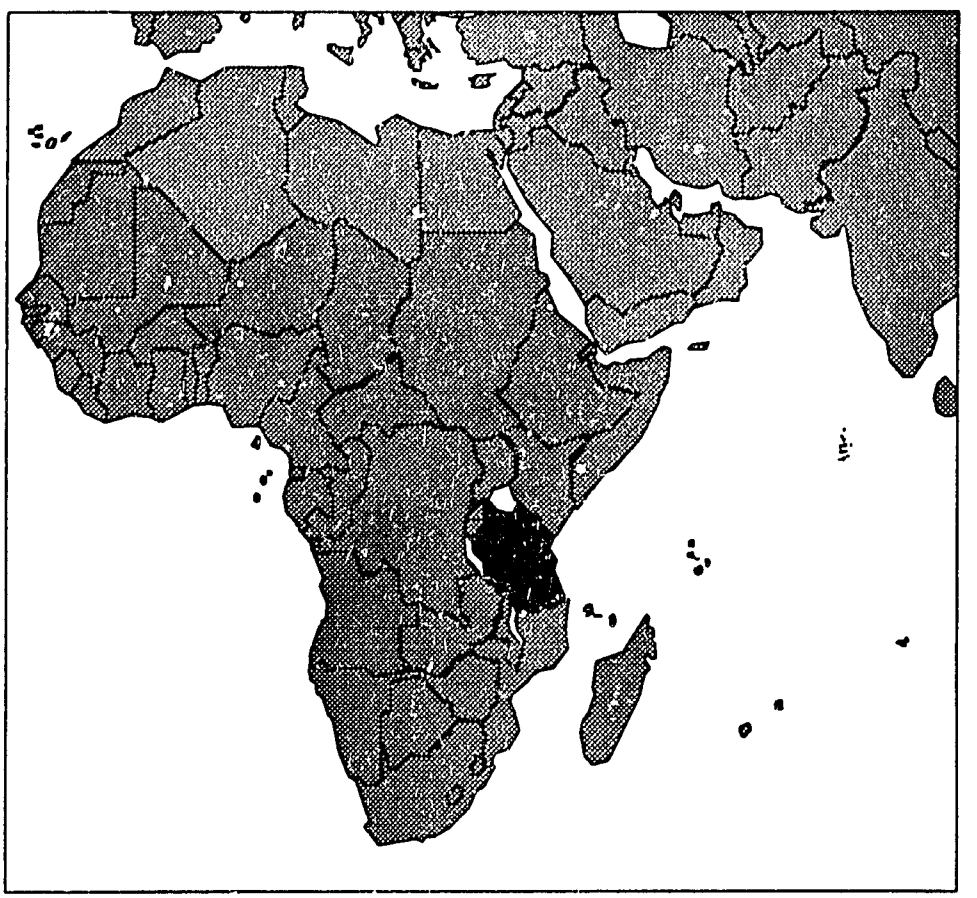
Country Health Profile

TANZANIA

Health Situation & Statistics Report 1994



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TANZANIA

Country Health Profile

This is one of a series of Country Health Profiles produced by the Center for International Health Information (CIHI). Each profile contains descriptive information and tables on the country's health and demographic characteristics, health indicators and trends, and when available, the health care system. Profile information is compiled from CIHI's databases and reference library, as well as through research and analysis of other data sources and reports.

The profiles are intended to provide current and trend data in a concise format for policy and decision-making, planning and evaluation, and monitoring of health status for use by individuals and organizations. Contact CIHI at the address on the preceeding page for information on the availability of other health profiles and standard reports.

This profile contains national level health and demographic statistics available in CIHI's databases as of the date noted in each section. In order to enable CIHI to report the most current health and demographic statistics, please provide any more recent or more accurate data by contacting the center at the address on the previous page or through USAID, Office of Health and Nutrition, Center for Population, Health and Nutrition, Bureau for Global Programs, Field Support and Research.

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** Sources in this profile are referred to by a seven-digit code. Generally, the first three letters refer to an organization, agency, etc., and the first two numbers indicate the year of the publication or other source document. A complete list of sources appears at the end of the profile.*

I: HEALTH & DEMOGRAPHIC OVERVIEW

Current Demographic and Health Indicators

JULY 1994

Demographic Indicators			
INDICATOR	VALUE	YEAR	SOURCE
Total Population	28,842,400	1993	UNP9200
Urban Population	6,655,000	1993	UNP9200
Women Ages 15-49	6,419,000	1993	UNP9200
Infant Mortality	92	1990	DHS9302
Under 5 Mortality	141	1990	DHS9302
Maternal Mortality	NA		
Life Expectancy At Birth	51	1993	UNP9200
Number of Births	1,377,946	1993	UNP9200
Annual Infant Deaths	126,220	1993	CALXX01
Total Fertility Rate	6.3	1992	DHS9302

Child Survival Indicators			
INDICATOR	PERCENT	YEAR	SOURCE
Vaccination Coverage			
BCG	93	1992	DHS9302
DPT 3	73	1992	DHS9302
Measles	69	1992	DHS9302
Polio 3	68	1992	DHS9302
Tetanus 2	72	1992	DHS9302
DPT Drop Out	21	1992	DHS9302
Oral Rehydration Therapy			
ORS Access Rate	75	1991	WHD9201
ORS and/or RHF Use	66	1992	DHS9302
Contraceptive Prevalence			
Modern Methods (15-49)	7	1992	DHS9302
All Methods (15-44)	11	1992	DHS9302
Nutrition			
Adequate Nutritional Status	63	1992	DHS9302
Appropriate Infant Feeding	NA		
A) Exclusive Breastfeeding	32	1992	DHS9302
B) Complementary Feeding	59	1992	DHS9302
Continued Breastfeeding	95	1992	DHS9302

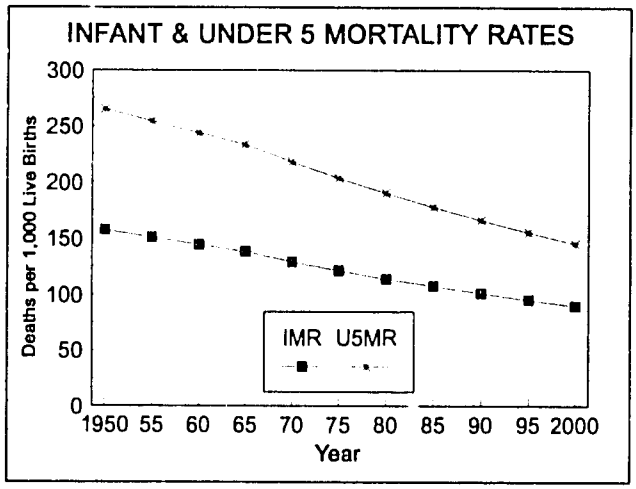
Other Health Indicators			
INDICATOR	PERCENT	YEAR	SOURCE
HIV-1 Seroprevalence			
Urban	12	1991	BUC9200
Rural	12	1991	BUC9103
Access to Improved Water			
Urban	65	1991	JMP9301
Rural	45	1991	JMP9301
Access to Sanitation			
Urban	74	1991	JMP9301
Rural	62	1991	JMP9301
Deliveries/Trained Attendants	NA		

