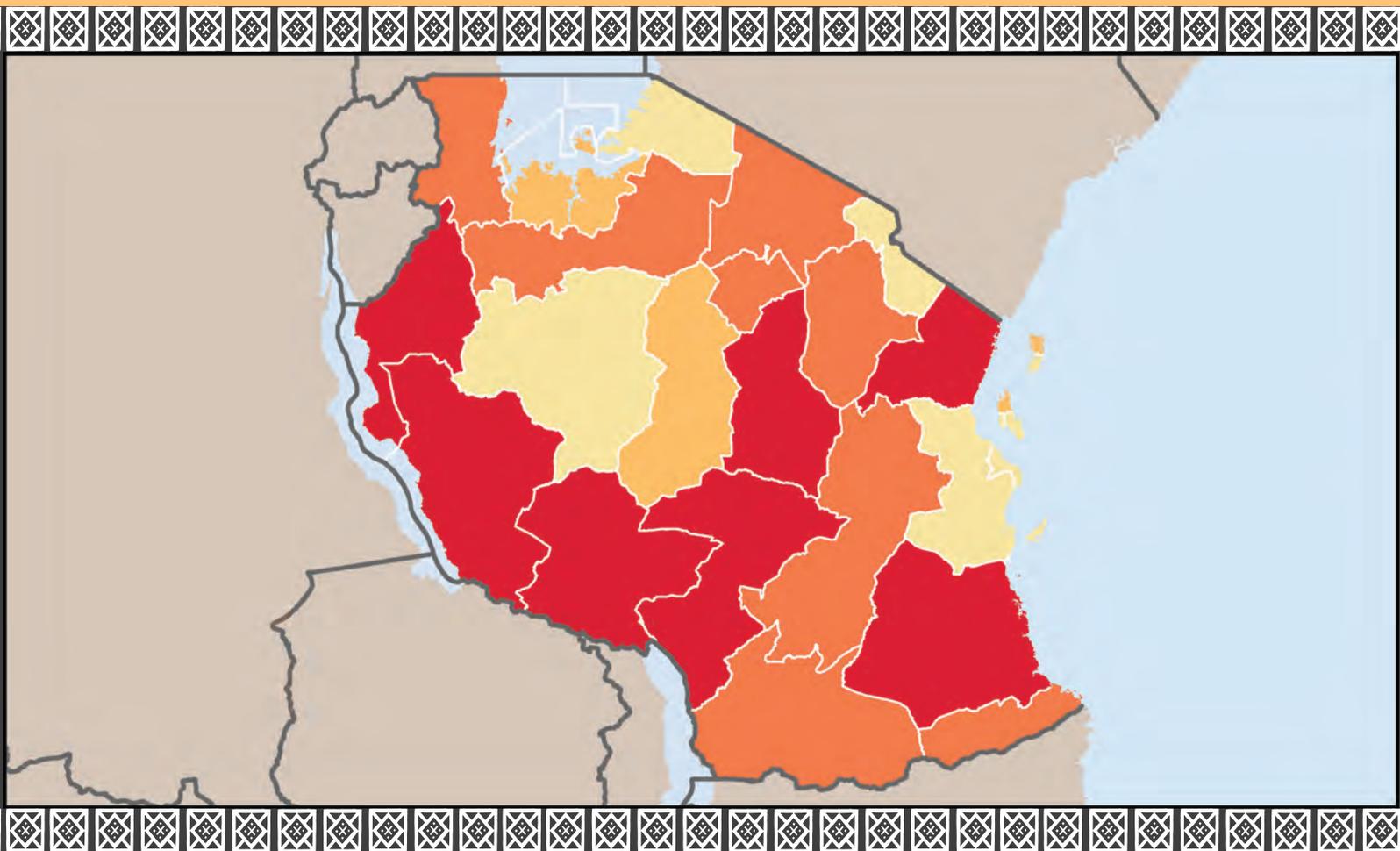


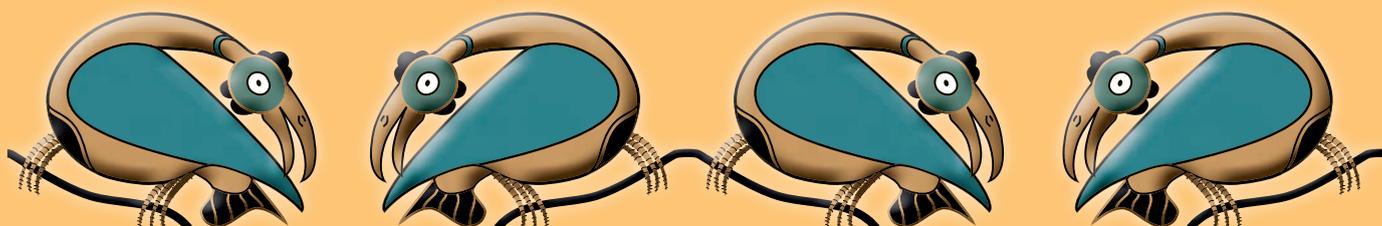
# Tanzania



**Atlas ya  
Afya ya Mama, Afya ya Mtoto na Lishe, Tanzania**

**Tanzania Atlas of  
Maternal Health, Child Health and Nutrition**

**2010**



This report summarises the findings of the 2010 Tanzania Demographic and Health Survey (TDHS) carried out by the National Bureau of Statistics (NBS) and the Office of the Chief Government Statistician -Zanzibar (OCGS) in collaboration with the Ministry of Health and Social Welfare (MoHSW). ICF International provided technical assistance for the survey through the USAID-funded MEASURE DHS programme, which is designed to assist developing countries in collecting data on fertility, family planning, and maternal and child health. Funding for the survey was provided by the Tanzania government through the MoHSW, Tanzania Food and Nutrition Centre (TFNC), Department for International Development (DFID), World Health Organization (WHO), United Nations Fund for Population Activities (UNFPA), United Nations Children’s Fund (UNICEF), World Food Programme (WFP), United Nations Development Programme (UNDP), One UN Fund (Joint Programme 2, and Joint Programme 5 – through MoHSW, Zanzibar), and Irish Aid. The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the donor organisations.

Additional information about the survey may be obtained from the Tanzania National Bureau of Statistics (NBS), Kivukoni Front, P.O. Box 796, Dar es Salaam, Tanzania (Telephone: +255-22-212-2722/3; Fax: 255-22-213-0852, email: dg@nbs.go.tz).

Additional information about the DHS programme may be obtained from MEASURE DHS, ICF International, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, U.S.A. (Telephone: 1.301.572.0200; Fax: 1.301.572.0999; e-mail: reports@measuredhs.com).

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## Introduction

Many maternal and child health and nutrition indicators have improved in Tanzania. According to the 2010 Tanzania Demographic and Health Survey (TDHS), almost all women are receiving at least some antenatal care and half of births are delivered in health facilities. Three-quarters of children are fully vaccinated. Infant and child mortality have decreased markedly in recent years and fewer children are malnourished. Still, many health challenges remain, Anaemia and vitamin A deficiency in children and women remain high and many women are not receiving all of the necessary elements for quality antenatal care.

Tanzania is a large country of great diversity. National indicators often mask disparities throughout the country. For example, while about half of deliveries occur in health facilities, this indicator is as low as 24% in Pemba North and as high as 90% in Dar es Salaam. Similarly, although three-quarters of Tanzanian children are fully vaccinated, this is true of only 42% of children in Tabora, while almost all (94%) of children in Kilimanjaro have received all recommended basic vaccinations. Programs and policies are most efficient when they target the most needy populations. Clearly a vaccination program does not need to be equally spread through Tanzania- it should be focused in the regions where vaccination coverage is lowest. Likewise, the regions that comprise Zanzibar often face different challenges than those on the Mainland. These disparities must be considered when developing interventions.

The maps provided in this atlas are intended to easily communicate these regional differences. Through maps, patterns emerge, outliers are immediately obvious, and a new vision of the health of a country can be formed. This new perspective should inform ongoing programs in Tanzania that seek to improve the health of all Tanzanian women and children.

## Utangulizi

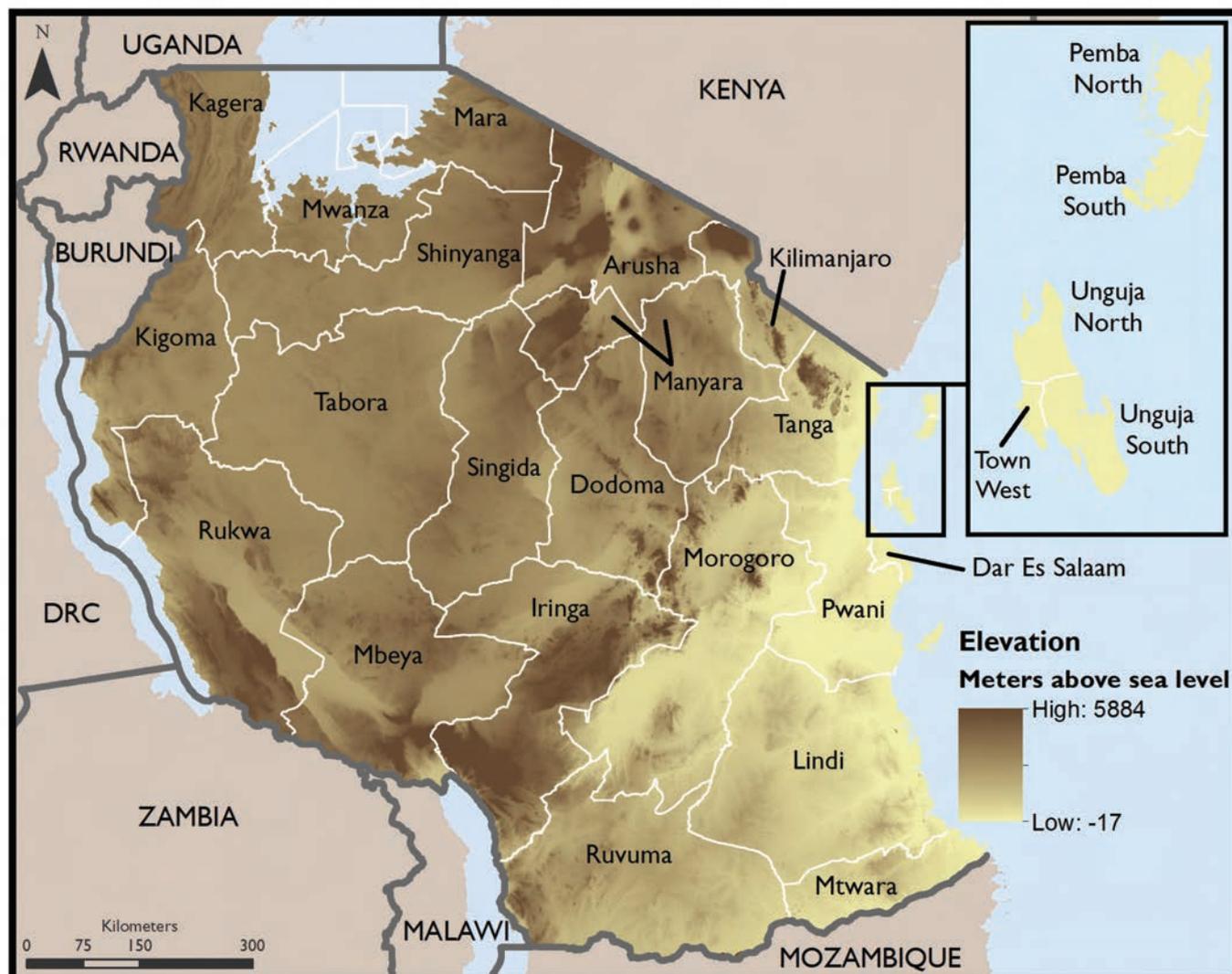
Viashiria vingi vya afya ya mama, afya ya mtoto na lishe nchini Tanzania hivi sasa vimeboreshwa. Kwa mujibu wa Utafiti wa Demografia na Afya Tanzania 2010 (TDHS), karibu wanawake wote wanapata huduma wakati wa ujuzito kwa kiasi fulani na nusu ya wanawake wanajifungulia katika vituo vya huduma za afya. Robo-tatu ya watoto wamepata chanjo zote za utotoni. Ni dhahiri kwamba vifo vya watoto wachanga na watoto wadogo vimepungua katika miaka ya hivi karibuni na ni watoto wachache tu wenye tatizo la lishe. Hata hivyo, bado kuna changamoto nyingi za kiafya, upungufu wa damu na upungufu wa vitamini A kwa watoto na wanawake bado ni mkubwa na wanawake wengi hawapati huduma muhimu zinazohusiana na ujuzito kwa kiwango kizuri na kwa ukamilifu.

Tanzania ni nchi kubwa yenye tofauti baina ya eneo moja na jingine. Viashiria vya kitaifa mara nyingi huonyesha tofauti baina ya maeneo. Kwa mfano, ingawa karibu nusu ya wanawake wanajifungulia katika vituo vya huduma za afya, kwa upande wa Kaskazini Pemba kiashiria hiki kiko chini sana, 24% wakati kwa Dar es Salaam idadi iko juu sana, 90%. Vivyo hivyo, ingawa robo-tatu ya watoto wote Tanzania wamepata chanjo zote, kwa upande wa Tabora ni 42% tu ya watoto wakati Mkoani Kilimanjaro karibu watoto wote (94%) wamepata chanjo zote za msingi zinazoshauriwa. Mipango na Sera inafanikiwa zaidi pale inapolenga makundi ambayo yana mahitaji zaidi. Ni wazi kwamba mpango maalum wa chanjo hauhitaji kuenea kwa uzito sawa nchini kote bali unapaswa kuelekezwa zaidi katika mikoa ambayo idadi ya watoto wanaopata huduma ya chanjo ni ndogo zaidi. Vivyohivyo, Mikoa ya Zanzibar mara kwa mara hukumbana na changamoto zaidi kuliko ile ya Bara. Tofauti hizi zinapaswa kuzingatiwa wakati wa kuandaa mipango.

Ramani zilizoko katika atlas hii zimewekwa kwa lengo la kuonyesha kwa urahisi tofauti zilizopo baina ya mikoa. Kupitia ramani, tofauti zinajidhihirisha wazi, maeneo yanayopaswa kushughulikiwa yanaonekana bayana na mwelekeo mpya wa suala la afya nchini unaweza kuandaliwa. Mtazamo huu mpya unapaswa kuhusisha program zote zinazoendelea nchini Tanzania ambazo lengo lake ni kuboresha afya za wanawake na watoto wote nchini.

# Tanzania 2010 Regions

Elevation in meters above sea level

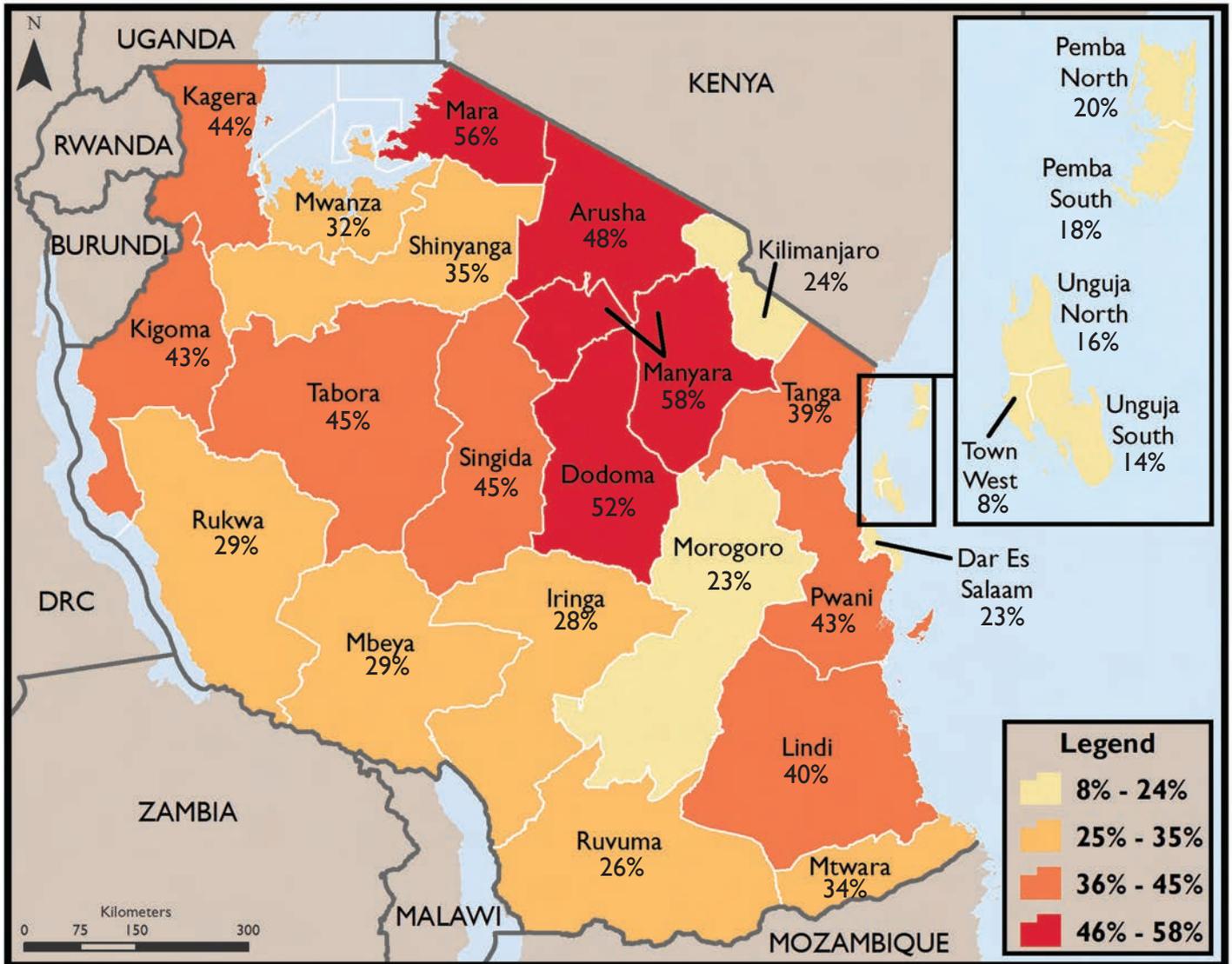


The 2010 Tanzania Demographic and Health Survey (TDHS) collected data from 9,623 households, 10,139 women, and 2,527 men from every region in the country. The survey sample was designed to provide estimates for the entire country, for urban and rural areas in the Mainland, and for Zanzibar. For specific indicators, such as delivery in a health facility, the sample design allowed for the estimation of indicators for each of the 26 regions. The 2010 TDHS also collected several biomarkers to assess the nutritional status of women and children. These biomarkers include: height and weight (anthropometry), anaemia, vitamin A status, iron status, and iodine status.

