the supervision visits conducted in February and March 2007 in five districts of the Ruvuma region (for complete findings from the supervision visits, see Annex 1). Findings discussed in this report include—

- Implementation status of the ADDO program
- Inclusion of the ADDO program in critical district health documents
- Quality of data management in the ADDOs
- Status of inspection activities
- Dispensers' knowledge and skills in the management of childhood illness
- Availability of authorized medicines and supplies in the ADDO.

Based on the supervision visits' findings, the following actions are recommended—

- Continue holding discussions with district authorities to sensitize business people to invest in the ADDO program and encourage establishment of ADDOs in underserved wards for wider coverage in rural communities.
- Conduct trainings to form a pool of ADDO dispensers to meet demand and reduce the burden placed on currently trained dispensers.
- Encourage increased commitment at the district level through advocacy and sensitization activities.
- Improve capacity of ADDO dispensers to collect and report data with regard to completeness, correctness, timeliness, and appropriateness.
- Strengthen supervision activities, especially for ADDOs where dispensers are performing poorly.
- Explore possibilities of utilizing existing extension staff at the ward level to conduct supervision activities to their respective ADDOs.
- Revise the supervision checklist to incorporate lessons learned from previous supervision visits.

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. DLDBs constitute the largest network of licensed retail outlets for basic essential drugs in Tanzania. It is estimated that there are more than 4,000 DLDBs across all districts in the country; over 50 percent more than all public health facilities and 11 percent higher than all public, voluntary, and religious facilities combined.

Although they provide an essential service, evidence has shown that DLDBs do not operate 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 Ministry of Health (MoH)/TFDA, in collaboration with Management Sciences for Health (MSH), has developed a process where DLDBs can gain accreditation and become *Duka la Dawa Muhimu*—also known as ADDOs. Accreditation involves a comprehensive approach combining education, incentives, and regulatory oversight while also affecting client demand/expectation of quality products and services. The ADDO program was initiated in Ruvuma region in 2003, and as of April 2007, the program has been scaled up in Morogoro, (funded by U.S. Agency for International Development [USAID]), as well as Rukwa and Mtwara (funded by the Government of Tanzania). Based upon the success of the pilot program, the Government of Tanzania initiated plans in 2005 to expand the ADDO program to all other regions in the country.

Integrated Management of Childhood Illness in ADDO

The Ministry of Health (MoH) has also approved a child health component, based on the Integrated Management of Childhood Illnesses (IMCI) strategy, to be integrated into the ADDO package with the goal of increasing the number of children correctly treated for acute respiratory infection (ARI), malaria, and diarrhea.

The child health component (IMCI in the ADDOs) consists of a package of key interventions including training dispensers in rational medicines use for the key common childhood conditions (malaria, ARI, and diarrhea); creating community demand through community mobilization activities; and supervision, monitoring and evaluation.

Supervision

Supervision of ADDOs is critical for sustainability and is viewed as educational and supporting as opposed to regulatory (such as inspection visits). The overall goal is to eventually have all supervision carried out by the Council Health Management Teams (CHMTs) on a quarterly basis as part of their regular supervision responsibilities, once capacity is built within the CHMTs. To

facilitate a standardized approach, a supervision checklist was developed initially by the ADDO team and later adapted to incorporate an IMCI component.

Objectives of Supportive Supervision

The aim of supportive supervision is to support ADDO dispensers and owners to strengthen and maintain the quality of services provided through regular performance monitoring.

The objectives of the supervisory visits were—

1. Provide technical support to CHMTs and strengthen their capacity to successfully supervise ADDOs on a quarterly basis using a structured checklist.
2. Review records and collect data for performance monitoring. This includes data/information in the following areas—district profiles, patient attendance, consumption of selected pharmaceutical products, and availability of information, education, and communication (IEC) materials and other health products distributed through ADDOs for malaria, IMCI, HIV/AIDS and reproductive health.
3. Discuss business management with ADDO owners, including the link to micro-financing institutions (MFI) as established by Mennonite Economic Development Associates, and assess improvement or challenges in their business practices.
4. Review inspection reports and assess regularity of inspection visits.
5. Distribute working tools as necessary (IEC materials, monthly report forms, and referral forms).
6. Evaluate dispensers' knowledge and skills in diagnosing and treating key childhood illnesses including malaria, ARI, and diarrhea.

Methodology

A team of supervisors comprised of 10 individuals from the national level and 4 persons from each of the respective districts took part in the supervision visits conducted from February 4 to March 6, 2007, in the 5 districts of Ruvuma (for a complete list of the supervisory teams, see Annex 2).

Supervisory teams visited over 80 percent of all ADDOs in the region (see Annex 3 for a complete list of the 169 ADDOs visited out of a total of 210 ADDOs in Ruvuma). ADDOs not visited were inaccessible due to road conditions since visits were conducted during the rainy season. The district authorities (i.e., District Executive Director (DED), District Administrative Secretary (DAS), and District Medical Officer (DMO)) showed commitment to the ADDO program and positively cooperated in providing necessary support in ensuring successful implementation of the supervision activity in their respective districts. The district authorities

provided an additional vehicle to facilitate transport and allocated at least three full-time Council Health Management Team (CHMT) members during the entire period of the supervision activity in their districts.

The supervision teams visited each shop and used a standardized supervision checklist to assess the structure of the premises, aspects of stock management, dispensing practices, and data collection on consumption of selected pharmaceutical products over a specified period of time. In addition, teams provided on-site practical mentoring during the supervision visits. The teams shared recommendations based on the findings with ADDO dispensers and left a copy of the recommendations with the dispensers and the district authorities.

FINDINGS

Implementation Status of the ADDO Program

The coverage of ADDOs in the districts overall was fair. In Songea Municipal and Songea Rural districts, all except one ward from each district had at least one ADDO. However, Mbinga, Namtumbo, and Tunduru districts had many wards with no ADDOs.

It was noted during the supervision visits through discussions that district authorities value the ADDO program because the program improves access to medicines, especially in rural communities. To quote the DED from Namtumbo,

“This program complements the government efforts to ensure that the communities get access to medicine. It is more valid here in Namtumbo where public health facilities are few in number and the district is facing a real crisis of shortage of skilled health workers. I do not know what would have been the situation without the ADDOs. Our people depend on them.”

The conditions of ADDO premises were good and in line with TFDA standards. They were found to be clean and tidy. Rooms had adequate space and medicines were generally well stored. There was high adherence to regulations probably due to regular inspection visits conducted by ward and district level authorities from the Ward Food and Drug Committees (WFDCs) and District Food and Drug Committees (DFDCs).

It was found that pharmaceutical services were being provided by dispensers approved by TFDA to carry out dispensing practices and dispenser certificates were displayed for easy reference. Very few ADDOs had more than one certified dispenser. This situation may lead to overworking the dispenser and may negatively affect her/his performance. However, given that ADDOs are small businesses, it may be difficult for ADDO owners to sustain two full-time certified dispensers, especially in more peripheral areas.