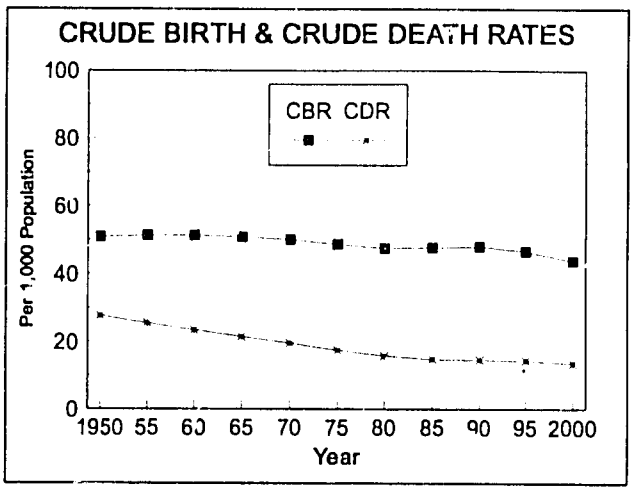
NA = Not available

Trends in Selected Demographic and Health Indicators

JULY 1994

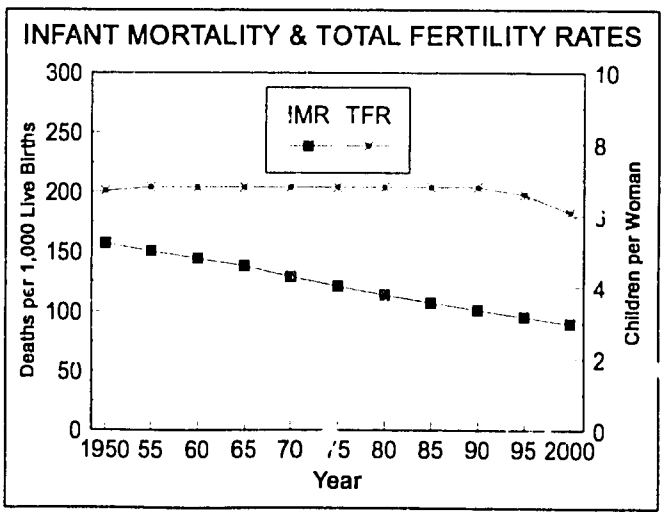
INDICATOR	1950	1955	1960	1965	1970	1975	1980	1985	1990	1995	2000	SOURCE
Infant Mortality	157	150	144	138	129	121	114	107	101	95	90	WBK9302
Under Five Mortality	265	254	243	233	218	203	190	177	166	155	145	WBK9302
Crude Birth Rate	51	51	51	51	50	49	48	48	48	47	44	UNP9200
Crude Death Rate	28	26	23	21	20	17	16	15	15	14	13	UNP9200
Avg. Annual Growth Rate	2	3	3	3	3	3	3	3	3	3	3	UNP9200
Total Fertility Rate	6.7	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.6	6.1	UNP9200





IMR and TFR

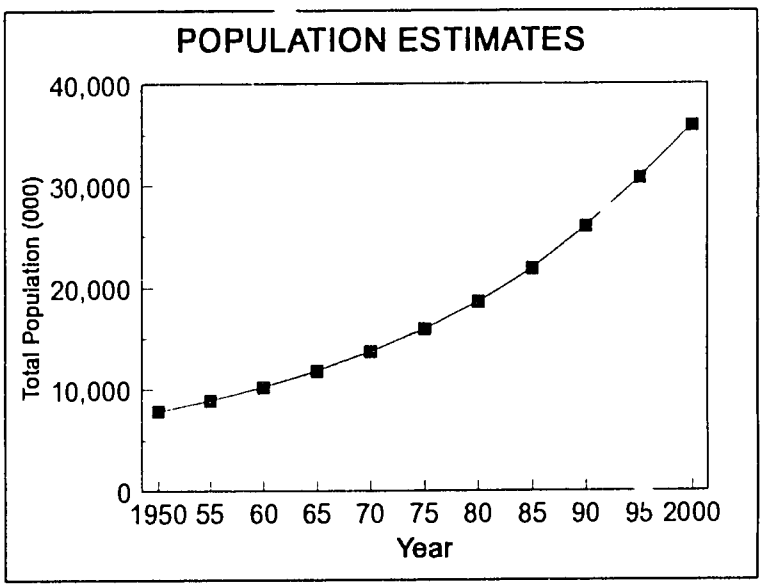
The relationship between IMR and TFR is currently a subject under review by the scientific community. While there is not conclusive evidence that the IMR and TFR are causally linked and necessarily decline together, there is empirical evidence for suspecting that such a reinforcing relationship exists as the pattern is observable in most countries.