Utafiti wa Demografia na Afya Tanzania 2010 (TDHS) ulikusanya taarifa kutoka kaya 9,623, wanawake 10,139 na wanaume 2,527 kutoka katika kila mkoa nchini. Sampuli ya utafiti iliandaliwa katika namna ambayo inaruhusu kupata picha halisi ya nchi nzima, kwa mijini na vijijini kwa Tanzania Bara na Zanzibar. Kwa baadhi ya viashiria, kama vile idadi ya akinamama wanaojifungulia katika vituo vya huduma za afya, sampuli iliwezesha kufanya makadirio ya viashiria kwa kila mojawapo ya mikoa 26. TDHS 2010 pia ilikusanya taarifa zinazoweza kutathmini hali ya lishe ya wanawake na watoto. Taarifa hizo ni pamoja vipimo vya urefu na uzito, upungufu wa damu mwilini, taarifa kuhusu matone ya vitamini A, madini chuma na madini joto.

# Women's Problems in Accessing Health Care

Percent of women age 15-49 who reported at least one serious problem accessing health care for themselves when they are sick

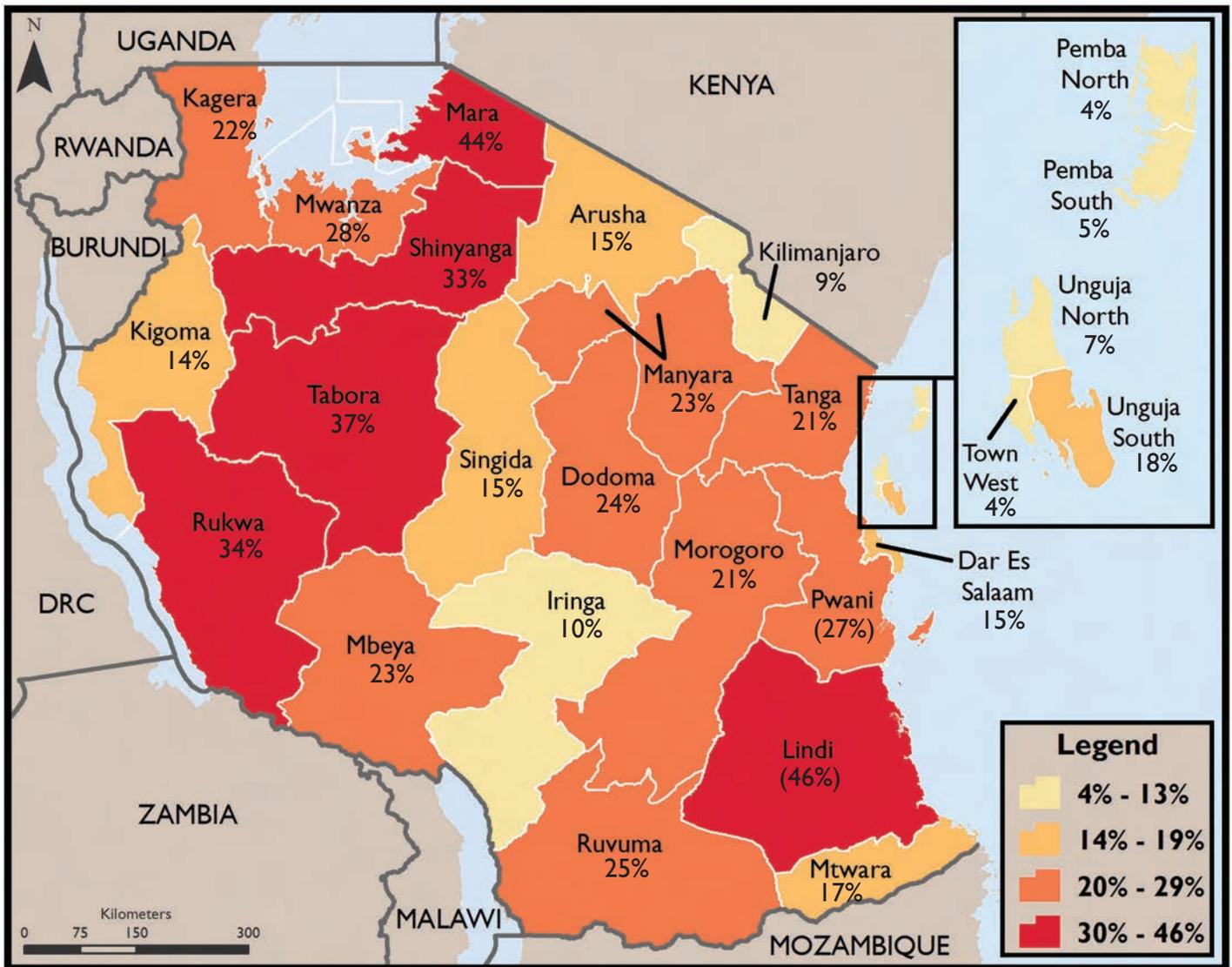


The 2010 TDHS asked all women age 15-49 about problems they face in accessing health care for themselves. More than one-third of women (36%) reported at least one serious problem in accessing health care for themselves. The most commonly cited problems are getting money for treatment and distance to a health facility. Over half of women in Manyara (58%), Mara (56%), and Dodoma (52%) reported at least one serious problem in accessing health care for themselves. Women living in the regions of Zanzibar are least likely to report problems accessing health care for themselves.

TDHS 2010 iliuliza wanawake wote wenye miaka 15-49 kuhusu vikwazo wanavyokumbana navyo katika kupata huduma za afya kwa ajili yao wenyewe. Zaidi ya theluthi-moja ya wanawake (36%) waliripoti kwamba wanapata angalau kikwazo kimoja kikubwa. Vikwazo vilivyotajwa na wengi ni upatikanaji wa fedha kwa ajili ya matibabu na umbali wa vituo vya huduma za afya. Zaidi ya nusu ya wanawake Mkoani Manyara (58%), Mara (56%) na Dodoma (52%) waliripoti kukumbana na angalau kikwazo kimoja kikubwa katika kupata huduma za afya kwa ajili yao wenyewe. Wanawake waishio mikoa ya Zanzibar wana uwezekano mdogo wa kuripoti vikwazo katika kupata huduma za afya.

# Adolescent Childbearing

Percent of women age 15-19 who have had a live birth or are pregnant with their first child (figures in parentheses are based on 25-49 unweighted cases and should be interpreted with caution)

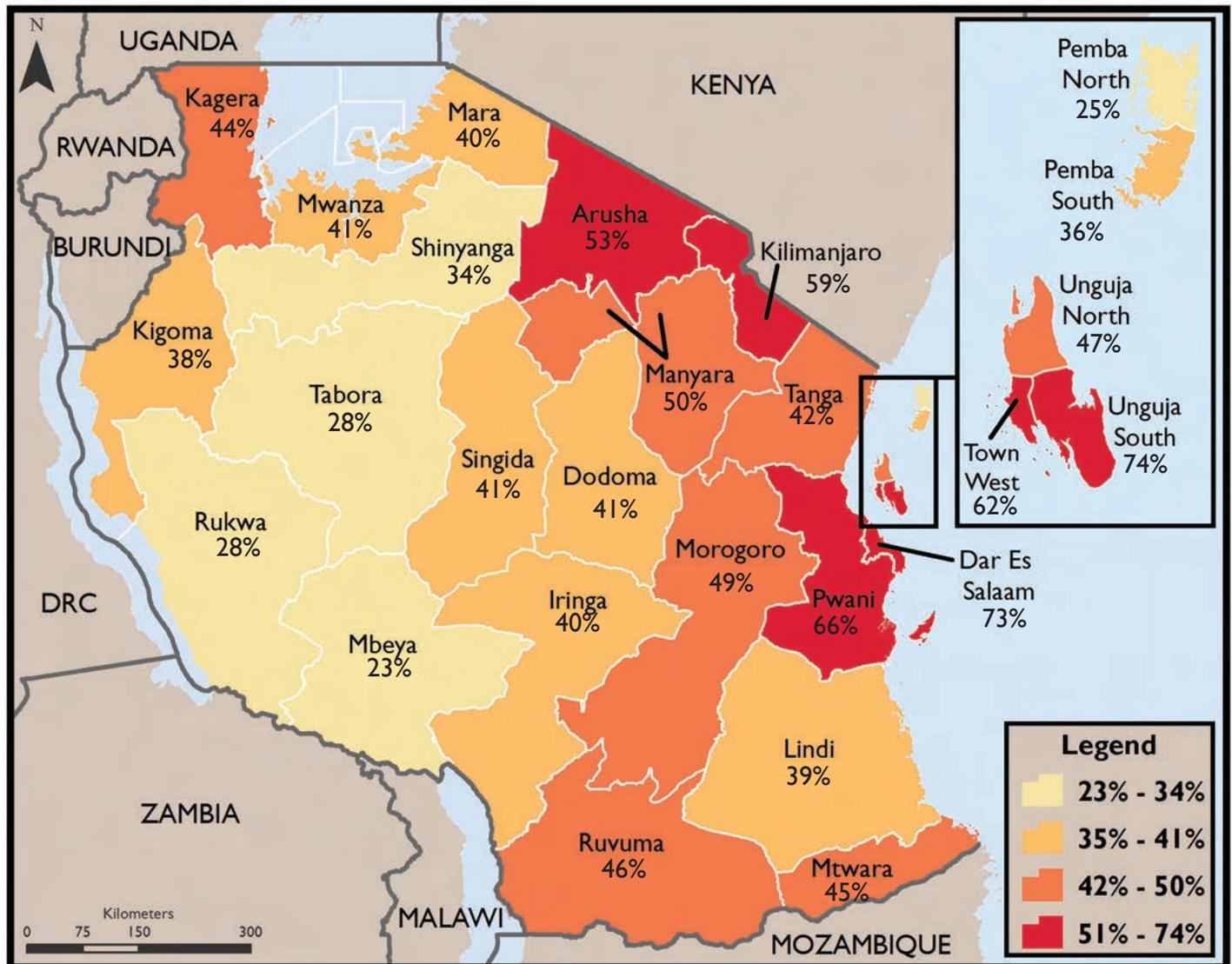


Teenage pregnancy is associated with many negative health consequences, including the increased risk of illness and death for both the mother and child. Twenty-three percent of women age 15-19 have already begun childbearing: 17% are mothers, and an additional 6% are pregnant with their first child. Adolescent childbearing ranges from a low of 4% of women age 15-19 in Pemba North and Town West to a high of 46%\* in Lindi. \*Data from Lindi are based on 25-49 unweighted cases and should be interpreted with caution.

Mimba katika umri mdogo zinahusishwa na athari nyingi za kiafya, ikiwa ni pamoja na hatari kubwa ya magonjwa na kifo kwa mama na mtoto. Asilimia ishirini na tatu ya wanawake wenye miaka 15-19 wamekwishaanza kuzaa; 17% ni mama, na wengine 6% wana ujuzito wa kwanza. Kiwango cha uzazi katika umri mdogo kinatofautiana kuanzia kiwango cha chini ambacho ni 4% kwa wanawake wenye miaka 15-19 Kaskazini Pemba na Mjini Magharibi hadi kiwango cha juu ambacho ni 46%\* huko Lindi\*. Takwimu za Lindi zinatokana na matukio 25-49, hivyo zinapaswa kutafsiriwa kwa tahadhari.

# Antenatal Care: Four or More Visits

Percent of women age 15-49 with a live birth in the past five years who attended four or more ANC visits

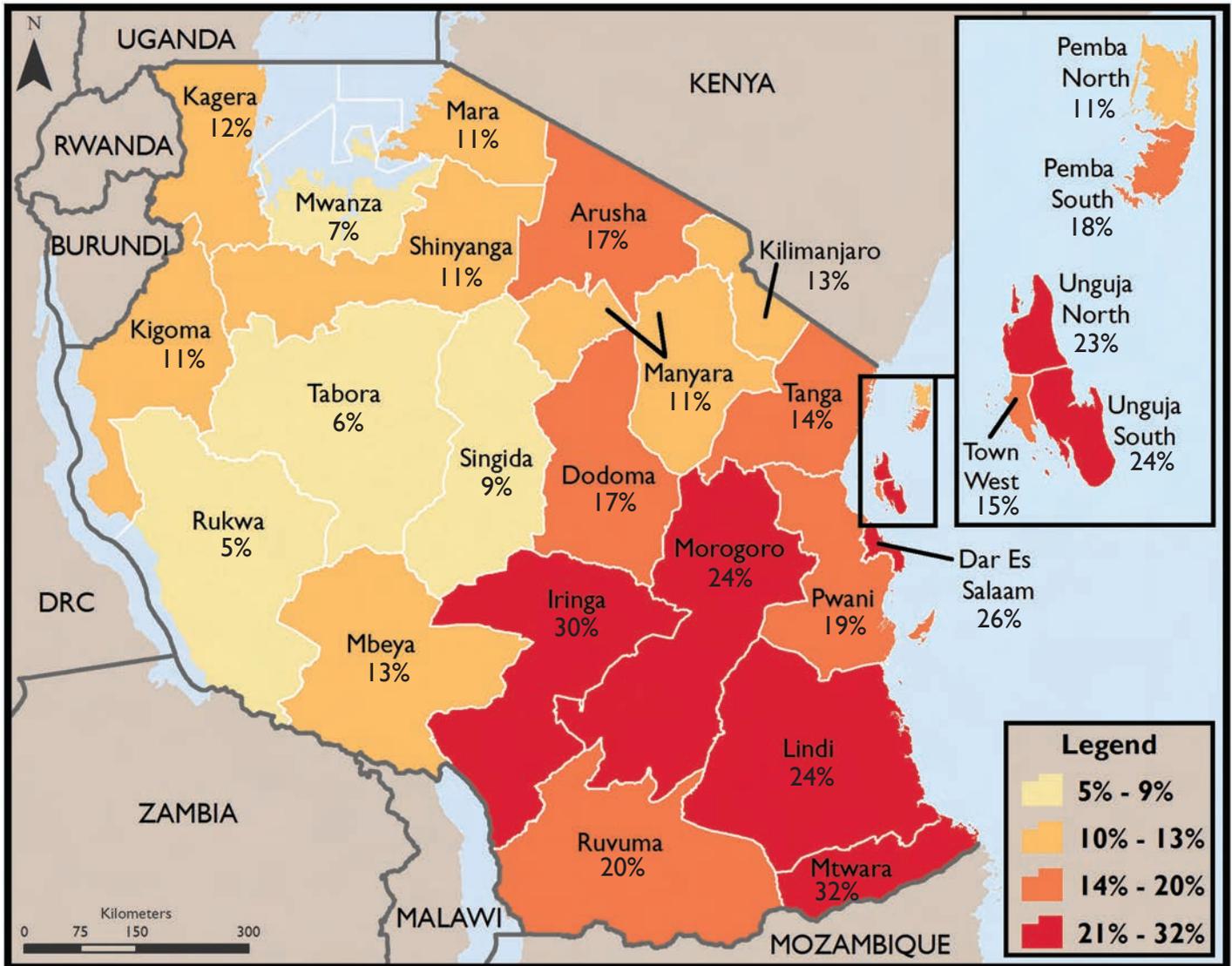


Ninety-six percent of Tanzanian women received antenatal care (ANC) from a skilled provider (doctor/AMO, clinical officer, assistant clinical officer, nurse/midwife, or MCH aide). However, less than half of women (43%) had four or more ANC visits, as recommended. The proportion of women who had four or more ANC visits ranges from a low of 23% of women in Mbeya to a high of 74% of women in Unguja South. Having four or more ANC visits is essential for critical antenatal care interventions such as intermittent preventive treatment for malaria, tetanus toxoid injections, and nutritional supplementation.

Asilimia tisini na sita ya wanawake Tanzania walipata huduma zinazohusiana na ujauzito kutoka kwa mtoa huduma mwenye ujuzi (daktari, daktari msaidizi, mganga, mganga msaidizi, muuguzi/mkunga, au mhudumu wa kitengo cha afya ya mama na mtoto). Hata hivyo, chini ya nusu ya wanawake (43%) walifika kliniki mara nne au zaidi, kama inavyoshauriwa. Idadi ya wanawake waliokwenda kliniki mara nne au zaidi inatofautiana kutoka idadi ya chini kabisa 23% ya wanawake Mkoani Mbeya hadi idadi ya juu kabisa 74% ya wanawake Kusini Unguja. Ni muhimu kwa mjamzito kufika kliniki mara nje au zaidi ili kupata huduma kama dawa ya malaria, sindano za pepopunda na virutubisho vya nyongeza.

# Antenatal Care Visits in the First Trimester of Pregnancy

Percent of women age 15-49 with a live birth in the past five years whose first ANC visit occurred in the first trimester of pregnancy

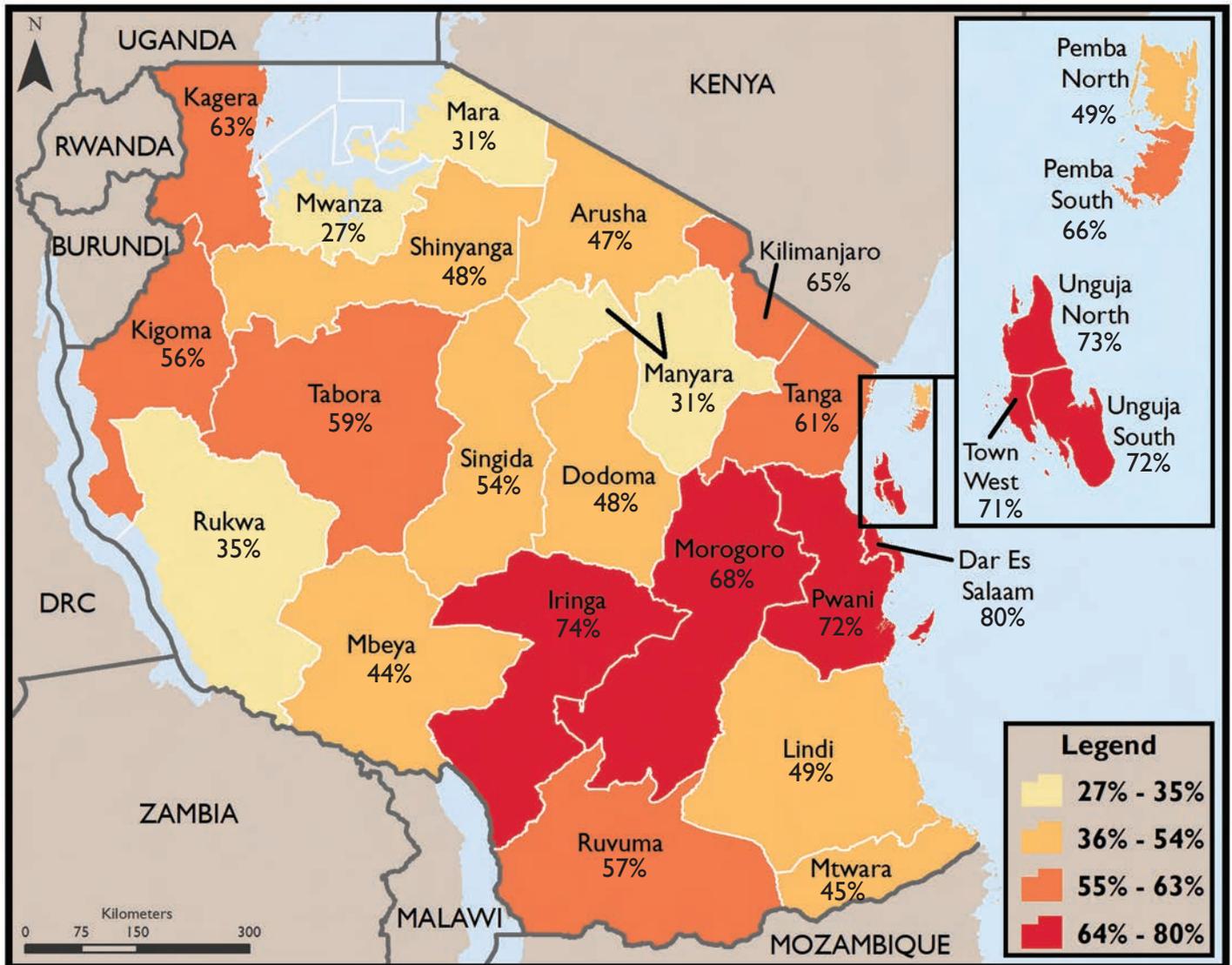


Just 15% of Tanzanian women sought antenatal care in the first trimester of pregnancy, as recommended. Nearly one-third of women did not seek ANC until their sixth month of pregnancy. Antenatal care should begin in the first trimester of pregnancy so potential complications can be identified and treated early. Moreover, beginning antenatal care in the first trimester of pregnancy facilitates the recommended schedule of four or more antenatal care visits according to a prescribed schedule. Seeking antenatal care in the first trimester of pregnancy varies from just 5% of women in Rukwa to 32% of women in Mtwara.