Inclusion of the ADDO Program in Comprehensive Council Health Plans

As part of supervision, it is important to understand the level of commitment at the district level to the ADDO program. As a proxy indicator, the supervision teams checked to see if the comprehensive care health plans, supervision checklist and the quarterly progress implementation plan of each district included activities of the ADDO program. These are essential health documents that comprehensively reflect critical health activities accomplished or planned by the district. Activities included in these documents receive some amount of district funding, indicating a certain level of commitment by the district. Out of all five districts, only Mbinga district included some activities of the ADDO program in the health plans. Increased commitment at the district level is needed through advocacy and sensitization of district authorities to the benefits and necessity of the ADDO program.

Data Management in ADDOs

Data is being collected in ADDOs using standardized tools including: patient registers, inspection report forms, expired drug forms, cash books, and analysis books.

These tools were available in nearly all ADDOs. During the basic training course, ADDO dispensers are taught basic data management techniques for recording and data compilation. However, gross under-recording was found, especially in the patient attendance and drug utilization records. Data collection in the ADDOs needs to be improved with regard to completeness, correctness, timeliness, and appropriateness.

Several factors could be contributing to the low level of quality data management found during supervision visits. The specific elements of monitoring and supervision, unlike that of inspection, were inadequately implemented. Supervision elements, including the checklist and the visits, lagged behind ADDO implementation resulting in low demand for data and allowing both ADDO owners and dispensers to become relaxed in data management. It is essential to conduct regular follow up visits to ADDO owners and dispensers and stress the importance of collecting, managing, and transmitting data.

ADDO dispensers also explained that family planning pills, condoms, household water treatments, insecticide-treated nets, and insecticide sachets were not being recorded because these are not treated as medicines. In addition, clients do not feel comfortable with having their personal information recorded in the patient register when purchasing family planning pills and condoms. This creates a problem in tracking consumption of these items.

Inspection Activities

Inspection activities within the ADDO program are performed well and carried out regularly. This was verified through review of completed inspection forms left at the ADDOs. The WFDC and DFDC members responsible for inspection visits leave copies of inspection forms for reference and follow up to see what actions were taken during subsequent visits. Members of both committees have undergone orientation on inspection activities, and committee members perform inspection activities well.

This demonstrates the potential of committees to strengthen capacity and integrate aspects of ADDO monitoring and evaluation into their routine activities. Implementing partners (TFDA, MSH, CHMT, and Regional Administrative Local Government) responsible for capacity in the appropriate cadres that supervise activities should learn lessons from the development and roll out of inspection activities.

Dispensers' Knowledge and Skills in Management of Childhood Illness

Generally, the dispensers demonstrated adequate levels of knowledge and skills in attending sick children with malaria, ARI, and diarrhea. This was shown through answering supervisors'

standard questions and through record review of patient register books, specifically in the column designated for the classification of diseases. Supervisory teams observed that many ADDO dispensers were classifying childhood illnesses according to IMCI guidelines.

ADDO dispensers were able to identify and distinguish mild from severe conditions of sick children; the majority of dispensers adequately mentioned the general danger signs when interviewed. Over half, (65 percent) of dispensers knew three out of four of the general danger signs for children younger than age five and older than two months. The least known danger sign for this age category was lethargy/unconsciousness. Some ADDO dispensers impressively mentioned all 10 general danger signs for infants below two months of age. The average for knowing at least 5 of the 10 general danger signs for this age category was just over half (56 percent). It was found that ADDO dispensers were appropriately referring those who needed referral to nearby health facilities. In addition, dispensers provided appropriate information and counseling to caretakers with regards to childhood illness.

Based on these findings, ADDO dispensers demonstrated that they are reliable partners in the effort to accelerate the reduction of under five mortality rates. However, for those ADDO dispensers who are performing poorly, supportive supervision and close follow up by CHMT members needs to be institutionalized, strengthened, and supported both technically and financially.

Referrals

Referrals are one of the practices that dispensers are encouraged to perform whenever they notice any of the danger signs in a sick child. The dispensers are instructed to refer the patient with a written note. From the supervision visits it was noted that referrals were being provided at varying levels in all the ADDOs in the region. The practice was more common in Songea rural district (68 percent) and Songea municipal (52 percent). Tunduru district showed the lowest referrals (15 percent). The referral practice has recently been institutionalized through provision of standardized referral forms and orientation to ADDO dispensers on how to use the forms. The percentages of referrals recorded during the supervision visits indicate that ADDO dispensers have begun to practice this new referral policy using the standardized forms. With more supportive supervision, it is expected that referrals from ADDOs to health facilities will increase accordingly. This increased support will continue to strengthen the linkage between the privately owned ADDOs and the public health facilities, which is the MoH's intention.

Availability of Medicines and Supplies Approved for ADDOs

TFDA has authorized 37 prescription medicines as part of the essential medicines to be sold through the ADDOs. On average, more than half of the listed medicines are being stocked in the ADDOs. However, a few ADDOs were found to stock fewer than 12 types of these essential medicines. These ADDOs that stock limited essential medicines need to improve stock management practices to fulfill the intention of ADDOs to improve access of essential medicines to communities they serve. Missing with great frequency were medicines for cardiovascular

disease (propranolol and bendrofluazide), antiasthamatics (aminophylline injection), epilepsy medicines (phenytoin), antibacterials (nitrofurantoin) and antifungals (nystatine-skin ointments, tablets, and pessaries). It was also noted that overall ITN availability was low.

Distribution of IEC materials

Posters and flyers are important information dissemination tools. In ADDOs, posters include facts on certain diseases relating to recognition of key illnesses, including signs and symptoms, and the treatment for illnesses. IEC materials can increase clients' knowledge and serve as reminders to ADDO dispensers on appropriate management of key illnesses. ADDOs with IEC materials can serve as centers for dissemination of health information to the communities which they serve.

In addition to monitoring ADDO activities, supervision teams took advantage during visits to distribute IEC materials such as posters and flyers to ADDOs on the following subjects—

- Appropriate management of malaria using artemisinin-based combination therapy (ACT)
- Recognizing early signs of malaria
- ACT as the correct treatment for malaria
- Importance of completing the entire dose of medication
- Convulsions as an important danger sign
- Recognizing a sick child (danger signs)
- Importance of breast feeding
- Appropriate management of a sick child at home

RECOMMENDATIONS

The aim of supportive supervision is to support ADDO dispensers and owners to strengthen and maintain the quality of services provided through regular monitoring of performance. Based on the findings of the supervision visits; the following actions are recommended—

- Continue holding discussions with district authorities to sensitize business people to invest in the ADDO program and encourage establishment of ADDOs in underserved wards for wider coverage in rural communities.
- Conduct trainings to form a pool of ADDO dispensers to meet demand and reduce the burden placed on currently trained dispensers.
- Encourage increased commitment at the district level through advocacy and sensitization activities.
- Improve capacity of ADDO dispensers to collect and report data with regard to completeness, correctness, timeliness, and appropriateness.
- Strengthen supervision activities, especially for ADDOs where dispensers are performing poorly.
- Explore possibilities of utilizing existing extension staff at the ward level to conduct supervision activities to their respective ADDOs.
- Revise the supervision checklist to incorporate lessons learned from previous supervision visits.