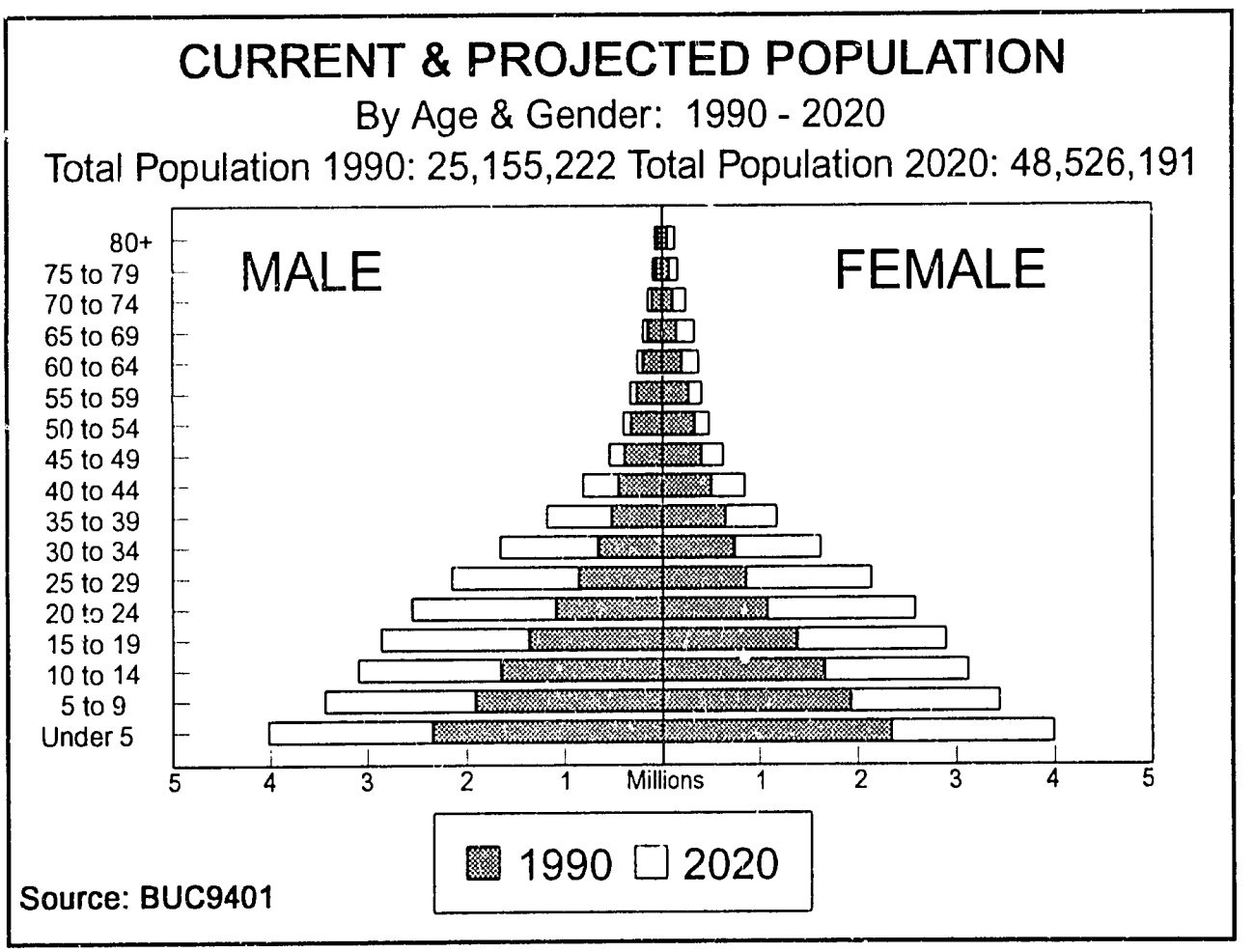


Population Estimates/Pyramid

JULY 1994

POPULATION ESTIMATES (000s)		
YEAR	VALUE	SOURCE
1950	7,886	UNP9200
1955	8,915	UNP9200
1960	10,205	UNP9200
1965	11,781	UNP9200
1970	13,694	UNP9200
1975	15,900	UNP9200
1980	18,581	UNP9200
1985	21,895	UNP9200
1990	25,993	UNP9200
1995	30,742	UNP9200
2000	35,916	UNP9200

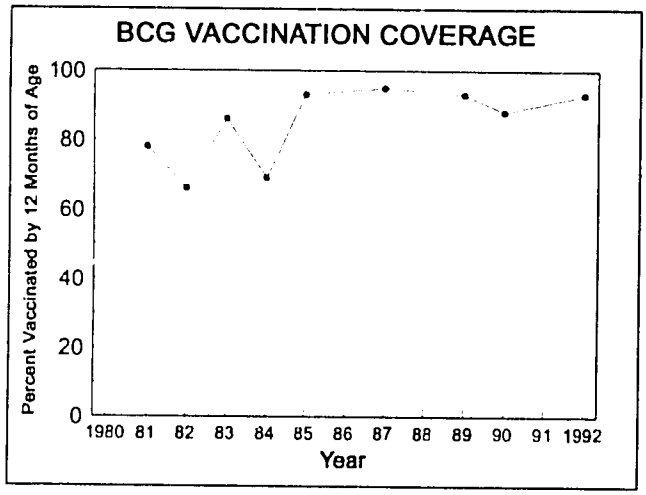




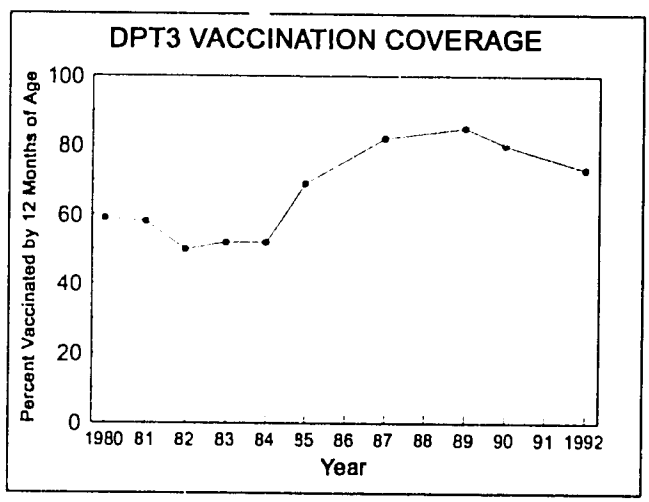
Trends in Selected Health and Child Survival Indicators

Vaccination Coverage Rates

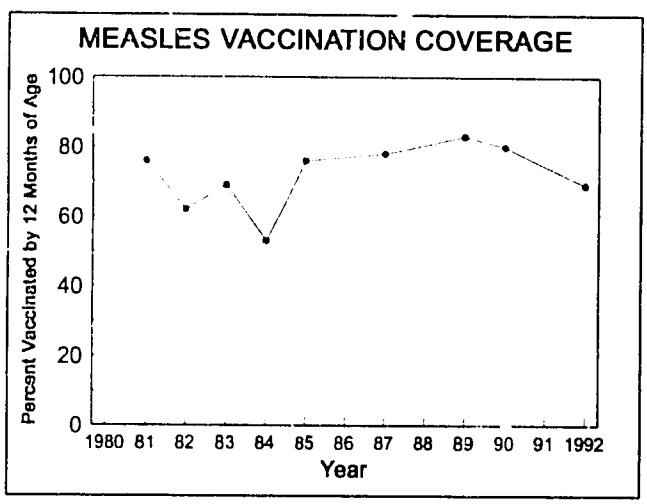
JULY 1994



BCG COVERAGE		
YEAR	PERCENT	SOURCE
1980	NA	
1981	78	WHE8700
1982	66	WHE8700
1983	86	WHE8700
1984	69	WHE8800
1985	93	WHE8800
1986	NA	
1987	95	WHE8900
1988	NA	
1989	93	WHE9001
1990	88	WHE9200
1991	NA	
1992	93	DHS9302

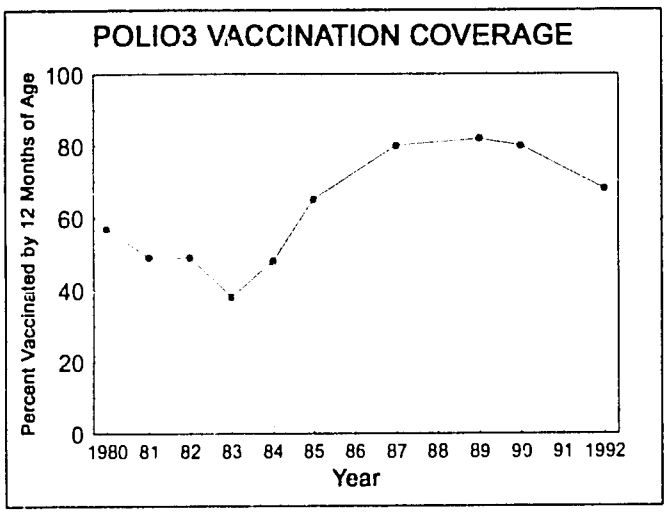


DPT3 COVERAGE		
YEAR	PERCENT	SOURCE
1980	59	WHE8700
1981	58	WHE8700
1982	50	WHE8700
1983	52	WHE8700
1984	52	WHE8700
1985	69	WHE8800
1986	NA	
1987	82	WHE8900
1988	NA	
1989	85	WHE9001
1990	80	WHE9200
1991	NA	
1992	73	DHS9302