15% ya wanawake Tanzania walikwenda kliniki kupata huduma ziazohusiana na ujauzito katika kipindi cha miezi miatu ya mwanzo ya ujauzito, kama inavyoshauriwa. Karibu theluthi-moja ya wanawake hawakwenda kliniki mpaka walipotimiza mwezi wa sita wa ujauzito. Huduma zinazohusiana na ujauzito zinapaswa kuanza katika miezi mitatu ya mwanzo ya ujauzito ili kuweza kugundua uwezekano wa matatizo na kuyashughulikia mapema. Zaidi ya hapo, kuhudhuria kliniki mapema katika kipindi cha miezi mitatu ya mwanzo ya ujauzito kunafanikisha kukamilika kwa ratiba ya huduma za ujauzito ambazo zinampasa mtu kuhudhuria kliniki angalau mara nne au zaidi. Asilimia ya wanaokwenda kliniki kuanzia miezi mitatu ya mwanzo inatofautiana kuanzia 5% ya wanawake Mkoani Rukwa hadi 32% Mkoani Mtwara.

# Antenatal Care: Informed of Signs of Pregnancy Complications

Among women receiving ANC for the most recent birth in the past five years, percent who were informed of signs of pregnancy complications

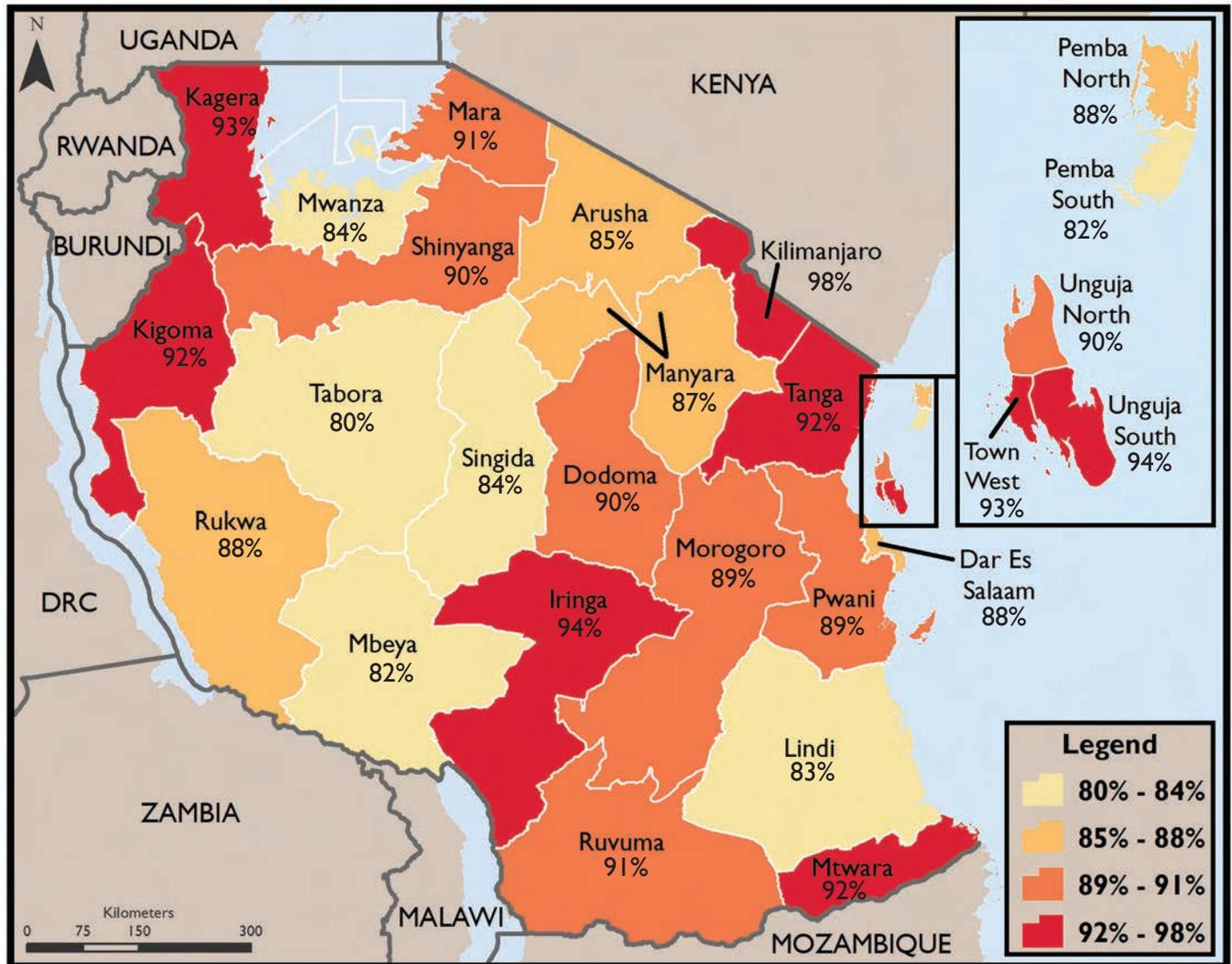


High quality of antenatal care (ANC) is crucial to keeping mothers and babies healthy. One component of high quality ANC is informing pregnant women of signs of pregnancy complications and encouraging them to seek treatment if they experience complications. Just over half (53%) of women were informed of signs of pregnancy complications during antenatal care. Women living in urban areas were markedly more likely to have been informed of signs of pregnancy complications than women living in rural areas (73% and 47%, respectively). The proportion of women who were informed of signs of pregnancy complications varies dramatically by region from only 27% of women in Mwanza to 80% of women in Dar es Salaam.

Ni muhimu kuwa na kiwango cha juu cha ubora wa huduma za kliniki kwa wajawazito ili kulinda afya ya mama na mtoto. Kipengere kimojawapo cha huduma za kiwango bora ni kuwaeleza wajawazito dalili za hatari na kuwahimiza kutafuta tiba ikiwa wataona dalili hizo. Zaidi ya nusu (53%) ya wanawake walifahamishwa dalili za hatari wakati wa ujuzito walipokwenda kliniki. Wanawake waishio mijini walikuwa na uwezekano mkubwa wa kufahamishwa dalili za hatari wakati wa ujuzito kuliko wale wa vijijini (73% kwa 47%). Idadi ya wanawake waliofahamishwa dalili za hatari wakati wa ujuzito inatofautiana sana baina ya mikoa kutoka 27% tu ya wanawake Mkoani Mwanza hadi 80% ya wanawake Mkoani Dar es Salaam.

# Antenatal Care: Tetanus Toxoid Injections

Percent of women age 15-49 with a live birth in the past five years whose last birth was protected against neonatal tetanus

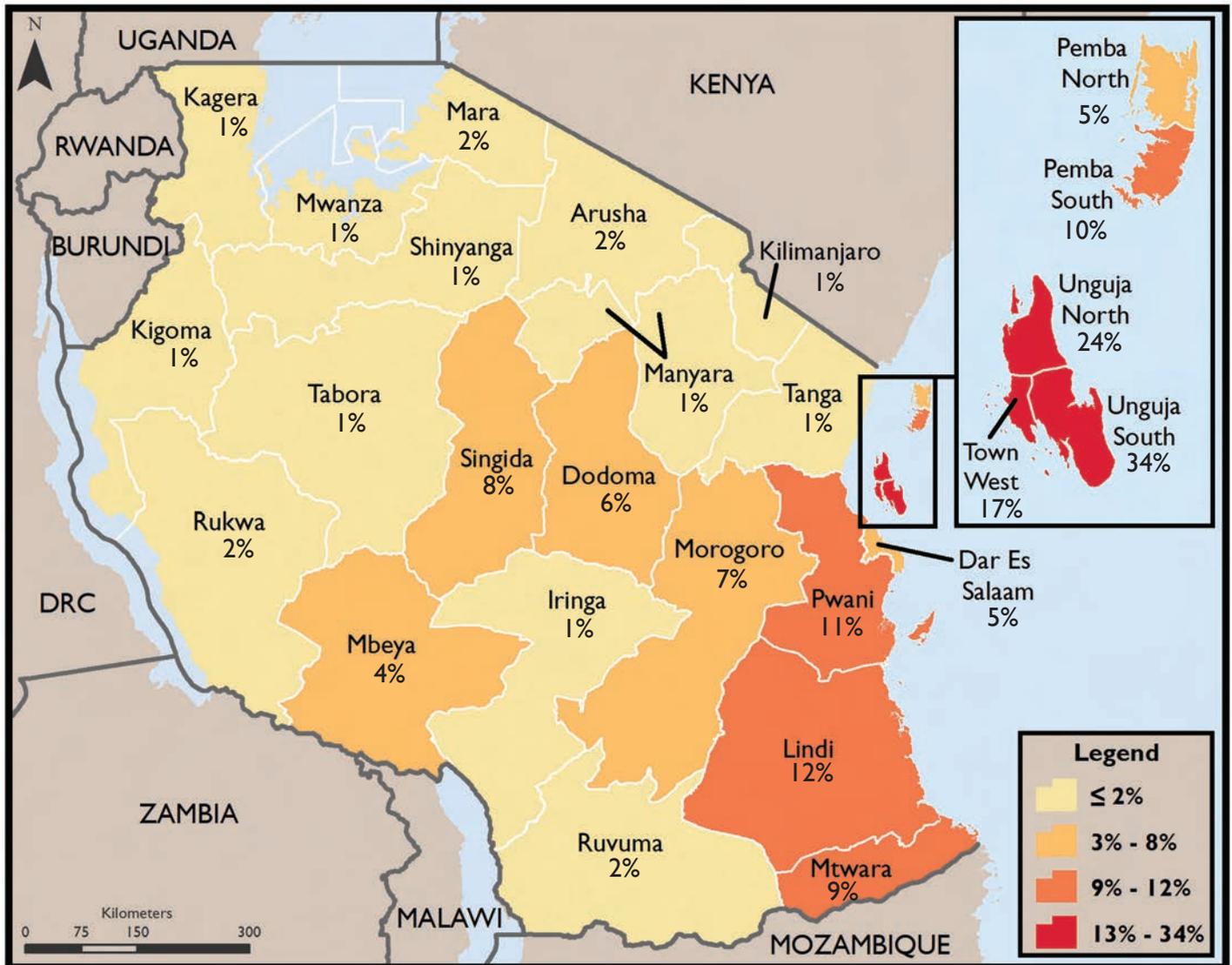


Tetanus toxoid (TT) vaccinations are given to pregnant women to prevent neonatal tetanus. A baby is considered protected if the mother receives two doses of tetanus toxoid during pregnancy; however, if the woman was vaccinated during a previous pregnancy, she only requires one dose for the current pregnancy. Eighty-eight percent of last births in Tanzania were protected against neonatal tetanus. Mothers under age 20 are less likely to have their last birth protected against neonatal tetanus than older mothers. Just 80% of last births in Tabora were protected against neonatal tetanus, compared to 98% in Kilimanjaro.

Sindano ya Pepopunda (TT) ni chanjo ambayo inatolewa kwa wajawazito kuwakinga dhidi ya ugonjwa wa pepopunda (tetenasi). Inasadikiwa kwamba mtoto anakuwa amepata kinga ikiwa mama yake atakuwa amepata dozi mbili za chanjo hiyo wakati wa ujauzito; hata hivyo, ikiwa mama alipata chanjo hiyo katika ujauzito uliotangulia, atahitajika kupata dozi moja tu kwa ujauzito unaofuata. 88% ya wanawake walipata chanjo hiyo katika uzazi wao wa mwisho. Akinamama wenye umri chini ya miaka 20 wana uwezekano mdogo zaidi wa kupata chanjo hiyo kuliko akinamama wenye umri mkubwa. 80% ya wanawake waliojifungua Mkoani Tabora walipata chanjo hiyo katika uzazi wao wa mwisho ikilinganishwa na 98% Mkoani Kilimanjaro.

# Antenatal Care: Iron Supplementation

Percent of women age 15-49 with a live birth in the past five years who took iron supplements for 90 or more days during the last pregnancy

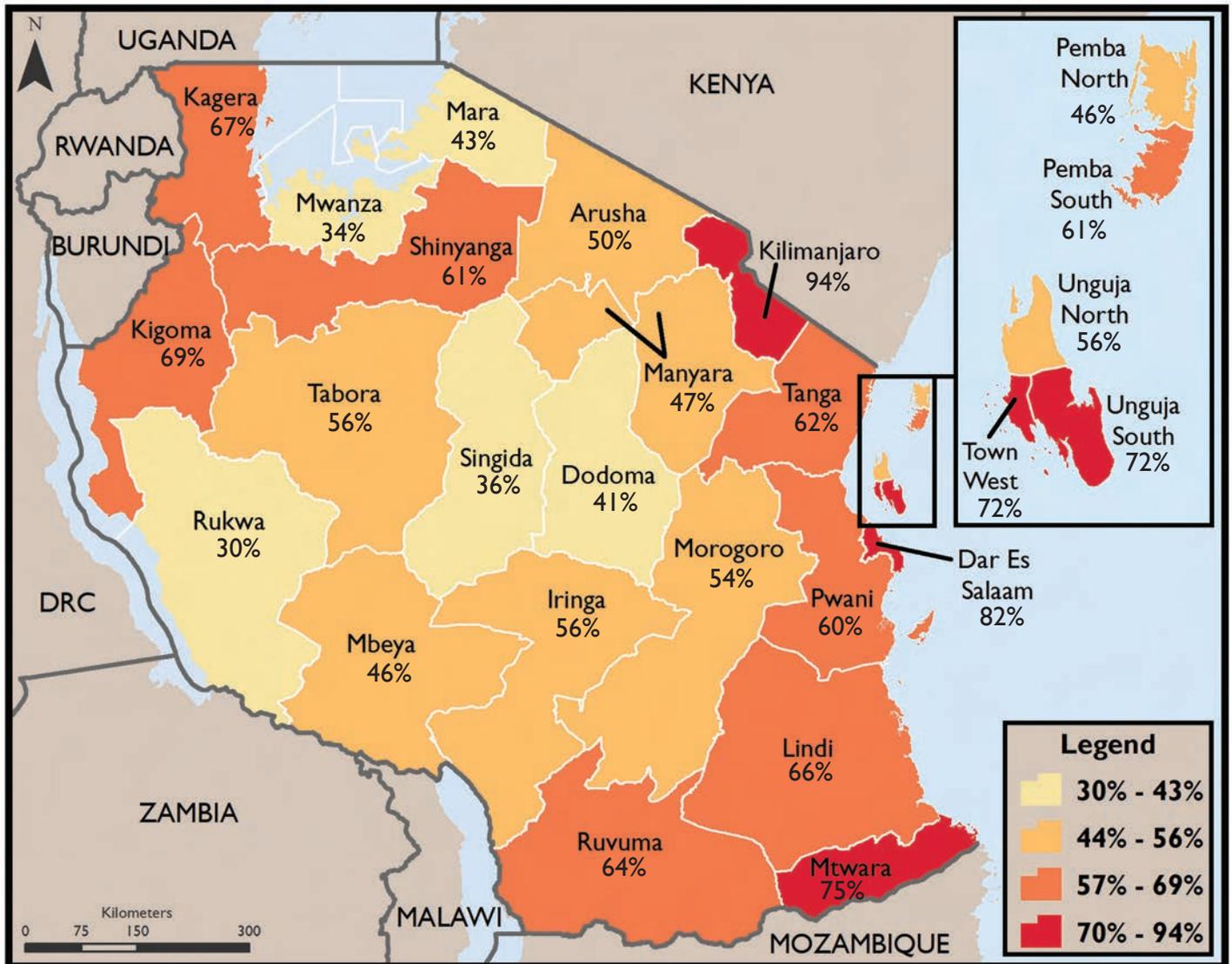


During pregnancy, a woman’s nutritional demands are increased. Iron supplementation can help reduce the risk of nutritional anaemia and death from peripartum bleeding. Though it is recommended that women take daily iron tablets throughout the pregnancy period, only 4% women took iron tablets for 90 or more days during their last pregnancy. Iron supplementation is lowest in Kilimanjaro, Manyara, Tanga, Iringa, Tabora, Kigoma, Mwanza, Kagera, and Shinyanga where just 1% of women took iron supplements for 90 or more days during their last pregnancy. In contrast, more than one-third (34%) of women in Unguja South took iron supplements for 90 or more days.

Wakati wa ujauzito, mahitaji ya virutubisho katika mwili wa mama huongezeka. Dawa ya madini chuma (ya kuongeza damu) inaweza kusaidia kupunguza hatari ya kupungukiwa damu inayoweza kutokana na lishe na hata kumwepusha mama na uwezekano wa kufa ikiwa atatokwa na damu nyingi wakati wa kujifungua. Ingawa inashauriwa kwamba mama ameze vidonge vya madini chuma kila siku katika kipindi chote cha ujauzito, 4% tu ya wanawake ndio waliomeza vidonge hivyo kwa siku 90 au zaidi wakati wa ujauzito wao wa mwisho. Utumiaji wa dawa hizi ni wa chini zaidi Mkoani Kilimanjaro, Manyara, Tanga, Iringa, Tabora, Kigoma, Mwanza, Kagera na Shinyanga, ambapo 1% tu ya wanawake ndio waliomeza vidonge hivyo kwa siku 90 au zaidi katika ujauzito wao wa mwisho. Kinyume chake, zaidi ya theluthi-moja (34%) ya wanawake Kusini Unguja walimeza vidonge hivi kwa siku 90 au zaidi.