NEXT STEPS

Immediate Follow-up Activities

- Revise and finalize the standardized supervision checklist and guidelines with collaborating partners in line with observations and comments made during the supervision visits.
- Integrate the finalized supervision checklist and guidelines into the ADDO Program Implementation Manual.
- Discuss with partners plans for the next round of supervisory visits.

ANNEX 1. SUPERVISORY FINDINGS

Table 1. Premises, Working Materials, Knowledge, and Referrals¹

| | Mbinga <i>N</i> = 54 | Namtumbo <i>N</i> = 17 | Songea Municipal <i>N</i> = 48 | Songea Rural <i>N</i> = 29 | Tunduru <i>N</i> = 20 | Total <i>N</i> = 168 |
|---|-------------------------|---------------------------|--------------------------------------|----------------------------------|--------------------------|-------------------------|
| Condition of Building Premises | | | | | | |
| ADDOS upgraded from DLDB | 33 (61 %) | 8 (47 %) | 36 (80 %) n=45 | 21 (72 %) | 16 (80 %) | 114 (69 %) n = 165 |
| ADDOS with Accreditation Certification Displayed | 48 (89 %) | 15 (88 %) | 39 (87 %) n=45 | 27 (93 %) | 17 (85 %) | 146 (88 %) n =165 |
| ADDOS with Business License displayed | 46 (85 %) | 13 (76 %) | 40 (89 %) n = 45 | 19 (66 %) | 14 (70 %) | 132 (80 %) n =165 |
| ADDOS with Dispenser's Certificate Copy displayed | 49 (91 %) | 16 (94 %) | 45 (100 %) n = 45 | 28 (97 %) | 17 (85 %) | 155 (94 %) n =165 |
| ADDOS with List of ADDO Prescription Medicines displayed | 43 (80 %) | 12 (71 %) | 38 (84 %) n= 45 | 25 (86 %) | 19 (95 %) | 137 (83 %) n =165 |
| ADDOS with a sign board in good condition | 53 (98 %) | 12 (71 %) | 40 (91 %) n = 44 | 28 (97 %) | 14 (70 %) | 147 (90 %) n = 164 |
| Availability of Essential Working Materials | | | | | | |
| ADDOS with Drug Register | 54 (100 %) | 16 (94 %) | 41 (95 %) n= 44 | 26 (90 %) | 20 (100 %) | 157 (96 %) n = 164 |
| ADDOS with all of the following forms: inspection, referral, expired medicines, and adverse drug reaction | 31 (57 %) | 11 (65 %) | 21 (48 %) n = 44 | 12 (48 %) n = 25 | 9 (45 %) | 84 (53 %) n = 160 |
| Availability of Visual Aids/Posters | | | | | | |
| ADDOS with danger signs of malaria poster (<i>Tambua mapema dalili za malaria</i>) | 54 (100 %) | 17 (100 %) | 48 (100 %) | 21 (95 %) N = 22 | 20 (100 %) | 160 (99 %) N = 161 |
| ADDOS with ACT poster (<i>Dawa ya mseto ndiyo tiba ya malaria</i>) | 54 (100 %) | 17 (100 %) | 48 (100 %) | 22 (100 %) n = 22 | 20 (100 %) | 161 (100 %) n = 161 |

¹ All differences in sample sizes are due to missing information on data collection forms.

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| | Mbinga N = 54 | Namtumbo N = 17 | Songea Municipal N = 48 | Songea Rural N = 29 | Tunduru N = 20 | Total N = 168 |
|--|--------------------------------|----------------------------------|--|--|---------------------------------|--------------------------------|
| ADDOs with poster on completing dose for malaria (<i>Utapona malaria kwa kumaliza dozi malaria</i>) | 54 (100 %) | 17 (100 %) | 48 (100 %) | 22 (100 %) n = 22 | 20 (100 %) | 161 (100 %) n = 161 |
| ADDOs with poster on recognizing a sick child (<i>Mtoto mgonjwa</i>) | 54 (100 %) | 17 (100 %) | 48 (100 %) | 21 (100 %) n = 21 | 20 (100 %) | 160 (100 %) n = 160 |
| Knowledge of the ADDO Dispensers of Child Health | | | | | | |
| ADDO dispensers who knew at least 3 out of 4 general danger signs in a child older than 2 months and younger than 5 years of age | 34 (63 %) | 8 (47 %) | 29 (60 %) n = 45 | 20 (69 %) | 17 (85 %) | 108 (65 %) n = 165 |
| ADDO dispensers who knew at least 5 out of 10 general danger signs in a child 1 week to 2 months old | 36 (67 %) | 7 (41 %) | 21 (44 %) n = 45 | 13 (45 %) | 16 (80 %) | 93 (56 %) n = 165 |
| Referral Information for Two Months (Dec. 2006 to Jan. 2007) for Children Under Age Five | | | | | | |
| ADDOs with at least one referral recorded | 10 (19 %) | 8 (41 %) | 23 (52 %) n=44 | 19 (68 %) n=28 | 3 (15 %) | 63 (40 %) n=163 |
| Number of referrals which included a written referral out of the total number of referrals (<i>n=number of referrals</i>) | 9 (29 %) n = 31 | 15 (65 %) n = 23 | 71 (97 %) n = 73 | 16 (47 %) n = 34 | 5 (31 %) n = 16 | 116 (66 %) n =177 |

Table 2. Availability of Medicines

| Classification | Drugs available | Mbinga | Namtumbo | Songea Municipal | Songea Rural | Tunduru | Total |
|-------------------------------|--|--------|----------|------------------|--------------|---------|---------|
| | | N = 54 | N = 17 | N = 44 | N = 29 | N = 20 | N = 164 |
| Antiasthmatics | Aminophylline injection (ampoules) | 15% | 29% | 27% | 21% | 10% | 20% |
| Antibiotics | Amoxicillin trihydrate capsules | 80% | 76% | 100% | 76% | 90% | 85% |
| | Amoxicillin trihydrate oral suspension | 80% | 76% | 100% | 76% | 75% | 84% |
| | Benzyl penicillin powder for injection | 57% | 47% | 55% | 28% | 60% | 51% |
| | Co-trimaxazole suspension | 85% | 82% | 98% | 90% | 70% | 87% |
| | Co-trimaxazole tablets | 85% | 94% | 98% | 97% | 90% | 92% |
| | Doxycycline capsules/tablets | 72% | 53% | 80% | 45% | 50% | 65% |
| | Erythromycin oral suspension | 69% | 71% | 93% | 55% | 45% | 70% |
| | Erythromycin tablets | 69% | 71% | 95% | 66% | 60% | 74% |
| | Metronidazole tablets | 89% | 76% | 98% | 79% | 85% | 88% |
| | Metronidazole suspension | 78% | 59% | 70% | 52% | 60% | 67% |
| | Nitrofurantoin tablets | 20% | 12% | 20% | 10% | 25% | 18% |
| | Oxytetracycline Hydrochloride eye ointment | 67% | 82% | 93% | 72% | 65% | 76% |
| | Phenoxymethyl penicillin suspension | 13% | 12% | 30% | 24% | 45% | 23 % |
| | Phenoxymethyl penicillin tablets | 89% | 82% | 89% | 90% | 85% | 88 % |
| Procaine penicillin fortified | 74% | 76% | 82% | 62% | 65% | 73 % | |
| Silver sulfadiazine cream | 17% | 35% | 52% | 21% | 25% | 30 % | |

