

**WHO Global Database on Vitamin A Deficiency** 

The Vitamin A Deficiency database includes data by country based on xerophthalmia and/or serum or plasma retinol concentration

# UNITED REPUBLIC OF TANZANIA (THE)

						Prevalence of xerophthalmia (%)  Serum / plasma retinol concentration (µmol/l)						on (µmol/l)								
				Δαρ	Sample								Prev	alence	(%)		l	Reference	Note	es
Level	Date	Location and sample descriptor	Sex	Age (years)	size	Current XN	Previous XN	X1B	X2	ХЗА	ХЗВ	XS	<0.35	<0.70	< 1.05	Mean	SD		General Line	
N	2004 -2005	National: Women: Total	F	15.00-49.99	5772	i i	2.70			İ	Ì		i i	İ			İ	5221	*	1
		Women by age	F	15.00-19.99	906		2.40													2
		Women by age	F	20.00-24.99	1624		2.40													3
		Women by age	F	25.00-29.99	1391		2.10													4
		Women by age	F	30.00-34.99	98		2.60													5
		Women by age	F	35.00-49.99	853		4.80													6
		Women by area: Urban	F	15.00-49.99	1277		1.60													7
		Women by area: Rural	F	15.00-49.99	4496		3.00													8
		Women by zone: Central	F	15.00-49.99	473		2.50													9
		Women by zone: Eastern	F	15.00-49.99	766		0.40													10
		Women by zone: Lake	F	15.00-49.99	1126		2.20													11
		Women by zone: Northern	F	15.00-49.99	774		2.80													12
		Women by zone: Southern	F	15.00-49.99	503		3.00													13
		Women by zone: Southern highlands	F	15.00-49.99	844		2.10													14
		Women by zone: Western	F	15.00-49.99	1143		5.10													15
		Women by region: Arusha	F	15.00-49.99	205		4.40													16
		Women by region: Dar es Salaam	F	15.00-49.99	369		0.80													17
		Women by region: Dodoma	F	15.00-49.99	277		2.60													18
		Women by region: Iringa	F	15.00-49.99	216		3.90													19
		Women by region: Kagera	F	15.00-49.99	351		0.00													20
		Women by region: Kigoma	F	15.00-49.99	282		2.80													21
		Women by region: Kilimanjaro	F	15.00-49.99	145		1.70													22
		Women by region: Lindi	F	15.00-49.99	117		1.20													23
		Women by region: Manyara	F	15.00-49.99	173		4.60													24
		Women by region: Mara	F	15.00-49.99	229		5.90													25
		Women by region: Mbeya	F	15.00-49.99	425		1.80													26
		Women by region: Morogoro	F	15.00-49.99	253		0.00													27
		Women by region: Mtwara	F	15.00-49.99	201		2.90													28
		Women by region: Mwanza	F	15.00-49.99	546		2.00													29
		Women by region: Pemba north	F	15.00-49.99	27		2.60													30
		Women by region: Pemba south	F	15.00-49.99	24		2.80													31
		Women by region: Pwani	F	15.00-49.99	144		0.00													32
		Women by region: Rukwa	F	15.00-49.99	203		0.80													33
		Women by region: Ruvuma	F	15.00-49.99	185		4.30													34
		Women by region: Shinyanga	F	15.00-49.99	550		4.40													35
		Women by region: Singida	F	15.00-49.99	196		2.40													36
		Women by region: Tabora	F	15.00-49.99	311		8.50													37
		Women by region: Tanga	F	15.00-49.99	250		0.90											I		38