# Antenatal Care: HIV Counselling and Testing

Among women age 15-49 with a live birth in the past two years, percent who received pretest counselling, had an HIV test, and received the results

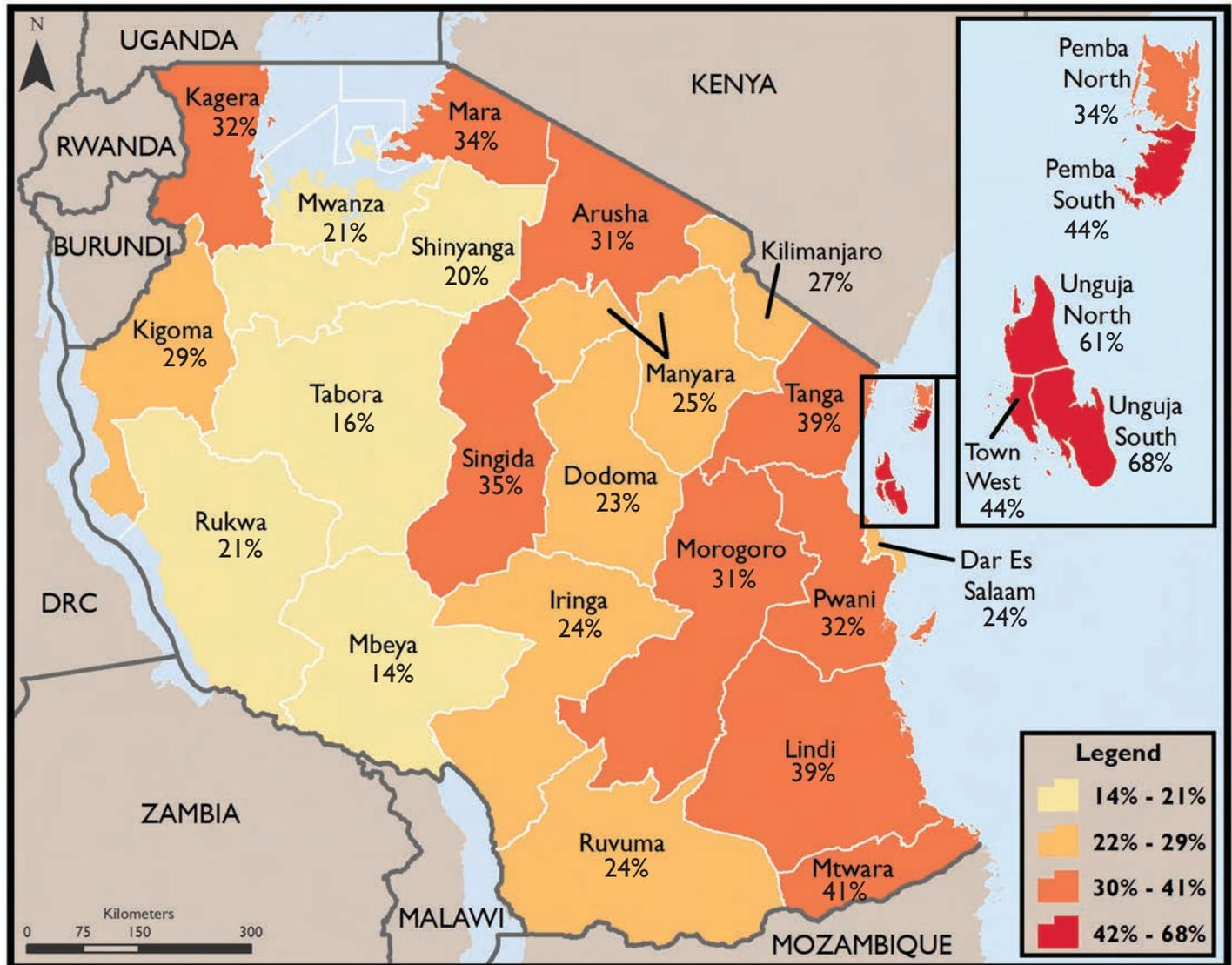


Screening pregnant women for HIV is an important step in preventing mother-to-child transmission of HIV. Over half (55%) of women who gave birth in the two years before the survey reported receiving pretest counselling, having an HIV test, and receiving the results of the test. HIV counselling and testing during pregnancy increases with a woman’s level of education; 41% of women with no education were counselled, tested for HIV, and received the results, compared to 74% of women with secondary or higher education. Thirty percent of women in Rukwa were counselled, tested for HIV, and received the results, compared to 94% of women in Kilimanjaro.

Upimaji wa VVU kwa wazazi ni muhimu katika kudhibiti maambukizi ya VVU kutoka kwa mama kwenda kwa mtoto. Zaidi ya nusu (55%) ya wanawake waliojifungua miaka miwili kabla ya utafiti waliripoti kwamba walipata ushauri nasaha kabla ya kupima, wakapima VVU na kupokea majibu ya vipimo. Ushauri nasaha na upimaji wa VVU wakati wa ujuzito unaongezeka sambamba na kiwango cha elimu cha mama; 41% ya wanawake wasiokuwa na elimu walipata ushauri nasaha, wakapima VVU na kupokea majibu ukilinganisha na 74% ya wanawake wenye elimu ya sekondari au elimu ya juu. 30% ya wanawake Mkoani Rukwa walipatiwa ushauri nasaha, wakapima VVU na kupokea majibu, ukilinganisha na 94% ya wanawake Mkoani Kilimanjaro.

# Antenatal Care: Intermittent Preventive Treatment

Percent of women age 15-49 with a live birth in the past two years who received two or more doses of SP/Fansidar, at least one during an ANC visit

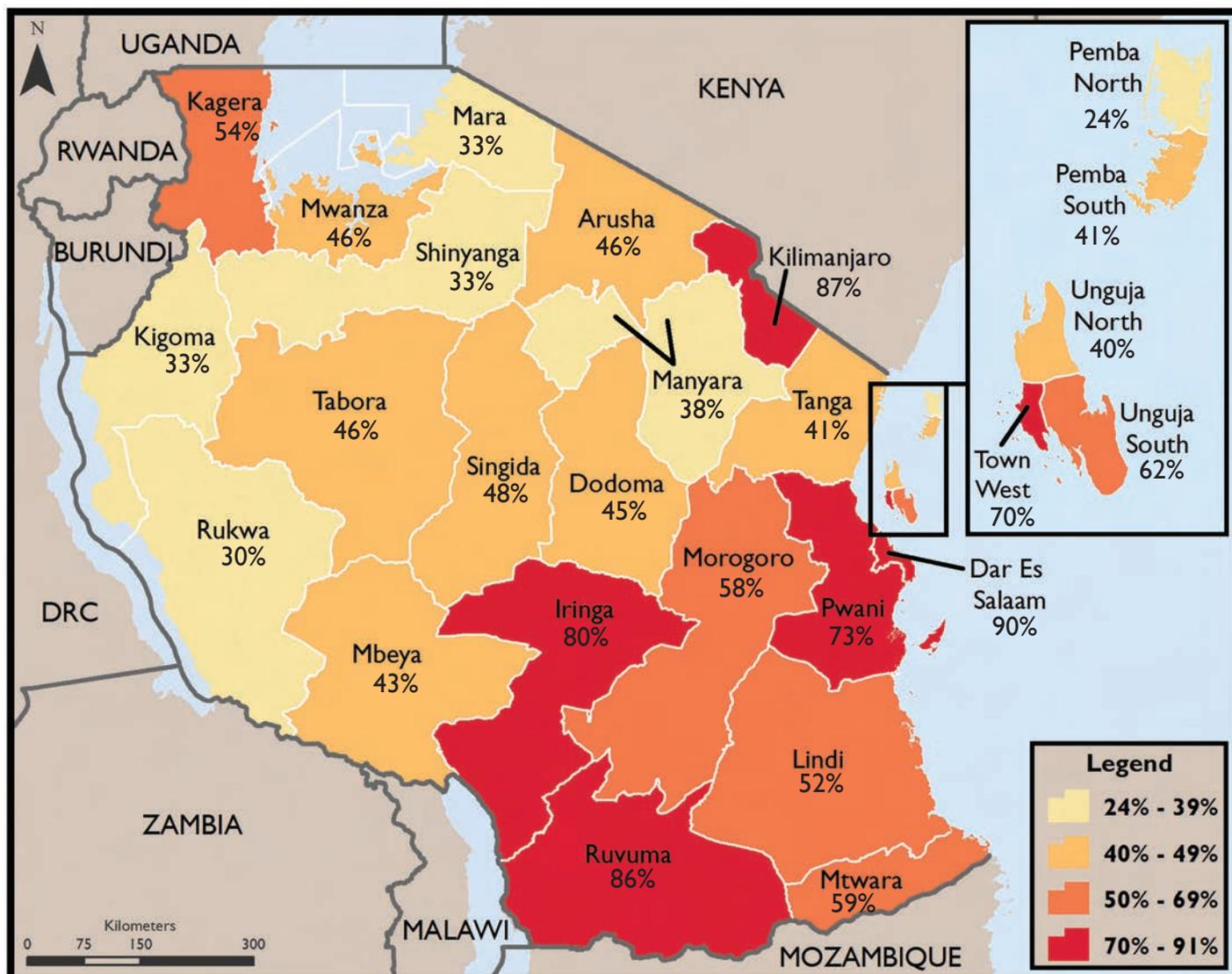


Prevention of malaria during pregnancy is extremely important for the health of the mother and the child. Just 26% of pregnant women in Tanzania received the recommended two doses of the antimalarial SP/Fansidar during an antenatal care visit to prevent malaria. Intermittent preventive treatment is highest in Unguja South (68%) and lowest in Mbeya, where just 14% of pregnant women received the recommended antimalarial treatment.

Kuzuia malaria wakati wa ujauzito ni muhimu sana kwa afya ya mama na mtoto. 26% ya wajawazito nchini Tanzania walipata dozi mbili za dawa ya malaria, SP/Fansidar, kama inavyoshauriwa, wakati walipokwenda kliniki kwa huduma zinazohusiana na ujauzito. Dawa ya malaria kwa wajawazito inatolewa zaidi Kusini Unguja (68%) na ni ya chini sana Mkoani Mbeya, ambapo 14% tu ya wajawazito ndio waliopewa dawa hizi.

## Delivery in a Health Facility

Percent of live births in the past five years delivered in a health facility

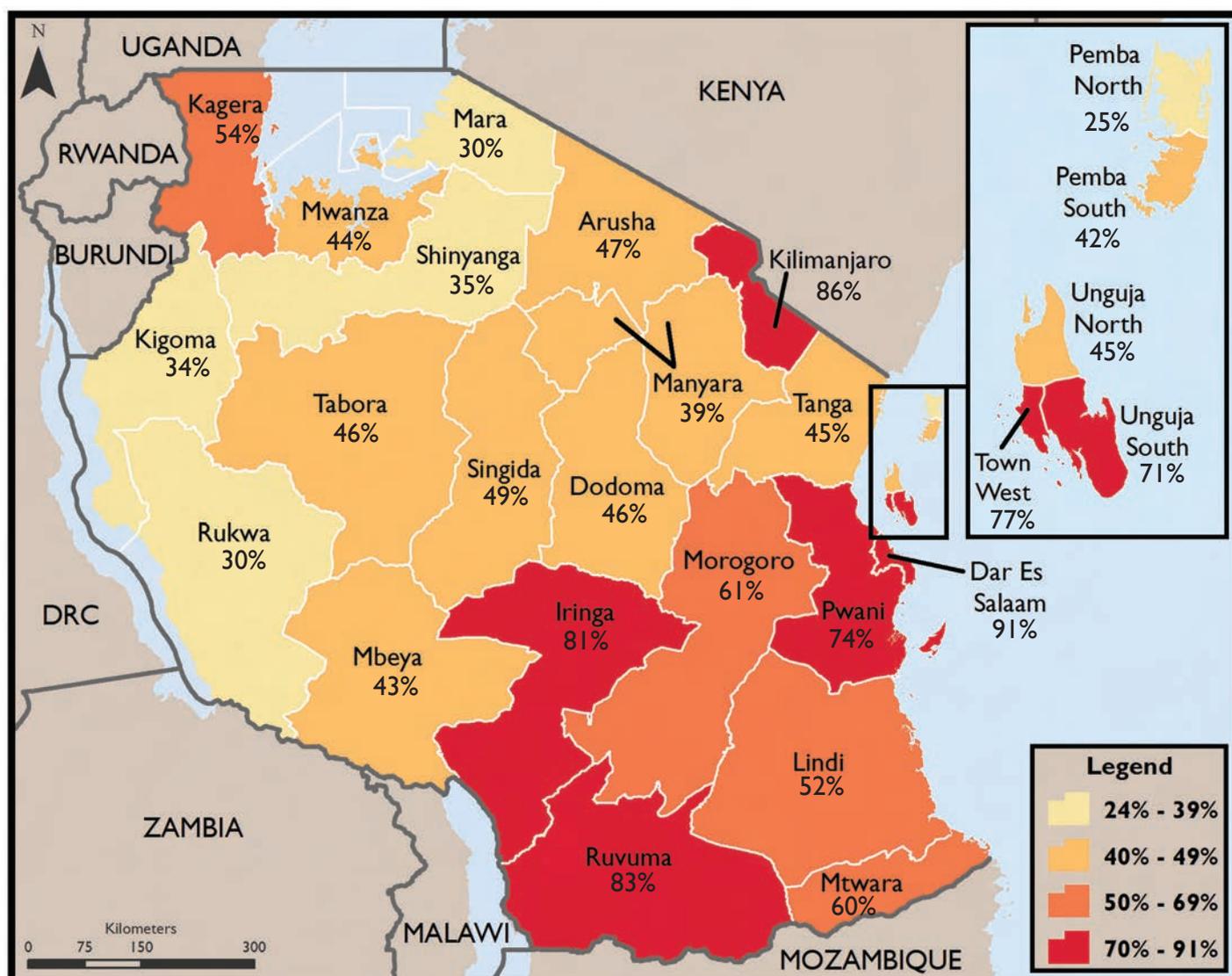


Delivery in a health facility can reduce the risk of complications and infections which can harm the mother and/or the newborn baby. Half of deliveries in Tanzania occur in a health facility, while 48% occur at home. Women who had four or more antenatal care visits are more than four times as likely to deliver in a health facility than women who had no antenatal care (63% versus 15%). Delivery in a health facility ranges from a low of 24% in Pemba North to a high of 90% in Dar es Salaam.

Kujifungulia katika vituo vya huduma za afya kunaweza kupunguza hatari ya matatizo wakati wa kujifungua na hata maambukizi ya magonjwa ambayo yanaweza kumdhuru mama na mtoto atakayezaliwa. Nusu ya wanawake nchini Tanzania wanajifungulia katika vituo vya huduma za afya, wakati 48% wanajifungulia nyumbani. Wanawake ambao wamehudhuria kliniki mara nne au zaidi wakati wa ujauzito wana uwezekano mkubwa mara nne zaidi wa kujifungulia katika vituo vya huduma za afya kuliko wale ambao hawakuhudhuria kliniki (63% dhidi ya 15%). Kujifungulia katika vituo vya huduma za afya kunatofautiana kuanzia kiwango cha chini kabisa Kaskazini Pemba (24%) hadi kiwango cha juu zaidi Mkoani Dar es Salaam (90%).

## Delivery Assistance from a Skilled Provider

Percent of live births in the past five years assisted by a skilled provider (doctor/AMO, clinical officer, assistant clinical officer, nurse/midwife, or MCH aide)

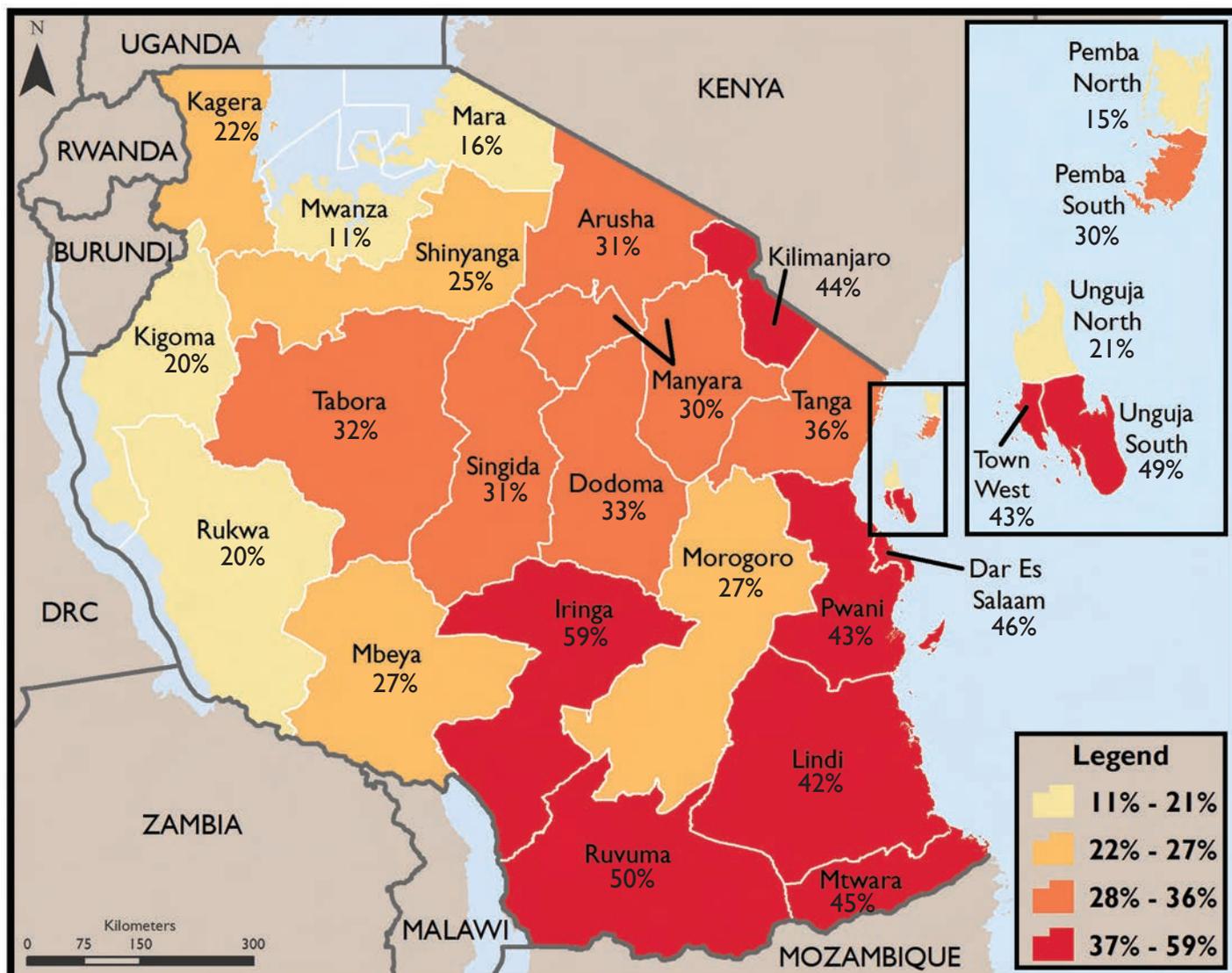


Delivery assistance from a skilled provider is critical to reducing maternal and neonatal mortality. In Tanzania, skilled providers include: doctor/AMO, clinical officer, assistant clinical officer, nurse/midwife, and MCH aide. Fifty-one percent of deliveries are assisted by a skilled provider, the majority are assisted by a nurse/midwife. Women living in urban areas are markedly more likely to receive delivery assistance from a skilled provider than women living in rural areas (83% and 42%, respectively). Just 25% of women living in Pemba North received delivery assistance from a skilled provider, compared to 86% of women in Kilimanjaro.