| Classification | Drugs available | Mbinga | Namtumbo | Songea Municipal | Songea Rural | Tunduru | Total |
|----------------------------------|---|--------|----------|------------------|--------------|---------|---------|
| | | N = 54 | N = 17 | N = 44 | N = 29 | N = 20 | N = 164 |
| Anti-inflammatory/ Analgesics | Diclofenac sodium tablets | 93% | 88% | 98% | 86% | 100% | 93 % |
| | Indomethacin capsules | 89% | 82% | 98% | 93% | 9% | 91 % |
| | Hydrocortisone ointment/cream | 57% | 29% | 59% | 55% | 45% | 53 % |
| Anesthetics, Local | Lignocaine injection | 31% | 18% | 39% | 14% | 40% | 30% |
| Antifungals | Nystatin oral suspension | 39% | 2% | 45% | 10% | 45% | 35% |
| | Nystatin pessaries | 22% | 12% | 14% | 3% | 15% | 15% |
| | Nystatin skin ointment | 4% | 0% | 7% | 0% | 5% | 4% |
| | Nystatin tablets | 15% | 24 % | 14% | 0% | 20% | 13% |
| Antimalarials | Quinine tablets (sulphate or bisulphate) | 74% | 76% | 89% | 66% | 75% | 77% |
| | Quinine injection (as dihydrochloride) | 87% | 71% | 91% | 62% | 80% | 81% |
| Cardiovascular | Propranolol tablets (hydrochloride) | 15% | 0% | 32% | 14% | 25% | 19% |
| | Bendrofluazide tablets | 11% | 6% | 20% | 14% | 25% | 15 % |
| Oxytocics | Ergometrine Injection (maleate) | 30% | 12% | 9% | 7% | 20% | 17 % |
| Oral Contraceptives | Ethinylestradiol (0.03 mg) + novethisterone (0.3 mg) | 59% | 71 % | 48% | 28% | 45% | 50% |
| | Ethinylestradiol (0.03 mg) + levonorgestrel (0.15 mg) | 33% | 35% | 32% | 28% | 15% | 30% |
| Antiemetic | Promethazine Hydrochloride Injection | 28% | 18% | 25% | 14% | 20 | 23% |
| Fluids And Elecrolytes | Dextrose | 22% | 47% | 16% | 10% | 35% | 23% |
| | Normal saline injection | 19% | 47% | 18% | 14% | 30% | 22% |
| | Water for injection | 80% | 94% | 73% | 76 | 90% | 80% |
| Antiepileptics | Phenytoin tablets/capsules (sodium salt) | 19% | 0% | 9% | 7% | 5% | 10% |

Table 3. Drug Utilization as Compared to Illness, December 2006*

| | | DECEMBER 2006 | | | | | TOTAL N = 166 | % drug per illness |
|-------------------------------|--------------------------|--------------------|--------------------|-------------------------------|---------------------------|-------------------|------------------|-----------------------|
| | | Mbinga N = 54 | Namtumbo N = 17 | Songea Municipal N = 47 | Songea Rural N = 28 | Tunduru N = 20 | | |
| DRUG | ILLNESS | # PATIENTS TREATED | | | | | | |
| Sulfadoxine- Pyrimethamine | Uncomplicated Malaria | 446 | 115 | 918 | 322 | 161 | 1962 | 94% |
| | Severe Malaria | 38 | 0 | 38 | 35 | 5 | 116 | 6% |
| Co-trimoxazole | Non-Pneumonia ARI | 30 | 2 | 91 | 55 | 6 | 184 | 28% |
| | Pneumonia | 63 | 30 | 173 | 118 | 42 | 426 | 66% |
| | Severe Pneumonia | 4 | 2 | 21 | 9 | 0 | 36 | 6% |
| Co-trimoxazole | Simple Diarrhea | 48 | 2 | 98 | 21 | 3 | 172 | 49% |
| | Diarrhea (bloody) | 32 | 17 | 55 | 35 | 5 | 144 | 41% |
| | Persistent Diarrhea | 2 | 0 | 20 | 10 | 0 | 32 | 9% |
| ORS | Simple Diarrhea | 145 | 42 | 134 | 51 | 21 | 393 | 75% |
| | Diarrhea (bloody) | 18 | 9 | 70 | 11 | 3 | 111 | 21% |
| | Persistent Diarrhea | 1 | 0 | 14 | 0 | 3 | 18 | 3% |

*N's = number of ADDO shops visited

Table 4. Drug Utilization as Compared to Illness, January 2007*

| | | JANUARY 2007 | | | | | TOTAL N = 166 | % drug per illness |
|-------------------------------|--------------------------|--------------------|--------------------|-------------------------------|---------------------------|-------------------|------------------|-----------------------|
| | | Mbinga n = 54 | Namtumbo n = 17 | Songea Municipal n = 47 | Songea Rural n = 28 | Tunduru n = 20 | | |
| DRUG | DISEASE | # PATIENTS TREATED | | | | | | |
| Sulfadoxine- Pyrimethamine | Uncomplicated Malaria | 254 | 106 | 916 | 235 | 106 | 1617 | 94% |
| | Severe Malaria | 36 | 6 | 38 | 29 | 0 | 109 | 6% |
| Co-trimoxazole | Non-Pneumonia ARI | 11 | 6 | 121 | 20 | 3 | 161 | 34% |
| | Pneumonia | 38 | 15 | 153 | 62 | 15 | 283 | 59% |
| | Severe Pneumonia | 9 | 6 | 14 | 4 | 0 | 33 | 7% |
| Co-trimoxazole | Simple Diarrhea | 47 | 8 | 71 | 23 | 13 | 162 | 49% |
| | Diarrhea (bloody) | 35 | 20 | 55 | 30 | 3 | 143 | 43% |
| | Persistent Diarrhea | 5 | 0 | 10 | 6 | 6 | 27 | 8% |
| ORS | Simple Diarrhea | 49 | 43 | 143 | 39 | 15 | 289 | 73% |
| | Diarrhea (bloody) | 25 | 2 | 44 | 17 | 3 | 91 | 23% |
| | Persistent Diarrhea | 1 | 0 | 10 | 1 | 2 | 14 | 4% |

