Colombia

Maternal, Newborn & Child Survival

March 2012
## DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Category</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (000)</td>
<td>46,295</td>
</tr>
<tr>
<td>Total under-five population (000)</td>
<td>4,498</td>
</tr>
<tr>
<td>Births (000)</td>
<td>914</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>19 (2010)</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>17 (2010)</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>12 (2010)</td>
</tr>
<tr>
<td>Total under-five deaths (000)</td>
<td>18 (2010)</td>
</tr>
<tr>
<td>Maternal mortality ratio, adjusted (per 100,000 live births)</td>
<td>85 (2008)</td>
</tr>
<tr>
<td>Maternal mortality ratio, reported (per 100,000 live births)</td>
<td>76 (2007)</td>
</tr>
<tr>
<td>Lifetime risk of maternal death (1 in N)</td>
<td>460 (2008)</td>
</tr>
<tr>
<td>Total maternal deaths (number)</td>
<td>780 (2008)</td>
</tr>
</tbody>
</table>

### INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

#### NUTRITION

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2010</th>
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</thead>
<tbody>
<tr>
<td>Wasting prevalence (based on 2006 WHO reference population, moderate and severe, %)</td>
<td>1</td>
</tr>
<tr>
<td>Introduction of solid, semi-solid or soft foods (6-9 months, %)</td>
<td>86</td>
</tr>
<tr>
<td>Low birthweight incidence (%)</td>
<td>6</td>
</tr>
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</table>

#### UNDERWEIGHT PREVALENCE

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>NS</td>
<td>9</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>DHS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</table>

#### STUNTING PREVALENCE

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>NS</td>
<td>22</td>
<td>20</td>
<td>18</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>DHS</td>
<td></td>
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<td></td>
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<tr>
<td>Other</td>
<td></td>
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### CHILD HEALTH

#### IMMUNIZATION

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Measles</td>
<td>100</td>
<td>88</td>
<td>88</td>
<td>88</td>
<td>88</td>
</tr>
<tr>
<td>DPT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib</td>
<td></td>
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</table>

#### PNEUMOCOCCAL DISEASE TREATMENT

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Deaths</td>
<td>45</td>
<td>49</td>
<td>51</td>
<td>62</td>
<td>64</td>
</tr>
<tr>
<td>Reactions</td>
<td></td>
<td></td>
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</table>

#### MALARIA TREATMENT

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2005</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths</td>
<td>44</td>
<td>39</td>
<td>52</td>
</tr>
</tbody>
</table>

#### MALARIA PREVENTION

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2005</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths</td>
<td>No Data</td>
<td>No Data</td>
<td>No Data</td>
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### CAUSES OF UNDER-FIVE DEATHS

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Asphyxia</td>
<td>11</td>
<td>12</td>
<td>52</td>
<td>43</td>
<td>47</td>
</tr>
<tr>
<td>Tetanus</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>19</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congenital</td>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preterm</td>
<td>31</td>
<td>26</td>
<td>47</td>
<td>45</td>
<td>49</td>
</tr>
<tr>
<td>Other</td>
<td>19</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDG Target</td>
<td>0</td>
<td></td>
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### VITAMIN A SUPPLEMENTATION

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Deaths</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reactions</td>
<td>No Data</td>
<td>No Data</td>
<td>No Data</td>
<td>No Data</td>
<td>No Data</td>
</tr>
</tbody>
</table>
Colombia

**MATERNAL AND NEWBORN HEALTH**

- **Proportion of women with low BMI (< 18.5 Kg/m2, %)**: 4 (2009)
- **Demand for family planning satisfied (%)**: 90 (2010)
- **Total fertility rate**: 2.4 (2010)
- **Adolescent birth rate (births per 1000 woman aged 15-19 yr)**: 84 (2008-2010)
- **Antenatal visit for woman (4 or more visits, %)**: 89 (2010)
- **Early initiation of breastfeeding (within 1 hour of birth, %)**: 57 (2010)
- **Institutional deliveries (%)**: 95 (2005-2007)
- **Postnatal visit for baby (within 2 days for home births, %)**: - (2010)
- **Postnatal visit for mother (within 2 days, %)**: - (2010)

**Antenatal care**
Percent of women aged 15-49 years attended at least once by a skilled health provider during pregnancy