Kujifungua kwa msaada wa wataalam wa afya ni muhimu katika kupunguza vifo vya akinamama na watoto vitokakavyo na uzazi. Nchini Tanzania, watoa huduma wenye ujuzi ni pamoja na daktari/daktari msaidizi, mganga/mganga msaidizi, muuguzi/mkunga na mhudumu wa kitengo cha afya ya mama na mtoto. 51% ya wanawake wanajifungua kwa msaada wa mtoa huduma mwenye ujuzi, wengi wao wanazalishwa na wauguzi/wakunga. Wanawake waishio mijini wana uwezekano mkubwa zaidi wa kujifungua kwa msaada wa mtoa huduma mwenye ujuzi kuliko wale wanaoishi vijijini (83% dhidi ya 42%). Asilimia ishirini na tano ya wanawake waishio Kaskazini Pemba walijifungua kwa msaada wa mtoa huduma mwenye ujuzi ukilinganisha na 86% ya wanawake Mkoani Kilimanjaro.

## Postnatal Checkup within Two Days of Delivery

Percent of women age 15-49 who gave birth in past five years who received a postnatal checkup within two days of delivery

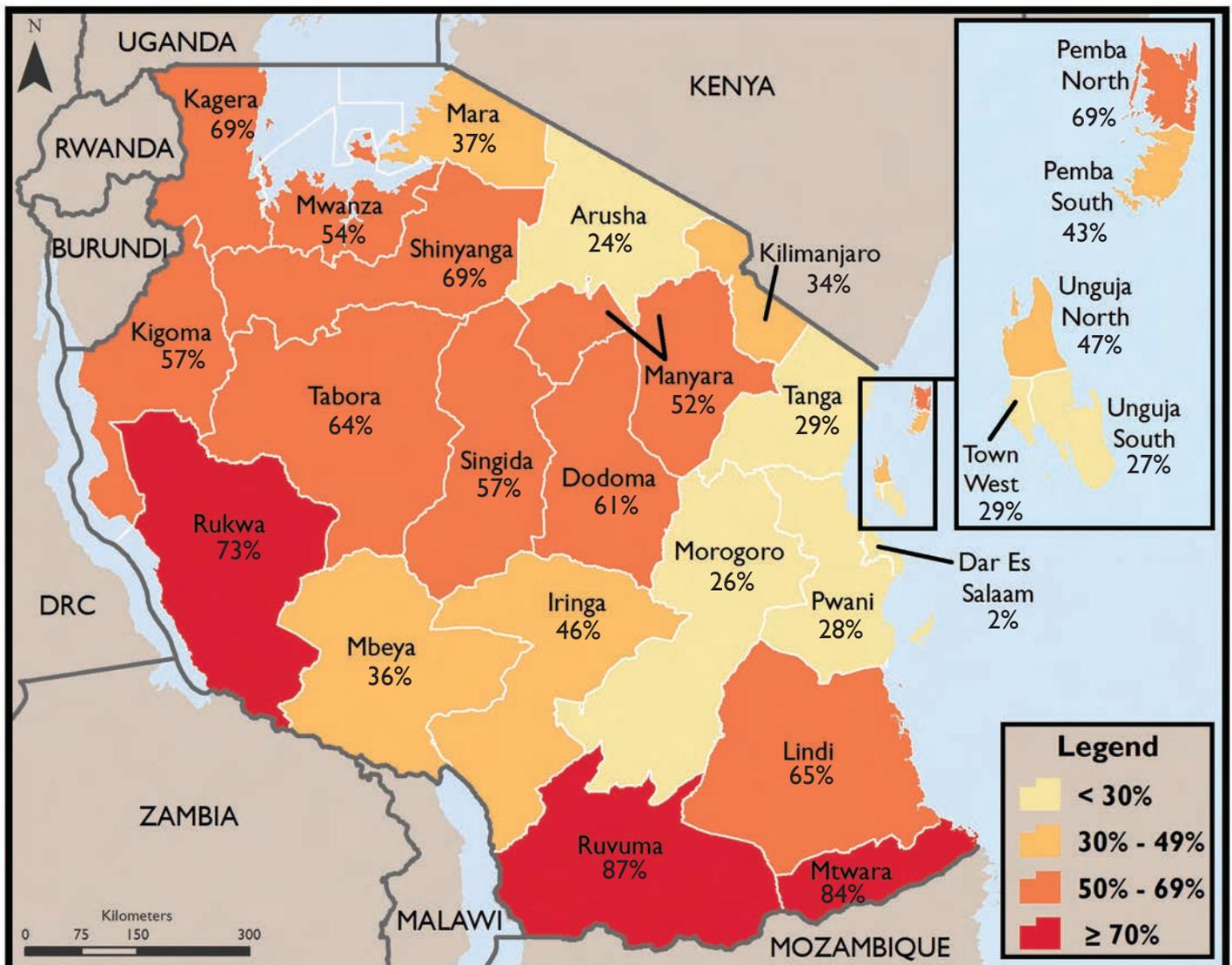


Postnatal care is important to treat complications for both the mother and the child. Since most maternal and neonatal deaths occur within two days of delivery, it is recommended that women have a postnatal checkup during this time period. Three in ten Tanzanian women had a postnatal checkup within two days of delivery, while 65% did not have a postnatal checkup. The likelihood of having a postnatal checkup within two days of delivery increases with a woman's level of education and household wealth. Women living in Mwanza (11%) were least likely to have a postnatal checkup within two days of delivery, while women living in Iringa (59%) were most likely to have a postnatal checkup in the recommended time period.

Huduma ya uchunguzi wa afya baada ya kujifungua ni muhimu katika kuzuia matatizo kwa mama na kwa mtoto. Kwakuwa vifo vingi vya mama na watoto wachanga hutokea ndani ya siku mbili tangu kujifungua, inashauriwa kwamba wanawake wafanyiwe uchunguzi wa afya katika kipindi hicho. Wanawake watatu katika kila wanawake kumi Tanzania walifanyiwa uchunguzi wa afya ndani ya siku mbili tangu kujifungua, wakati 65% hawakufanyiwa uchunguzi. Uwezekano wa kupata huduma ya uchunguzi baada ya kujifungua ndani ya siku mbili unaongezeka sambamba na kiwango cha elimu cha mama na kiwango cha utajiri katika kaya. Wanawake waishio Mwanza (11%) walikuwa na uwezekano mdogo wa kufanyiwa uchunguzi wa afya siku mbili tangu kujifungua, wakati wanawake waishio Iringa (59%) walikuwa na uwezekano mkubwa wa kufanyiwa uchunguzi wa afya baada ya kujifungua katika kipindi kinachoshauriwa.

# Women's Iodine Status

Percent of women age 15-49 with a urinary iodine concentration below optimal (<150 µg/L)



Iodine deficiency has serious effects on physical growth and mental development. The 2010 TDHS tested salt used for cooking in households via two different methods—rapid test and laboratory test. Rapid test results show that 59% of households had adequate levels of iodine (15 or more ppm), while laboratory test results show that 47% of households had adequate levels of iodine.

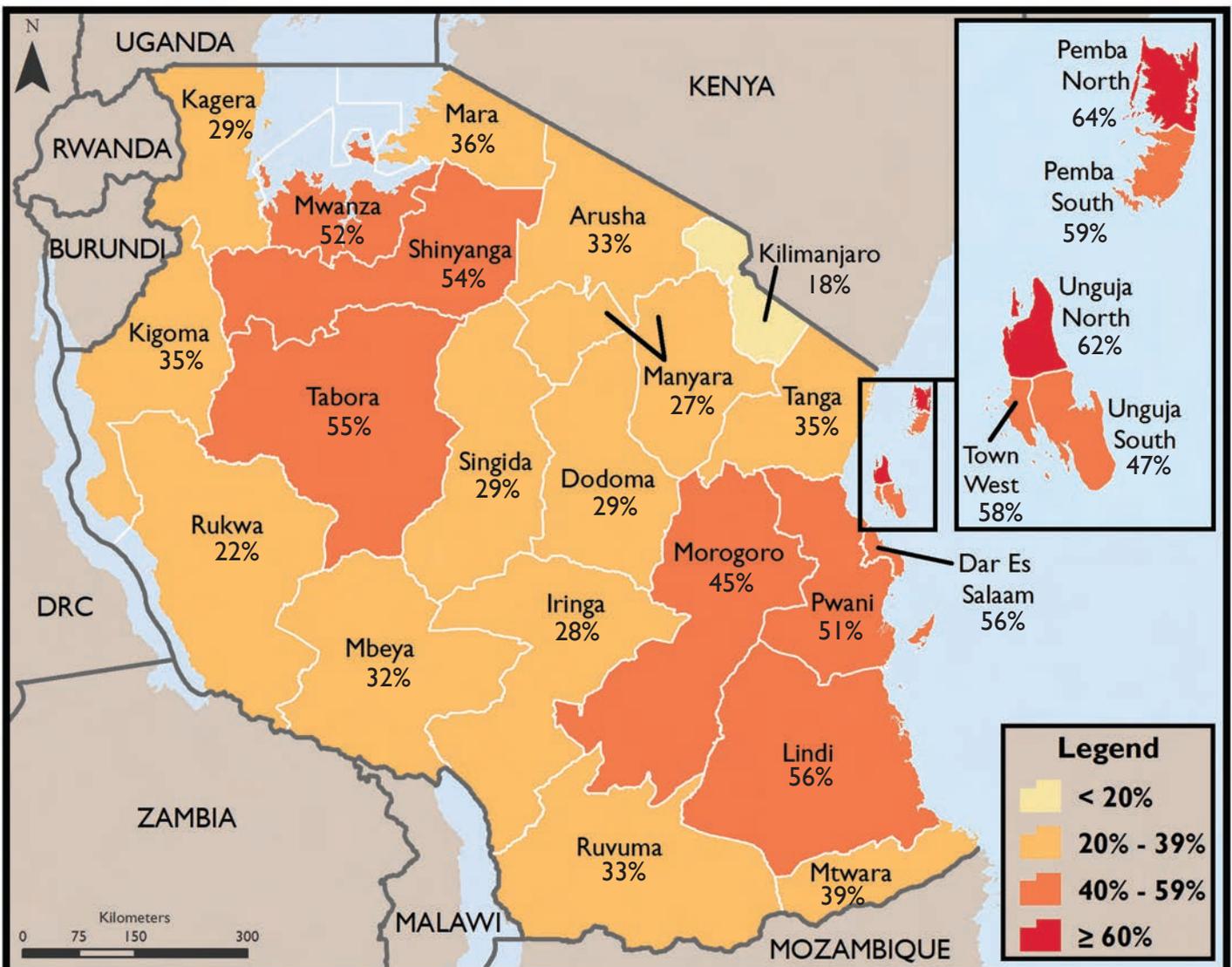
The 2010 TDHS also tested women’s urinary iodine concentration. Nearly half (48%) of women have a urinary iodine concentration below the optimal value. Women living in Dar es Salaam are least likely to have urinary iodine concentration below optimal levels (2%) while 87% of women in Ruvuma have a urinary iodine concentration below the optimal value.

Upungufu wa madini joto una athari kubwa katika ukuaji wa kimaumbile na hata wa kiakili. TDHS 2010 ilipima chumvi inayotumiwa kupikia katika kaya kwa vipimo viwili (kipimo cha papo kwa hapo na kipimo cha maabara) matokeo ya kipimo cha papo kwa hapo yalionyesha kwamba 59% ya kaya zilikuwa na kiwango cha kutosha cha madini joto (15 ppm au zaidi), wakati matokeo ya kipimo cha maabara yalionyesha kwamba 47% ya kaya zilikuwa na kiwango cha kutosha cha madini joto.

TDHS 2010 pia ilipima kiwango cha madini joto katika mkojo kwa wanawake. Karibu nusu 48% ya wanawake wana kiasi ambacho kiko chini ya kiwango. Wanawake waishio Dar es Salaam wana uwezekano mdogo wa kuwa na kiwango kidogo cha madini joto katika mkojo (2%) wakati 87% ya wanawake Ruvuma wana kiwango pungufu cha madini joto katika mkojo.

# Anaemia in Women

Percent of women age 15-49 with anaemia (haemoglobin <12.0 g/dl for non-pregnant women and haemoglobin <11.0 g/dl for pregnant women)

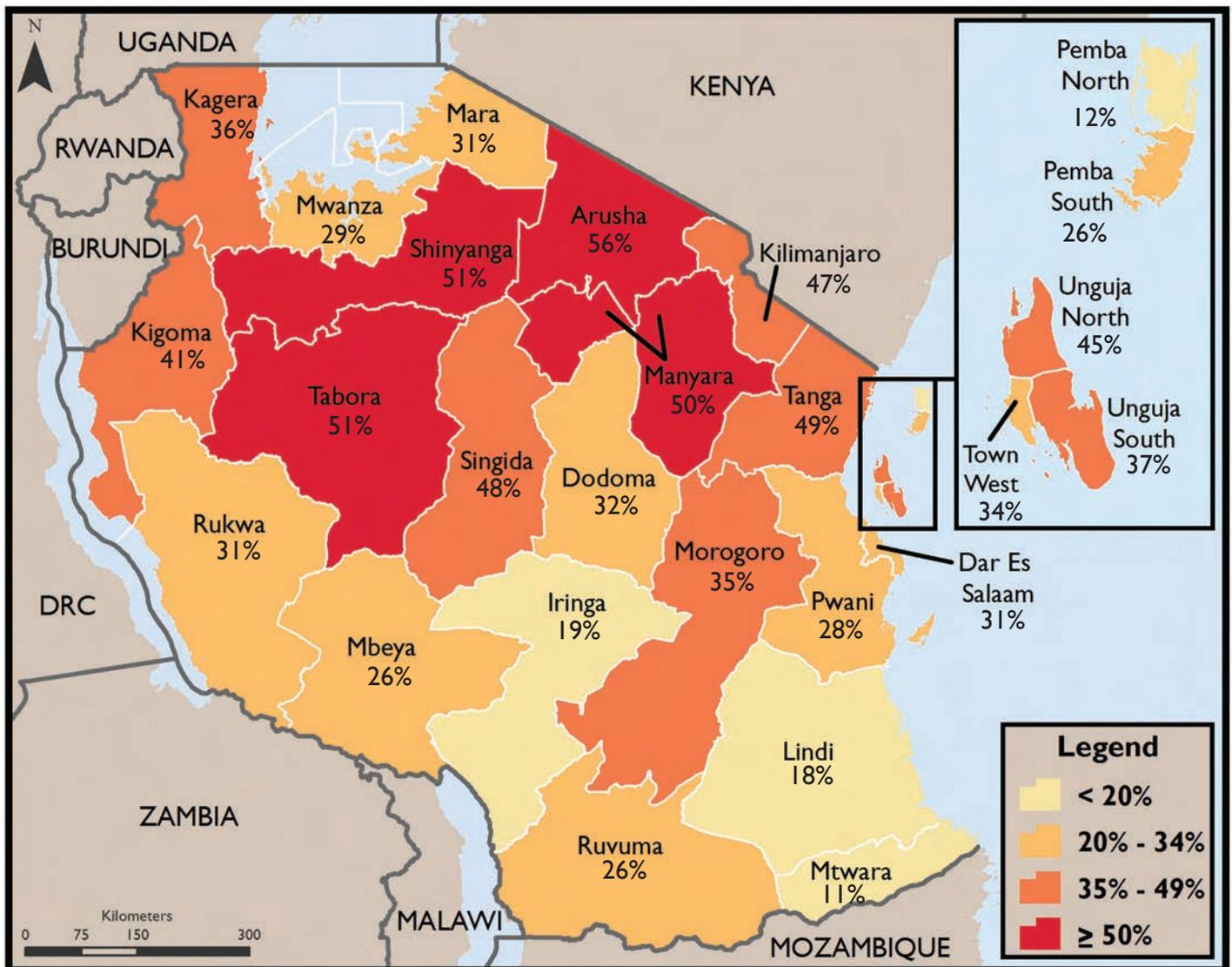


The 2010 TDHS tested women’s haemoglobin levels to determine anaemia prevalence. Four in ten Tanzanian women age 15-49 suffer from some degree of anaemia; from a public health perspective this level of anaemia in the population is considered critical. The majority of women (39%) have mild or moderate anaemia, while 1% have severe anaemia. Pregnant women are more likely to be anaemic (53%) than women who are breastfeeding (39%) or women who are neither pregnant nor breastfeeding (39%). Anaemia varies greatly by region, from 18% of women in Kilimanjaro to 64% of women in Pemba North.