*N's = number of ADDO shops visited

Table 5. Average Monthly Patient Attendance

| District | Average No. Patients per ADDO | | | | | |
|------------------------|-------------------------------|--------|-------|------|------|------|
| | July | August | Sept. | Oct. | Nov. | Dec. |
| Mbinga (n=54) | 169 | 181 | 187 | 175 | 159 | 186 |
| Namtumbo (n=17) | 113 | 168 | 169 | 143 | 131 | 148 |
| Songea Muncipal (n=46) | 292 | 303 | 273 | 245 | 221 | 238 |
| Songea Rural (n=28) | 189 | 183 | 216 | 196 | 144 | 174 |
| Tunduru (n=20) | 160 | 144 | 160 | 170 | 156 | 155 |

Table 6. Malaria: Average Monthly Attendance of Children (Under five)

| District | Average # Patients per ADDO | | | | | |
|------------------------|-----------------------------|-----------|-----------|-----------|-----------|-----------|
| | July | August | Sept. | Oct. | Nov. | Dec. |
| Mbinga (n=54) | 9 | 8 | 11 | 9 | 10 | 13 |
| Namtumbo (n=17) | 9 | 10 | 11 | 9 | 12 | 14 |
| Songea Muncipal (n=46) | 20 | 14 | 14 | 13 | 15 | 14 |
| Songea Rural (n=28) | 18 | 13 | 12 | 13 | 13 | 18 |
| Tunduru (n=20) | 14 | 8 | 8 | 9 | 12 | 13 |
| TOTAL (N = 165) | 14 | 11 | 12 | 11 | 12 | 14 |

Table 7: Malaria: Average monthly attendance for patients (over five years old)

| District | Average # Patients per ADDO | | | | | |
|------------------------|-----------------------------|-----------|-----------|-----------|-----------|-----------|
| | July | August | Sept. | Oct. | Nov. | Dec. |
| Mbinga (n=54) | 48 | 52 | 50 | 48 | 36 | 68 |
| Namtumbo (n=17) | 26 | 36 | 35 | 27 | 30 | 43 |
| Songea Muncipal (n=46) | 74 | 75 | 71 | 62 | 58 | 73 |
| Songea Rural (n=28) | 50 | 48 | 62 | 56 | 44 | 70 |
| Tunduru (n=20) | 26 | 22 | 30 | 29 | 34 | 28 |
| TOTAL (N = 165) | 51 | 52 | 54 | 49 | 43 | 62 |

Table 8: ARI Pneumonia: Average monthly attendance of children (under five)

| District | Average # Patients per ADDO | | | | | |
|------------------------|-----------------------------|----------|----------|----------|----------|----------|
| | July | August | Sept. | Oct. | Nov. | Dec. |
| Mbinga (n=54) | 0.5 | 2 | 1 | 2 | 2 | 1 |
| Namtumbo (n=17) | 1 | 3 | 2 | 2 | 2 | 2 |
| Songea Muncipal (n=46) | 8 | 8 | 8 | 9 | 7 | 7 |
| Songea Rural (n=28) | 3 | 3 | 3 | 2 | 2 | 3 |
| Tunduru (n=20) | 1 | 1 | 1 | 2 | 3 | 2 |
| TOTAL (N = 165) | 3 | 4 | 3 | 4 | 4 | 3 |

Table 9. ARI Pneumonia: Average Monthly Attendance for Patients (over five years of age)

| District | Average # Patients per ADDO | | | | | |
|------------------------|-----------------------------|----------|----------|----------|----------|----------|
| | July | August | Sept. | Oct. | Nov. | Dec. |
| Mbinga (n=54) | 2 | 3 | 3 | 2 | 2 | 3 |
| Namtumbo (n=17) | 2 | 2 | 2 | 2 | 3 | 4 |
| Songea Muncipal (n=46) | 4 | 6 | 4 | 6 | 6 | 6 |
| Songea Rural (n=28) | 7 | 5 | 5 | 4 | 4 | 5 |
| Tunduru (n=20) | 3 | 2 | 2 | 1 | 2 | 3 |
| TOTAL (N=1 65) | 3 | 4 | 3 | 4 | 4 | 4 |

Table 10. Medicine Use

| MEDICINE | District | # Patients Treated | | | | | | | Average per Month per ADDO |
|---------------------------------------|------------------------|--------------------|--------|-------|------|-----|------|-------|----------------------------|
| | | July | August | Sept. | Oct. | Nov | Dec. | Total | |
| Quinine (five years and older) | Mbinga (n=54) | 263 | 262 | 280 | 302 | 219 | 313 | 1639 | 5 |
| | Namtumbo (n=17) | 65 | 64 | 48 | 50 | 51 | 65 | 343 | 3 |
| | Songea Muncipal (n=46) | 227 | 221 | 371 | 212 | 165 | 308 | 1504 | 5 |
| | Songea Rural n=28) | 91 | 125 | 107 | 79 | 85 | 144 | 631 | 4 |
| | Tunduru (n=20) | 71 | 96 | 101 | 78 | 92 | 93 | 531 | 4 |
| | Total (n=165) | | | | | | | 4648 | 5 |
| AQ (under five years of age) | Mbinga (n=54) | 227 | 203 | 219 | 235 | 186 | 205 | 1275 | 4 |
| | Namtumbo (n=17) | 69 | 77 | 78 | 66 | 84 | 80 | 454 | 4 |
| | Songea Muncipal (n=46) | 241 | 290 | 312 | 160 | 172 | 220 | 1395 | 5 |
| | Songea Rural (n=28) | 162 | 108 | 127 | 116 | 102 | 140 | 755 | 4 |
| | Tunduru (n=20) | 27 | 55 | 16 | 26 | 55 | 70 | 249 | 2 |
| | Total (n=165) | | | | | | | 4128 | 4 |
| AQ (five years and older) | Mbinga (n=54) | 418 | 404 | 364 | 397 | 345 | 529 | 2457 | 8 |
| | Namtumbo (n=17) | 134 | 182 | 152 | 122 | 154 | 224 | 968 | 9 |
| | Songea Muncipal (n=46) | 349 | 348 | 300 | 337 | 293 | 389 | 2016 | 7 |
| | Songea Rural n=28) | 309 | 295 | 355 | 336 | 240 | 406 | 1941 | 12 |
| | Tunduru (n=20) | 77 | 48 | 57 | 70 | 111 | 127 | 490 | 4 |
| | Total (n=165) | | | | | | | 7872 | 8 |