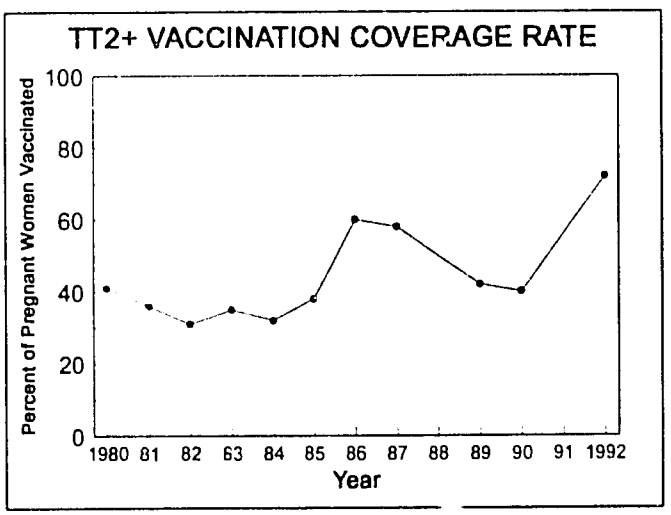


MEASLES COVERAGE		
YEAR	PERCENT	SOURCE
1980	NA	
1981	76	WHE8700
1982	62	WHE8700
1983	69	WHE8700
1984	53	WHE8800
1985	76	WHE8800
1986	NA	
1987	78	WHE8900
1988	NA	
1989	83	WHE9001
1990	80	WHE9200
1991	NA	
1992	69	DHS9302

Vaccination Coverage Rates, continued



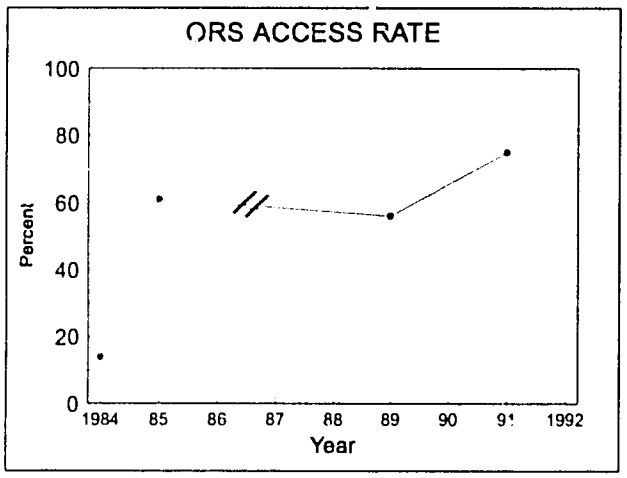
POLIO3 COVERAGE		
YEAR	PERCENT	SOURCE
1980	57	WHE8700
1981	49	WHE8700
1982	49	WHE8700
1983	38	WHE8700
1984	48	WHE8800
1985	65	WHE8701
1986	NA	
1987	80	WHE8900
1988	NA	
1989	82	WHE9001
1990	80	WHE9200
1991	NA	
1992	68	DHS9302

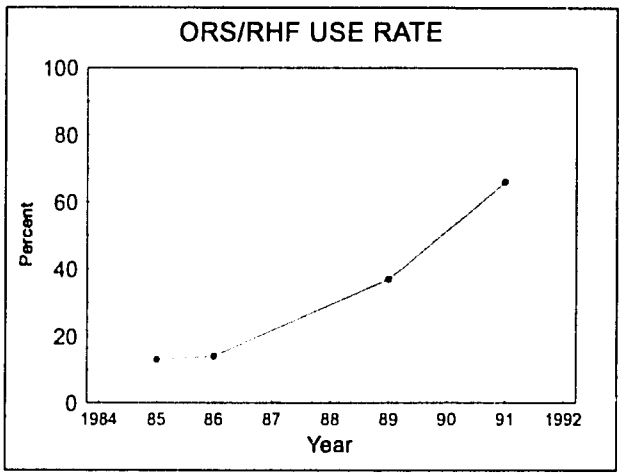


TT2+ COVERAGE		
YEAR	PERCENT	SOURCE
1980	41	WHE8700
1981	36	WHE8700
1982	31	WHE8800
1983	35	WHE8700
1984	32	WHE8700
1985	38	WHE8800
1986	60	WHE8800
1987	58	WHE8900
1988	NA	
1989	42	WHE9001
1990	40	WHE9202
1991	NA	
1992	72	DHS9302

ORS Access, ORS and/or RHF Use Rates

JULY 1994

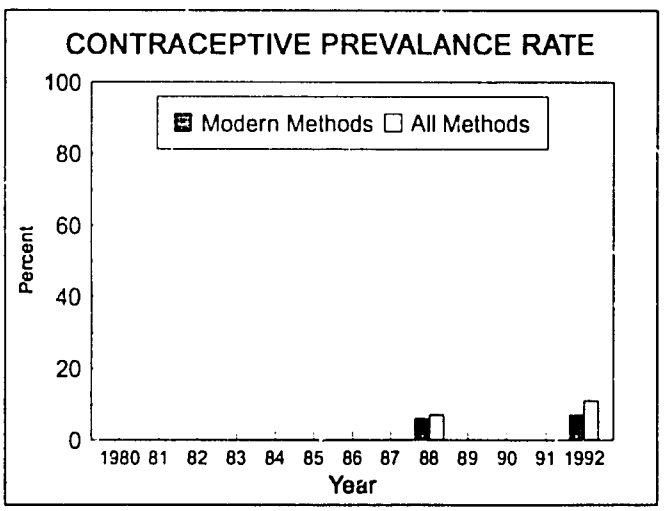




INDICATOR	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993
ORS Access	14	61	NA	NA	NA	56	NA	75	NA	NA
Source	WHD8700	WHD8700				WHD9100		WHD9201		
ORS/RHF Use	NA	13	14	NA	NA	37	NA	66	NA	NA
Source		WHD8700	WHD8800			WHD9100		DHS9302		

Contraceptive Prevalence Rate

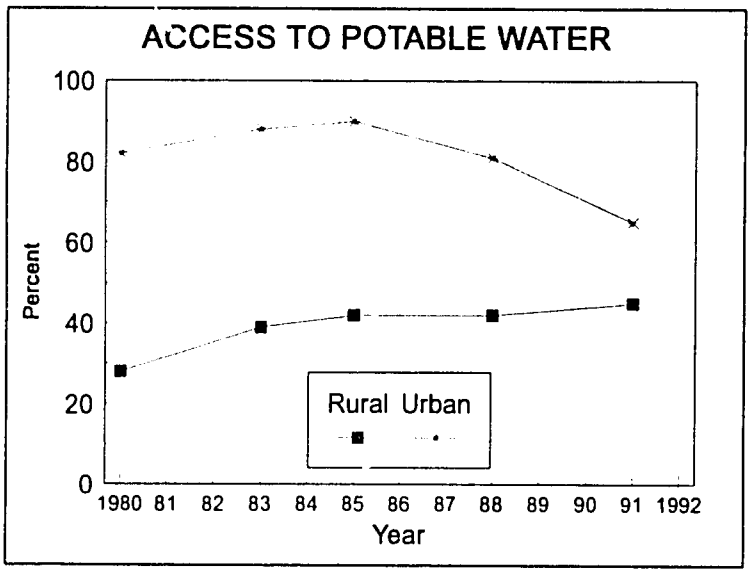
JULY 1994



YEAR	MODERN METHODS	SOURCE	ALL METHODS	SOURCE
1980	NA		NA	
1981	NA		NA	
1982	NA		NA	
1983	NA		NA	
1984	NA		NA	
1985	NA		NA	
1986	NA		NA	
1987	NA		NA	
1988	6	BUC8906	7	BUC8906
1989	NA		NA	
1990	NA		NA	
1991	NA		NA	
1992	7	DHS9302	11	DHS9302
1993	NA		NA	