TDHS 2010 ilipima kiwango cha damu kwa wanawake ili kuona iwapo kuna tatizo la upungufu wa damu. Wanawake wanne katika kila wanawake kumi wenye miaka 15-49 wana kiwango fulani cha upungufu wa damu mwilini; kwa mtazamo wa afya ya jamii, kiwango hiki cha upungufu wa damu katika jamii ni kikubwa. Wanawake wengi (39%) wana upungufu wa damu kidogo au wastani, wakati 1% wana upungufu mkubwa wa damu. Wajawazito wana uwezekano mkubwa wa kuwa na upungufu wa damu (53%) kuliko wanawake wanaonyonyesha (39%) au wale ambao si wajawazito na wala hawanyonyeshi (39%). Kiwango cha tatizo la upungufu wa damu kinatofautiana sana baina ya mikoa, kuanzia 18% ya wanawake Mkoani Kilimanjaro hadi 64% ya wanawake Kaskazini Pemba

# Percentage of Anaemia that is Iron Deficiency Anaemia in Women

Among women age 15-49, percentage of anaemia that is iron deficiency anaemia

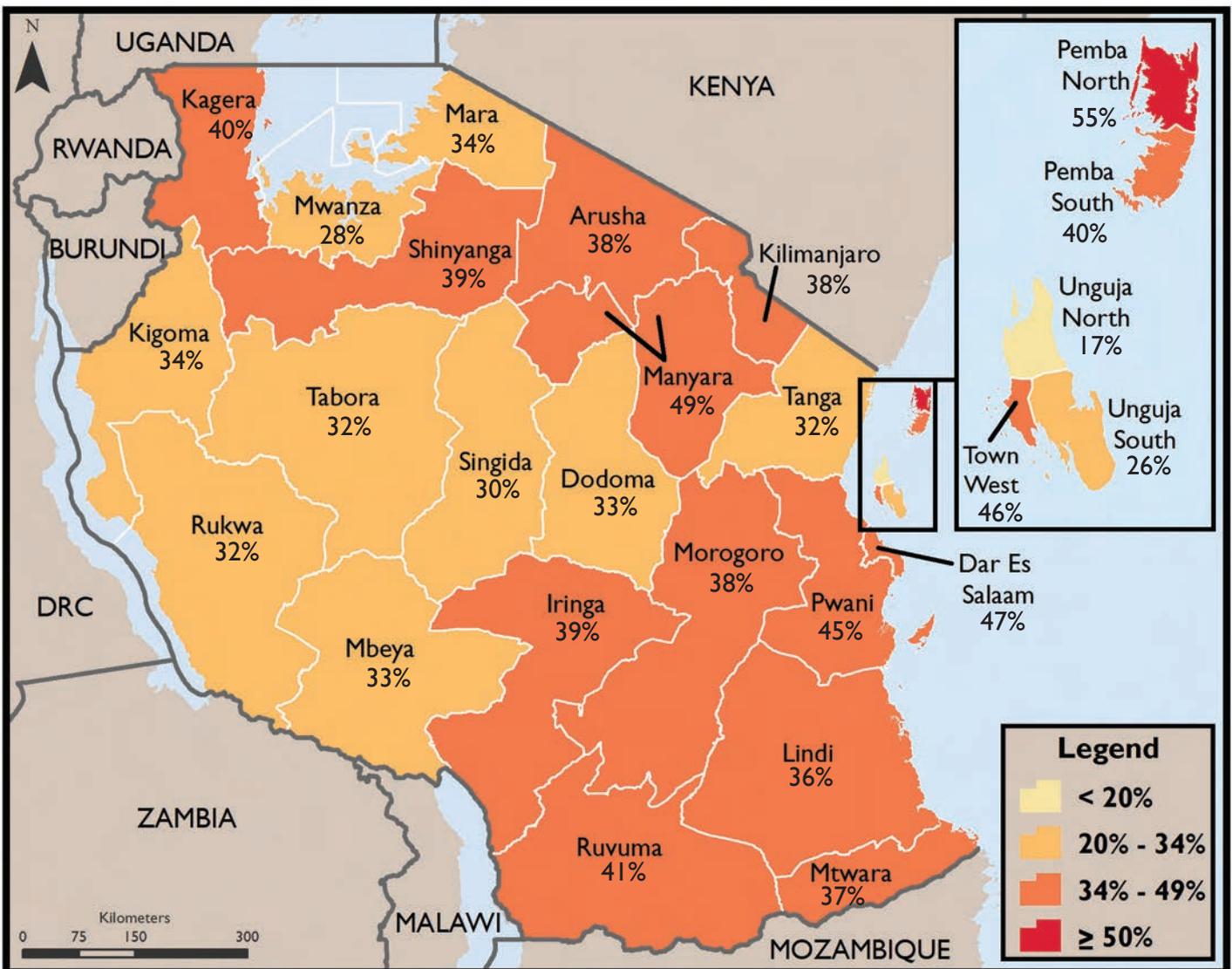


Anaemia in the developing world is usually attributed to lack of sufficient iron intake. In order to assess the causes of anaemia, the 2010 TDHS also tested women for iron deficiency. Fourteen percent of women have iron deficiency anaemia. Overall, 35% of anaemia among reproductive age women can be attributed to iron deficiency, which highlights the importance of investigating other causes of anaemia in women. The percentage of anaemia that is iron deficiency anaemia ranges from 11% in Mtwara to 56% in Arusha.

Tatizo la upungufu wa damu katika nchi zinazoendelea kwa kawaida linahusishwa na upungufu wa madini chuma mwilini. Ili kutathmini sababu za upungufu wa damu, TDHS 2010 pia iliwapima wanawake kiwango cha madini chuma mwilini. 14% ya wanawake wana upungufu wa damu unaotokana na upungufu wa madini chuma. Kwa ujumla, 35% ya upungufu wa damu miongoni mwa wanawake walio katika umri wa kuweza kuzaa unaweza kuhusishwa na upungufu wa madini chuma, jambo ambalo linaonyesha umuhimu wa kuchunguza/kutafiti vyanzo vingine vya upungufu wa damu kwa wanawake. Asilimia ya upungufu wa damu ambao unatokana na upungufu wa madini chuma inatofautiana kutoka 11% Mkoani Mtwara hadi 56% Mkoani Arusha.

# Vitamin A Deficiency in Women

Percent of women age 15-49 with vitamin A deficiency after adjusting for infection/inflammation

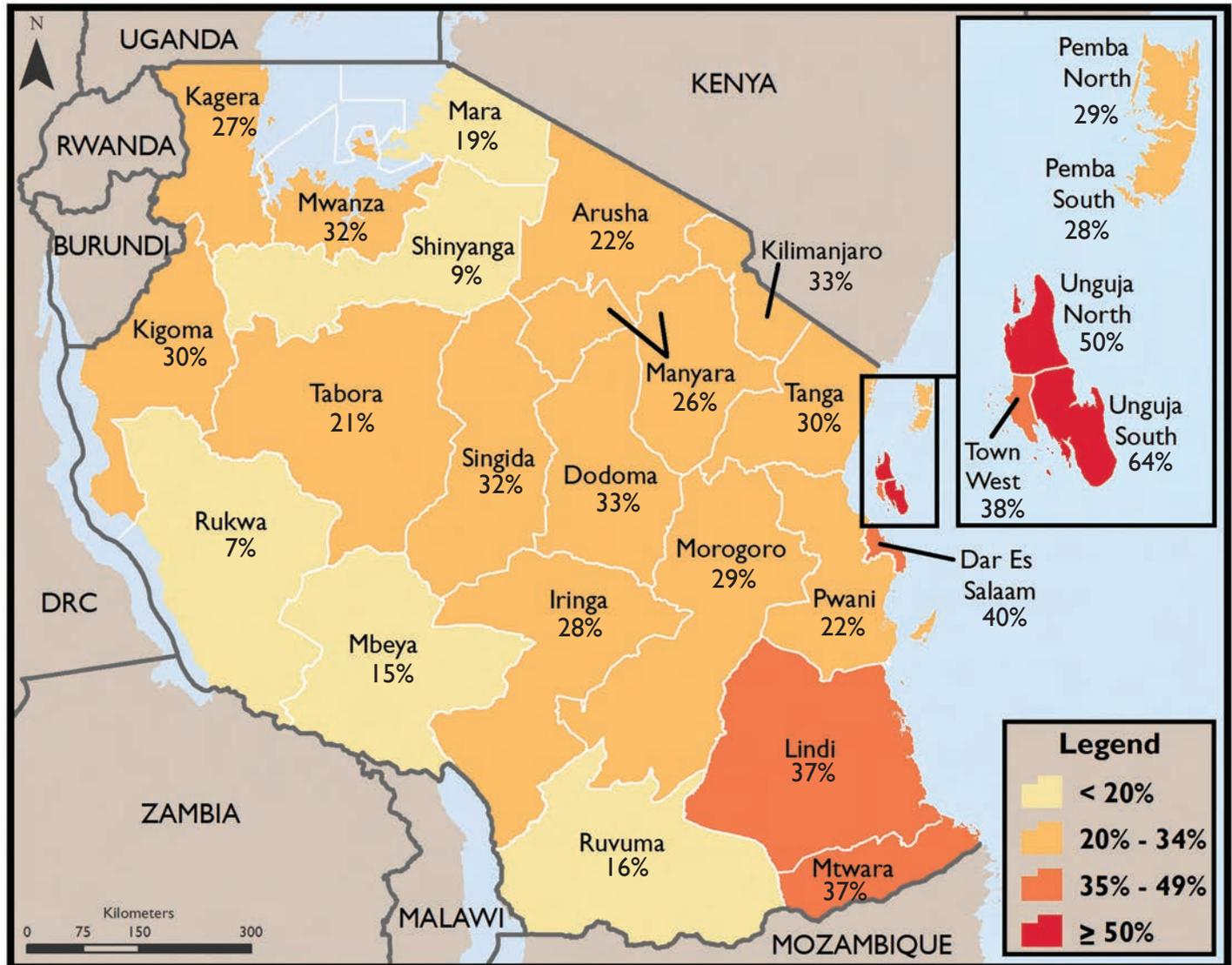


Vitamin A is a micronutrient that is needed for a healthy immune system and to protect against nutritional blindness. The 2010 TDHS found that 37% of women age 15-49 are vitamin A deficient (after adjusting for infection and inflammation). Vitamin A deficiency varies dramatically by region, from 17% of women in Unguja North to 55% of women in Pemba North. Women living in urban areas are slightly more likely to be vitamin A deficient than women living in rural areas (40% and 36%, respectively). Vitamin A deficiency increases with women’s level of education and household wealth.

Vitamini A inahitajika mwilini ili kuwa na kinga imara na kuulinda mwili dhidi ya upofu unaoweza kusababishwa na ukosefu wa virutubisho mwilini. TDHS 2010 iligundua kwamba 37% ya wanawake wenye miaka 15-49 wana upungufu wa vitamini A (baada ya kukadiria na kuondoa kiasi kinachoweza kuwa kimesababishwa na maambukizi ya magonjwa). Upungufu wa vitamini A unatofautiana baina ya mikoa, kuanzia 17% ya wanawake Kaskazini Unguja hadi 55% ya wanawake Kaskazini Pemba. Wanawake waishio mijini wana uwezekano mkubwa wa kuwa na upungufu wa vitamini A kuliko wanawake wa vijijini (40% dhidi ya 36%). Upungufu wa vitamini A unaongezeka sambamba na elimu ya mama na kiwango cha utajiri katika kaya.

# Vitamin A Supplementation Postpartum

Percent of women age 15-49 with a live birth in the past five years who received a vitamin A supplement postpartum

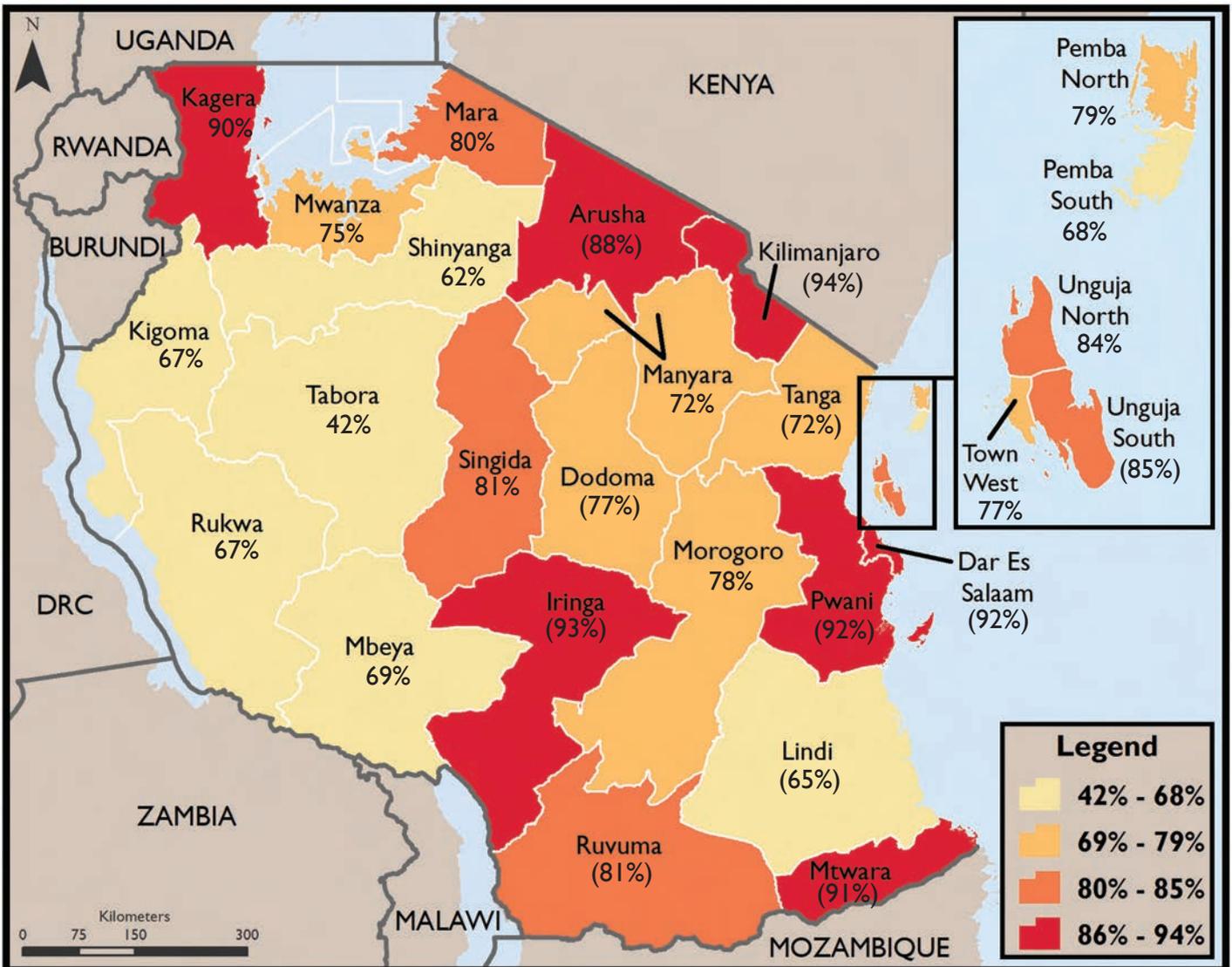


Mothers should be given a dose of vitamin A within eight weeks of childbirth to increase the content of vitamin A in breastmilk for the benefit of the child. About one-quarter (26%) of women age 15-49 who gave birth in the five years before the survey received a vitamin A dose postpartum. Mothers with secondary or higher education are more than two times as likely as mothers with no education to have received a vitamin A supplement postpartum (41% versus 18%). Only 7% of women living in Rukwa received a vitamin A supplement postpartum, compared to 64% of women in Unguja South.

Wanawake wanapaswa kupewa dozi ya vitamini A ndani ya kipindi cha wiki nane tangu kujifungua ili kuwaongezea kiwango cha vitamini A katika maziwa kwa faida ya mtoto. Karibu robo (26%) ya wanawake wenye miaka 15-49 waliojifungua miaka mitano kabla ya utafiti walipata matone ya vitamini A baada ya kujifungua. Akinamama wenye elimu ya sekondari au elimu ya juu wana uwezekano mkubwa mara mbili zaidi wa kupata matone ya vitamini A kuliko wale wasiokuwa na elimu. (41% dhidi ya 18%). Asilimia saba tu ya wanawake waishio Rukwa ndio waliopata matone ya vitamini A baada ya kujifungua, ukilinganisha na 64% ya wanawake Kusini Unguja.

# Vaccination Coverage

Percent of children age 12-23 months who are fully vaccinated (figures in parentheses are based on 25-49 unweighted cases and should be interpreted with caution)

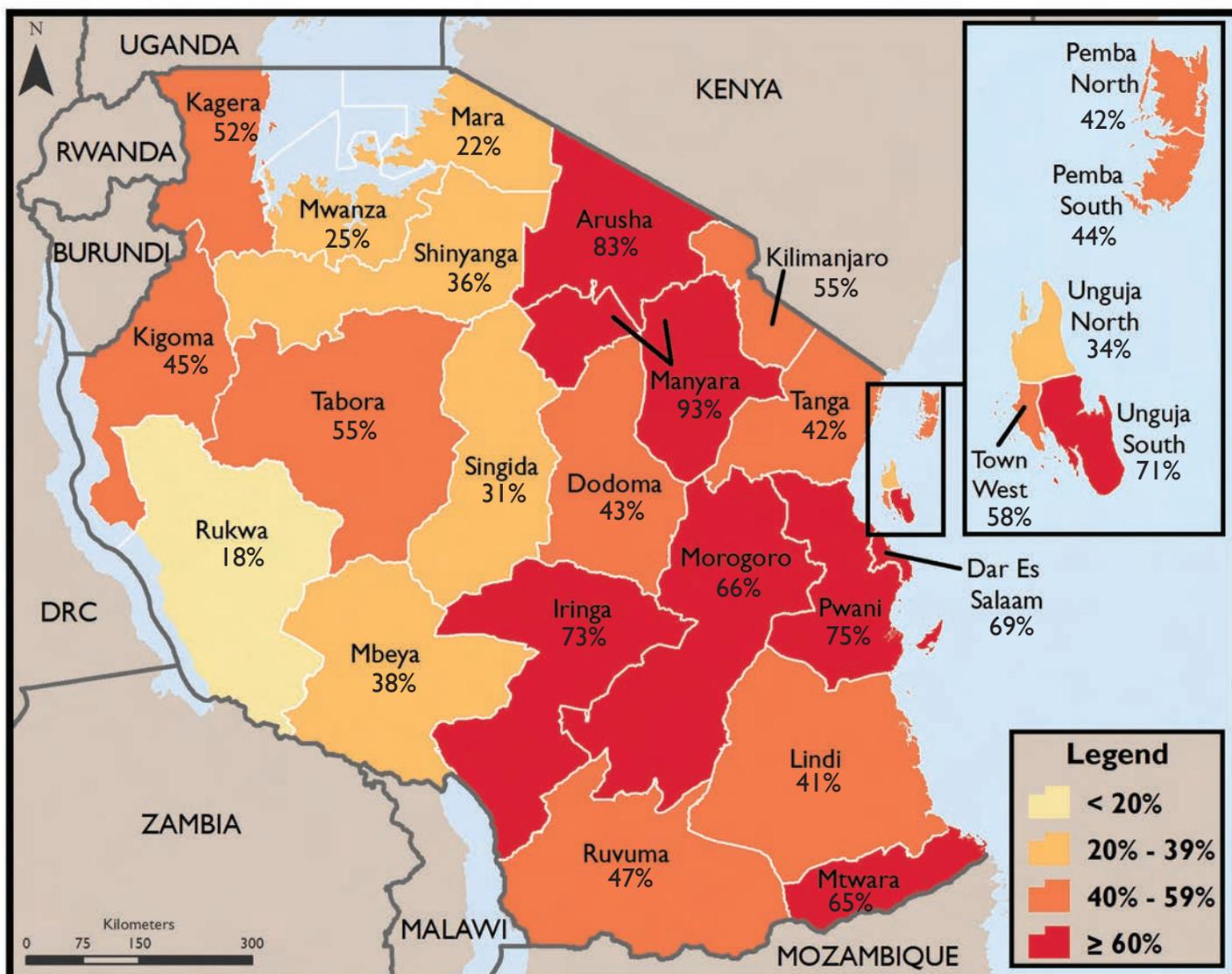


A child who has received BCG, measles, and three doses each of DPT/DPT-HB/DPT-HB-Hib and polio vaccine (excluding polio vaccine given at birth) is considered to be fully vaccinated. Three in four Tanzanian children are fully vaccinated. Children living in urban areas are more likely to be fully vaccinated than children living in rural areas (86% versus 73%). Children’s vaccination coverage increases with mother’s level of education. Less than half of children in Tabora (42%) are fully vaccinated, compared to (94%) of children in Kilimanjaro.