Annex 1. Supervisory Findings

| MEDICINE | District | # Patients Treated | | | | | | | Average per Month per ADDO |
|---|------------------------|--------------------|--------|-------|------|-----|------|-------|----------------------------|
| | | July | August | Sept. | Oct. | Nov | Dec. | Total | |
| ORS | Mbinga (n=54) | 32 | 46 | 50 | 38 | 74 | 161 | 401 | 1 |
| | Namtumbo (n=17) | 19 | 24 | 22 | 18 | 30 | 67 | 180 | 2 |
| | Songea Muncipal (n=46) | 86 | 100 | 105 | 172 | 233 | 224 | 920 | 3 |
| | Songea Rural (n=28) | 16 | 26 | 15 | 21 | 55 | 61 | 194 | 1 |
| | Tunduru (n=20) | 5 | 16 | 7 | 19 | 32 | 32 | 111 | 1 |
| | Total (n=165) | | | | | | | 1806 | 2 |
| Co-trimoxazole (under five years of age) | Mbinga (n=54) | 109 | 128 | 128 | 124 | 146 | 180 | 815 | 3 |
| | Namtumbo (n=17) | 53 | 57 | 55 | 36 | 56 | 63 | 320 | 3 |
| | Songea Muncipal (n=46) | 207 | 297 | 219 | 214 | 300 | 244 | 1481 | 5 |
| | Songea Rural (n=28) | 105 | 70 | 80 | 67 | 71 | 111 | 504 | 3 |
| | Tunduru (n=20) | 94 | 58 | 85 | 124 | 126 | 91 | 578 | 5 |
| | Total (n=165) | | | | | | | 3698 | 4 |
| Co-trimoxazole (five years and older) | Mbinga (n=54) | 142 | 150 | 208 | 218 | 228 | 280 | 1226 | 4 |
| | Namtumbo (n=17) | 40 | 124 | 123 | 86 | 101 | 97 | 571 | 6 |
| | Songea Muncipal (n=46) | 398 | 462 | 429 | 452 | 450 | 402 | 2593 | 9 |
| | Songea Rural (n=28) | 159 | 179 | 196 | 214 | 151 | 196 | 1095 | 7 |
| | Tunduru (n=20) | 136 | 82 | 87 | 109 | 104 | 126 | 644 | 5 |
| | Total (n=165) | | | | | | | 6129 | 6 |

Tables 11-14: Business Investment

Table 11. Range and Average Total Capital Investment on ADDO

| District | n | Range (TZS*) | Average (TZS) |
|-----------------|----|-------------------|---------------|
| Mbinga | 23 | 300,000–2,000,000 | 856,250 |
| Namtumbo | 6 | 500,000–2,200,000 | 1,271,429 |
| Songea Muncipal | 23 | 0–4,000,000 | 1,427,348 |
| Songea Rural | 25 | 0–1,000,000 | 296,000 |
| Tunduru | 9 | 600,000–7,000,000 | 2,680,556 |

*Tanzania shillings

Table 12. Range and Ave Loan Acquired on ADDO

| District | n | Range (TZS) | Average (TZS) |
|-----------------|----|-------------------|---------------|
| Mbinga | 10 | 300,000–1,000,000 | 645,000 |
| Namtumbo | 2 | 600,000–1,000,000 | 800,000 |
| Songea Muncipal | 11 | 0–6,250,000 | 1,431,818 |
| Songea Rural | 24 | 0–1,000,000 | 170,833 |
| Tunduru | 4 | 200,000–1,500,000 | 987,500 |

Table 13. Range and Ave Monthly Sales in ADDO

| District | N | Range (TZS) | Average (TZS) |
|-----------------|----|-------------------|---------------|
| Mbinga | 50 | 50,000–1,000,000 | 384,600 |
| Namtumbo | 16 | 60,000–900,000 | 366,250 |
| Songea Muncipal | 37 | 55,000–1,800,000 | 465,434 |
| Songea Rural | 26 | 70,000–650,000 | 250,620 |
| Tunduru | 20 | 150,000–7,000,000 | 939,750 |

Table 14. Range and Ave Monthly Purchases in ADDO

| District | n | Range (Tsh) | Average (Tsh) |
|-----------------|----|------------------|---------------|
| Mbinga | 42 | 20,000–1,000,000 | 211,341 |
| Namtumbo | 13 | 10,000–300,000 | 160,769 |
| Songea Muncipal | 34 | 50,000–800,000 | 235,559 |
| Songea Rural | 23 | 50,000–500,000 | 150,667 |
| Tunduru | 12 | 50,000–3,000,000 | 613,750 |

ANNEX 2: MEMBERS OF THE SUPERVISORY TEAMS

| National Level | |
|---|--|
| Organization | Supervisory Team Member |
| MSH | Dr. Suleiman Kimatta Senior Program Associate, Child Health |
| MSH | Jafary Liana Senior Program Associate, ADDO Program |
| MSH | Richard Valimba Program Associate, ADDO Program |
| TFDA | Elizabeth Shekalaghe Assistant ADDO Coordinator, IMCI in ADDO William Nkondokaya Assistant ADDO Coordinator, Monitoring and Evaluation David Maganga, National ADDO Facilitator |
| DMO/Mbarali district Principal Nursing School Njombe District CHMT/Kibaha | Grace Mkumbwa National ADDO/IMCI Facilitator Habiba Nangurukuta National IMCI in ADDO Facilitator |
| Iringa Regional Hospital | Dr. Festus Mhagama National IMCI in ADDO Facilitator Dr. Kelvin Mtega National IMCI in ADDO Facilitator |
| District | District Authorities |
| Songea Urban | 1. Amabilus Ngonyani 2. Ngatunga 3. Ndomba |
| Songea Rural | 1. Dr. Noel Angumbwike medical Officer in DMO's Office 2. Edith District Nursing Officer 3. Venant Komba – District Pharmacist and IMCI in ADDO trainer |
| Mbinga | 1. Yustus Ndunguru – District Pharmacist and IMCI in ADDO trainer 2. Kapinga District TB/L Coordinator 3. Nkinga District Cold Chain Coordinator 4. Kinunda District IMCI/Malaria focal person and IMCI in ADDO trainer |
| Namtumbo | 1. Njawa -District IMCI/Malaria focal person and IMCI in ADDO trainer 2. Komba – Acting District Pharmacist 3. Chale—Acting district Nursing Officer 4. Mariam Ibrahim District Reproductive and Child Health Coordinator |
| Tunduru | 1. Stephen Millinga - District Pharmacist and IMCI in ADDO trainer 2. Ndunguru - Health Officer/ADDO Ward Inspector 3. Hadija Geuka – Health Officer/ADDO Ward Inspector 4. Tembo – District Hospital Secretary |