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							Prevalence of xerophthalmia (%) Serum /					n / plasm	a retinol	concentratio						
				Age	Sample								Prev	alence	(%)		O.D.	Reference	Note	es
Level	Date	Location and sample descriptor		(years)	size	Current XN	Previous XN	X1B	X2	ХЗА	ХЗВ	xs	<0.35	<0.70	< 1.05	Mean	SD		General	Line
N	2004 -2005	Women by region: Town west	F	15.00-49.99	59	İ	1.80						i –					5221		39
		Women by region: Zanzibar north	F	15.00-49.99	21		3.60													40
		Women by region: Zanzibar south	F	15.00-49.99	13		1.50													41
L	2003 P	llongero division: PW	F	18.00-45.99	81								0.0	26.0				4060	*	
L	2003	Lake zone: Pre-SAC	В	0.50-4.99	895	1.60		3.20										5102	*	42
		Lake zone: Women	В	NS	895	4.33														
L	2002 -2003	Ifakara: Infants by group: High-dose	В	0.08-0.16	390											0.67	0.19	5807		
-	2002 -2003	Ifakara: Infants by group: Low-dose	В	0.08-0.16	390											0.67	0.19	3607	*	
L	2001	Misungwi district: All: Total	В	2.00-42.99	1214	12.50												4203	*	
		Misungwi district: All: Total	В	2.00-42.99	1211			0.60				0.90								
		Misungwi district: Pre-SAC	В	2.00-5.99	461	11.70														
		Misungwi district: Pre-SAC	В	2.00-5.99	460			0.70				0.40								
		Misungwi district: SAC	В	6.00-15.99	562	9.10														
		Misungwi district: SAC	В	6.00-15.99	560			0.50				1.40								
		Misungwi district: PW	В	15.00-40.99	65	21.50		0.00				0.00								
		Misungwi district: LW	В	16.00-42.99	126	26.20		0.80				0.80								
L	1999	Mpwapwa and Kongwa districts: PW: Total	F	NS	242										54.0			3916	*	
-	1000	PW by group: Placebo	F	NS	126											1.00	0.33		"	
		PW by group: Supplementation	F	NS	116											1.04	0.36			
LR	1998	Magu district: SAC	В	7.00-19.99	1386	5.27		0.58										4204	*	
D	1997 -1998	Handeni and Korogwe districts: Pre-SAC	В	0.00-4.99	1035			0.00		0.00		0.00						5219	*	43
		Handeni and Korogwe districts: SAC	В	NS	617			0.00		0.00		0.00								
N	1997	National: Pre-SAC: Total	В	0.50-5.99	853								4.3	24.2				5738	*	
``	1557	Pre-SAC by region: Morogoro	В	0.50-5.99	54								16.7	40.8				0.00	**	
		Pre-SAC by region: Kigoma	В	0.50-5.99	74								8.1	33.8						
		Pre-SAC by region: Kilimanjaro	В	0.50-5.99	120								3.3	19.1						
		Pre-SAC by region: Iringa	В	0.50-5.99	97								0.0	20.6						
		Pre-SAC by region: Coast	B	0.50-5.99	93								8.6	55.9						
		Pre-SAC by region: Morogoro	В	0.50-5.99	107								2.8	13.1						
		Pre-SAC by region: Kigoma	В	0.50-5.99	87								1.1	16.0						