Access to Potable Water

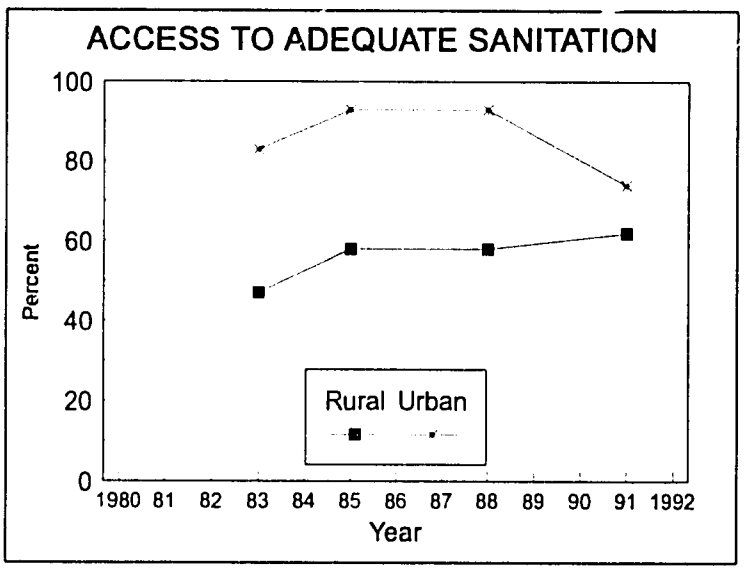
JULY 1994



YEAR	RURAL	SOURCE	URBAN	SOURCE
1980	28	AID9012	82	AID9012
1981	NA		NA	
1982	NA		NA	
1983	39	WHO9101	88	WHO9101
1984	NA		NA	
1985	42	WHO9101	90	WHO9101
1986	NA		NA	
1987	NA		NA	
1988	42	AID9012	81	AID9012
1989	NA		NA	
1990	NA		NA	
1991	45	JMP9301	65	JMP9301
1992	NA		NA	
1993	NA		NA	

Access to Adequate Sanitation

JULY 1994

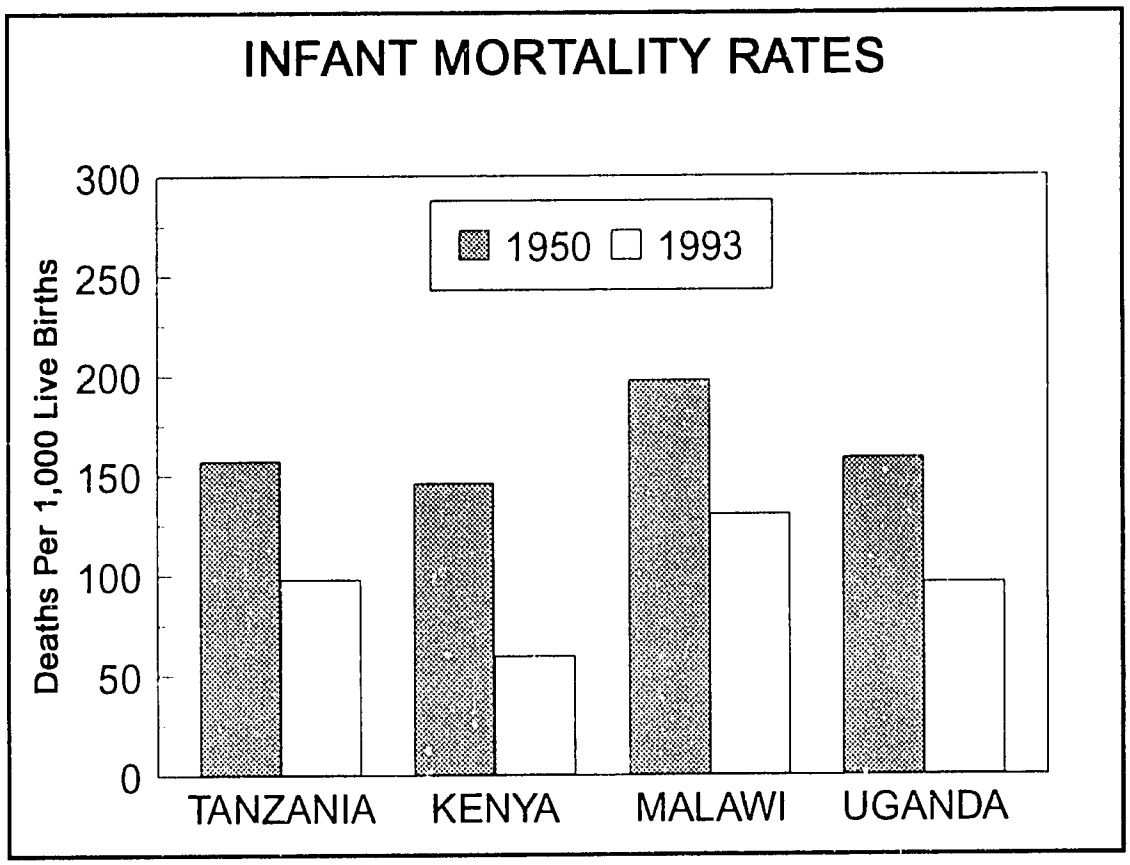


YEAR	RURAL	SOURCE	URBAN	SOURCE
1980	NA		NA	
1981	NA		NA	
1982	NA		NA	
1983	47	WHO9101	83	WHO9101
1984	NA		NA	
1985	58	WHO9101	93	WHO9101
1986	NA		NA	
1987	NA		NA	
1988	58	AID9012	93	AID9012
1989	NA		NA	
1990	NA		NA	
1991	62	JMP9301	74	JMP9301
1992	NA		NA	
1993	NA		NA	

COMPARATIVE INDICATORS

Comparative IMR Rates

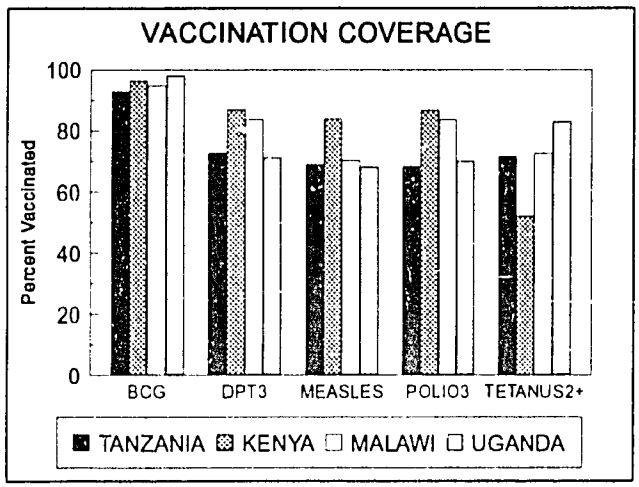
JULY 1994



COUNTRY	1950	SOURCE	1993	SOURCE
TANZANIA	157	WBK9302	98	WBK9302
KENYA	146	CALXX03	59	CALXX03
MALAWI	197	CALXX03	130	CALXX03
UGANDA	158	CALXX03	96	CALXX03