ANNEX 3: LIST OF ADDOS INCLUDED IN SUPERVISORY VISIT

| DISTRICT | WARD | VILLAGE | NAME OF ADDO | OWNER | ACCR. NO. |
|----------|---------------|-------------------|------------------|-----------------------------------|-----------|
| MBINGA | Chiwanda | Kwambe | Kwambe | Godfrey Mbunga Dominic Kamanga | 96 |
| | Kigonsera | Aman Makoro | Aman Makoro | Baldwin Mwambe | 211 |
| | | Halale | Ega | Anold P Mhuwa | 87 |
| | | Kigonsera | Felly | Feliciano Kinunda | 8 |
| | | Lindi | Joyce | Joyce Ponera | 220 |
| | | | Mwambe | Bardwin Mwambe | 72 |
| | | | Ponera | Sixtus Ponera | 92 |
| | | Mkako | Beatus Ngonyani | Biatu Ngonyani | 224 |
| | | | Mhagama | Mathew Mhagama | 165 |
| | | | Suma | Eva Mwambale | 90 |
| | | Ngembambili | Kituli | Esha Kituli | 221 |
| | Ngembambili | | Fausta Lugongo | 101 | |
| | Kihagara | Kihagara | Kihagara | Bartholomeo Katebwe | 223 |
| | Kihangimahuka | Kihangimahuka | Kihangi | Benard Mwingira | 209 |
| | | Lukalasi | Msimamo | Alanus Hyera | 86 |
| | Kilosa | Likwilu | Aman | Mustapha Issa | 97 |
| | Langiro | Kipapa | M Komba | Mainhard Komba | 103 |
| | Lipingo | Lundo | Lundo | Mustapha Issa | 222 |
| | Litembo | Lituru | Mapundas | Geofrey Mapunda | 106 |
| | Lituhi | Kihuru | Madamba | Khadija Nyumayo | 225 |
| | | Lituhi | Mkinga | Musa Madamba | 74 |
| | Litumbandiosi | Mkeso | WN | Wilson Njelekela | 154 |
| | Liuli | Liuli | Makedonia | Beatrice Hinju | 205 |
| | | | Rehema | Arbert Lihakanga | 82 |
| | | | Sophia | Sophia haule | 80 |
| | | Mkali | Tumaini | Bartholomeo Katebwe | 83 |
| | Lutumbandiosi | Mkeso | Mkeso | Regina Ndimbo | 91 |
| | Maguu | Maguu | Ndomba | Prosper Ndomba | 84 |
| | Matiri | Kilindi | Kilindi | Flora komba | 206 |
| | | Matiri | Safari | Stephen Ngonyani | 105 |
| | Mbambabay | Mbambabay | Mbambabay | Godfrey Mbunga | 81 |
| | | Mtimbe | Upendo | Janeth Mpangala | 85 |
| | Mbambabay | Mbambabayi | Godfrey | Godfrey Mbunga | 202 |
| | Mbinga Mjini | Bank | DM | NOT AVAIL | 79 |
| CCM | | | Sunday | Ramadhani Swai | 94 |
| Sende | | | Godfrey sende | 71 | |
| Kitunda | | Paradise | Leonard Ngongi | 78 | |
| Luhuwiko | | Msamaria Mwema | Samwel F komba | 76 | |
| Mbambi | | Mapondas | Remijius Mapunda | 111 | |
| Mbuyula | | Mbuyula | Mustapha Waziri | 226 | |
| Mission | | Kids | Monica komba | 95 | |

| | | | | | |
|------------------|-------------|----------------|---------------|--------------------|--------------|
| | | | Lombandali | Cornelius Msuha | 93 |
| | | Nyerere | Hagati | Mary Mapunda | 75 |
| | | | Lupoly | Gaspa Lupoly | 77 |
| | | Sokoni | Liweha | Dustan Mangweha | 89 |
| | | Stand | Mbinga | Mustapha Waziri | 98 |
| | Mkumbi | Lurali | Komba | Eleterius Mkomba | 104 |
| | Mpepai | Mpepai | Mpepai | Godfrey Y Turuka | 73 |
| | Myangayanga | Myangayanga | Nyika | Ester S Nyika | 210 |
| | Nyoni | Nyoni | Ndomba | Emanuela B Ndomba | 99 |
| | Ruanda | Ruanda | Madamba | Musa Madamba | 208 |
| | Tingi | Makurukuru | Lumeme | Gema Mbele | 149 |
| | | Tingi | Godfrey | Godfrey Turuka | 150 |
| | Utiri | Utiri | Kahombi | Yodan Nchimbi | 23 |
| NAMTUMBO | Luchili | Mkongo Gulioni | Ntala | Angerus H Ndimbo | NA |
| | Luchili | Mkongo Gulioni | Kisimba | Claudio kisimba | 45 |
| | Luega | Kumbara | Komba2 | Frida Komba | 161 |
| | | Luega | Kasamia | Said Kasamia | 187 |
| | Lusewa | Lusewa | Komba | Jestina Ndunguru | 160 |
| | Mgombas | Mgombas | Mgombas | David Michese | 163 |
| | Msindo | Mililayoyo | Sonia | Sonia Mkata | 60 |
| | Msindo | Hanga | Unknown | Kelubina Charles | NA |
| | Naikesi | Kitanda | Giveness | Peter Mhuwa | NA |
| | Namabengo | Namabengo | Valley | Christina felix | 184 |
| | | Namebengo | Faraja | Elizabeth Ngongi | 39 |
| | Namtumbo | Namtumbo | Matengo | Rambeta kapinga | 41 |
| | | | Mtumbei | Salum Mtumbei | 42 |
| | | | Suluti | Mili | Marian Sanga |
| | Rwanga | Rwanga | Chikago | Haji Liuma | 51 |
| | | | Namtumbo | Said Kasamia | 40 |
| | | | Oshara | Jackson P Kilewo | 50 |
| SONGEA MUNICIPAL | Bombambili | Merikebu | Mahengu DLDM | Bernard Mwingira | 55 |
| | | Miembeni | DON | John D Njau | 12 |
| | | Mtakuja | Imelda | Imelda Poneloa | 156 |
| | | Mtendeni | Komba | Luitfrida Komba | 56 |
| | | sokoine | Matambi | Agnes M Matabi | 191 |
| | Lisabon | Kibulangoma | Kilowoko | Lwanga Kilowoko | 15 |
| | | Mjimwema | Esna | Nathan Mtega | No |
| | | Pachanne | Furaha | Furaha Komba | 189 |
| | | Sokoni | Chisambula | Samwel Chisambula | 4 |
| | | Stand | Metusela | Turbuvilage Mbwani | 59 |
| | | Tanesco | Amani | Jumanne Shemakako | 197 |
| | Luhuiko | Namanditi | Chimwagamwaga | Agatha Chimwaga | 196 |
| | | Stand | Luhuiko | Patrick Luoga | 52 |
| | Mahenge | Mahenge | Shija | Syrivesta M Shija | 17 |
| | Majengo | M/Msikitini | Zenda | Vivian Zenda | 48 |