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						Prevalence of xerophthalmia (%) Serum / plasma r					a retinol	concentratio	n (µmol/l)							
				Age (years)	Sample size								Prev	alence	(%)		0.0	Reference	Note	es
Level	Date	Location and sample descriptor	Sex			Current XN	Previous XN	X1B	X2	ХЗА	ХЗВ	xs	<0.35	<0.70	< 1.05	Mean	SD		General	Line
N	1997	Pre-SAC by region: Kilimanjaro	В	0.50-5.99	63	İ			Ì	Ì	Ì	İ	3.2	23.8			Ì	5738		
		Pre-SAC by region: Iringa	В	0.50-5.99	87								1.1	11.4						1 1
		Pre-SAC by region: Coast	В	0.50-5.99	71	1							4.2	16.9				l		
L	1995	Mpwapwa district: SAC	В	6.00-11.99	841	1		0.48										1568	*	
		Mpwapwa district: SAC by group: Placebo	В	6.00-11.99	382									20.6	57.6					1 1
		Mpwapwa district: SAC by group: Supplementation	В	6.00-11.99	392									21.4	56.9					
D	1993	10 districts: Pre-SAC: Total	В	NS-4.99	6577	0.11		0.01	0.04	0.00	0.03	0.22						49	*	
		Pre-SAC by district: Igunga	В	NS-4.99	904	0.10		0.00	0.10	0.10	0.00	0.00							"	1 1
		Pre-SAC by district: Iramba	В	NS-4.99	799	0.00		0.00	0.10	0.00	0.00	0.00								1 1
		Pre-SAC by district: Kasulu	В	NS-4.99	74	0.00		0.00	0.00	0.00	0.10	0.10								1 1
		Pre-SAC by district: Kibondo	В	NS-4.99	898	0.00		0.00	0.00	0.00	0.10	0.10								1 1
		Pre-SAC by district: Kilwa	В	NS-4.99	679	0.30		0.10	0.10	0.00	0.10	0.30								1 1
		Pre-SAC by district: Lindi	В	NS-4.99	483	0.40		0.00	0.00	0.20	0.00	0.40								1 1
		Pre-SAC by district: Liwale	В	NS-4.99	623	0.20		0.00	0.00	0.00	0.00	0.50								1 1
		Pre-SAC by district: Nachingwea	В	NS-4.99	602	0.20		0.00	0.00	0.00	0.00	0.80								1 1
		Pre-SAC by district: Nzega	В	NS-4.99	825	0.00		0.00	0.00	0.00	0.00	0.10								1 1
		Pre-SAC by district: Singida	В	NS-4.99	690	0.00		0.00	0.00	0.00	0.00	0.10						l		
DR	1992 P	Singida district: Pre-SAC: Total	В	0.00-5.99	226								14.6	60.2				5740	*	
		Pre-SAC by division: Ilongero	В	0.00-5.99	97								12.4	59.8					-	1 1
		Pre-SAC by division: Ihanja	В	0.00-5.99	129	1							16.3	60.5				l		
LR	1991	llongero and Ihanja division: Pre-SAC: Total	В	0.50-5.99	146								22.0	53.0				4198	*	
		Pre-SAC by division: Ilongero	В	0.50-5.99	75											0.49	0.28		'	1 1
		Pre-SAC by division: Ihanja	В	0.50-5.99	71	1										0.68	0.32	l		
s	1986	Tabora region: Pre-SAC/SAC: Total	В	0.00-10.99	3177			0.60				0.03						8a	*	44
		Pre-SAC/SAC by sex	F	0.00-10.99	1522			0.39				0.00							-	45
		Pre-SAC/SAC by sex	М	0.00-10.99	1655	1		0.79				0.06						l		46
s	1985	Tabora region: Pre-SAC/SAC: Total	В	0.00-10.99	5266			0.21				0.06						8b	*	47
	1303	Pre-SAC/SAC by sex	F	0.00-10.99	2501			0.00				0.04						I	"	48
		Pre-SAC/SAC by sex	М	0.00-10.99	2765			0.40				0.07								49
s	1983 -1985	Mbeya, Iringa and Kagera regions: Pre-SAC: Total	В	0.00-5.99	12980			0.10										2071	*	50
[ ]	.555 1555	Pre-SAC by age	В	0.00-0.99	2285			0.00											"	51



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						Prevalence of xerophthalmia (%)							Serun	n / plasm	a retinol	concentratio	n (µmol/l)			
				Age	Sample	1								Prevalence (%)			OD	Reference	Note	es
Level Da	Date	Location and sample descriptor	Sex	(years)	size	Current XN	Previous XN	X1B	X2	ХЗА	ХЗВ	xs	<0.35	<0.70	< 1.05	Mean	SD		General	Line
s	1983 -1985	Pre-SAC by age	В	1.00-1.99	2985	Ī		0.03		Ì	Ì	İ						2071		52
		Pre-SAC by age	В	2.00-2.99	3037			0.07											'	53
		Pre-SAC by age	В	3.00-3.99	2611			0.04											'	54
		Pre-SAC by age	В	4.00-5.99	1942			0.46											'	55
		Pre-SAC by region: Iringa (dry season)	В	0.00-5.99	1331			0.23	0.00										'	56
		Pre-SAC by region: Iringa (wet season)	В	0.00-5.99	5975			0.07	0.12										'	57
		Pre-SAC by region: Kagera	В	0.00-5.99	4437			0.11	0.00										'	58
		Pre-SAC by region: Mbeya	В	0.00-5.99	188			0.00	0.00										'	59
																	l		1 '	