**Skilled attendant at delivery**
Percent of live births attended by skilled health personnel

**Neonatal tetanus protection**
Percent of newborns protected against tetanus

**CAUSES OF MATERNAL DEATHS**
Regional estimates for Latin America Caribbean, 1997-2009

**COVERAGE ALONG THE CONTINUUM OF CARE**

**HIV AND AIDS**

- **HIV prevalence among young women (15-24 yrs, %)**: 0.1 (0.1 - 0.3) (2009)
- **HIV prevalence among young men (15-24 yrs, %)**: 0.2 (0.1 - 0.7) (2009)
- **HIV+ children receiving ART (%)**: - (-)
- **Orphan school attendance ratio**: 0.85 (2005)

**PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV**
Percent of HIV+ pregnant women receiving ARVs for PMTCT

**EDUCATION**

- **Survival to last grade of primary school (total, admin data, %)**: - (-)
- **Survival to last grade of primary school (male, admin data, %)**: - (-)
- **Survival to last grade of primary school (female, admin data, %)**: - (-)
- **Primary school net enrolment ratio (total, admin data, %)**: 93 (2009)
- **Primary school net enrolment ratio (male, admin data, %)**: 93 (2009)
- **Primary school net enrolment ratio (female, admin data, %)**: 93 (2009)

**WATER AND SANITATION**

- **Drinking water coverage**: Percent of population by type of drinking water source, 2010
- **Sanitation coverage**: Percent of population by type of sanitation facility, 2010

**CHILD PROTECTION**

- **Women aged 20-24 years who were married or in union by age 18 (%)**: 23 (2010)
- **Birth registration (%)**: 97 (2010)
- **Female genital mutilation/cutting (%)**: - (-)
## Demographic and Health Surveys (DHS)

For the majority of coverage indicators, UNICEF global databases were used. Other organizations such as the World Health Organization, UNAIDS, United Nations Population Fund, and the United Nations Children's Fund maintain coverage data for many of these indicators. In addition, neither UNICEF Global Databases nor databases from partner organizations maintain disparity data for the following indicators: total fertility rate, unmet need, institutional deliveries, and education levels. Data on child mortality indicators can be found in the 2015 World Health Report, which is based on surveys conducted by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). The report includes data on under-five mortality rate, underweight prevalence, and stunting prevalence.

### Disparities

The format for this Country Profile has been adapted from the Countdown to 2015 report. Coverage data have been largely derived from national household surveys such as the Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS). For the majority of coverage indicators, UNICEF global databases were used. Other organizations such as the World Health Organization, UNAIDS, United Nations Population Fund, and the United Nations Children's Fund maintain coverage data for many of these indicators. In addition, neither UNICEF Global Databases nor databases from partner organizations maintain disparity data for the following indicators: total fertility rate, unmet need, institutional deliveries, and education levels. Data on child mortality indicators can be found in the 2015 World Health Report, which is based on surveys conducted by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). The report includes data on under-five mortality rate, underweight prevalence, and stunting prevalence.

### NOTE

1. **Disparities** - Disparity information is only available for data directly derived from household surveys such as MICS and DHS. Therefore, disparity data are not available for the following indicators: vitamin A supplementation, immunization, and for HIV/AIDS. In addition, neither UNICEF Global Databases nor databases from partner organizations maintain disparity data for the following indicators: total fertility rate, unmet need, institutional deliveries, contraceptive prevalence, adolescent birth rate.

2. **Equity chart** - Displays values for the five wealth quintiles to the left. The scale is 0 to 100% for all charts except U5MR, which shows a range of 0 to 300 deaths per 1,000 live births.

### NUTRITION

- **Low birth weight incidence (%)**
  - Male: 6%
  - Female: 7%
  - U5MR: 4%
  - Total: 6%

- **Underweight prevalence (based on 2006 WHO reference population, %)**
  - Male: 3%
  - Female: 4%
  - U5MR: 1%
  - Total: 3%

- **Stunting prevalence (based on 2006 WHO reference population, %)**
  - Male: 13%
  - Female: 14%
  - U5MR: 7%
  - Total: 13%

- **Wasting prevalence (based on 2006 WHO reference population, %)**
  - Male: 1%
  - Female: 1%
  - U5MR: 0%
  - Total: 1%