Annex 1. Supervisory Findings

| | | | | | | |
|-----------------|----------|--------------|---------------|--------------------|------------------|-----|
| | | Mwinyimkuu | Devota | Devota Nichomba | 70 | |
| | | Quatres | Katundu | John Katundu | 61 | |
| Mashariki | | Manzese | Joyce | Joyce Z Ponela | 7 | |
| Matarawe | | Matarawe | Njowoka | Gedeon Njowoka | 54 | |
| Mateka | | Kipera | MCW | Fausta Lugongo | 199 | |
| Matogoro | | M/Mission | Mateneke | Mateneke Zuru | 192 | |
| | | Mabatini | Mabatini | Mariam hamisi | 227 | |
| | | Makambi A | DL | Hieronima Lugomi | 64 | |
| Mbombambili | | Merikebu | Masika | Joseph P Haule | 158 | |
| | | Miembeni | Malekela | Nakunda Lukome | 57 | |
| | | Mjimwema | Haule | Cotrida Haule | 194 | |
| | | Mputa | Mwingira | Flora Haule | 58 | |
| Mfaranyaki | | Matomondo | Chenza DLDM | Emmanuel Chenza | 22 | |
| | | | Majimaji | Said s Kassamya | 8 | |
| | | Mpate | Safi | Stephen J Ngonyani | 2 | |
| | | Stand kuu | Madamba DLDM | Ali Madamba | 20 | |
| | | Stendi | SAC DLDM | Sabina S. Ngonyani | 10 | |
| Misufini | | Zimanimoto | Mtega | Gedion Mtega | 68 | |
| Mjini | | Anglican | Doris | Blasto samila | 16 | |
| | | CCM | Maeda DLDM | Frank Maeda | 1 | |
| | | Delux | Njowoka | Gideon Njowoka | 9 | |
| | | Deluxe | Kiula DLDM | Peter Kiula | 13 | |
| | | Mahenge | Masiko | Wanchela M Masiko | 66 | |
| | | Mashujaa | Mapunda | Ausiasa Mapunda | 107 | |
| Mjini Magharibi | | Hospitali | Malekela DLDM | Daniel Malekela | 3 | |
| Mshangano | | Making'inda | Making'inda | Bertha Buckley | 109 | |
| | | Msamala | MP | Sarah Midas | 67 | |
| | | | Mwanga | Wilfred E Mwanga | 19 | |
| | | Osterbay | Vestina DLDM | Vestina Ndomba | 157 | |
| Msufini | | Manzese | Bens& Sons | Benard Kambanga | 23 | |
| NA | | NA | Nihuka | NA | NA | |
| Ruvuma | | Mateka B | Merina | Mary B komba | 193 | |
| | | Ruvuma | Hamisi | Beda Hamisi | 110 | |
| SONGEA RURAL | Gumbiro | Gumbiro | Hengula DLDM | Barnabas B. Mtwewe | 138 | |
| | | Likarangiro | OSCA DLDM | Osca Asulwisye | 28 | |
| | | Luhimba | PJ DLDM | Thobias Charles | 141 | |
| | | Mtyangimbole | Sandra DLDM | Adolfina Ndunguru | 140 | |
| | | Ngadinga | DEMO DLDM | Anna Ndunguru | 168 | |
| | Kilagano | | Mgazini Kati | Mgazini DLDM | Wilgis B. Tossi | 36 |
| | Lilambo | | Likuyufusi | Zenda | Magdalena Zenda | 32 |
| | | | Lilambo | Lukoto | William Mkunga | 179 |
| | | | | Njowoka | Cecilia Njowoka | 31 |
| | Litisha | | Liganga | Annet DLDM | Thadeo Kapinga | 37 |
| | Madaba | | Madaba | JIVA DLDM | Jimson Kamwela | 25 |
| | | | | NONAME | Phillemon Moyo | 24 |
| | Magagula | | Chipole | Navona | Sr Maria Mapunda | 170 |

| | | | | | | |
|---------|--------------------|----------------|--------------------|------------------------|------------------|-----|
| | | Kizuka | Kizuka DLDM | Gemma Mbele | 169 | |
| | | Lipokela | JB DLDM | JohnBosco Nchimbi | 38 | |
| | | Magagula | Nyirenda DLDM | Anneth Nyirenda | 136 | |
| | | Nakahegwa | Elu DLDM | Devota J. Charles | 174 | |
| | Mahanji | Madaba | Aneth DLDM | Leonia Kipera | 177 | |
| | Mahukuru | Lilahi | Mshana DLDM | Sophia Madege | 167 | |
| | | Nakawale | Darajani DLDM | Shaban Darajani | 143 | |
| | Maposeni | Peramiho | Kesya DLDM | Christopher Mtelekesya | 33 | |
| | | Peramiho B | Peramiho B DLDM | Ethel Maputa | 35 | |
| | Maposeni | Peramiho A | IDOFI DLDM | Mary O. Komba | 34 | |
| | Matimila | Matimila | St Joseph DLDM | Joseph Komba | 137 | |
| | Mpitimbi | Mpitimbi A | Ponela DLDM | Zabron Kisenime | 46 | |
| | Tanga | Sanangula | Sanangula DLDM | Mary Komba | 178 | |
| | | Tanga Kati | Mwanasa DLDM | Mwahija Luambano | 142 | |
| | Wino | Lilondo | JIVA DLDM | Valentino Mtemahuti | 26 | |
| | | | Milly DLDM | Selena Mulinga | 27 | |
| TUNDURU | Ligoma | Ligoma | Bush | Georige Haule | 123 | |
| | M/Mashariki | Majengo | Chanangula | Stephano Chanagula | 121 | |
| | Mindu | Namiungo | John | John Joakim | 0 | |
| | Mlingo Mashariki | Lambai | Ngairo | Rose Ngairo | 115 | |
| | Mlingoti Magharibi | Azimio | Peramiho | Faustin D Chale | 44 | |
| | | Azimio Sokoni | Kanono | Andrew Ndungulu | 122 | |
| | | Kalanje | Haule | Norbertk P. Haule | 116 | |
| | | | Majengo | African | Freo V sanga | 120 |
| | | | | Malekano | Meshack Malekano | 118 |
| | | | Mbwilo | Efraim G Mbwilo | 212 | |
| | | Nakayaya | Likwambe | Martha kapinga | 215 | |
| | | Soko la azimio | Burhani | Burhan Nakanje | 119 | |
| | | | KS | Patrick Kandamsile | 130A | |
| | Ujenzi | Matala | Mustapha s matalla | 114 | | |
| | Muhuwesi | Maji maji | Akwilasa | Noel Akwilasa | 218 | |
| | | Majimaji | Daraja | Jeshi Daraja | 126 | |
| | | | Majimaji | Michael Sinkamba | 217 | |
| | | | Makiwa | Ernest M. Makiwa | 127 | |
| | Msagula | Vica | Candidus Nyoni | 124 | | |
| | Nakapanya | Nakapanya | Ng'ombo | Joseph Ng'ombo | 129 | |