### **NOTES**

# UNITED REPUBLIC OF TANZANIA (THE)

Reference No:	5221
General notes:	Two-stage cluster sampling using 2002 census. Survey included 10 312 households. Sample includes women who gave birth in the 5 years preceding the survey. Previous XN is XN during previous pregnancy, for women with two or more live births in the five-years period, data refer to the most recent birth. Women's age is age at time of delivery.
Note 1	XN prevalence adjusted for daytime visual problems: 0.90%
Note 2	XN prevalence adjusted for daytime visual problems: 0.50%
Note 3	XN prevalence adjusted for daytime visual problems: 0.90%
Note 4	XN prevalence adjusted for daytime visual problems: 0.80%
Note 5	XN prevalence adjusted for daytime visual problems: 0.80%
Note 6	XN prevalence adjusted for daytime visual problems: 1.40%
Note 7	XN prevalence adjusted for daytime visual problems: 0.50%
Note 8	XN prevalence adjusted for daytime visual problems: 1.00%
Note 9	XN prevalence adjusted for daytime visual problems: 1.60%
Note 10	XN prevalence adjusted for daytime visual problems: 0.00%
Note 11	XN prevalence adjusted for daytime visual problems: 1.10%
Note 12	XN prevalence adjusted for daytime visual problems: 0.90%
Note 13	XN prevalence adjusted for daytime visual problems: 1.40%
Note 14	XN prevalence adjusted for daytime visual problems: 0.90%
Note 15	XN prevalence adjusted for daytime visual problems: 0.80%
Note 16	XN prevalence adjusted for daytime visual problems: 1.20%
Note 17	XN prevalence adjusted for daytime visual problems: 0.00%
Note 18	XN prevalence adjusted for daytime visual problems: 1.60%
Note 19	XN prevalence adjusted for daytime visual problems: 2.20%
Note 20	XN prevalence adjusted for daytime visual problems: 0.00%
Note 21	XN prevalence adjusted for daytime visual problems: 0.40%
Note 22	XN prevalence adjusted for daytime visual problems: 0.00%
Note 23	XN prevalence adjusted for daytime visual problems: 0.00%
Note 24	XN prevalence adjusted for daytime visual problems: 1.80%
Note 25	XN prevalence adjusted for daytime visual problems: 1.50%
Note 26	XN prevalence adjusted for daytime visual problems: 0.40%
Note 27	XN prevalence adjusted for daytime visual problems: 0.00%
Note 28	XN prevalence adjusted for daytime visual problems: 1.00%
Note 29	XN prevalence adjusted for daytime visual problems: 1.70%
Note 30	XN prevalence adjusted for daytime visual problems: 0.00%
Note 31	XN prevalence adjusted for daytime visual problems: 0.00%
Note 32	XN prevalence adjusted for daytime visual problems: 0.00%
Note 33	XN prevalence adjusted for daytime visual problems: 0.40%
Note 34	XN prevalence adjusted for daytime visual problems: 2.60%
Note 35	XN prevalence adjusted for daytime visual problems: 0.70%
Note 36	XN prevalence adjusted for daytime visual problems: 1.50%

#### NOTES

#### **UNITED REPUBLIC OF TANZANIA (THE)**

Note 37 XN prevalence adjusted for daytime visual problems: 1.30%
Note 38 XN prevalence adjusted for daytime visual problems: 0.50%
Note 39 XN prevalence adjusted for daytime visual problems: 0.50%
Note 40 XN prevalence adjusted for daytime visual problems: 2.30%
Note 41 XN prevalence adjusted for daytime visual problems: 0.00%

Reference No: 4060

General notes: Sample comprised of pregnant women (third trimester) from 3 villages in llongero division, Singida rural district.

Reference No: 5102

General notes: Baseline values of VAS intervention study. Two-stage PPS cluster sampling. Households randomly selected from 14 Area Development Programs located within six districts of the

Shinyanga and Tabora regions in the Lake Zone of Tanzania. Women are the mothers of the children. Night blindness assessed by asking mothers whether they or their child had

difficulty seeing at dusk/night time.

Note 42 Sample size for X1B: 900

Reference No: 5807

General notes: Baseline data of randomized double-blind trial to compare safety and efficacy of vitamin A supplementation. Infants of mothers who brought their children to one of two health clinics in

the study area for immunization within 7 days of brith.

Reference No: 4203

General notes: Study conducted in Misungwi district in rural Mwanza region where vitamin A deficiency is known to be prevalent, but there is no word for XN in the local language. Subjects recruited

from 8 primary schools and health centers selected because they were inland, away from Lake Victoria. Village leaders and health center staff encouraged the poor and malnourished to attend clinics, therefore results may not reflect general population in this area. All pregnant women were in their last trimester. All women breast-feeding had an infant of less than 6 months. XN defined as those with a problem seeing in low levels of light but no problem seeing during the day. Serum retinol measured in subsample of subjects as part of case-control

study (subjects with XN matched to subjects without a problem seeing both during day and in low levels of light). Serum retinol concentrations not reported here.

Reference No: 3916

General notes: Facility based study (hospitals and health centres). Baseline values for randomized effectiveness trial of micronutrient-fortified dietary supplement. PW between 12 and 34 weeks

gestation recruited from prenatal clinics in hospitals and health centers of Mpwapwa and Kongwa districts. Women with hemoglobin concentration less than 80 g/L excluded. Same

survey reported in reference No. 78.

Reference No: 4204

General notes: Sample comprised of all children present on the day of survey from 3 government primary schools (Sagani, Nyashimo and Mwamayombo) in Magu rural district, Mwanza region.

Reference No: 5219

3213

General notes: Two-stage stratified PPS cluster sampling. Baseline data of intervention study. Survey conducted in Handeni and Korogwe districts (divisions included: Sindeni, Mzundu, Mazingara and

Mombo).

Note 43 Sample size obtained from reference No. 1611.

Reference No: 5738

**General notes:** Sampling: Tanzania mainland was divided into 10 agro-ecological zones and from each zone 1 region selected by simple random sampling. One village randomly selected in each region.

Serum retinol concentrations converted from µg/dl to µmol/L.

Reference No: 1568

General notes: Facility-based study (6 rural primary schools) conducted in Mpwapwa district, Maasai Steppe (central plateau). Baseline values for randomized effectiveness trial for micronutrient-

fortified beverage. Children with hemoglobin concentration less than 70 g/L or evidence of serious chronic disease excluded from study. Children found to have ocular signs of

xerophthalmia excluded from further study.

#### **NOTES**

#### **UNITED REPUBLIC OF TANZANIA (THE)**

Reference No: 49

**General notes:** Multi-stage PPS cluster sampling. 10 districts included.

Reference No: 5740

General notes: Comprised of pre-SAC randomly selected from 10 rural villages in the district of Singida, Singida region. Baseline data. Serum retinol concentrations converted from µg/dL to µmol/L.

Reference No: 4198

General notes: Sample comprised of pre-SAC from 5 villages randomly selected in llongero and lhanja divisions in Singida rural district. In llongero division a horiculture and nutrition education

intervention had been carried out starting 5 years before the present study. Ihanja division used as a control area.

Reference No: 8a

General notes: A follow-up survey from the survey conducted in March 1985 (reference No. 8b). Survey carried out in 2 administrative units (wards) where xerophthalmia was found to be a problem of

public health significance in certain villages. In each case the whole ward (3-5 villages) examined.

Note 44 Combined prevalence (X3A, X3B): 0.00% Note 45 Combined prevalence (X3A, X3B): 0.00% Note 46 Combined prevalence (X3A, X3B): 0.00%

Reference No: 8b

General notes: Sample comprised of children selected in 15 villages in Tabora region. Tabora urban district and the vast and scarely populated woodlands in the southern part of the region excluded.

Summary data reported in reference No. 195.

Note 47 Combined prevalence (X3A, X3B): 0.02% Note 48 Combined prevalence (X3A, X3B): 0.00% Note 49 Combined prevalence (X3A, X3B): 0.04%

Reference No: 2071

General notes: Sample comprised of pre-SAC from Mbeya, Iringa and Kagera regions. Same survey reported in reference No. 8.