- **Exclusive breastfeeding (0-5 months, %)**
  - Male: 43%
  - Female: 41%
  - U5MR: 44%
  - Total: 43%

- **Introduction of solid, semi-solid or soft foods (6-9 months, %)**
  - Male: 86%
  - Female: 84%
  - U5MR: 84%
  - Total: 86%

- **Household consuming adequately iodized salt (15 ppm or more, %)**
  - Male: 92%
  - Female: -
  - U5MR: -
  - Total: 92%

### CHILD HEALTH

- **Care seeking for pneumonia (%)**
  - Male: 64%
  - Female: 65%
  - U5MR: 67%
  - Total: 64%

- **Antibiotic use for pneumonia (%)**
  - Male: 30%
  - Female: 31%
  - U5MR: 30%
  - Total: 30%

- **Diarrhoeal treatment - children receiving ORT and continued feeding (%)**
  - Male: 52%
  - Female: 54%
  - U5MR: 55%
  - Total: 52%

- **Malaria prevention - children sleeping under ITNs (%)**
  - Male: -
  - Female: -
  - U5MR: -
  - Total: -

- **Malaria treatment - febrile children receiving antimalarial medicines (%)**
  - Male: -
  - Female: -
  - U5MR: -
  - Total: -

### MATERNAL AND NEWBORN HEALTH

- **Antenatal care coverage at least one visit (%)**
  - Male: 97%
  - Female: 98%
  - U5MR: 98%
  - Total: 97%

- **Antenatal care coverage (4 or more visits, %)**
  - Male: 89%
  - Female: 91%
  - U5MR: 91%
  - Total: 89%

- **Skilled attendant at delivery (%)**
  - Male: 98%
  - Female: 99%
  - U5MR: 99%
  - Total: 98%

- **Early initiation of breastfeeding (%)**
  - Male: 57%
  - Female: 57%
  - U5MR: 58%
  - Total: 57%

### WATER AND SANITATION

- **Use of improved drinking water sources (%)**
  - Male: 92%
  - Female: 92%
  - U5MR: 92%
  - Total: 92%

- **Use of improved sanitation facilities (%)**
  - Male: 77%
  - Female: -
  - U5MR: -
  - Total: 77%

### EDUCATION

- **Survival rate to last grade of primary school (survey data, %)**
  - Male: 95%
  - Female: 94%
  - U5MR: 96%
  - Total: 95%

- **Primary school net attendance ratio (survey data, %)**
  - Male: 91%
  - Female: 90%
  - U5MR: 91%
  - Total: 91%

### CHILD PROTECTION

- **Women aged 20-24 years who were married or in union by age 18 (%)**
  - Male: 23%
  - Female: -
  - U5MR: -
  - Total: 23%

- **Birth registration (%)**
  - Male: -
  - Female: -
  - U5MR: -
  - Total: -

- **Female genital mutilation/cutting (%)**
  - Male: -
  - Female: -
  - U5MR: -
  - Total: -

**Note:** The format for this Country Profile has been adapted from the Countdown to 2015 report. Coverage data have been largely derived from national household surveys such as the Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS). For the majority of coverage indicators, UNICEF global databases were used. Other organizations such as the World Health Organization, UNAIDS, United Nations Population Fund, and the United Nations Children's Fund maintain coverage data for many of these indicators. In addition, neither UNICEF Global Databases nor databases from partner organizations maintain disparity data for the following indicators: total fertility rate, unmet need, institutional deliveries, contraceptive prevalence, adolescent birth rate.

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2. **Equity chart** - Displays values for the five wealth quintiles to the left. The scale is 0 to 100% for all charts except U5MR, which shows a range of 0 to 300 deaths per 1,000 live births.

3. **Anthropometric Indicators** - Reference Standards for Underweight, Stunting and Wasting. New international Child Growth Standards for infants and young children were released by WHO in 2006, replacing the older NCHS/WHO reference population. In using the 2006 WHO reference population, estimates generally change in the following manner: stunting is greater throughout childhood; underweight rates are higher during the first half of infancy and lower thereafter; and, wasting rates are higher during infancy. Please note that there may be small discrepancies between the totals and the disparity data, as the totals have undergone additional analysis.

4. **Water and sanitation** - Wealth quintile data are derived from MICS or DHS surveys. Urban, rural and total coverage estimates provided are for 2010 and are those published by the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation.