



Statement

By

**Dr. Julitta Onabanjo
UNFPA Representative**

on the occasion of

the Launch of the 2010 Tanzania Demographic and Health Survey

26 May 2011

Dar es Salaam, Tanzania

Hon. Minister for Health and Social Welfare, Dr. Hadji Mponda
Director General, National Bureau of Statistics, Dr. Albina Chuwa
Permanent Secretary, Ministry of Health and Social Welfare, Ms. Blandina
Nyoni, and all other Permanent Secretaries present,
Director General, National Bureau of Statistics, Dr. Albina Chuwa
Other distinguished Ministry and Government Officials,
Fellow Development Partners and UN colleagues,
Media colleagues,
Distinguished Guests,
Ladies and gentlemen.

It is with great pleasure that I stand here on behalf of the United Nations system, Delivering as One, to join in this special occasion,

the launch of the 2010 Tanzania Demographic and Health Survey Report.

Let me begin by commending the Government of the United Republic of Tanzania for its continued commitment to the welfare of its people, particularly its children, youth and women.

Honourable Minister, together with my colleagues from WHO, UNICEF, UNDP, WFP and UNAIDS, we congratulate Tanzania on the achievements we see in the health of its people, and use this opportunity to continue to encourage the government and all partners to do much more **to ensure equity, universal access to quality services and the fulfilment of human rights**. Today, in particular we are here to reaffirm our support to the country's efforts towards people centred development, reduction of poverty and the attainment of the MDGs, especially the health MDGs.

We also wish to join the government in **appreciating the financial support** provided by the development partners and the technical collaboration of ICF Macro through its MEASURE DHS programme and with support of USAID.

And to the **National Bureau of Statistics and the Office of the Chief Government Statistician, Zanzibar**, we commend and appreciate your continued commitment and hard work towards ensuring this DHS, and the numerous other studies and surveys you undertake, are **conducted according to the highest international**

standards, whether it is the National Panel Survey, the Household Budget Survey and the upcoming 2012 Population and Housing Census. This allows for **global, regional and multi-country comparability** that is most important for reporting progress and ensuring accountability.

The United Nations places high importance on the **use of population data for policies and programmes**. This is a key aspect in our common efforts to reduce poverty and accelerate socio-economic development. Each survey adds to our collective understanding of the health, population, and living standards of the people of Tanzania.

The new Tanzania DHS Report is a compilation of such rich and comprehensive development data, that among other functions, helps us demonstrate how investments made over the years have impacted and changed the lives of women and men, boys and girls.

As I quickly scanned the report – it is very impressive the areas/parameters that this survey has captured and I can see the report being an indispensable resource for all development stakeholders and sectors in the months and years ahead - whether you are working on health insurance, nutrition and food supplementation, HIV and AIDS, education, mass communication and behaviour change communication, malaria and tobacco programmes, male circumcision and female genital mutilation, GBV, to name but a few.

Ladies and Gentlemen,

As we launch the report, we must **internalize and interpret what it tells us**. I wish to focus my remarks on **four aspects of the** report that we believe remain a priority to the country's current socio-economic development agenda and as articulated in MKUKUTA and MKUZA and respective sector policies, strategies and plans.

First, relates to fertility and population growth.

The report, among other important issues, shows that, **the total fertility rate (TFR) stands at 5.4 children per woman**. This estimate is lower than the rate estimated by the 2004-05 TDHS that put births per woman at 5.7, and the rate established in 1996 where it was 5.8 births.

Furthermore, fertility rates differ widely within Tanzania - between urban and rural areas with ranges from 3.9 in the Eastern regions to 7.1 in the Western zone. Just as striking are the variations based on wealth quintiles and education levels, whereby women with secondary or higher education have on average, four fewer children than women with no education (3 and 7) and women in the highest wealth quintile have 3.8 fewer children than women in the lowest quintile (3.2 and 7 births respectively).

The findings on preferred family size, birth intervals, and age of initiation of child bearing, among others, also impacts on fertility levels.

While at the current level the evidence suggests that fertility may indeed have started to decline, for it to significantly impact on population growth, and therefore provide a scenario for steady and sustained economic growth, the fertility would need to decline even more significantly.

According to the NBS population projections, Tanzania's population is growing by approximately 1.3 million people per year, is presently at 44.5 million and will reach 65 million mark by 2025.

The impact of such rapid population growth on Tanzania's economy, its environment including power and energy needs, and infrastructure, cannot be overstated. Tanzania needs to aim towards a total fertility rate of about 5.2 births per women to be able to begin to see a slowing in population growth that would facilitate faster economic gains.

At the United Nations we predict that come **October 31**, the world population will hit the **seven billion numerical mark** - and will keep expanding till it reaches 9.3 billion by the year 2050. Much of this increase is projected to come from **58 high-fertility countries** of which 39 are in Africa, and Tanzania's current population size ranks sixth after Pakistan, Nigeria, the Philippines, Ethiopia and the Democratic Republic of the Congo of those high fertility countries.

Ladies and gentlemen,

Closely linked to fertility is the **knowledge and utilization of contraception and family planning**. And this is the second area I would like to highlight.

While knowledge **of contraception is now almost universal** in Tanzania, still only **34 percent of currently married women** are using a method including 27 percent who are using a modern method. (Interestingly, only one-fifth (20 percent) of women and 14 percent of men knew the correct timing of the fertile period and only one in three users of periodic abstinence (33 percent) knew the correct timing of the fertile period).

The level of **unmet need for contraception** has not changed from that in the 2004-05 DHS. Still 25 percent of currently married women have an unmet need for family planning and of the more than half of women who are not using family planning and visited a health facility in the last 12 months of the survey -- **a third did not talk about family planning** during their visit. The report also highlights a number of other areas that point to missed opportunities to increase family planning acceptance and use.

(Similarly, the data shows that women do want to use family planning - total demand for family planning among currently married women is 54 percent. Therefore with the progress towards more favourable acceptance of contraception, the potential of family planning programmes should be better realized).

Combined with the high fertility rate, including among adolescent girls, the importance of facilitating access to family planning programmes and contraceptives cannot be over-emphasized.

Honourable Minister, Ladies and Gentlemen,

The third aspect I wish to highlight is **maternal mortality**.

The DHS reports that maternal mortality is estimated at **454 maternal deaths per 100,000 live births**. This ratio is lower than the 2004/05 TDHS estimates of 578 and that of 1996 DHS where it was 529 per 100,000 live births.

While we are moving in the right direction – we must not be satisfied till we reduce and bring to ZERO all preventable deaths linked to childbirth. The MDG target is to reduce by three quarters the maternal mortality ratio from 1990 figures, and Tanzania has set its sights on a **maternal mortality ratio of 193 per 100,000 live births by 2015**.

The Government has demonstrated strong leadership and political commitment and has placed high priority on ensuring that no woman dies while giving birth. President Kikwete's appointment and engagement as the co-chair of the recently concluded UN Commission on Information and Accountability for Women and Children Health, is evident of his personal commitment to champion this agenda. In the coming weeks he will launch the Tanzania AU Campaign for the Accelerated Reduction of Maternal Mortality in Africa - CARMMA - and has committed to canvas his fellow Heads

of State at the upcoming AU Summit in Malabo, so that as African nations we will begin to see a turnaround in this public health and development inequity tragedy.

And the fourth and final issue and intrinsically linked to maternal mortality is childhood illnesses and mortality. The rapid decline in early child deaths is one of the most notable achievements reported by the new DHS and gives hope that at this pace, Tanzania will reach the goal set for drop in infant mortality by 2015.

Despite these encouraging results, Tanzanian children are still struggling with frequent illness and poor health. Four percent of children under-5 years showed symptoms of acute respiratory infection, 23 percent had fever and 15 percent had diarrhea according to the survey. Diarrhea continues to be a major health issue for Tanzanian children. And while almost all mothers know about Oral Rehydration Salts (ORS), only about half of children with diarrhael disease receive ORS packets, and many more are not given increased fluids.

Ladies and Gentlemen, the **timing of the release of this report is strategic** as next month the government will be engaged in the national budget process. The report gives backing to the urgent need to increase resources for universal access to reproductive health, specifically family planning and maternal health, so that we can make greater progress for women and families, and the entire national economy.

There is no smarter investment, with such high economic and social returns, than investing in the health and rights of children, women and young people. It should not be considered as yet another sector level expenditure, but rather an investment in Tanzania's present and future. It is linked to increases in productivity and national income – all of which lead to economic growth and poverty reduction.

We call upon the government and development partners to invest more in increasing access to maternal and newborn health services by ensuring that essential family planning services are available for everyone who needs it; that there is a skilled provider or “a midwife at every birth” and that access to emergency referral services is available and used by those in need. These require investments in human resources, infrastructure and supplies, and making functional all district level hospitals and lower level health units to ensure an effective referral system.

We urge the government to allocate more resources to health so that we get closer to meeting the WHO recommended US\$40 per capita and the 15 percent Abuja target for health, and so that reproductive health interventions including contraceptive supplies are fully funded. Women and men must be able to exercise their right to health including to determine the number and spacing of their children and we must be accountable for the resources and results to deliver this.

Honourable Minister, Ladies and Gentlemen,

In conclusion,

The Tanzania DHS is a rich source of information. It is my appeal that all of us use it to ensure development policies, strategies, programmes and plans are evidence based and will contribute to the improved living standards of our people.

UNFPA will continue to better support and advocate with the government of Tanzania to strengthen its national systems and capacity to collect, analyse and utilise population data, to inform relevant policies, programmes and decision making processes towards reduction of inequities and poverty.

I believe together we can. Asanteni Sana.

Operational targets of the Reproductive and Child Health Strategic Plan (2008-2015) to be achieved by the end of 2015:

- To reduce maternal mortality from 578 deaths to 193 deaths per 100,000 live births
- To reduce neonatal mortality from 32 deaths to 29 deaths per 1,000 live births
- To reduce under-5 mortality from 112 deaths to 54 deaths per 1,000 live births
- To increase coverage of emergency obstetric care from 64 percent to 100 percent of hospitals and basic comprehensive emergency obstetric care services from 5 percent to 70 percent of health centres and dispensaries
- To increase modern contraceptive prevalence among women age 15-49 from 20 percent to 60 percent
- To increase provision of services that will prevent HIV transmission from mother to child to at least 80 percent of pregnant women, their babies, and their families
- To increase the proportion of health facilities offering essential newborn care to 75 percent
- To reduce the prevalence of stunting among children under age 5 from 38 percent to 22 percent and to reduce the prevalence of underweight among children under age 5 from 22 percent to 14 percent
- To increase coverage of children under age 5 sleeping under ITNs from 47 percent to 80 percent
- To increase the number of health facilities providing adolescent-friendly reproductive health services from 10 percent to 80 percent
- To increase immunization coverage of DTP-HB3 and measles vaccine to above 90 percent in 90 percent of the districts