Note 50 Combined prevalence (X2, X3): 0.08%

Note 51 Combined prevalence (X2, X3): 0.13%

Note 52 Combined prevalence (X2, X3): 0.13%

Note 53 Combined prevalence (X2, X3): 0.10%

Note 54 Combined prevalence (X2, X3): 0.00%

Note 55 Combined prevalence (X2, X3): 0.00%

Note 56 Data include the districts of Iringa rural and Njombe. Data collected November 1984 (dry season). Combined prevalence (X3A, X3B): 0.00%

Note 57 Data include the districts of Iringa rural, Mufindi, Njombe and Ludewa. Data collected March-June 1984 (wet season). Combined prevalence (X3A, X3B): 0.03%

Note 58 Data include the districts of Biharamulo and Ngara. Data collected July 1985. Combined prevalence (X3A, X3B): 0.00%

Note 59 Data collected November 1983. Combined prevalence (X3A, X3B): 0.00%

### REFERENCES

# UNITED REPUBLIC OF TANZANIA (THE)

Reference 8	Pepping F. Xerophthalmia and Post-Measles Eye Lesions in Children in Tanzania [dissertation]. Wageningen, Landbouwuniversiteit Wageningen, 1987.
Reference 8	Pepping F. Xerophthalmia and Post-Measles Eye Lesions in Children in Tanzania [dissertation]. Wageningen, Landbouwuniversiteit Wageningen, 1987.
Reference 49	Tantengco VO, Marzan AM, Rapanot N, Villanueva L, de Castro CR. Nutritional anaemia in Filipino school children. Southeast Asian Journal of Tropical Medicine and Public Health, 1973, 4:524-533.
Reference 1568	Ash DM, Tatala SR, Frongillo EA Jr, Ndossi GD, Latham MC. Randomized efficacy trial of a micronutrient-fortified beverage in primary school children in Tanzania. American Journal of Clinical Nutrition, 2003, 77:891-898.
Reference 2071	Pepping F, Kavishe FP, Hakennitz EA, West CE. Prevalence of xerophthalmia in relation to nutrition and general health in preschool-age children in three regions of Tanzania. Acta Paediatrica Scandinavica, 1988, 77:895-906.
Reference 3916	Makola D, Ash DM, Tatala SR, Latham MC, Ndossi G, Mehansho H. A micronutrient-fortified beverage prevents iron deficiency, reduces anemia and improves the hemoglobin concentration of pregnant Tanzanian women. Journal of Nutrition, 2003, 133:1339-1346.
Reference 4060	Mulokozi G, Lietz G, Svanberg U, Mugyabuso JK, Henry JC, Tomkins AM. Plasma levels of retinol, carotenoids, and tocopherols in relation to dietary pattern among pregnant Tanzanian women. International Journal for Vitamin and Nutrition Research, 2003, 73:323-333.
Reference 4198	Kidala D, Greiner T, Gebre-Medhin M. Five-year follow-up of a food-based vitamin A intervention in Tanzania. Public Health Nutrition, 2000, 3:425-431.
Reference 4203	Wedner SH, Ross DA, Congdon N, Balira R, Spitzer V, Foster A. Validation of night blindness reports among children and women in a vitamin A deficient population in rural Tanzania. European Journal of Clinical Nutrition, 2004, 58:409-419.
Reference 4204	Wedner SH, Ross DA, Balira R, Kaji L, Foster A. Prevalence of eye diseases in primary school children in a rural area of Tanzania. British Journal of Ophthalmology, 2000, 84:1291-1297.
Reference 5102	Klaas N. Vitamin A add-on program: first annual report March 2003. Mississauga, Ontario, World Vision Canada, 2003.
Reference 5219	Micronutrient and Health Project (MICAH). MICAH Tanzania Final Survey Report. Tanzania, World Vision Tanzani MICAH, 2002.
Reference 5221	National Bureau of Statistics (NBS) Tanzania, ORC Macro. Tanzania Demographic and Health Survey 2004-05. Dar es Salaam, Tanzania, National Bureau of Statistics, ORC Macro, 2005.
Reference 5738	Ballart A, Mugyabyso JKL, Ruhiye DRM, Ndossi GD, Basheke MM. The National Vitamin A Deficiency Control Programme. A preliminary report on the national vitamin A survey 1997. Dar es Salaam, Tanzania, Tanzania Food and Nutrition Centre, 1998
Reference 5740	Mselle L, Temalilwa CR. Report of vitamin A deficiency baseline survey in ten villages in Singida rural district in Singida region. Tanzania, Tanzania Food and Nutrition Centre, 1992.
Reference 5807	Idindili B, Masanja H, Urassa H, Bunini W, van Jaarsveld P, Aponte JJ, Kahigwa E, Mshinda H, Ross D, Schellenberg DM. Randomized controlled safety and efficacy trial of 2 vitamin A supplementation schedules in Tanzanian infants. American Journal of Clinical Nutrition, 2007, 85:1312-1319.