Comparative Vaccination Coverage Rates

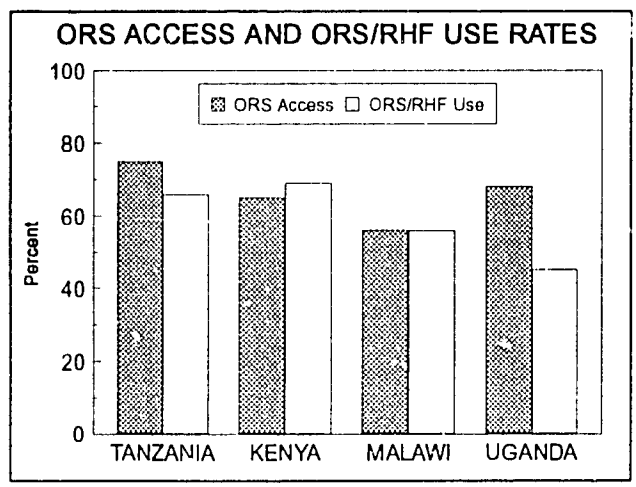
JULY 1994



COUNTRY	INDICATOR	YEAR	VALUE	SOURCE
TANZANIA	BCG	1991	93	DHS9302
	DPT 3	1991	73	DHS9302
	Measles	1991	69	DHS9302
	Polio 3	1991	68	DHS9302
	Tetanus 2	1991	72	DHS9302
KENYA	BCG	1993	96	DHS9406
	DPT 3	1993	87	DHS9406
	Measles	1993	84	DHS9406
	Polio 3	1993	87	DHS9406
	Tetanus 2	1993	52	DHS9406
MALAWI	BCG	1992	95	DHS9401
	DPT 3	1992	84	DHS9401
	Measles	1992	70	DHS9401
	Polio 3	1992	84	DHS9401
	Tetanus 2	1992	73	DHS9401
UGANDA	BCG	1992	98	WHE9301
	DPT 3	1992	71	WHE9301
	Measles	1992	68	WHE9301
	Polio 3	1992	70	WHE9301
	Tetanus 2	1992	83	WHE9301

Comparative ORS Access, ORS and/or RHF Use Rates

JULY 1994



COUNTRY	INDICATOR	YEAR	VALUE	SOURCE
TANZANIA	ORS Access Rate	1991	75	WHD9201
	ORT Use Rate	1991	66	DHS9302
KENYA	ORS Access Rate	1991	65	WHD9201
	ORT Use Rate	1991	69	WHD9201
MALAWI	ORS Access Rate	1988	56	WHD9000
	ORT Use Rate	1992	56	DHS9304
UGANDA	ORS Access Rate	1993	68	WHD9401
	ORT Use Rate	1993	45	WHD9401

II: DATA NOTES

JULY 1994

Notes On Mortality Estimation

Throughout this profile, references are made to infant and under 5 mortality rates for individual countries or groups of countries. In past years, the primary source of data on infant mortality was the World Population Prospects, a set of estimates updated every two years by the Estimates and Projections Section of the Population Division of the Department of International Economic and Social Affairs, United Nations. The primary source of data on under 5 mortality was a special report published in 1988 by the same group. Where another source, such as a recent Demographic and Health Survey or a national census, was available for a given country, the reported values from that source were cited in place of the United Nations estimates if the technical staff of USAID in the Country Mission and/or the appropriate regional bureaus confirmed the validity of the alternative source.

Known as indirect estimates, those of the United Nations are generated from accepted demographic models which combine the results of all available surveys and censuses in a given country to produce a single time series of estimates and projections. When new empirical data becomes available for a given country, the entire time series of estimates and projections is updated. Thus, using conventional demographic approaches, a survey done in 1990 may generate a new estimate of a mortality rate for 1970 or 1980.

During 1993, a new set of estimates for mortality was generated for 82 countries for publication in the World Development Report 1993 and a forthcoming UNICEF publication entitled The Progress of Nations. Based on a curve-fitting model, the methodology applied to generate these new estimates purports to depict more accurately the trend derived from all available data sources for a country. Like the estimates generated using conventional demographic models, the entire time series might change upon the addition of a new empirical source. These estimates were made available to USAID through the courtesy of the World Development Report of the World Bank and UNICEF.

The selection of the mortality rates was done through a consultative process involving representatives of the Office of Health in USAID's Research and Development Bureau, USAID's Regional Bureaus and, in many cases, the USAID Country Missions. The source determined to best reflect the reality in a country for the current values of infant and under 5 mortality was identified and one of a number of a computation procedures, depending on the source selected for the current value, was applied to estimate the longitudinal rates. The consideration of the additional source of data developed for the World Development Report and UNICEF during the consultative process has prompted some changes in the reporting of mortality rates from those reported in recent years.

Definitions

Demographic Indicators

Total Population: The mid-year estimate of the total number of individuals in a country.

Average Annual Rate of Growth: An estimate of the rate at which a population is increasing (or decreasing) in a given year.

Infant Mortality Rate: The estimated number of deaths in infants (children under age one) in a given year per 1,000 live births in that same year. This rate may be calculated by direct methods (counting births and deaths) or by indirect methods (applying well-established demographic models).

Under 5 Mortality Rate: The estimated number of children born in a given year who will die before reaching age five per thousand live births in that same year. This rate may also be calculated by direct or indirect methods.

Maternal Mortality Ratio: The estimated number of maternal deaths per 100,000 live births where a maternal death is one which occurs when a woman is pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by the pregnancy or its management. Although sometimes referred to as a rate, this measure is actually a ratio because the unit of measurement of the numerator (maternal deaths) is different than that of the denominator (live births). The measure would be a rate if the units were the same. Extremely difficult to measure, maternal mortality can be derived from vital registration systems (usually underestimated), community studies and surveys (requires very large sample sizes) or hospital registration (usually overestimated).

Crude Birth Rate: An estimate of the number of live births per 1,000 population in a given year.

Crude Death Rate: An estimate of the number of deaths per 1,000 population in a given year.

Life Expectancy At Birth: An estimate of the average number of years a newborn can expect to live. Life expectancy is computed from age-specific death rates for a given year. It should be noted that low life expectancies in developing countries are, in large part, due to high infant mortality.

Number of Births: An estimate of the number of births occurring in a given year.

Annual Infant Deaths: An estimate of the number of deaths occurring to children under age one in a given year.

Total Fertility Rate: An estimate of the average number of children a woman would bear during her lifetime given current age-specific fertility rates.

Child Survival Indicators

Vaccination Coverage In Children: An estimate of the proportion of living children between the ages of 12 and 23 months who have been vaccinated before their first birthday -- three times in the cases of polio and DPT and once for both measles and BCG. Vaccination coverage rates are calculated in two ways. Administrative estimates are based on reports of the number of inoculations of an antigen given during a year to children who have not yet reached their first birthday divided by an estimate of the pool of children under one year of age eligible for vaccination. Survey estimates are based on samples of children between the ages of 12 and 23 months.

Vaccination Coverage In Mothers: An estimate of the proportion of women in a given time period who have received two doses of tetanus toxoid during their pregnancies. This indicator is being changed in many countries to account for the cumulative effect of tetanus toxoid boosters. A woman and her baby are protected against tetanus when a mother has had only one or, perhaps, no boosters during a given pregnancy so long as the woman had received the appropriate number of boosters in the years preceding the pregnancy in question. (The appropriate number of boosters required during any given pregnancy varies with number received previously and the time elapsed.) The revised indicator is referred to as TT2+. Rates are computed using administrative methods or surveys.