Mtoto aliyepata chanjo ya BCG, surua, na dozi tatu kwa kila mojawapo ya hizi zifuatazo: DPT/DPT-HB/DPT-HB-Hib na chanjo ya polio (ukiondoa chanjo ya polio inayotolewa mara tu baada ya kuzaliwa) anahesabika kwamba amepata chanjo zote. Watoto watatu katika kila watoto wanne nchini Tanzania wamepata chanjo zote. Watoto waishio mijini wana uwezekano mkubwa zaidi wa kupata chanjo zote kuliko wale waishio vijijini (86% dhidi ya 73%). Uwezekano wa mtoto kupata chanjo zote unaongezeka sambamba na ongezeko la kiwango cha elimu cha mama. Chini ya nusu ya watoto Mkoani Tabora (42%) wamepata chanjo zote, ukilinganisha na (94%) ya watoto Mkoani Kilimanjaro.

## Initial Breastfeeding

Percent of children born in the five years before the survey who were breastfed in the first hour of life

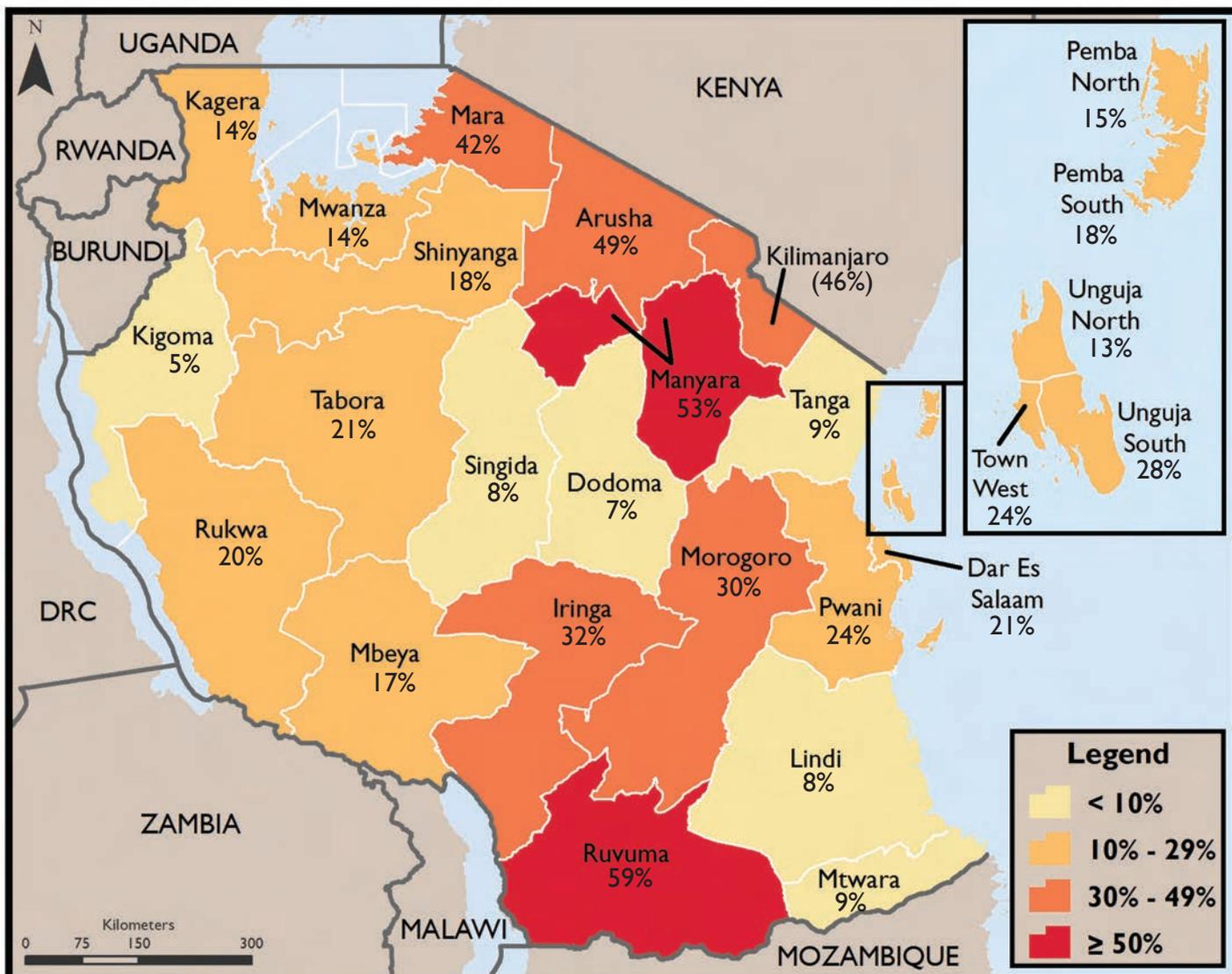


Breastfeeding should begin immediately after delivery, but less than half (49%) of Tanzanian children are breastfed within the first hour of life. Breastfeeding within the first hour of life varies from a low of 18% of children in Rukwa to a high of 93% of children in Manyara. Children born in a health facility and those whose birth was assisted by a skilled provider are more likely to be breastfed within the first hour of life than children born at home and those born without the assistance of a skilled provider. Ninety-seven percent of Tanzanian children are ever breastfed.

Mtoto anapaswa kuanza kunyonyeshwa mapema tu baada ya kuzaliwa, lakini chini ya nusu (49%) ya watoto wote Tanzania ndio wanaonyonyeshwa ndani ya saa ya kwanza tangu kuzaliwa. Unyonyeshaji katika saa ya kwanza ya kuzaliwa unatofautiana kutoka kiwango cha chini 18% ya watoto Mkoani Rukwa hadi kiwango cha juu 93% ya watoto Mkoani Manyara. Watoto wanaozaliwa katika vituo vya huduma za afya na wale ambao wamezaliwa kwa msaada wa mtoa huduma mwenye ujuzi wana uwezekano mkubwa wa kunyonyeshwa ndani ya saa ya kwanza tangu kuzaliwa kuliko wale wanaozaliwa nyumbani na wale wanaozaliwa bila msaada wa mtoa huduma mwenye ujuzi. 97% ya watoto Tanzania wamewahi kunyonyeshwa maziwa ya mama.

## Infant and Young Child Feeding (IYCF) Practices

Percent of youngest children age 6-23 months who are fed according to IYCF practices (figures in parentheses are based on 25-49 unweighted cases and should be interpreted with caution)

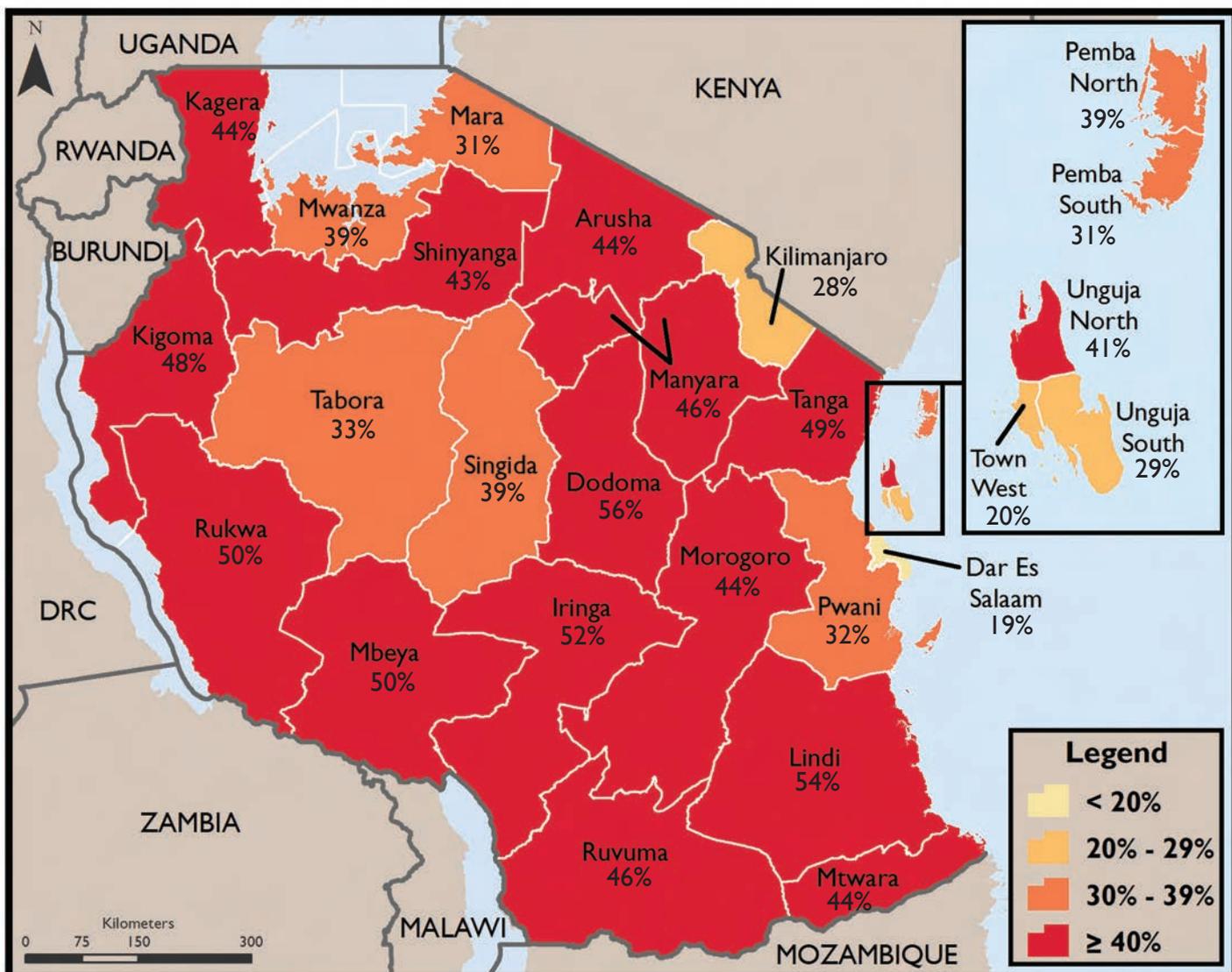


The Infant and Young Child Feeding (IYCF) practices are guidelines created by WHO to establish minimum standards with respect to breastfeeding status, dietary diversity (i.e. number of food groups consumed) and feeding frequency (i.e. number of times the child is fed). In Tanzania, just 21% of all children age 6-23 months are being fed in accordance with IYCF practices. Children living in Ruvuma are most likely to be fed in accordance with IYCF practices, while children living in Kigoma are least likely to be fed in accordance with IYCF practices (59% and 5%, respectively).

Taratibu za ulishaji wa watoto wachanga na watoto wadogo (IYCF) ni miongozo iliyoandaliwa na Shirika la Afya Duniani (WHO) ili kuweka viwango vya ulishaji kwa kuzingatia unyonyeshaji na makundi ya vyakula ambavyo mtoto analishwa na ni mara ngapi mtoto alishwe. Nchini Tanzania, 21% ya watoto wote wenye miezi 6-23 wanalishwa kwa mujibu wa taratibu za miongozo ya IYCF. Watoto waishio Mkoani Ruvuma wana uwezekano mkubwa wa kulishwa kwa mujibu wa miongozo ya IYCF, wakati watoto waishio Mkoani Kigoma wana uwezekano mdogo wa kulishwa kwa mujibu wa miongozo ya IYCF (59% kwa 5%).

# Stunting in Children

Percent of children under age five who are stunted (too short for their age)

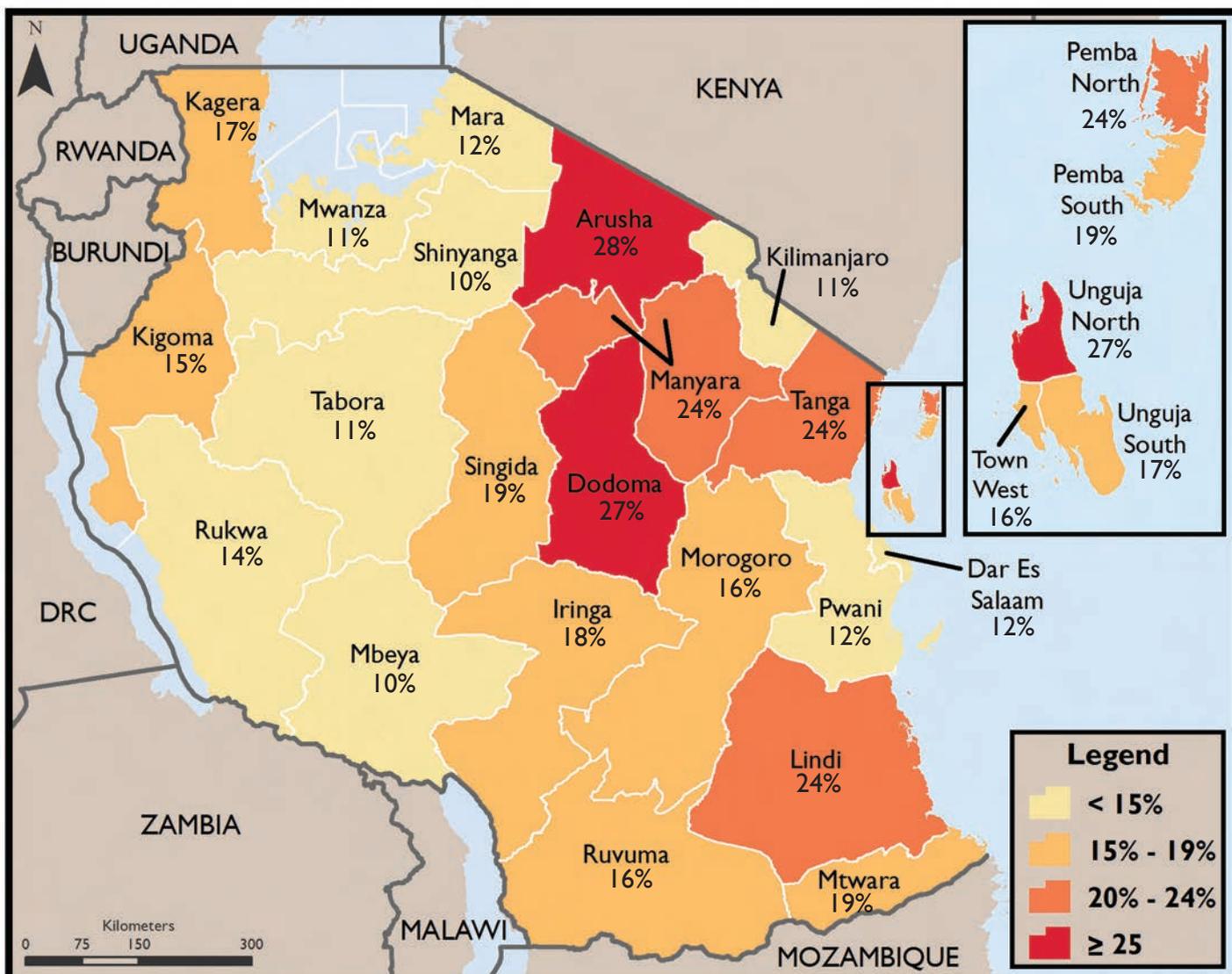


More than four in ten Tanzanian children under age five are stunted (too short for their age). Stunting, a measure of chronic undernutrition, varies by region. Nineteen percent of children in Dar es Salaam are stunted, compared to 56% of children in Dodoma. Stunting decreases with mother’s level of education; children whose mothers have no formal education (45%) or incomplete primary school education (49%) are twice as likely as children whose mothers have secondary or higher education (22%) to be stunted.

Zaidi ya watoto wanne katika kila watoto kumi wenye umri chini ya miaka mitano nchini Tanzania wamedumaa (wafupi sana kwa umri wao). Kudumaa, hali ambayo ni kipimo cha lishe duni, kunatofautiana baina ya mikoa. 19% ya watoto Mkoani Dar es Salaam wamedumaa, ukilinganisha na 56% ya watoto Mkoani Dodoma. Uwezekano wa mtoto kudumaa unapungua sambamba na ongezeko la kiwango cha elimu cha mama; watoto ambao mama zao hawana elimu rasmi (45%) au hawakumaliza elimu ya msingi (49%) wana uwezekano mara mbili zaidi wa kudumaa kuliko wale ambao mama zao wana elimu ya sekondari au elimu ya juu (22%).

# Underweight Children

Percent of children under age five who are underweight (too thin for their age)

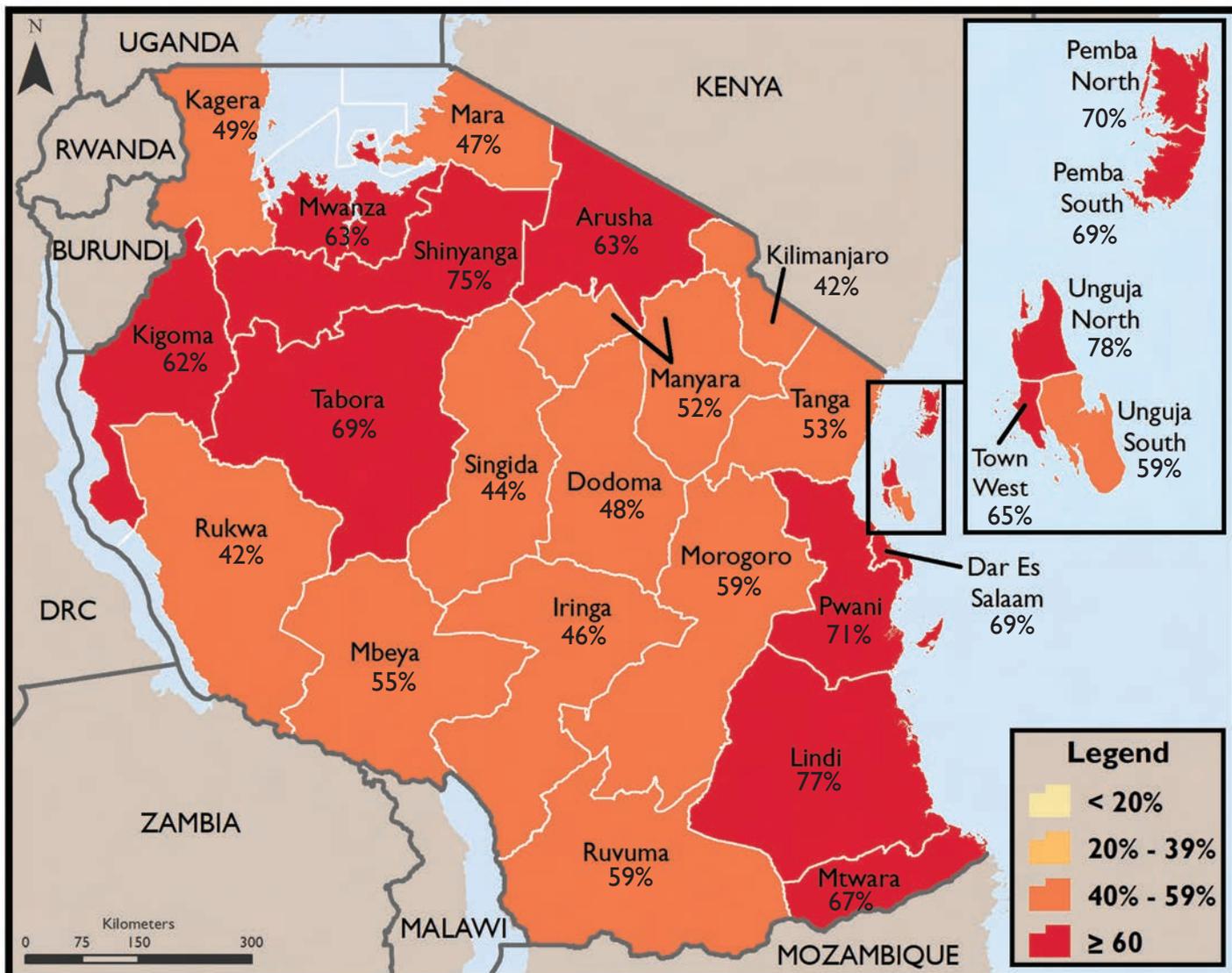


Underweight (too thin for their age) is a composite indicator of nutritional status that takes into account both acute and chronic malnutrition. Sixteen percent of Tanzanian children are underweight. Children living in the poorest households are twice as likely (22%) to be underweight as children living in the richest households (9%). The proportion of children who are underweight ranges from 10% of children in Mbeya and Shinyanga to 28% of children in Arusha.

