0.a. Goal

Goal 3: Ensure healthy lives and enhance well-being for people of all ages

0.b. Target

Target 3.1: By 2030, reduce the maternal mortality rate to less than 45/100,000 live births; reduce the under-1 mortality rate to less than 10 cases per 1000 live births and the under-5 mortality rate to less than 15 cases per 1000 live births (Global Target 3.1 and Target 3.2)

0.c. Indicator

Indicator 3.1.4. Neonatal mortality rate

0.d. Series

Neonatal mortality rate [3.2.2] SH_DYN_NMRT

0.e. Metadata update

June 2021

1.a. Organisation

General Statistics Office

1.f. Contact mail

54 Nguyen Chi Thanh, Dong Da, Hanoi

1.g. Contact email

banbientap@gso.gov.vn

2.a. Definition and concepts

Neonatal mortality rate is the average number of live births that die before 28 days after birth, on average per thousand live births in a year. An infant is a child from birth to 28 days of age.

2.b. Unit of measure

per 1000 live births

3.a. Data sources

- Civil status registration system;
- Statistical Survey

3.b. Data collection method

The General Statistics Office coordinated with the Ministry of Health to conduct a sampling survey to collect information; The Ministry of Justice collects information through the civil status registration system and sends it to the General Statistics Office. The General Statistics Office synthesizes data from two sources and publishes the targets.

* Current data source obtained through the results of the 2014 Child and Women Targeted Survey (MICS):

The Viet Nam MICS Survey 2014 is part of the Global MICS Program, conducted by the General Statistics Office in collaboration with the United Nations Children's Fund from the end of December 2013 to April 2014. technical and financial support for this investigation.

The sample of the Vietnam MICS 2014 survey is designed to provide reliable estimates of multiple indicators of children and women at the national, urban/rural and six-regional levels. The Vietnam MICS 2014 survey had a sample size of 10018 interviewed households, with 9827 women and 3316 children interviewed.

3.d. Data release calendar

5 years

3.e. Data providers

General Statistics Office

3.f. Data compilers

General Statistics Office

4.a. Rationale

- This indicator assesses the health system's ability to provide services and quality of antenatal, intrapartum, postpartum and neonatal care.
- This indicator provides the basis for the design of intervention programs to reduce infant mortality. At the same time, providing a basis for managers to understand the causes and ensure the quality of medical staff and the availability of equipment and supplies.

4.b. Comment and limitations

According to Circular 03 on the Statistical Indicators for Sustainable Development of Vietnam, this indicator has Roadmap B (implemented from 2025). Currently the only data source on this indicator to date is the 2014 MICS survey,

In the near future, this indicator will also be calculated and provided from the results of the 2020 Sustainable Development Goals Survey on Women and Children conducted by the General Statistics Office in collaboration with UNICEF from 2020.

4.c. Method of computation

Method of computation

Công thức tính:

5. Data availability and disaggregation

Only data for 2014 disaggregated by urban/rural; the mother's education level; ethnicity of the household head (Kinh/other); living standard group (40% poorest; 60% richest)

Published source: Results of the 2014 Child and Women Targeted Survey (MICS)

6. Comparability/deviation from international standards

This indicator reflects the global indicator "3.2.2 Neonatal mortality rate".

7. References and Documentation

- Circular No. 03/2019/TT-BKHĐT dated January 22, 2019 stipulating the set of statistical indicators for sustainable development of Vietnam;
- Decision No. 43/2016/QD-TTg dated October 17, 2016 of the Prime Minister promulgating the National Statistical Survey Program;
- Results of the 2014 Child and Women Targeted Survey (MICS)
- https://unstats.un.org/sdgs/metadata/

Page: 3 of 3