# **ADDITIONAL REFERENCES**

# UNITED REPUBLIC OF TANZANIA (THE)

Reference 9	Eastman SJ. UNICEF Vitamin A consultancy; 1986 27 May-3 June; Tanzania. 1986.
Reference 17	Kavishe F, Temalilwa CR, Pepping F, Ballart A. Towards a national nutrition blindness programme in Tanzania. 1984.
Reference 18	van der Haar F. Ten Year United Nations action Programme - Prevention and Control of Vitamin A Deficiency in Tanzania - Tentative FAO Elements
Reference 20	Eastman SJ. UNICEF Vitamin A Consultancy - Tanzania Country Review [draft]. 1986.
Reference 78	Latham MC, Ash DM, Makola D, Tatala SR, Ndossi GD, Mehansho H. Efficacy trials of a micronutrient dietary supplement in schoolchildren and pregnant women in Tanzania. Food and Nutrition Bulletin, 1981 24 (4 Suppl):S120-S128.
Reference 210	Foster A, Kavishe F, Sommer A, Taylor HR. A simple surveillance system for xerophthalmia and childhood corneal ulceration. Bulletin of the World Health Organization, 1986, 64:725-728.
Reference 212	Pepping F, Van der Giezen AM, De Jonge KI, West CE. Food consumption of children with and without xeropthalmia in rural Tanzania. Tropical and Geographical Medicine, 1989, 41:14-21.
Reference 776	Kavishe FP. The food and nutrition situation in Tanzania. 1987
Reference 1914	Raponza PA, West SK, Katala SJ, Taylor HR. Prevalence and causes of vision loss in central Tanzania. International Ophthalmology, 1991, 15:123-129.
Reference 2066	Foster A, Sommer A. Corneal ulceration, measles, and childhood blindness in Tanzania. British Journal of Ophthalmology, 1987, 71:331-343.
Reference 2075	Kavishe F. A draft proposal for a national programme on the control of vitamin A deficiency and xerophthalmia in Tanzania. 1985.
Reference 4201	Mwanri L, Worsley A, Ryan P, Masika J. Supplemental vitamin A improves anemia and growth in anemic school children in Tanzania. Journal of Nutrition, 2000, 130:2691-2696.
Reference 4216	Fawzi WW, Mbise RL, Hertzmark E, Fataki MR, Herrera MG, Ndossi G, Spiegelman D. A randomized trial of vitamin A supplements in relation to mortality among human immunodeficiency virus-infected and uninfected children in Tanzania. Pediatric Infectious Disease Journal, 1999, 18:127-133.
Reference 4272	Kavishe FP. Development of vitamin A control programs: an example for Tanzania. Nu Nytt om U-landshälsovard, 1992, 6:21-26.
Reference 4464	Stoltzfus R, Chwaya HM, Abdulla AM, Albonico M, TieischJ, Savioli L. Evaluation of the nutritional impact of a school-based deworming program in Zanzibar. 1993.
Reference 5063	Lietz G, Henry CJ, Mulokozi G, Mugyabuso JK, Ballart A, Ndossi GD, Lorri W, Tomkins A. Comparison of the effects of supplemental red palm oil and sunflower oil on maternal vitamin A status. American Journal of Clinical Nutrition, 2001, 74:501-509.
Reference 5064	Fawzi WW, Msamanga GI, Spiegelman D, Urassa EJ, McGrath N, Mwakagile D, Antelman G, Mbise R, Herrera G, Kapiga S, Willett W, Hunter DJ. Randomised trial of effects of vitamin supplements on pregnancy outcomes and T cell counts in HIV-1-infected women in Tanzania. Lancet, 1998, 351:1477-1482.