DPT Drop-out Rate: An estimate of the proportion of living children between the ages of 12 and 23 months who received at least one DPT vaccination but who did not receive the entire series of three vaccinations before their first birthdays.

Oral Rehydration Salts (ORS) Access Rate: An estimate of the proportion of the population under age five with reasonable access to a trained provider of oral rehydration salts who receives adequate supplies. This is a particularly difficult indicator to measure and, therefore, it may fluctuate dramatically from year to year as improved methods of estimation are devised.

ORS and/or Recommended Home Fluid (RHF) Use Rate: An estimate of the proportion of all cases of diarrhea in children under age five treated with ORS and/or a recommended home fluid. ORT use may be determined using administrative means or surveys. In general, administrative estimates are based on estimates of the number of episodes of diarrhea in the target population for a given year and the quantity of ORS available. Thus, changes in the estimates of the frequency of diarrhea episodes can alter the ORT use rate as well as "real" changes in the pattern of use. Surveys are more precise in that they focus on the actual behavior of mothers in treating diarrhea in the two-week period prior to the survey.

Contraceptive Prevalence Rate: An estimate of the proportion of women, aged 15 through 44 (or, in some countries, 15 through 49), in union or married, currently using a modern method of contraception. Where sources fail to distinguish modern and traditional methods, the combined rate is shown.

Adequate Nutritional Status: An individual child of a certain age is said to be adequately nourished if his/her weight is greater than the weight corresponding to "two Z-scores" (two standard deviations) below the median weight achieved by children of that age. The median weight and the distribution of weights around that median in a healthy population are taken from a standard established by the National Center for Health Statistics, endorsed by the World Health Organization (WHO). The indicator for the population as a whole is the proportion of children 12 through 23 months of age who are adequately nourished.

Appropriate Infant Feeding: A composite estimate of the proportion of infants (children under age one) being breastfed and receiving other foods at an appropriate age according to the following criteria: breastfed through infancy with no bottle-feeding, exclusively breastfed through four months (120 days) of age, and receiving other foods if over six months of age (181 days). Water is not acceptable in the first four months (120 days). ORS is considered acceptable at any age. Surveys are the only source of data to form this indicator. Surveys yield an estimate of how many infants are being fed correctly at the moment of the survey. They do not give an indication of the proportion of individual children fed appropriately throughout their first year of life. A number of sub-indicators may be calculated from the data used to form the composite, of which two are presented in this report.

Exclusive Breastfeeding: An estimate of the proportion of infants less than four months (120 days) of age who receive no foods or liquids other than breast milk.

Complementary Feeding: An estimate of the proportion of infants six to nine months of age (181 days to 299 days) still breastfeeding but also receiving complementary weaning foods.

Continued Breastfeeding: An estimate of the proportion of children breastfed for at least one year. In this report, all values presented for this indicator are the proportion of children 12 to 15 months of age at the time of the survey still receiving breast milk.

Other Health Indicators

HIV-1 Seroprevalence. Urban: An estimate of the proportion of all persons (pregnant women, blood donors, and other persons with no known risk factors) living in urban areas infected with HIV-1, the most virulent and globally prevalent strain of the human immunodeficiency virus.

HIV-1 Seroprevalence, Rural: An estimate of the proportion of all persons living in rural areas infected with HIV-1.

Access to Improved Water, Urban: An estimate of the proportion of all persons living in urban areas (defined roughly as population centers of 2,000 or more persons) who live within 200 meters of a stand pipe or fountain source of water.

Access to Improved Water, Rural: An estimate of the proportion of all persons not living in urban areas with a source of water close enough to home that family members do not spend a disproportionate amount of time fetching water.

Access to Sanitation, Urban: An estimate of the proportion of all persons living in urban areas with sanitation service provided through sewer systems or individual in-house or in-compound excreta disposal facilities (latrines).

Access to Sanitation, Rural: An estimate of the proportion of all persons not living in urban areas with sanitation coverage provided through individual in-house or in-compound excreta disposal facilities (latrines).

Deliveries By Trained Attendants: An estimate of the proportion of deliveries attended by at least one physician, nurse, midwife, or trained traditional birth attendant.

III: SOURCES

JULY 1994

AID9012 Water and Sanitation for Health Project, U.S. Agency for International Development. Water and Sanitation Sector Profiles of Twenty African Countries, June 1989.

BUC8906 USAID as cited in U.S. Bureau of the Census. U.S. Department of Commerce. World Population Profile: 1989. Washington, D.C.: U.S. Government Printing Office, 1989.

BUC9103 Bureau of Census, Center for International Research, Recent HIV Seroprevalence Levels By Country, April, 1992

BUC9200 Health Studies Branch. Center for International Research. U.S. Bureau of the Census. HIV Seroprevalence Levels, November 1992.

BUC9401 U.S. Bureau of the Census (BUCEN). International Data Base. Version dated March, 1994.

CALXX01 Calculated from the values for total population, crude birth rate and infant mortality from designated sources for those variables.

CALXX03 Time series estimates of Infant Mortality generated by applying the ratio of the DHS estimate for the most current 5 year period (or IMR from other current source) to the projected value from the World Population Prospects for the same year and applying that ratio to the projected time series in the WPP. Under 5 Mortality estimates are calculated by applying the appropriate Coale-Demeny model to the Infant Mortality time series.

DHS9302 Bureau of Statistics, Planning Commission and Macro International Inc. Tanzania Demographic and Health Survey 1991/92. Columbia, Maryland: Macro International Inc., June 1993.

DHS9304 National Statistical Office and Macro International Inc. Malawi Dempgraphic and Health Survey 1992. First Report March, 1993

DHS9401 National Statistical Office, Malawi and Macro International Inc. Malawi Demographic and Health Survey, 1992. Calverton, MD: Macro International Inc., January 1994.

DHS9406 National Council for Population and Development, Central Bureau of Statistics-Office of the Vice President and Ministry of Planning and National Development and Demographic and Health Surveys-Macro International Inc. Demographic and Health Survey, 1993. Calverton, Md.: Macro International Inc., May 1994.

JMP9301 WHO/UNICEF Joint Monitoring Programme. Water Supply and Sanitation Sector Monitoring Report 1993. Sector Status as of December 1991. WHO and UNICEF. August, 1993.

UNP9200 Department of International Economic and Social Affairs, United Nations. World Population Prospects 1992. (ST/ESA/SER.A/120) New York: UN, 1992.

WBK9302 Mortality rate time series generated from Ken Hill equations provided in a personal communication, March, 1993. The equations were developed for the World Development Report, 1993 and a UNICEF publication, The Progress of Nations.

WHD8700 World Health Organization. Programme for Control of Diarrhoeal Diseases: Interim Programme Report 1986. (WHO/CDD/87.26) Geneva: WHO, 1987.

WHD8800 World Health Organization. Programme for Control of Diarrhoeal Diseases: Sixth Programme Report 1986-1987. (WHO/CDD/88.28) Geneva: WHO, 1988.

WHD9000 World Health Organization, Programme for Control of Diarrhoeal Diseases facsimile, February 14, 1990.

WHD9100 World Health Organization. Programme for Control of Diarrhoeal Diseases: Interim Programme Report 1990. (WHO/CDD/91.36) Geneva: WHO, 1991.

