Results from the 2011-12 Tanzania HIV/AIDS and Malaria Indicator Survey

The 2011-12 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS) assessed malaria prevention, treatment practices, and malaria and anaemia prevalence.

Malaria Prevalence in Children

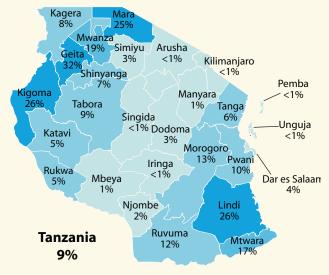
Percent of children age 6-59 months testing positive for malaria by rapid diasgnostic test (RDT)



In Tanzania, 9% of children under age five tested positive for malaria according to rapid diagnostic tests (RDT). Malaria prevalence increases with age.

Malaria Prevalence in Children by Region

Percent of children 6-59 months testing positive for malaria by rapid diagnostic test (RDT)



By region, malaria prevalence varies greatly. Prevalence is highest in Geita, Kigoma, and Lindi regions.

Prevalence of Moderate to Severe Anaemia in Children

Percent of children 6-59 months with moderate to severe anaemia (haemoglobin < 8.0 g/dl)



Anaemia is a common symptom of malaria infection. In Tanzania, 6% of children under age five have moderate to severe anaemia, which is defined as haemoglobin less than 8.0/dl. Moderate to severe anaemia generally declines with age.

More than 90% of women and men age 15-49 know there are ways to avoid malaria. The most commonly cited way to avoid getting malaria is sleeping under a mosquito net.

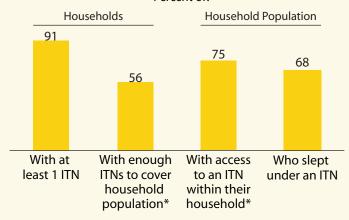
ITN Ownership and Indoor Residual Spraying Percent of:



*ITN = Insecticide-treated mosquito net

Among all households in Tanzania, 91% own at least one insecticide-treated net (ITN). ITN ownership is lowest in Mjini Magharibi region (67%) and highest in Lindi region (96%). Nationally, only 14% of households had indoor residual spraying (IRS) in the past 12 months, but 87% of households in Zanzibar received IRS in the past 12 months.

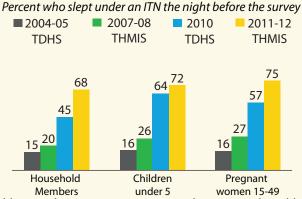
Ownership of, Access to, and Use of ITNs Percent of:



* Assuming one ITN covers 2 persons

Nine in 10 households have at least one ITN. Three-quarters of the household population could sleep under an ITN if each ITN in the household were used by up to two people. Overall, 68% of the household population slept under an ITN the night before the survey.

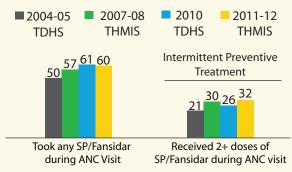
Trends in Use of ITNs



Children and pregnant women are the most vulnerable to malaria. In 2011-12, 72% of children under five and 75% of pregnant women slept under an ITN the night before the survey. Use of mosquito nets by household members, children under five and pregnant women has increased markedly since 2004-05.

Trends in Intermittent Preventive Treatment of Pregnant Women

Percent of women pregnant in the two years before the survey, based on their last birth who:



To prevent malaria, pregnant women should receive two or more doses of SP/Fansidar during an antenatal care (ANC) visit. Nearly one-third (32%) of pregnant women received this intermittent preventive treatment (IPTp) during ANC, a slight increase from 26% in the 2010 TDHS.

Treatment of Fever in Children

Among children under age five who had fever in the two weeks before the survey, percent who:



Over half (54%) of children with fever received an antimalarial. Among children with fever who received an antimalarial, 61% received ACT - the recommended treatment.

Response rates and methodology: All children age 6-59 months living in selected households were eligible for malaria and anaemia testing. Malaria testing was done through both rapid diagnostic blood testing, as well as blood smear microscopy. Anaemia testing was carried out using the HemoCue system. Of the 8,119 eligible children, 95% provided blood for anaemia, 94% for rapid diagnostic testing, and 92% for malaria microscopy testing.

For more information on the results of the 2011-12 Tanzania HIV/AIDS and Malaria Indicator Survey, please contact:

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The 2011-12 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS) was implemented by the National Bureau of Statistics (NBS) in collaboration with the Office of the Chief Government Statistician (OCGS - Zanzibar) from December 16, 2011 to May 24, 2012. The Tanzania Commission for AIDS (TACAIDS) and the Zanzibar AIDS Commission (ZAC) authorised the survey. Funding for the survey was provided by the United States Agency for International Development (USAID), the Tanzania Commission for AIDS (TACAIDS), and the Ministry of Health and Social Welfare (MoHSW). ICF International supported the survey through the MEASURE DHS project, a USAID-funded programme providing support, technical assistance, and funding for population and health surveys in countries worldwide.













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Malaria