Kuwa na uzito mdogo (mwembamba sana kuliko umri wake) ni kiashiria cha lishe duni ambayo inaweza kuhusisha utapiamlo wa kiwango cha juu na hata utapiamlo sugu. 16% ya watoto nchini Tanzania wana uzito mdogo kulinganisha na umri wao. Watoto waishio katika kaya maskini zaidi wana uwezekano mkubwa mara mbili zaidi wa kuwa na uzito mdogo (22%) kuliko wale waishio katika kaya tajiri (9%). Idadi ya watoto wenye uzito chini ya kiwango inatofautiana kutoka 10% ya watoto Mkoani Mbeya na Shinyanga hadi 28% ya watoto Mkoani Arusha.

# Anaemia in Children

Percent of children age 6-59 months with anaemia (haemoglobin <11.0 g/dl)

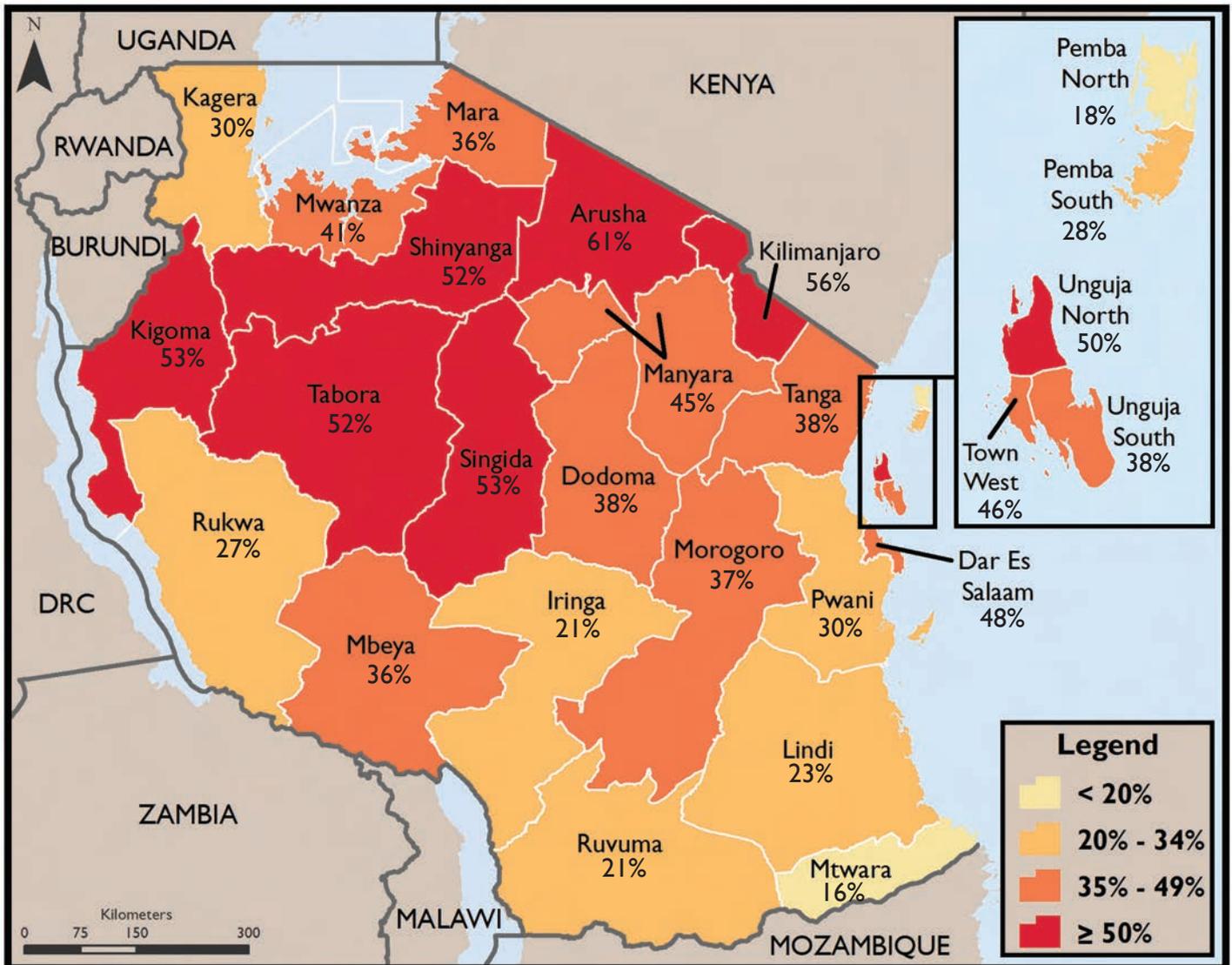


The 2010 TDHS also tested children age 6-59 months to determine the prevalence of anaemia. Fifty-nine percent of all Tanzanian children are anaemic, a level considered critical from a public health perspective. The majority of children have moderate anaemia (29%) or mild anaemia (27%), while 2% have severe anaemia. Children age 9-11 months are most likely to have anaemia (81%). Anaemia ranges from a low of 42% of children in Rukwa and Kilimanjaro to a high of 78% of children in Unguja North.

TDHS 2010 pia iliwapima watoto wenye miezi 6-59 kuona kama kuna tatizo la upungufu wa damu. 59% ya watoto wote Tanzania wana upungufu wa damu, kiwango ambacho ni kikubwa kwa mtazamo wa afya ya jamii. Wengi wa watoto hao wana kiwango cha wastani cha upungufu wa damu (29%), au kiwango kidogo (27%), wakati 2% wana kiwango kikubwa cha upungufu wa damu. Watoto wenye miezi 9-11 wana uwezekano mkubwa wa kuwa na upungufu wa damu 81%. Idadi ya watoto wenye upungufu wa damu inatofautiana baina ya mikoa kuanzia idadi ndogo zaidi 42% ya watoto Mkoani Rukwa na Kilimanjaro hadi idadi ya juu zaidi (78%) ya watoto Kaskazini Unguja.

# Percentage of Anaemia that is Iron Deficiency Anaemia in Children

Among children age 6-59 months, percentage of anaemia that is iron deficiency anaemia

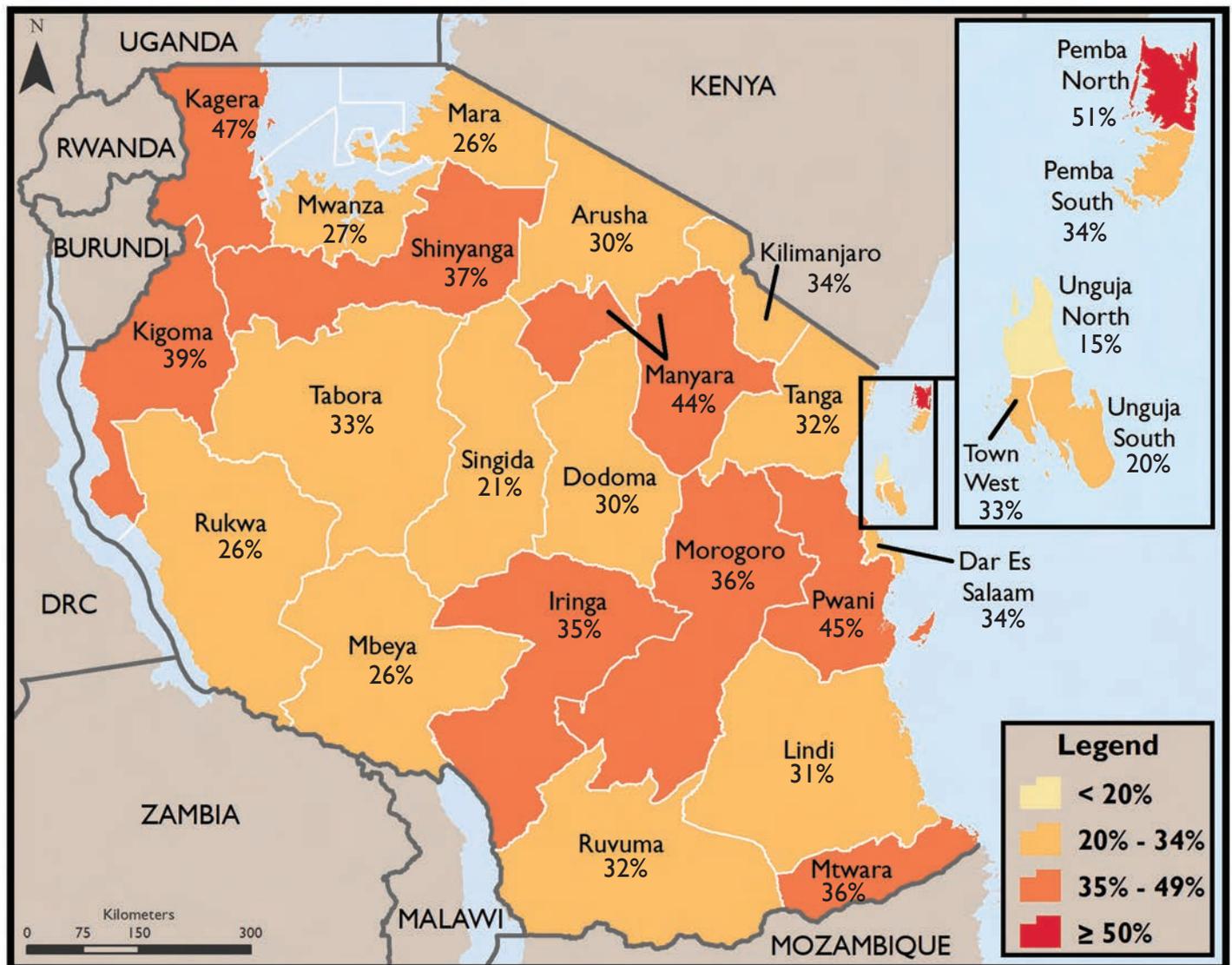


In Tanzania, 24% of children have both iron deficiency and anaemia. Forty-one percent of anaemia among young children can be attributed to iron deficiency. The proportion of anaemia that is due to iron deficiency varies by region from 16% in Mtwara to 61% in Arusha. Other causes of anaemia should be investigated since the 2010 TDHS found that 35% of children have anaemia that is not associated with poor iron status. Anaemia could also be due to other nutritional deficiencies, malaria, hookworm infestation, and chronic inflammatory disorders.

Nchini Tanzania, 24% ya watoto wana upungufu wa madini chuma pamoja na upungufu wa damu. 41% ya upungufu wa damu kwa watoto unaweza kuhusishwa na upungufu wa madini chuma mwilini. Ukubwa wa upungufu wa damu unaotokana na upungufu wa madini chuma unatofautiana baina ya mikoa kuanzia 16% Mkoani Mtwara hadi 61% Mkoani Arusha. Sababu nyingine za upungufu wa damu zinapaswa kufanyiwa uchunguzi/ utafiti kwani TDHS 2010 iligundua kwamba 35% ya watoto wana upungufu wa damu ambao hauna uhusiano na upungufu wa madini chuma mwilini. Upungufu wa damu pia unaweza kuwa unatokana na lishe duni, malaria, minyoo na magonjwa mengine sugu.

# Vitamin A Deficiency in Children

Percent of children age 6-59 months with vitamin A deficiency after adjusting for infection/inflammation

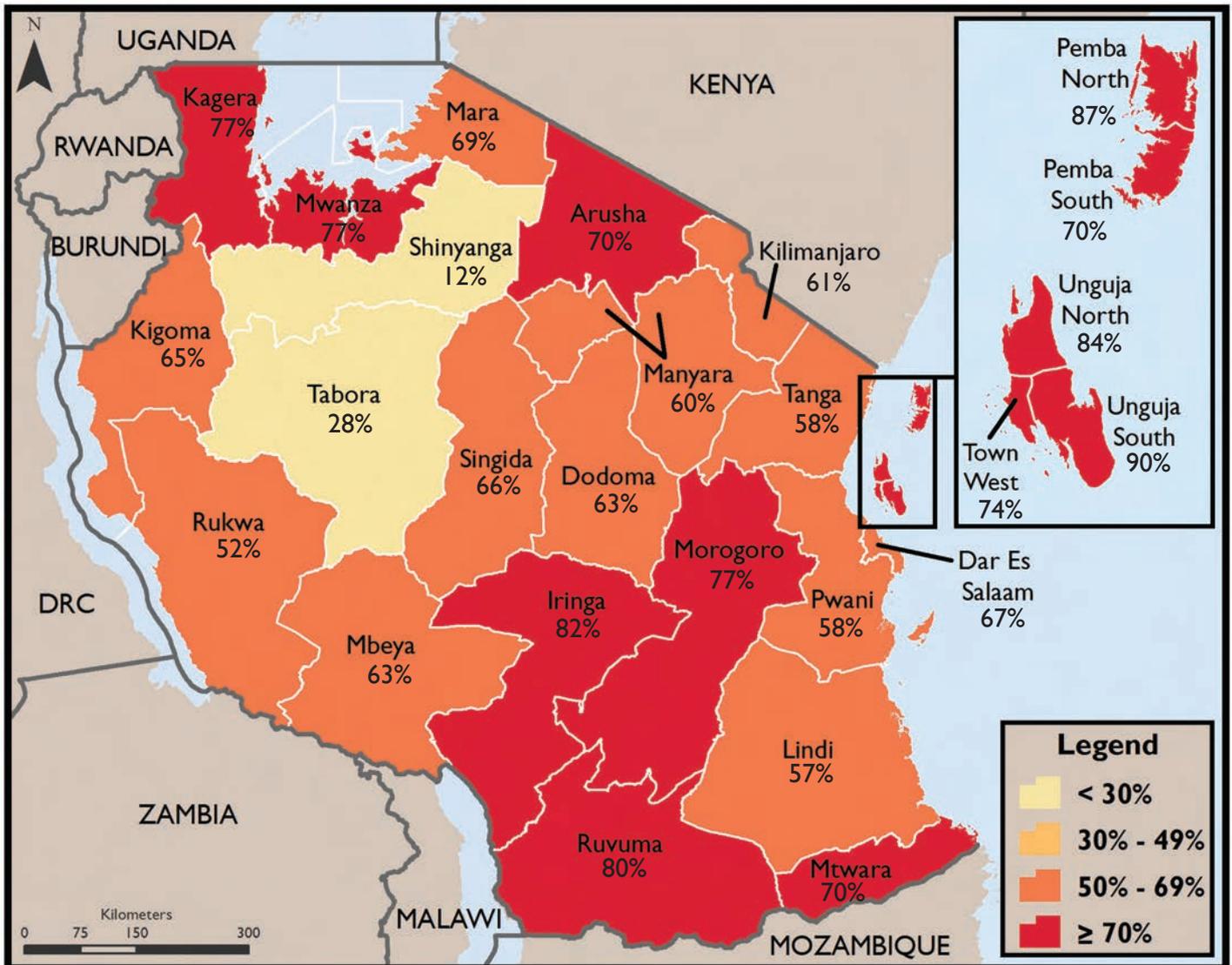


One-third of children age 6-59 months are vitamin A deficient (after adjusting for infection and inflammation). Male children are slightly more likely to be vitamin A deficient than female children (35% and 31%, respectively). Vitamin A deficiency varies dramatically by region, from a low of 15% of children in Unguja North to a high of 51% of children in Pemba North.

Theluthi-moja ya watoto wenye miezi 6-59 wana upungufu wa vitamini A (baada ya kuondoa kiasi kinachoweza kuwa kimesababishwa na magonjwa). Watoto wa kiume wana uwezekano mkubwa kiasi wa kuwa na upungufu wa vitamini A kuliko watoto wa kike (35% dhidi ya 31%). Upungufu wa vitamini A unatofautiana baina ya mikoa, kutoka idadi ndogo zaidi 15% ya watoto Kaskazini Unguja hadi idadi ya juu zaidi 51% ya watoto Kaskazini Pemba.

# Vitamin A Supplementation in Children

Percent of children age 6-59 months who received a vitamin A supplement in the past six months



Periodic vitamin A supplementation is important to ensure that children do not develop vitamin A deficiency. Sixty-one percent of children age 6-59 months received a vitamin A supplement in the six months before the survey. Vitamin A supplementation increases with the mother’s level of education; 49% of children whose mother has no education received a vitamin A supplement in the six months before the survey, compared to 71% of children whose mother has secondary or higher education. Vitamin A supplementation is lowest in Shinyanga (12%) and highest in Unguja South, where 90% of children received a vitamin A supplement in the six months before the survey.

Utoaji wa matone ya vitamini A kila baada ya kipindi fulani ni muhimu ili kuhakikisha watoto hawapati tatizo la upungufu wa vitamini A mwilini. 61% ya watoto wenye miezi 6-59 walipata matone ya vitamini A miezi sita kabla ya utafiti. Utoaji wa matone ya vitamini A unaongezeka sambamba na ongezeko la kiwango cha elimu cha mama; 49% ya watoto ambao mama zao hawana elimu walipata matone ya vitamini A miezi sita kabla ya utafiti, ukilinganisha na 71% ya watoto ambao mama zao wana elimu ya sekondari au elimu ya juu. Utoaji wa matone ya vitamini A ni wa kiwango cha chini zaidi Mkoani Shinyanga (12%) na ni wa juu Kusini Unguja ambapo 90% ya watoto walipata matone ya vitamini A miezi sita kabla ya utafiti.