WHD9201 Programme For Control Of Diarrhoeal Diseases. Eighth Programme Report 1990-1991. WHO/CDD/92.38. Geneva: World Health Organization, 1992.

WHD9401 Advanced Copy of Annex 1 of the WHO/CDR Annual Report, Received by facsimile, March 29, 1994.

WHE8700 World Health Organization. Expanded Programme on Immunization Information System Report, January 1987. Geneva: WHO, 1987.

WHE8701 World Health Organization. Expanded Programme on Immunization Information System Report, July 1987. Geneva: WHO, 1987.

WHE8800 World Health Organization. Expanded Programme on Immunization Information System Report, January 1988. Geneva: WHO, 1988.

WHE8900 World Health Organization. Expanded Programme on Immunization Information System Report, July 1989. (WHO/EPI/GEN/89.2) Geneva: WHO, 1989.

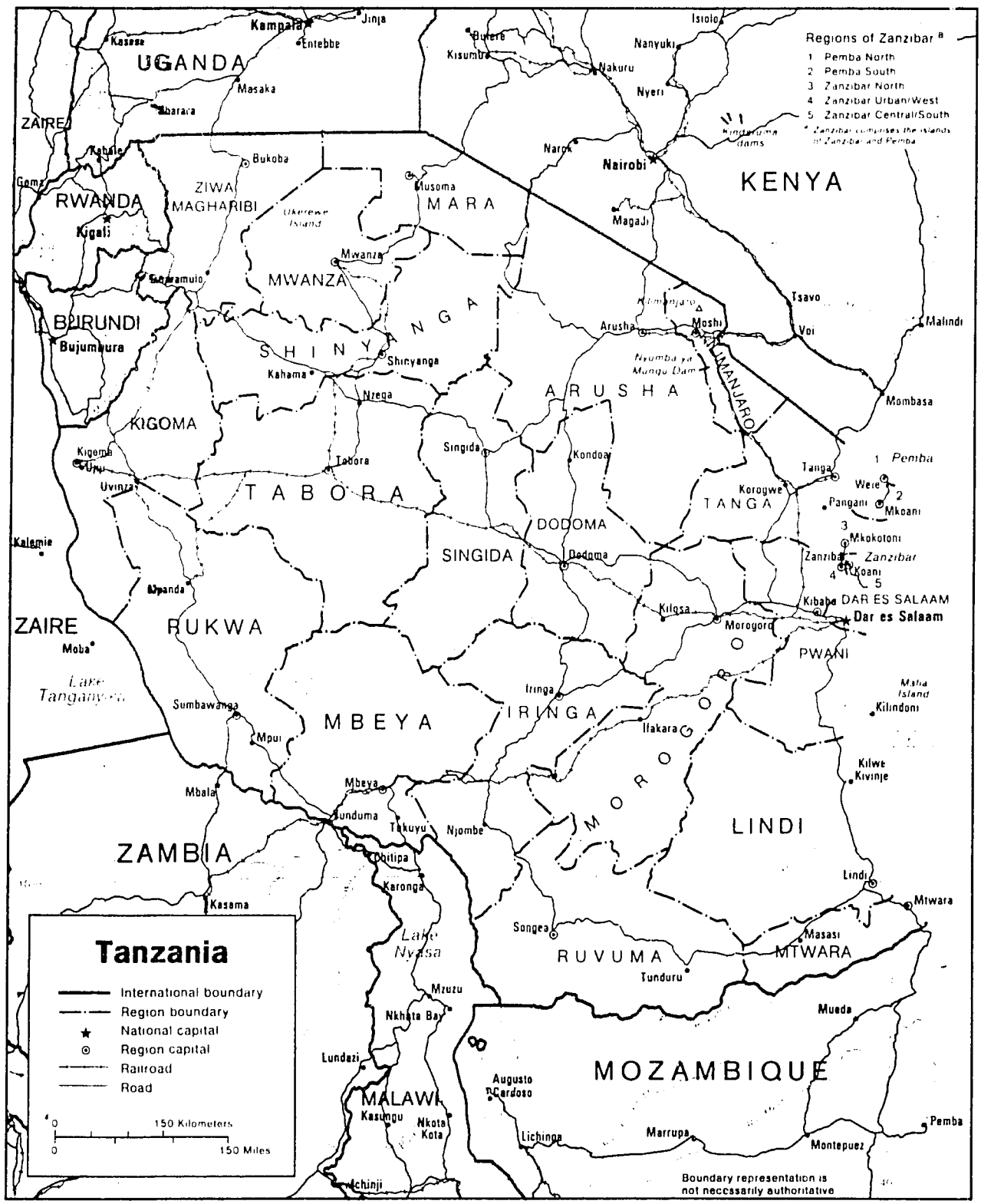
WHE9001 World Health Organization. Expanded Programme on Immunization Information System Report, July 1990. (WHO/EPI/CEIS/90.2) Geneva: WHO, 1990.

WHE9200 World Health Organization. Expanded Programme on Immunization Information System Report, April 1992. (WHO/EPI/CEIS/92.1) Geneva: WHO, 1992.

WHE9202 World Health Organization. Expanded Programme on Immunization Information System Report, October 1992. (WHO/EPI/CEIS/92.2) Geneva: WHO, 1992.

WHE9301 Facsimile from WHO/EPI of the pages in the 9/93 report of the WHO EPI Information System containing the most current vaccination coverage rates. September 24, 1993.

WHO9101 World Health Organization. World Health Organization Disk: Water Supply and Sanitation Service Coverage. Geneva: WHO, October 29, 1991.


Regions of Zanzibar a
1 Pemba North
2 Pemba South
3 Zanzibar North
4 Zanzibar Urban/West
5 Zanzibar Central/South
a Zanzibar comprises the islands of Zanzibar and Pemba
UGANDA
KENYA
RWANDA
BURUNDI
ZAIRE
ZAMBIA
MALAWI
MOZAMBIQUE
Kampala
Jinja
Entebbe
Kasese
Masaka
Mbarara
Kabale
Gomo
Bukoba
Musoma
Nairobi
Nakuru
Kisumu
Nanyuki
Nyeri
Narok
Isiolo
Kigali
Bujumbura
Gitarama
Kahama
Shinyanga
Mwanza
Arusha
Moshi
Tsavo
Voi
Malindi
Mombasa
Kigoma
Kigoma
Uvinza
Tabora
Singida
Kondoa
Tanga
Korogwe
Pangani
Mkokotoni
Zanzibar
Koani
Kalemie
Uvinza
Dodoma
Kibaha
Dar es Salaam
Kilosa
Morogoro
Moba
Lake Tanganyika
Sumbawanga
Mpui
Iringa
Ifakara
Kilindoni
Kilwa Kivinje
Mbala
Mbeya
Tunduma
Tukuyu
Njombe
Chitipa
Karonga
Kasama
Songea
Lindi
Mtwara
Masasi
Tunduru
Mueda
Lake Nyasa
Mzuzu
Nkhata Bay
Lundazi
Augusto Cardoso
Kasungu
Nkota Kota
Lichinga
Marrupa
Montepuez
Pemba
Ichinji
Tanzania
International boundary
Region boundary
National capital
Region capital
Railroad
Road
0 150 Kilometers
0 150 Miles
Boundary representation is not necessarily authoritative
Base 801110 (B00511) 3-89